

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

### **Contributors**

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

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
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HAC118

LONDON BOROUGH *of* HACKNEY



ANNUAL REPORT

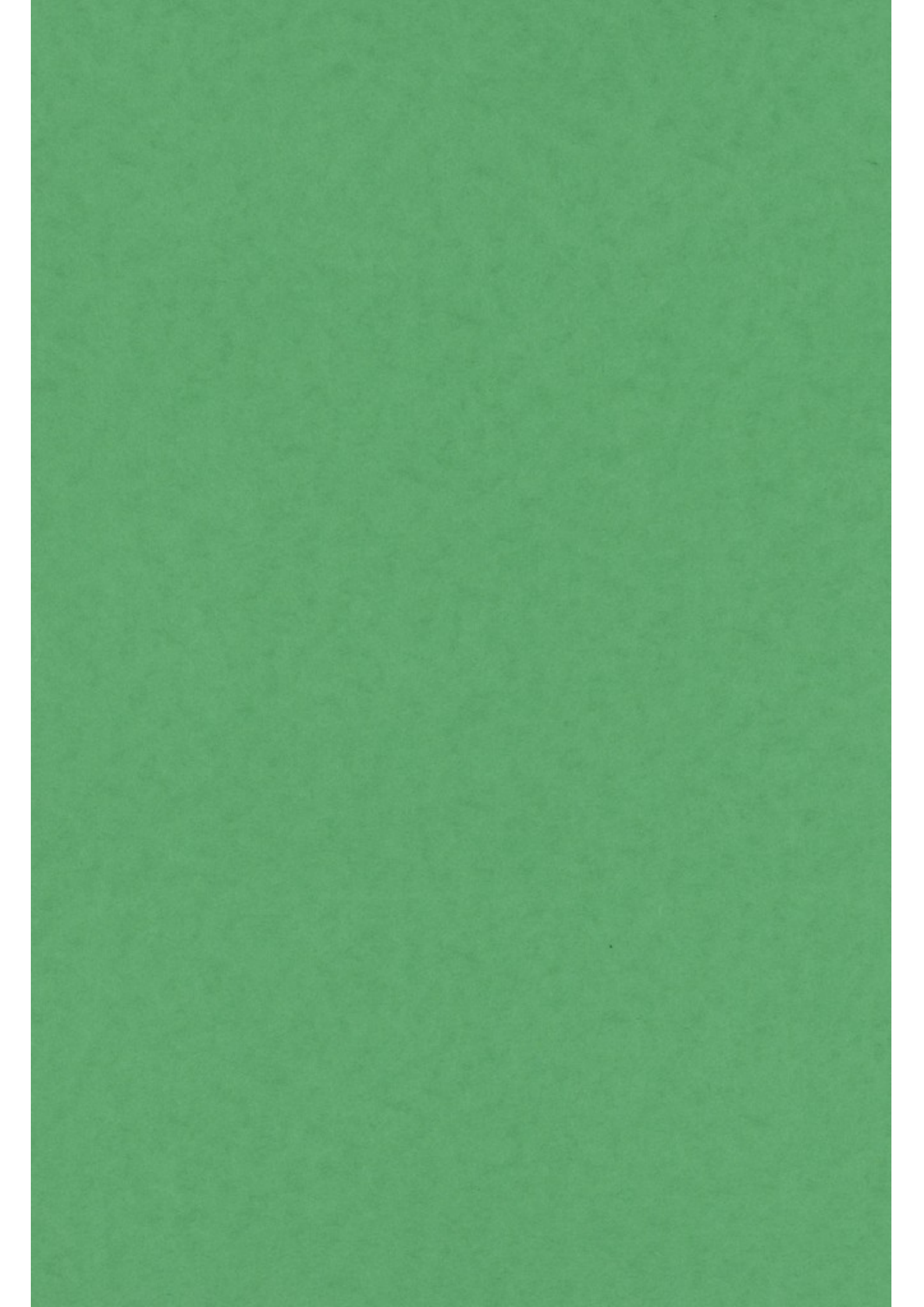
*on the*

HEALTH OF THE BOROUGH

*for the year*

1968





# LONDON BOROUGH of HACKNEY

as at 31st December, 1968

*Ex Officio* - S. Clinton Davis Esq., J.P. (Mayor)  
*Chairman* - Councillor Mrs. Elizabeth Musford  
*Vice-Chairman* - Councillor S.R. Bell

Alderman Mrs. Bessie Denabo, J.P.  
 Alderman D.H.P. Bridgehouse  
 Alderman R.V. Masters  
 Alderman Lou Sherman, O.B.E., J.P.  
 Councillor S.R. Atkins  
 Councillor J.R. Puckett  
 Councillor Miss Lillian Karpin

Councillor S.K. Kelly  
 Councillor Mrs. P.E.M. Waring  
 Councillor Miss M.E. Parry-Williams  
 Councillor Mrs. Helen M. Phillips  
 Councillor Mrs. Sally Sherman  
 Councillor S.J. Scroell  
 Councillor Miss Ivy K. Townsend



*Co-opted Members*

H.S. Cardash, Esq., B.D.S., L.D.S.  
 Dr. J. Denham, M.D., D.P.M.  
 Mrs. R. Finn  
 Mrs. R.L. Negarty  
 Dr. J. Henry  
 Miss E.E. Hewart

Esq.  
 S.J. Metcalf  
 Mrs. M. Mills  
 Mrs. G.A. Morris  
 Miss G. Smith, S.R.N., S.C.M., M.T.D.  
 Mrs. J. Tokin

*Representation on Organisations concerned with Health Work*

Atmospheric Pollution - Investigation of -  
 Standing Conference of Co-operating Bodies  
 City of London and East London Dispensary  
 Fund

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

Easton House Trust Committee  
 Family Planning Association  
 Family Welfare Association

## ANNUAL REPORT

on the

## HEALTH OF THE BOROUGH

1968

Hackney and Bethnal Green Chest Disease  
 Care Committee

Mrs. Bessie Denabo, J.P.  
 Alderman Lou Sherman, O.B.E., J.P.  
 Alderman Mrs. Bessie Denabo, J.P.  
 Councillor Miss M.E. Parry-Williams  
 Alderman Mrs. Bessie Denabo, J.P.  
 Councillor P.G. Sylvester

Hackney and Stoke Newington  
 Care Committee

Miss Ivy K. Townsend  
 Mrs. Bessie Denabo, J.P.  
 Councillor P.G. Sylvester  
 Councillor Miss Ivy K. Townsend  
 Councillor Miss Mary E. Tatta

Hackney Group Hospital Management Committee

Alderman Mrs. Bessie Denabo, J.P.  
 Councillor S.K. Gwyn  
 A.W. Linnell, Esq.  
 Dr. R.G. Davies

Inner London Education Authority  
 Inner London Executive Council for the  
 National Health Service

Councillor Mrs. Helen M. Phillips  
 Alderman Lou Sherman, O.B.E., J.P.

London and Essex Counties Clean Air Advisory  
 Council

Councillor Mrs. Rose Lipson

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

Councillor S.R. Bell  
 Councillor Mrs. Rose Lipson

National Association for Maternal and Child  
 Welfare

Councillor S.R. Bell  
 Councillor Miss Ivy K. Townsend

National Council for the Unmarried Mother  
 and her Child

Miss G. Smith, S.R.N., S.C.M., M.T.D.

National Society of Children's Nurseries

Councillor Mrs. Rose Lipson  
 Councillor Miss Ivy K. Townsend

National Society for Clean Air

Mrs. Jean M. Heath  
 Alderman Lou Sherman, O.B.E., J.P.

Psychiatric Rehabilitation Association

Councillor Mrs. Rose Lipson  
 Councillor S.R. Bell

St. Bartholomew's Hospital Board of Governors

Councillor Miss Lillian Karpin  
 Councillor Mrs. Sally Sherman

Save the Children Fund Playgroup  
 Shoreditch Chest Clinic Care Committee

Councillor S.K. Kelly  
 Mrs. Rose Lipson

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

Mrs. Helen M. Phillips



## HEALTH COMMITTEE

as at 31st December, 1968

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 Alderman R.W. Masters  
 Alderman Lou Sherman, O.B.E., J.P.  
 Councillor R.R. Atkins  
 Councillor J.R. Foskett  
 Councillor Miss Lilian Karpin

Councillor S.E. Kelly  
 Councillor Mrs. P.E.M. Manging  
 Councillor Miss M.E. Parry-Williams  
 Councillor Mrs. Helen M. Phillips  
 Councillor Mrs. Sally Sherman  
 Councillor S.J. Sorrell  
 Councillor Miss Ivy K. Townsend

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 Mrs. R.L. Hegerty  
 Dr. J. Henry  
 Miss H.E. Howarth

L. Layward, Esq.  
 Mrs. M.J. Metcalf  
 Mrs. H. Mills  
 Mrs. G.A. Morris  
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 Mrs. J. Tobin

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 Family Welfare Association

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 Alderman Lou Sherman, O.B.E., J.P.  
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 Councillor P.G. Sylvester  
 Councillor Miss Ivy K. Townsend  
 Alderman Mrs. Bessie Benabo, J.P.  
 Councillor P.G. Sylvester  
 Councillor Miss Ivy K. Townsend  
 Councillor Miss Mary E. Watts  
 Alderman Mrs. Bessie Benabo, J.P.  
 Councillor R.E. Owen  
 A.W. Linzell, Esq.  
 Dr. R.G. Davies

Hackney and Bethnal Green Chest Diseases  
 Care Committee

Hackney and Stoke Newington Chest Diseases  
 Care Committee

Hackney Group Hospital Management Committee

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

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 Councillor Mrs. Rose Lipman  
 S.S. Cohen, Esq.

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 Councillor Miss Lilian Karpin

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Councillor Mrs. Sally Sherman  
 Councillor R.E. Randall

St. Bartholomew's Hospital Board of Governors  
 Save the Children Fund Playgroup Committee  
 Shoreditch Chest Clinic Care Committee

Councillor Mrs. Rose Lipman  
 Councillor Mrs. Helen M. Phillips

## STAFF OF THE HEALTH DEPARTMENT

as at 31st December, 1968

*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 (34)

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

Senior Dental Officer (1), Orthodontist (1 vacancy), Dental Officers - Full-time (8),  
Sessional (9), Dental Auxiliary (1), Dental Surgery Assistants (19 + 1 vacancy)

*Co-ordinating Nursing Officer - L.E. Arrow*

Senior Nursing Officers (3 + 2 vacancies), Centre Superintendents (8 + 1 vacancy),  
Health Visitors (27 + 2 vacancies), Tuberculosis Health Visitors (3), Clinic Nurses  
(10 + 4 vacancies), Clinic and Nursing Auxiliaries (11), School Nurses (12 + 4  
vacancies), Day Nursery Matrons (7), Day Nursery Deputy Matrons (4 + 3 vacancies),  
Day Nursery Wardens (5 + 3 vacancies), Staff Nursery Nurses (20 + 9 vacancies),  
Nursery Assistants (17 + 1 vacancy), Nursery Students (25 + 6 vacancies), District  
Nursing and Midwifery Staff (35 + 18 vacancies)

*Principal Mental Health Social Worker - G. Dawson*

Deputy Principal Mental Health Social Worker (1), Mental Health Social Workers (12),  
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), School Health Social  
Workers (2), part-time (1), 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 (3), Supervisory District Public Health Inspectors (8), District Public  
Health Inspectors (13 + 13 vacancies), Pupil Public Health Inspectors (10),  
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 (93 + 8 vacancies), 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 (15)

*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, 1968

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.
<i>Other services:</i> Minor Ailments, every morning. Sewing Class, Tu. p.m.								
CRANSTON Cranston Estate, N.1. (Branch of Shoreditch Health Centre)		Th. p.m.		Th. p.m.				
ELSDALE STREET 28 Elsdale Street, E.9. Telephone: 985-5368 Medical Officer - Dr. F.M. Fisher Centre Superintendent - 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
<i>Other services:</i> Mothercraft and Relaxation, Tu. a.m. Sewing Class, Tu. p.m.								
JOHN SCOTT HEALTH CENTRE Woodberry Down, Green Lanes N.4. Telephone: 800-0111 Medical Officer - Dr. D. Sasieni Centre Superintendent - Miss H. Chapman	Alternate M. p.m. Tu. p.m.	M. p.m. Tu. p.m. Th. p.m.	W. p.m.	M. p.m. Tu. p.m. Th. p.m. F. p.m.	Every day a.m. & p.m.	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.
<i>Other services:</i> Audiology, F. p.m. Audiometry, M. p.m., Th. a.m., F. a.m. Auditory Training for the Young Deaf, M. p.m., W. a.m. & p.m., Th. a.m. & p.m. Cervical cytology, Tu. evening. Minor Ailments, every morning. Mothercraft & Relaxation, Tu. p.m., W. p.m. Mothers' Club, W. p.m. Orthoptics, Tu. p.m., F. 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 6 Lower Clapton Road, E.5. Telephone: 985-2316 Medical Officer - Dr. M. Mollison Centre Superintendent - Miss D.M. Francis	W. a.m. & p.m.	M. p.m. Tu. a.m. & p.m. Th. p.m.	F. p.m.	Every day a.m. & p.m.		Th. evening		
<i>Other services:</i> Cervical cytology, Tu. evening. Mothercraft and Relaxation, Th. 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. 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. K. Sultana Centre Superintendent - Mrs. A. Butler	Alternate M. p.m.	Tu. p.m. W. 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 ses- sions are held at the Goodwill Mission, New North Road N.1)
<i>Other services:</i> Bathing Centre, M. a.m., W. a.m., F. a.m. Marriage Guidance, Tu. evening. Minor Ailments, every morning. Mothercraft and Relaxation, Tu. a.m. Mothers' Club, Th. p.m. Sewing Class, Tu. p.m. Special Advisory Clinic, Th. a.m. Special Investigation Clinic, M. a.m. Speech Therapy, Tu. a.m. & p.m. Vision, M. p.m.								
UPPER CLAPTON 186 Upper Clapton Road, E.5. Telephone: 806-2420 Medical Officer - Dr. H. Ismail Centre Superintendent - Miss A. Edwards	M. a.m. & p.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. C. Noonan 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. B. Pfitzner 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.	
<i>Other services:</i> Vision, alternate 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

Chest Clinic, 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 8484

DAY NURSERIES

<i>(Open Mondays to Fridays, 7.45 a.m. to 5.30 p.m.)</i>	<i>No. of approved places</i>	
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

<i>(Open Mondays to Fridays, 8 a.m. to 5 p.m.)</i>	
Millfields Road, E.5.	985 5930

HOME HELP OFFICES

<i>(Open Mondays to Fridays, 8.30 a.m. to 4.45 p.m.)</i>	
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
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MENTAL HEALTH DAY CENTRES

<i>(Open Mondays to Fridays, 9.30 a.m. to 4 p.m.)</i>	<i>No. of Places</i>	
Clifton Lodge, 96 Dalston Lane, E.8.	40	254 5945
Hindle House, Arcola Street, E.8.	30	249 1181
Shoreditch, Dawson Street, 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

<i>(Open Mondays to Fridays, 9.30 a.m. to 4 p.m.)</i>		
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
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SCHOOL TREATMENT CENTRE

<i>(Open Mondays to Fridays, Morning 9.30 a.m., Afternoon 1.30 p.m., Evening 5 p.m.)</i>	
Hackney, 13 Goulton Road, E.5.	985 4781 & 4637

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 1968 on the health of the Borough.

There was some improvement in the staff position in certain sections of the Department during the year. Recruitment of public health inspectors and health visitors did something to alleviate the previous shortage, but particularly encouraging was the improvement in the recruitment of pupil public health inspectors and student health visitors. However, the recruitment of nursery nurses and student nursery nurses now gives cause for real concern. The number of vacancies for all types of nursery staff at the end of the year was 22 in an establishment of 100. It is obvious that this shortage of staff does much to militate against the full effective and efficient running of the nurseries. Although the staff in this Borough are paid the proper Whitley Council rate for this type of work, the salary offered for all the positions is abysmally small and it says much for the staff we have that they are prepared to do arduous work for long hours for the remuneration they receive. This is particularly so in London where other more remunerative and less arduous employment is readily available, but it is probably true to say that nowhere is the work more necessary than in the East End areas of London. I feel much could be said for special inducements for this type of work in Inner London.

The birth rate continued to decline but it still remained well above the rate for England and Wales and for Greater London in general. There has been a significant rise in the rate for illegitimate births from 15.7 to 17.3 per hundred live births compared with a slight rise for Greater London from 11.4 to 11.5 per hundred live births. The infant mortality rate which showed a reduction in 1967 unfortunately rose in 1968 to slightly above its previous level. An analysis of the cases shows that most of the deaths were due to congenital abnormalities, birth injuries or perinatal causes. This would seem to indicate that infection as a cause of death in very young children has now been largely eliminated, leaving a hard core of deaths associated with pre-natal conditions and conditions arising at or just after birth. It might well be that prevention of these deaths will prove very difficult to deal with and the only method will be continued improvement in ante-natal care and early recognition of conditions that would make labour difficult. The decline in the birth rate combined with the fact that maternity beds are in good supply in Hackney has caused a further falling off in ante-natal clinic attendances and in the demand for domiciliary midwifery services. The reason for most domiciliary confinements is because the mother wishes to remain home for a variety of circumstances rather than because there is no hospital bed available. Because of this negotiations have taken place to unite the two domiciliary midwifery services acting in the Borough, that is the direct services of the Borough Council midwives and the services of domiciliary midwives operating from the Mothers' Hospital.

The Health Services and Public Health Act, 1968, came into force towards the end of the year. Details may be found in the body of the Report, but as far as the Health Department was concerned perhaps the biggest impact was in respect of the amendment to the Nurseries and Child-Minders Regulation Act, 1948. It is well known that a great deal of unofficial child-minding was carried out and is still carried out in this Borough. Unfortunately, even where this could be ascertained there were many loopholes in the 1948 Act which prevented any action being taken. With the implementation of the new

Act, however, effort must now be made to secure registration of as many people as possible who undertake child-minding. However, in the translation of the Act into practice a balance will have to be kept between exact provisions and what is practical, or the result will be to increase still further the number of child-minders who attempt to evade registration.

As would be expected, attendances at ante-natal clinics declined during the year and there was also a slight decrease in the number of children attending the maternal and child health clinics. During the year the clinic held in somewhat overcrowded conditions in 28 Lower Clapton Road was transferred to No. 6 Lower Clapton Road - these premises were previously part of the district nursing service - and adaptation has given far better facilities for the ante-natal, child health, family planning and other clinics held there.

Playgroups to provide day care for children from 3 to 5 years of age have been under much discussion for the last few years, particularly in densely populated urban areas, and where housing conditions may be difficult. In these circumstances children are often kept at home without the opportunity to play with other children in groups under the care of a person trained in the needs of such children for socialization and educated play. During the year the Health Committee discussed these needs and decided to contribute directly to meeting such needs. After much negotiation with the Department of Health and Social Security, agreement was obtained in November to the Council setting up a certain number of playgroups and progress was being made at the end of the year to implement this. There had previously been a number of excellently run private playgroups and the Council in some cases has aided these by means of a grant. The Council's decision to set up its own playgroups has, therefore, resulted in much further interest being taken in the whole subject and following meetings of various departments of the Council and other agencies 1969 is likely to see further development of playgroup facilities.

The expansion of what I think might be said to be the Council's excellent family planning service continued in 1968. The service is run in part directly by the Council and in part through the agency of the Family Planning Association. Throughout the year publicity for family planning was carried on throughout the Borough by all methods. The number of sessions held weekly was increased during the year from 14 to 15 and, in addition, during the year a Young People's Session was set up in one of the maternal and child health clinics: this was an immediate success. Originally the clinic was held fortnightly but after three months, this was increased to one session a week. This clinic appears to fulfil two roles; firstly, young, often unmarried, people are given straight forward education and advice on birth control; secondly, two main types of problems are dealt with - one of these is the simple and more practical difficulties of the younger and less experienced girls, and secondly, there are the more complex psycho-sexual problems. It has been found by the doctor undertaking this work that there are considerable difficulties in combining these two aspects in one session and it is obvious that a further session is now needed. This will have to be considered during 1969.

The domiciliary family planning service has also proved invaluable. A number of women for one reason or another do not like to come to clinics; this may be because of apathy or fear. Some women who for religious reasons may not wish to appear at a clinic, may well accept advice in the privacy of their own homes. The service, however, still runs up against difficulties. Some men, for reasons known only to themselves, refuse to let their wives co-operate. It is perhaps a pity that the damage that such men do by making their wives bear children they do not want and very possibly cannot cope with, cannot in some way be brought home to them. Other problems in the work arise out of the difficulty of tracing women who have moved house without warning and in dealing with a crisis where a supply of pills have been lost or thrown away. As is pointed out, unwanted conception can take place where the pills are discontinued even for a short time. Some of the women concerned seem to be unable to benefit because of low intelligence. There is an obvious financial saving of public money on

hospital bed expenses, maternity allowances, etc., where a woman who wants to plan her family is firmly established on a sound method of family planning. The saving in terms of reduced distress and an increase in human happiness cannot be estimated in money but is undoubtedly of greater importance.

During the year meetings were held between members of the Department and family doctors with a view to formulating a scheme of attachment of district nurses to general practitioners. As a result of these discussions a pilot scheme of attachment to seven doctors was initiated. Even by the end of the year it was obvious that the scheme was proving a success.

Immunisation against various diseases was carried out throughout the year. A recommendation was given by the Joint Committee on Vaccination and Immunisation on a time schedule for the various immunisation procedures. This was adopted with some modification to fit in with the rather peculiar needs of London where there tends to be a more ready movement of population between one Borough and another than in the rest of the country. In accordance with the suggestions of the Department of Health and Social Security there was an extended programme of protection against measles carried out in the months of May, June, July and August. This was carried out in these months in the hope of reducing the scale of any epidemic which according to the pattern of previous years might have been expected in the Autumn. The vaccinations were carried out in the child health centres, schools and day nurseries, and also to those under school age in the Council's residential homes. Vaccine was made available to any general practitioner wishing to use it. In anticipation of an epidemic of influenza, arrangements were being made at the end of the year to vaccinate against influenza sections of the community, e.g., the elderly and people with serious diseases, as well as certain priority groups amongst the Council's staff. This was done in early 1969, but either because of vaccination or for other reasons, the epidemic never materialized in this country.

In spite of much hard work by the officers of the Health Department and the Department of Architecture and Planning, the Council's Health Centre programme showed little in the way of actual progress during the year. However, there is undoubtedly a "new look" in respect of health centres and many general practitioners now show a great deal of interest in the possible future development of health centres. By the end of the year there were at least six Centres under active consideration.

A Smokers' Advisory Clinic was set up experimentally during the year. In spite of reasonable publicity from the Press and radio, the experiment is not proving an unqualified success although a number of people continue to attend in an attempt to stop or restrict their smoking.

It is perhaps not generally realized how much the Department assists individuals in very personal needs to improve their health or to make life possible and bearable. One such instance is the help given in the provision of artificial kidney machines, although this is a service only rarely required, the Department has given help to individuals for the installation of kidney machines in their own homes. The work is a good example of liaison between the hospital service and the local health authority; the hospital providing the machine and the Health Department giving advice on the necessary adaptations and bearing the cost of these adaptations.

The Department's mental health services continued as in previous years, the demands on the service continued to grow, and during the year active steps were being taken to purchase and adapt the Territorial Army Centre in Albion Road for the purpose of a day centre for psychiatric patients and a training centre for 100 adult subnormal patients. During the year there was an official opening of the Homerton Training Centre for adult patients by Mr. Julian Snow, M.P., Parliamentary Secretary to the Minister of Health. The Centre had been in operation for some time but the formal ceremony gave recognition of the interest in this type of work, and the Parliamentary Secretary, in his speech at the opening, gave a promise of the continued Government interest in the mental health services of the local authority. The year saw the inauguration of the Council's own transport for the conveyance of the subnormal patients to and from the various centres. This fleet of

coaches has proved an inestimable asset to the service allowing a much better service to be given to the patients - shorter journeys for the patients to undergo and has saved the Department much work that they previously had to undertake in arranging for the necessary journeys.

During the year the Borough took part in a Mental Health Fortnight with the idea of publicizing the various services available for the mentally ill. Although a great deal of effort was put into this, the results were extremely disappointing, support for the various exhibitions and lectures being almost completely lacking. If, as we are told, there is a high degree of mental ill-health in this part of the world, and as the Borough has mental health services of which it can be justifiably proud, this lack of response by the public in general is particularly frustrating.

During 1967 the Social Services Co-ordinating Committee set up a small working party to review the problems existing on the Kingsmead Estate. This working party reported during 1968, and the substance of the report was conveyed to the Health Committee and subsequently to the Council during the year. The report coincided with a great deal of public pressure from the tenants of the Kingsmead Estate for certain improved facilities. During the year much consideration was given by both the Health Committee and the Council to the investigation of the complaints of the tenants and to the suggestions made for alleviating some of the problems that were made in the working party report; the subject was still one of much discussion at the end of 1968.

The Report again embodies a section on the work of the School Health Service and includes the School Dental Service. I give in the main body of the report details of the service but I feel that I should comment here on two points brought out, that is the increased emphasis now being placed in school health examinations on psychological developments and the emotional and behavioural difficulties experienced by school children. I would also like to point out that a student health service, which is in effect an extension of the school health service, has now been operating for a full year at the London College of Furniture, Shoreditch.

The School Dental Service has continued to expand both in its scope and its services that are made available to the school population. As well as providing a dental service to school children, this service is made available to expectant mothers, children under five, and now to the children and adults attending the mental health training centres within the Borough. In general, although much work is done to preserve the teeth of children, much still remains to be done before perfect dental health is attained. In an effort to help to achieve this, a very successful "Healthy Teeth for Hackney" campaign was pursued during the year: this involved exhibitions, lectures, mobile exhibitions, posters and competitions, and did much to stimulate interest in dental health. The year, however, saw very little progress one way or another in the much more controversial issue of the use of fluoride in the prevention of dental caries. It will be seen on the report on the Borough's water supply, furnished by the Metropolitan Water Board, that no artificial fluoride is added to the water but that naturally occurring fluoride is present to the extent of 0.30 milligrams per litre.

The year has seen no great change from previous years in respect of infectious disease and there were no major epidemics. Infective hepatitis became notifiable in June and 68 cases were notified. The number of notifications of tuberculosis showed a slight decline. There was an increase in the number of Hackney residents attending the various special clinics for venereal disease in London and there is a significant increase in new cases of both gonorrhoea and syphilis.

Hackney's main problem on the environmental side continues to be that of Housing. As has been commented on in previous reports, although the Department does all it can by implementing legislation to try to ameliorate the worst conditions, many families continue to live in overcrowded conditions without the amenities that should be expected in the present age. The other work of the Public Health Inspectorate is detailed in the body of the Report.

Information regarding the Department's many other routine and important duties are also set out in the body of the Report.

The year was one of much discussion on the co-ordination and integration of the various social services of the local authority. There was also much discussion on a "new look" for the National Health Service but by the end of the year the official pronouncements on these subjects had not yet come. No one has really yet defined what a social service is, and the control of what are generally accepted as social services is spread out between various statutory bodies such as the Department of Health and Social Security, Ministry of Housing and Local Government, Department of Employment and Productivity, the Home Office, the Department of Education and Science, various local government departments and voluntary organisations, national and local. When one considers the matter locally, the social welfare of the citizen is again in the hands of a multiplicity of bodies. The area offices of the various Ministries have a part to play. The welfare of the school child is in the hands of the Inner London Education Authority although the School Health Service overlaps with Borough services. Within the local authority itself, the Health Department, Welfare Department, Children's Department and Housing Department are all intimately concerned. In so far as health affects the social well-being of the citizen, the general practitioner and hospital services are also involved. Voluntary organisations have also a part to play. The simplification of all these services is ideally long overdue, but the practical implication of achieving simplification is indeed a formidable task. Within the Borough, attempts have been made to achieve some measure of integration. At the beginning of the year a Family Services Advisory Committee existed, consisting of Chairmen and Deputies of the various Social Services Committees with the various Chief Officers being present, but this did not meet during the latter part of the year. In November 1968, it was decided to have common Committee membership of the Health, Children's and Welfare Committees all meeting on the same night. Common membership was achieved but it was not found possible to confine the business of the meetings to one evening. At the end of the year this position continued.

Although much liaison takes place between field workers of all departments of the Council, at the moment the only common meeting ground of senior officers of the various Council departments, together with officers of the Greater London Council Housing Department, the local offices of the Department of Health and Social Security, the Probation Service and voluntary bodies, continues to be the Co-ordinating Committee.

The Co-ordinating Committee, although it has definite limitations, has facilitated discussion of mutual problems between senior officers of Departments who can call in various services to help some of the families in social need. Further attempts at integration will undoubtedly be made following the reports of various National Committees studying the subject.

I would like to express my thanks to all the Chief Officers of the Council and their staffs for the help they have willingly given us in our problems, and I would also like to express my thanks to the Inner London Education Authority for their help and co-operation during the year. During the year the Chairmanship of the Health Committee changed hands three times; I would, therefore, like to express my thanks to all Chairmen of Committees with whom the Department has had dealings during the year. This report goes out under my name but all the officers of the Department contribute in one way or another to its preparation, or to the work, or to the successful running of the Department, and I would like to take this opportunity again 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

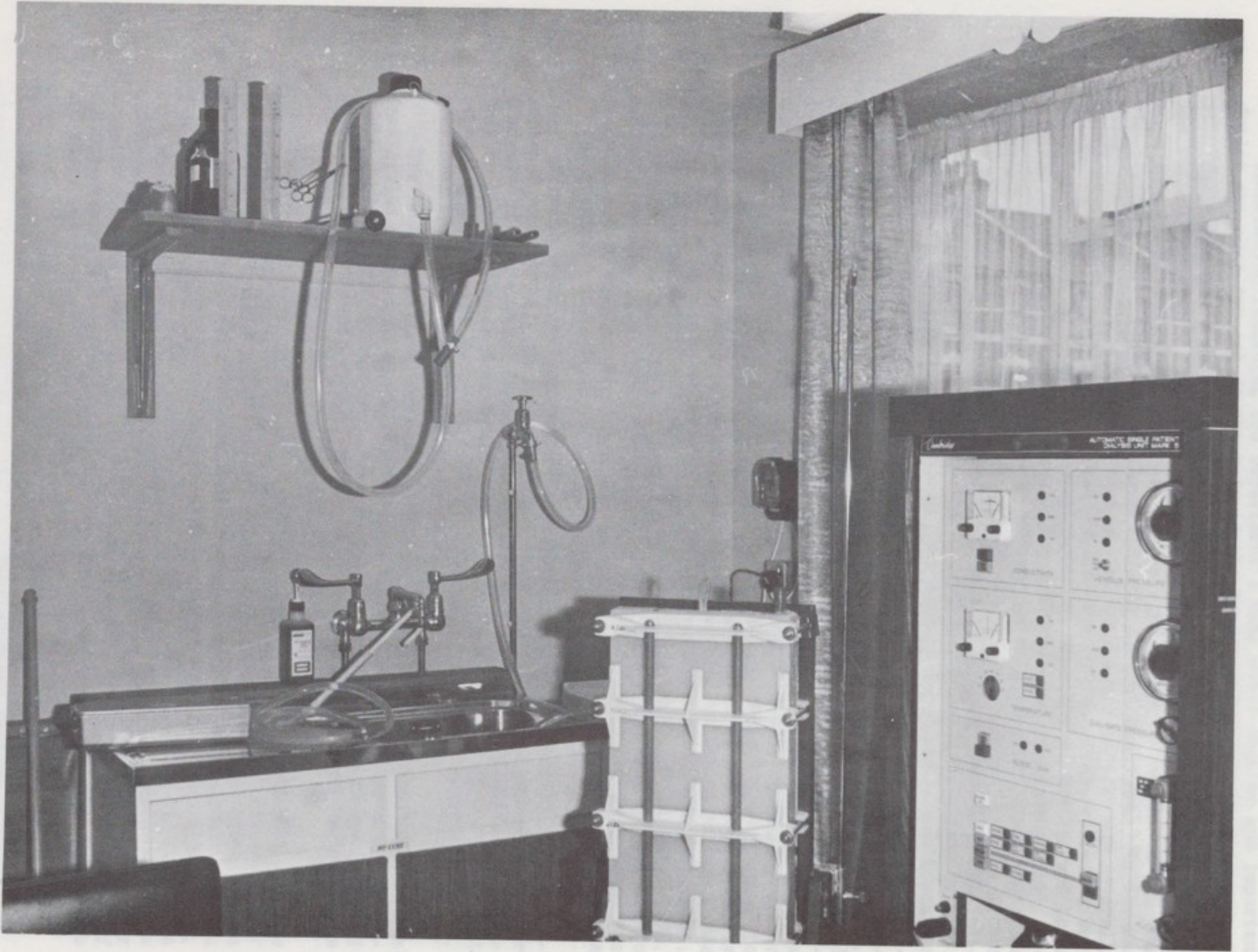
Medical Officer of Health

## VITAL STATISTICS

## VITAL STATISTICS

...the fact that the rate of registration of marriages and divorces has risen since 1967 to 19.4 per 1,000 live births this year. The birth rate for Greater London has actually shown a slight rise.





KIDNEY MACHINE INSTALLED BY COUNCIL IN PATIENT'S HOME

## VITAL STATISTICS

Area .. .. .	4,814 acres
Public open spaces .. .. .	719 acres

## Population

Estimate of Registrar General at mid-year 1968 .. .. .	243,180
Density per acre .. .. .	50.5

## Rateable Value

Rateable value of the Borough .. .. .	£14,738,186
Estimated product of a penny rate .. .. .	£56,940
Number of inhabited homes .. .. .	66,175

Marriages .. .. .	1,486
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## Births and Deaths

	Legitimate			Illegitimate			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Live Births	2,036	2,026	4,062	419	431	850	2,455	2,457	4,912
Still Births	31	24	55	6	7	13	37	31	68
Live and Still Births	2,067	2,050	4,117	425	438	863	2,492	2,488	4,980
Deaths (all causes)	-	-	-	-	-	-	1,452	1,505	2,957
Infant Mortality	51	33	84	12	18	30	63	51	114
Neo-natal Mortality	38	26	64	10	14	24	48	40	88
Early Neo-natal Mortality	34	21	55	9	12	21	43	33	76
Perinatal Mortality	65	45	110	15	19	34	80	64	144
Maternal Mortality	-	-	-	-	-	-	-	2	2

Crude birth rate per 1,000 population .. .. .	20.2
Adjusted birth rate (area comparability factor 0.91) .. .. .	18.4

Illegitimate birth rate per cent of total live births .. .. .	17.3
Illegitimate birth rate for Greater London .. .. .	11.5
Illegitimate birth rate for England and Wales .. .. .	8.4

Stillbirth rate per 1,000 live and still births .. .. .	13.7
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## Death rate

Crude Death rate per 1,000 population .. .. .	12.2
Adjusted Death rate (area comparability factor 1.10) .. .. .	13.4
Infant Mortality rate per 1,000 live births .. .. .	23.2
(Legitimate 20.7, Illegitimate 35.3)	
Neo-natal Mortality rate per 1,000 live births .. .. .	17.9
(Legitimate 15.8, Illegitimate 28.2)	
Early Neo-natal Mortality rate per 1,000 live births .. .. .	15.5
(Legitimate 13.5, Illegitimate 24.7)	
Perinatal Mortality rate per 1,000 live and still births .. .. .	28.9
(Legitimate 26.7, Illegitimate 39.4)	
Maternal Mortality rate per 1,000 live and still births .. .. .	0.4

The birth rate in the Borough continued to be higher than that for England and Wales in general and that for Greater London. It is also higher than that for the two neighbouring Boroughs of Islington and Tower Hamlets, but it still reflects the falling national trend having dropped from 19.7 in 1967 to 18.4 per 1,000 live births this year. The birth rate for Greater London has actually shown a slight rise.

There has been a significant rise in the rate for illegitimate births from 15.7 to 17.3 per 100 live births compared with a slight rise for Greater London from 11.4 to 11.5.

#### COMPARABLE 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	16.9	14.0	11.9	18.0	12.4	10.5	25.0	0.06
Greater London	16.4	13.5	11.6	18.6	12.8	11.4	24.7	0.4
Inner London Boroughs	16.9	13.1	11.9	19.8	14.0	12.4	25.3	0.6
London Borough of Hackney	18.4	13.7	13.4	23.2	17.9	15.5	28.9	0.4
London Borough of Islington	16.2	14.1	12.2	23.3	15.3	13.5	27.4	0.8
London Borough of Tower Hamlets	13.7	18.0	14.6	24.0	17.7	13.6	31.1	0.0

#### CARE OF PREMATURE BABIES

As would be expected, with the decline in the number of births, the number of premature births, including still-births, also showed a decline. There were 68 fewer than in 1967. Only 15 were born at home and there were two still-births following domiciliary confinements. These figures indicate that it is only when a woman goes into labour unexpectedly without previous abnormal signs, or in a very few cases where she has not booked a doctor or a midwife through ignorance or prejudice that premature babies are born at home. In an area such as this, with maternity hospitals easily accessible, every effort is made to ensure that premature births take place in hospital where all facilities for their care are available. When the transfer of a premature baby to hospital takes place, a special incubator is used to give warmth and oxygen to the baby while in transit.

Weight at birth	Premature live births						Premature stillbirths		Total premature live and still births	
	Total births in hospital	Born in hospital				Born at home		Born		
		Died			Nursed entirely at home	Transferred to hospital on or before 28th day	In hospital	At home		
		Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days						
Up to and including 3 lb. 4 ozs.	36	15	11	2	-	3 (a)	19	2	60	
Over 3 lb. 4 ozs. and up to and including 5 lb. 8 ozs.	321	10	7	5	8	4 (b)	12	-	345	
Total	357	25	18	7	8	7	31	2	405	

(a) All these babies died within 24 hours

(b) One of these babies died in under 7 days

## DEATHS

The International classification of causes of death was revised at the eighth revision conference and adopted by the nineteenth World Health Assembly. The year 1968 was the first full year that the Registrar General was able to classify deaths according to the revised arrangements. Although the specific causes of death follow the same pattern as in previous years, the groupings into types of diseases have been revised and there are now 50 groups as against 36 in previous years. The main changes have been to sub-divide the old category "Other defined and ill-defined diseases" into specific diseases and one small group for ill-defined diseases. In consequence the deaths attributed to ill-defined diseases were only 5 in 1968 as against 228 in 1967.

While it is therefore not possible to make complete comparisons with previous years in many instances, it is possible to do so for certain specific causes. One instance is that deaths from lung cancer have fallen from 195 to 190.

Last year I was pleased to report that there had been an improvement in the infant mortality rate. I regret that the trend has been reversed and the rate of 23.2 per thousand live births was the highest since the formation of the Borough in 1965.

An analysis of the 114 deaths of infants under one year of age shows that 91 were due to peri-natal causes, birth injuries and congenital abnormalities and that only 20 were due to an infection. Details are set out below:-

*Analysis of deaths of children under one year of age*

Enteritis	..	..	..	..	2
Pneumonia	..	..	..	..	10
Bronchitis	..	..	..	..	1
Other respiratory diseases	..	..	..	..	7
Congenital abnormalities	..	..	..	..	29
Birth injury	..	..	..	..	35
Perinatal cause	..	..	..	..	27
Accidental	..	..	..	..	1
Other external cause	..	..	..	..	2
					<hr/>
				Total	114
					<hr/>

## ANALYSIS OF DEATHS (ALL CAUSES)

			Males	Females	Total
Enteritis and other Diarrhoeal diseases	..	..	1	1	2
Tuberculosis of respiratory system	..	..	1	1	2
Other tuberculosis, including late effects	..	..	4	-	4
Other infective and parasitic diseases	..	..	2	3	5
Malignant neoplasm - stomach	..	..	41	37	78
Malignant neoplasm - lung, bronchus	..	..	160	30	190
Malignant neoplasm - breast	..	..	-	60	60
Malignant neoplasm - uterus	..	..	-	19	19
			<hr/>	<hr/>	<hr/>
		C/f.	209	151	360

	B/f.	Males	Females	Total
		209	151	360
Leukaemia .. .. .	.. .. .	10	6	16
Other malignant neoplasms, etc.	.. .. .	126	134	260
Benign and unspecified neoplasms	.. .. .	4	6	10
Diabetes mellitus .. .. .	.. .. .	12	23	35
Avitaminoses, etc. .. .. .	.. .. .	1	-	1
Other endocrine, etc. diseases	.. .. .	4	11	15
Anaemias .. .. .	.. .. .	5	5	10
Other diseases of blood, etc.	.. .. .	1	-	1
Mental disorders .. .. .	.. .. .	4	20	24
Meningitis .. .. .	.. .. .	-	1	1
Other diseases of nervous system, etc.	.. .. .	20	24	44
Chronic rheumatic heart disease	.. .. .	19	37	56
Hypertensive disease .. .. .	.. .. .	19	24	43
Ischaemic heart disease .. .. .	.. .. .	358	296	654
Other forms of heart disease	.. .. .	46	62	108
Cerebrovascular disease .. .. .	.. .. .	123	213	336
Other diseases of circulatory system	.. .. .	61	86	147
Influenza .. .. .	.. .. .	11	7	18
Pneumonia .. .. .	.. .. .	100	148	248
Bronchitis and emphysema .. .. .	.. .. .	131	75	206
Asthma .. .. .	.. .. .	3	2	5
Other diseases of respiratory system	.. .. .	13	19	32
Peptic ulcer .. .. .	.. .. .	20	14	34
Appendicitis .. .. .	.. .. .	1	-	1
Intestinal obstruction and hernia	.. .. .	3	5	8
Cirrhosis of liver .. .. .	.. .. .	1	1	2
Other diseases of digestive system	.. .. .	10	19	29
Nephritis and nephrosis .. .. .	.. .. .	8	5	13
Hyperplasia of prostate .. .. .	.. .. .	7	-	7
Other diseases of genito-urinary system	.. .. .	8	10	18
Other complications of pregnancy, etc.	.. .. .	-	2	2
Diseases of skin, subcutaneous tissue	.. .. .	-	6	6
Diseases of musculo-skeletal system	.. .. .	3	13	16
Congenital anomalies .. .. .	.. .. .	20	16	36
Birth injury, difficult labour, etc.	.. .. .	17	18	35
Other causes of perinatal mortality	.. .. .	16	11	27
Symptoms and ill-defined conditions	.. .. .	3	2	5
Motor vehicle accidents .. .. .	.. .. .	13	12	25
All other accidents .. .. .	.. .. .	20	7	27
Suicide and self-inflicted injuries	.. .. .	16	12	28
All other external causes .. .. .	.. .. .	6	2	8
		<hr/>	<hr/>	<hr/>
	Total	1,452	1,505	2,957

## 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	
Enteritis and other diarrhoeal diseases	M	1	-	1	-	-	-	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of respiratory system	M	1	-	-	-	-	-	-	-	1	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-	-
Other tuberculosis, including late effects	M	4	-	-	-	-	1	-	-	-	-	-	3	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	M	2	-	-	1	-	-	-	-	-	1	-	-	-
	F	3	-	-	-	-	-	-	-	1	1	1	-	-
Malignant neoplasm - stomach	M	41	-	-	-	-	-	-	-	9	11	15	6	-
	F	37	-	-	-	-	1	2	1	6	17	10	10	-
Malignant neoplasm - lung, bronchus	M	160	-	-	-	-	-	1	17	58	60	24	24	-
	F	30	-	-	-	-	-	1	4	9	10	6	6	-
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	60	-	-	-	-	1	-	14	17	12	16	16	-
Malignant neoplasm - uterus	F	19	-	-	-	-	-	3	4	4	4	4	4	-
Leukaemia	M	10	-	-	-	-	-	-	2	1	5	2	2	-
	F	6	-	-	1	-	1	-	-	2	2	-	-	-
Other malignant neoplasms etc	M	126	-	-	1	-	2	6	19	30	34	34	34	-
	F	134	-	-	-	2	-	2	12	31	38	49	49	-
Benign and unspecified neoplasms	M	4	-	-	-	-	-	-	1	3	-	-	-	-
	F	6	-	-	-	-	-	-	1	1	1	3	3	-
Diabetes mellitus	M	12	-	-	-	-	-	-	1	-	6	5	5	-
	F	23	-	-	-	1	-	-	1	4	6	11	11	-
Avitaminoses etc	M	1	-	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Other endocrine etc. diseases	M	4	-	-	-	1	1	-	1	-	1	-	-	-
	F	11	-	-	-	-	-	-	-	1	3	7	7	-
Anaemias	M	5	-	-	-	-	-	-	-	1	-	4	4	-
	F	5	-	-	-	-	-	-	-	-	-	5	5	-
Other diseases of blood etc	M	1	-	-	-	1	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disorders	M	4	-	-	-	-	1	-	-	-	-	-	3	-
	F	20	-	-	-	-	-	-	-	-	-	2	18	-
Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1	-	-	-	-
Other diseases of nervous system etc	M	20	-	-	1	1	-	-	1	2	4	11	11	-
	F	24	-	-	-	1	-	-	1	3	6	13	13	-
Chronic rheumatic heart disease	M	19	-	-	-	-	-	2	2	5	5	5	5	-
	F	37	-	-	-	-	1	2	1	8	15	10	10	-
Hypertensive disease	M	19	-	-	-	-	-	-	2	8	6	3	3	-
	F	24	-	-	-	-	-	-	-	4	5	15	15	-
Ischaemic heart disease	M	358	-	-	-	-	2	5	34	94	138	85	85	-
	F	296	-	-	-	-	1	1	7	34	83	170	170	-
Other forms of heart disease	M	46	-	-	1	-	-	-	-	5	16	24	24	-
	F	62	-	-	-	-	-	1	3	3	7	48	48	-
Cerebrovascular disease	M	123	-	-	-	-	2	1	10	21	36	53	53	-
	F	213	-	-	-	2	-	4	5	14	45	143	143	-
Other diseases of circulatory system	M	61	-	-	-	-	-	-	2	13	18	28	28	-
	F	86	-	-	-	-	-	2	2	1	12	69	69	-

Causes 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
Influenza	M	11	-	-	-	-	1	-	-	-	1	4	5
	F	7	-	-	-	-	-	-	-	-	-	3	4
Pneumonia	M	100	1	3	-	2	-	-	-	4	9	16	65
	F	148	1	5	-	-	-	1	1	1	9	19	111
Bronchitis and Emphysema	M	131	-	-	-	-	-	-	-	4	29	38	60
	F	75	-	1	-	-	-	-	-	3	4	17	50
Asthma	M	3	-	-	-	-	1	1	-	-	-	1	-
	F	2	-	-	-	-	1	-	1	-	-	-	-
Other diseases of respiratory system	M	13	-	3	1	1	-	-	1	-	3	3	1
	F	19	1	3	1	-	-	1	-	1	3	2	7
Peptic ulcer	M	20	-	-	-	-	-	-	-	-	3	8	9
	F	14	-	-	-	-	-	-	-	1	1	3	9
Appendicitis	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Intestinal obstruction and hernia	M	3	-	-	-	-	-	-	-	-	1	1	1
	F	5	-	-	-	-	-	-	-	-	1	-	4
Cirrhosis of liver	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	1	-	-	-	-	-	-	-	1	-	-	-
Other diseases of digestive system	M	10	-	-	-	-	1	-	-	-	2	3	4
	F	19	-	-	-	-	-	1	1	3	4	4	10
Nephritis and nephrosis	M	8	-	-	-	-	-	-	-	-	3	1	4
	F	5	-	-	-	1	-	-	1	1	-	-	2
Hyperplasia of prostate	M	7	-	-	-	-	-	-	-	-	-	2	5
Other diseases of Genito-urinary system	M	8	-	-	-	-	-	-	-	-	-	4	4
	F	10	-	-	-	-	-	-	1	2	1	1	6
Other complications of pregnancy etc	F	2	-	-	-	-	-	2	-	-	-	-	-
Diseases of skin, subcutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	2	4
Diseases of musculo-skeletal system	M	3	-	-	-	-	-	-	-	1	-	1	1
	F	13	-	-	-	-	1	-	-	-	-	1	11
Congenital anomalies	M	20	13	6	-	-	-	-	-	1	-	-	-
	F	16	8	2	2	-	1	-	1	1	1	1	-
Birth injury, difficult labour etc	M	17	17	-	-	-	-	-	-	-	-	-	-
	F	18	18	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	M	16	16	-	-	-	-	-	-	-	-	-	-
	F	11	11	-	-	-	-	-	-	-	-	-	-
Symptoms and ill-defined conditions	M	3	-	-	-	-	2	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	-	-	-	2
Motor vehicle accidents	M	13	-	-	-	3	3	1	1	-	-	1	4
	F	12	-	-	2	2	1	1	-	1	1	2	2
All other accidents	M	20	-	1	3	2	2	1	2	4	1	2	2
	F	7	-	-	1	-	-	-	1	-	1	-	4
Suicide and self-inflicted injuries	M	16	-	-	-	-	2	1	4	1	3	3	2
	F	12	-	-	-	-	2	1	3	1	3	3	2
All other external causes	M	6	1	1	-	-	1	1	1	-	-	1	-
	F	2	-	-	-	-	1	1	-	-	-	-	-
Total all causes	M	1,452	48	15	8	9	12	16	25	117	309	437	456
	F	1,505	40	11	7	3	8	14	24	73	172	328	825
Total		2,957	88	26	15	12	20	30	49	190	481	765	1,281

## HEALTH SERVICES AND PUBLIC HEALTH ACT, 1936

## PERSONAL HEALTH SERVICES

Section 169 of the Public Health Act, 1936, provides for the removal to hospital of infectious persons suffering from tuberculosis of the respiratory tract). Sections 169 & 170 of the Public Health Act 1936 provide for the removal to hospital of persons suffering from a notifiable disease and in future, removal of patients suffering from tuberculosis will be dealt with in the same way as for any other notifiable disease.





THE SPECIAL CARE UNIT, MILLFIELDS ROAD, E.5

## HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968

The Health Services and Public Health Act, 1968, became law during the year. Not all of it came into force immediately, that portion dealing with child minding came into force in November. Certain sections still remain to be enforced, but the majority of the provisions became law on 1st October 1968.

The Act is heterogenous in that it amends legislation of several other Acts relating to public health. Part I of the Act deals with amendments in connection with the National Health Service. The Sections having a direct bearing on the work of the Health Department are discussed below:-

*Section 10 - Midwifery* gives local health authorities greater flexibility in the use of midwives. Hitherto there has been a restriction on the period during which the midwife only may attend a confinement, and a restriction on where she may deal with the case. Now, a health visitor or home nurse may be sent into a home rather than a midwife if the latter is not required and the services of the former are needed. A midwife is also allowed to see a patient anywhere, i.e., in a health centre, general practitioner surgery etc. Should there be a temporary shortage of midwives in a hospital, the local health authority may lend its own staff. A midwife may also, under agreed terms, attend the delivery in hospital of women who will be in their care after discharge from hospital.

*Section 11 - Health Visiting and District Nursing* provides greater flexibility in that local health authorities are now permitted to let health visitors and home nurses see persons elsewhere than in their homes.

*Section 12 - Prophylaxis, care and after care* consolidates Section 28 of the National Health Service Act 1946 and Sections 6 & 7 of the Mental Health Act 1959. It places beyond doubt the power of local authorities to provide residential accommodation, training centres and other ancillary or supplementary services for the prevention of all types of illness and for the care and after care of persons suffering from illness.

*Section 14 - Care of mothers and young children* enables a local health authority to recover charges from persons whose children they have placed with child minders. Authorities now have the same power in respect of child minding services as they already have with day nurseries.

*Section 18(3)* extends the powers of local health authorities to provide facilities for general ophthalmic services at health centres. Section 21 enables local health authorities to provide facilities for dentists and pharmacists practising in a private capacity in health centres.

### *Notifiable diseases and food poisoning*

The Act repeals the existing provisions relating to the notification procedures for cases of infectious diseases and for cases of food poisoning and sets out a unified procedure. Substantially the procedure is the same, but differs in minor detail. Erysipelas, membranous croup, pneumonia and puerperal pyrexia are no longer notifiable, but tetanus and yellow fever have been added to the list.

Leptospirosis, formerly only notifiable in certain areas, is now notifiable throughout England and Wales. Infective jaundice was added during the year by SI 68/861. A complete list with the number of notifications received during the year is set out on page 57.

Section 69 repeals Section 172 of the Public Health Act 1936 (removal to hospital of infectious persons suffering from tuberculosis of the respiratory tract). Sections 169 & 170 of the Public Health Act 1936 provide for the removal to hospital of persons suffering from a notifiable disease and in future, removal of patients suffering from tuberculosis will be dealt with in the same way as for any other notifiable disease.

All the existing Regulations in respect of notifying infectious diseases have been repealed and re-enacted in a consolidated version in Statutory Instrument No. 1366/1968 - The Public Health (Infectious Diseases) Regulations 1968.

#### *Nurseries and Child-Minders*

The Act also amends the Nurseries and Child-Minders Regulation Act 1948 and this is dealt with in detail under the section 'Day Care of Children' (see page 27).

## CARE OF MOTHERS AND CHILDREN

### ANTE-NATAL CARE

Attendances at the out-patient departments of maternity hospitals have been maintained despite the fall in the birth rate in recent years. In consequence the number of women attending the Council's clinics has again fallen. The number of women attending for ante-natal examinations fell by 456 but it must also be borne in mind that the number of births registered fell by 462. About 20 per cent of the mothers attend Council clinics. Because of the reduction in attendances, sessions were reduced from weekly to fortnightly at Shoreditch Health Centre. Nine general practitioner obstetricians hold sessions in Council premises and a domiciliary midwife is in attendance. Details of attendances at these sessions are not included in the figures below.

Centre	No. of sessions	Number of women who attended for		Total attendances
		Ante-natal examination	Post-natal examination	
Barton House	51	150	71	785
Elsdale Street	26	130	81	369
John Scott	27	71	46	274
Lower Clapton	49	113	103	476
Richmond Road	49	237	130	853
Shoreditch	34	43	76	164
Upper Clapton	51	96	89	457
West Hackney	51	167	86	465
Total	338	1,007	682	3,843

Education classes have been held for expectant mothers in four of the centres. These classes include the preparation of women for labour, by informing them about the sequence of events, the care of their health during pregnancy, and also many facets of the care of their young babies. Attendances at these classes dropped a little, consequent upon fewer births. Because the demand was less, the number of sessions was lower than in 1967.

The number of women who attended during 1968 is shown below:-

Institutionally booked	..	..	..	167
Booked for home confinement	..	..	..	2
Total attendances	..	..	..	1,221
Number of sessions	..	..	..	166

#### *Maternal Deaths*

Two deaths associated with child-birth, occurred in the Borough and as in former years, full details of these cases were reported to the Regional Assessor to be included in the periodic reports on the confidential enquiries into maternal deaths. The detailed reports from the whole country, when analysed, give some indications of where the care of mothers may be improved. Although the maternal mortality rate has fallen significantly over the last 20 years or so, it is only by the strictest attention to recognising and preventing every avoidable factor that the rate will continue to decline. The lower the mortality rate, the harder it is to eliminate the "hard core" element in this problem.

## CHILD HEALTH CENTRES

Attendances at some child health sessions have fallen during the year, but the overall decrease is very small and only what would be expected with the decline in the number of births. All babies being brought to the centres for the first occasion are given a full and careful medical examination. In addition advice on immunisation and vaccination and on general care is given individually to each mother by the health visitor, who will already have visited the home. Mothers are advised to attend at intervals of a few months, and particularly at the time of the child's birthday, in order that the physical and mental development may be supervised. In this way it may be possible to note defects at an early stage and deal with them promptly.

Number of children who attended Council clinics during 1968:-

Who were born in 1968	.. .. .	3,878
Who were born in 1967	.. .. .	3,362
Who were born in 1963-66	.. .. .	4,790
Total attendances	.. .. .	46,207
Number of sessions	.. .. .	1,878
Number medically examined	.. .. .	19,680
Number referred elsewhere	.. .. .	831

*Child Health Attendances*

	Barton House	Shoreditch H.C. (including Cranston)	Elsdale Street (including Wick)	John Scott H.C.	Lower Clapton	Richmond Road	Upper Clapton	West Hackney
Estimated population served by the Centre .. .. .	24,000	36,000	38,000	29,000	33,000	32,000	37,000	14,000
Number of first visits by health visitors .. .. .	488	719	739	503	748	498	690	519
Total number of children who attended .. .. .	1,258	1,224	1,853	1,444	1,410	1,327	1,841	1,673
Total attendances .. .. .	5,898	4,869	7,125	5,406	6,368	4,176	6,337	6,028
Number of sessions .. .. .	195	204	312	204	248	250	239	195
Number of children medically examined .. .. .	2,201	1,961	2,890	2,283	2,592	2,148	3,145	2,460
Number referred elsewhere	79	46	64	92	114	7	339	90
Average attendance per session .. .. .	30	24	23	26	26	17	27	31
Per cent medically examined	37	40	41	42	41	51	50	41
Per cent referred by M.O. elsewhere .. .. .	4	2	2	4	4	0.3	11	4

Lower Clapton Road Maternal and Child Health Centre, formerly accommodated in noisy and cramped conditions at 28 Lower Clapton Road was transferred, in November, to 6 Lower Clapton Road. These premises which were previously owned by the Hackney District Nursing Association and now the property of the Council were adapted to give better facilities for ante-natal, child health, prophylaxis, family planning and cervical cytology sessions.

In 1967 a sub-committee of the Standing Medical Advisory Committee under the Chairmanship of Sir Wilfred Sheldon examined the medical functions and medical staffing of Child Welfare Centres. In 1968 the then Minister of Health issued a circular (34/68) in which he endorsed the Committee's recommendations. It would therefore seem appropriate to consider these recommendations in some detail and discuss how they apply to procedures adopted by this Council.

The main, and all important conclusion, is that there is a continuing need for a preventive service to safeguard the health of children, in which family doctors will play an increasing part in the future. The Council, without delay, implemented the recommendation that the service should for the future be described as the "Child Health Service". The service in Hackney to mothers and children is now therefore a Maternal & Child Health Service and the Council's premises where it is carried on are now described as Maternal & Child Health Centres. The service to mothers is a wide one, including ante-natal care, family planning advice and screening for cervical cancer by cytology. These services are discussed in full elsewhere.

The report stressed the need for liaison and exchange of information between all those involved with the preventive and curative services to children in the National Health Service and the voluntary services in this field.

Health education should be developed as an integral part of the Child Health Service, and health education officers are mentioned as having an important part to play, particularly in co-ordinating all health education activities in one area. It is, and always has been the view in Hackney, that health education is part of the normal work of all workers with mothers and children. The personal approach is of the greatest value and needs to be supported and strengthened by other means such as publicity and periodic emphasis on some special aspect.

The Sheldon Committee viewed the distribution of National Dried Milk as being still necessary, the sale of other proprietary foods to be a matter for individual authorities. The sale of these foods and vitamin supplements is on a limited scale in this Borough, and is kept under review. One reason is that the composition of foods on the market alters from time to time and some may have harmful effects through containing a large amount of sugar. Others have vitamin supplements added and if a child is given these from more than one source an overdose is possible.

The Sheldon Committee also considered that one of the aims for the future should be the provision of health centres with adequate accommodation for the local authority services including interview rooms for health visitors and facilities for family doctors to practice there too.

The Committee recommended the Medical Officer of Health to keep registers of children under four headings, a procedure that had already been adopted in this Borough:

- (1) *Healthy infants and children up to 5 years.* These registers are maintained at the Child Health Centres where they are referred to by medical officers and health visitors working with the children.
- (2) *Children "at risk" of developing a handicap.* This register is known in this Borough as the Observation Register and is described on page 23.
- (3) *Children with congenital malformation observable at birth.* This register is required by the Registrar General, to whom returns are made monthly. The number of congenital malformations recorded during 1968 was 106 (see page 23).
- (4) *Children with handicapping conditions.* A new form of register on a punch card system has been introduced and is described on page 23.

Children who are handicapped may require more comprehensive assessment of their defects and potential abilities than is the function of a preventive service, and referral to assessment centres is recommended with the agreement of the family doctor. The development of these assessment centres, some of which are already set up in hospitals, was examined by a small group of advisers at the request of the Minister of Health. It was considered that the early years of the assessment centres would be experimental and during this period the shape of the future service could be determined.

The Committee emphasised the need for making the best possible arrangements not only for the child, but for the family who require support in many cases. For this, contact with other social services is needed.

The Circular stressed the concern of the Secretary of State for Education and the Minister of Health in securing full co-operation between the child and school health services. Both hold the view that this is facilitated where the same officers work in both services and one machine can do the work of two.

#### *Congenital Abnormalities at Birth*

The same system of recording, coding and notification to the Registrar General of all congenital abnormalities detectable at birth was carried out as in previous years. There was only a very small difference in the total number, 106 in 70 babies as against 100 in 84 babies in 1967.

The occurrence of spina bifida and hydrocephalus increased by 2 and 5 respectively, cleft lip and palate by 4; talipes (deformities of the feet) also increased, but the number of anencephalic foetuses, defects in the urogenital system and mongolism were somewhat reduced. None of these differences is large enough to be statistically significant in the relatively small total:

Anencephaly .. .. .	3	Talipes .. .. .	19
Hydrocephalus .. .. .	9	Defects of upper limbs ..	5
Spina bifida .. .. .	7	Defects of hip and lower limbs	7
Defects of eye .. .. .	1	Defect of spine .. .. .	1
Defects of ear .. .. .	1	Defect of face and neck ..	1
Cleft lip and palate ..	14	Defects of muscles (including	
Hiatus hernia .. .. .	1	umbilical hernia) .. .. .	5
Congenital heart disease ..	1	Defects of skin .. .. .	1
Defects of respiratory system	5	Exomphalos .. .. .	2
Defects of urogenital system	9	Mongolism .. .. .	1
Reduction deformities ..	1	Other specific syndromes ..	3
Polydactyly and Syndactyly ..	9		
			<u>106</u>

#### *Observation register*

Children who are at risk of developing a handicap, and therefore under close supervision at the Child Health Centres, are included on a punch card register. The number "at risk" at the end of the year was 3,403. If Medical Officers report that development has proceeded normally, they are subsequently removed from this register after a satisfactory medical examination or transferred to the handicap register if a handicapping condition should arise.

#### *Children with handicapping conditions*

Plans for the setting up of a register on a punch card system for all children with handicaps in the Borough which were mentioned in last year's report were finalised, and at the end of the year the records of those children already known, either of pre-school or school age, were in process of being transferred to the new register. It was intended that from the beginning of 1969 it would be in full use. A request for an up to date report is sent to the centre in the district where the child lives, each year during the birthday month. In this way the register is kept alive, and information relating to the special needs of handicapped children is obtained.

### DENTAL SERVICE

During 1968 a total of 440.5 sessions were devoted to the dental care of expectant and nursing mothers, and children under the age of 5 years. This compared with 468.5 sessions in 1967. Of the total number of sessions, 12 were utilised for dental health education, in addition to those forming part of the "Healthy teeth for Hackney" campaign to which reference is made in the section dealing with the school dental service. Towards the end of the year a dental auxiliary began to provide dental health instruction at child health and toddlers sessions at the John Scott Health Centre. By this means it is

hoped to introduce the elements of preventive care to mothers before their children's teeth start to decay. The dental auxiliary talks to the mother whilst she is waiting to see the doctor. In addition to dental health education an appointment is offered for the child to have treatment if this is needed. This aspect of the service is being extended in the New Year to other clinics. In addition, talks have been given to some mothers' groups.

The number of children inspected again went up. The figure of 968 children seen represents 71 more than in 1967, which was itself 275 more than in 1966. An increase of 50 per cent in two years is a welcome trend. As previously, just over half of the children required treatment. Such an inspection service for young children is absolutely essential. It is too late to leave it until they go to school, as can be seen from the following figures. During the year a sample of over 2,000 five-year-old children were examined.

The following results were noted:-

Number of children .. .. .	2,074
Total number of decayed and untreated teeth	5,165
Number of these requiring extraction ..	244
Number of missing teeth .. .. .	1,104
Number of filled teeth .. .. .	1,436

The average child thus had a total of 3.7 teeth which were decayed, missing and/or filled at the time of entering school. Every second child already had a tooth extracted. This really points the way to the need for massive preventive campaigns for young children prior to their entering school. It also emphasises the possible need for fluoridation. Only 40% of the children had healthy gums, so thought must be given not only to preventing tooth decay, but gum disease as well.

There was a slight rise in the number of children attending for treatment - 400 more than in 1967. There was a welcome decrease in the number of visits for general anaesthetics. Nevertheless one in 12 of the children treated needed this form of treatment, so that there is still a long way to go. It is gratifying to record this decrease in anaesthesia in spite of the vast increase in attendances for emergency care.

Less children were made dentally fit and one would like to assess the reason for this. One reason may be the changed emphasis in treatment. In the old days it was easy for the child to attend for one visit to have a number of extractions and thus be made "dentally fit". Nowadays children's dentistry makes it necessary for children to attend on a number of occasions to arrest the ravages of dental disease. After a few visits mothers sometimes feel that they have had enough for the time being and do not always bring the child back for completion of the treatment.

The average number of fillings per child was 2.0 as opposed to 1.9 in 1967. The ratio of teeth filled to teeth extracted has also risen; 6.5:1 as opposed to 4.9:1 last year. This is a highly desirable trend, once again demonstrating the increased emphasis on restorative rather than destructive dentistry. Another welcome increase has been in preventive care partially shown by the massive increase in prophylaxis (polishing of teeth to prevent gum disease as well as decay).

There was a considerable decrease in the number of expectant and nursing mothers seen. The practice is for the medical officer examining an expectant mother at an ante-natal session to enquire if she attends her own dentist regularly. If she does not, arrangements are made for the expectant mother to attend one of the Council's surgeries. It is hoped that the remaining expectant and nursing mothers in Hackney go to a general dental practitioner and thus have no need for the Council's service, but this is doubtful. Here too the trend has been towards restorative dentistry with the ratio of 3.4 fillings to each extraction in 1967 rising to 4.4:1. There was an increase in the number of advanced restorative techniques (crowns and inlays). Eleven

teeth were root filled to prevent the need for extraction. The acquisition of knowledge relating to all these advanced techniques is continually being brought home to dental staff by their much appreciated attendance at post-graduate courses and conferences.

### Statistics

	Children aged 0-4 years		Expectant and Nursing Mothers	
	1967	1968	1967	1968
<b>1. Inspections</b>				
(a) Number of first inspections .. ..	897	968	303	179
(b) Number requiring treatment .. ..	483	492	254	146
(c) Percentages requiring treatment ..	53.8	50.8	83.8	81.6
<b>2. Visits for Treatment</b>				
(a) First visits .. .. .	580	601	303	263
(b) Subsequent visits .. .. .	838	1,207	929	608
(c) Total visits .. .. .	1,418	1,808	1,232	871
(d) Additional courses of treatment commenced .. .. .	27	31	3	6
(e) Attendances for general anaesthetic (included in total) .. .. .	61	51	16	17
(f) Emergencies (included in total) ..	11	80	14	24
<b>3. Patients made Dentally fit</b> .. ..	319	229	126	109
<b>4. Analysis of General Treatment</b>				
(a) Fillings .. .. .	1,144	1,229	920	684
(b) Teeth filled .. .. .	914	1,113	731	610
(c) Teeth extracted .. .. .	184	172	213	137
(d) Patients x-rayed .. .. .	1	13	4	35
(e) Scaling, prophylaxis and gum treatment	61	293	162	113
(f) Teeth otherwise conserved .. ..	254	324	N.A.	N.A.
(g) Teeth root filled .. .. .	N.A.	N.A.	2	11
(h) Crowns and inlays .. .. .	N.A.	N.A.	2	7
<b>5. Prosthetics</b>				
(a) Patients supplied with full upper and/or lower dentures .. .. .	-	-	10	6
(b) Patients supplied with partial dentures	-	-	32	25
(c) Number of dentures supplied .. ..	-	-	49	33

N.A. Not applicable

### VACCINATION AND IMMUNISATION

The recommendations of the Joint Committee on Vaccination and Immunisation on the immunisation procedures issued at the end of 1967, were given careful consideration in conjunction with other Inner London Boroughs, as it was thought to be of prime importance, with the large amount of movement of population within these Boroughs, to have an agreed schedule.

The Joint Committee recommended that, in order to produce a higher level of immunity, triple and polio vaccinations should be delayed until the age of six months, when transferred maternal immunity had virtually disappeared. Intervals between doses should be lengthened. The largest number of young children are taken to child health centres in the first three months of life encouraged by home visits paid by health visitors and by postponing the commencement of the programme until six months of age, many opportunities would be lost. In the majority of healthy children, after their first few attendances at centres, the intervals become longer, and a proportion move to other districts. It was thought that it was better to give the still very valuable early protection to a larger number of children. The schedule



adopted therefore, retains the earlier start at three months, a reinforcing dose being given at 18 months and another just prior to school entry. A final reinforcing dose near school leaving age will be included when it becomes practicable. It was considered that the timing of smallpox vaccination should remain unchanged, that is during the second year of life.

The number of children immunised against these diseases varied very little from the figures for the previous year as can be seen in the tables below. In fact a somewhat higher proportion were protected, taking into account the lower number of births in 1968.

#### Completed Primary Courses

Type of vaccine or dose	Year of birth							Total
	1968	1967	1966	1965	1964	1963-61	1960-53	
Diphtheria ..	1,615	2,107	186	89	58	166	256	4,477
Whooping Cough ..	1,600	2,088	180	73	34	29	12	4,016
Tetanus .. ..	1,614	2,107	186	90	58	168	302	4,525
Polio-myelitis ..	1,576	2,131	255	137	93	243	274	4,709
Measles .. ..	14	300	352	313	680	2,038	52	3,749

#### Reinforcing Injections/Doses

Type of vaccine or dose	Year of birth							Total
	1968	1967	1966	1965	1964	1963-61	1960-53	
Diphtheria ..	20	928	1,231	160	185	2,095	880	5,499
Whooping Cough ..	16	913	1,202	147	61	121	21	2,481
Tetanus .. ..	21	929	1,234	161	184	2,081	922	5,532
Polio-myelitis ..	19	833	1,054	108	166	1,911	789	4,880
Measles .. ..	-	-	-	-	-	2	-	2

#### Smallpox Vaccination

Age	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-14 years	Total
Primary vaccinations	9	21	17	27	2,126	420	139	2,759
Re-vaccinations ..	1	-	1	-	5	35	308	350

Protection against measles by one injection with a live attenuated vaccine began in 1967, and was continued on a limited scale until after April 1968. The supplies were sufficient to include all susceptible children whose parents were agreeable, between the ages of 1 and 15 years. The main medical argument in favour of measles vaccination in this country is the frequency with which potentially serious complications of the disease occur, about 1 in 15 notified cases suffered from severe bronchitis, pneumonia, middle ear infections and evidence of inflammation of the brain. Compared with these the mild fever of short duration expected in a proportion of children vaccinated is considered a small risk.

In the months of May, June, July and August an extended programme of measles vaccination was carried out with simultaneous publicity for children between their first and seventh birthdays, partly in the hope of reducing the scale of any epidemic which according to the pattern of previous years might be expected in the Autumn. The vaccinations were carried out in Child Health Centres, schools and day nurseries, also to those under school age in the Council's residential homes. Vaccine was made available to any general practitioners wishing to use it. The number of children vaccinated during this time was 2,960. Following this special programme of measles vaccination, it has been added to the schedule of routine prophylactic injections for all children, and recommended to be given only in the second year of life. It is too early, until the figures of measles notifications for the Winter and Spring quarters of 1968/9 are known, to say what effect this vaccination has had on attacks of the disease.

## DAY CARE OF CHILDREN

### DAY NURSERIES

The 7 day nurseries in the Borough have continued to offer accommodation mainly to the children of unsupported mothers or where a health reason exists either of the child or one of the parents. The service has at times been in serious straits owing to a shortage of staff. There appears to be a great dearth of suitable students coming forward for training.

The special schemes operated in past years have continued, one for children with a hearing defect, to enable them to spend a certain time in a speaking community, and another for severely subnormal children, for whom no places are available in the special care unit. Only a small proportion of the total number of places can be allotted to these children since they require very close attention. Children in the first category make very good progress as a rule, and a certain amount of socialisation occurs in the second, and in addition, mothers are relieved for limited periods of the heavy burden of caring for them.

At the end of the year a replacement of Fernbank Day Nursery and a new day nursery in Holly Street were being planned and were included in submissions to the Department of Health and Social Security under the Urban Aid Programme.

### CRECHES

Creches are held in four of the child health centres and have as usual been full. Many children whose need is stimulation and play with others benefited considerably from attendance and they are a valuable addition to the day nursery service. The total number of sessions numbered 957 and 14,425 attendances were made.

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

Centre	No. of sessions	Total attendances
Barton House .. .. .	103	1,817
Elsdale Street .. .. .	202	1,778
Richmond Road .. .. .	148	2,079
John Scott Health Centre	504	8,751
Total .. .. .	957	14,425

### NURSERY AND CHILD-MINDERS REGULATION ACT, 1948

The Nurseries and Child-Minders Regulation Act, 1948, has proved to be a difficult Act to administer and unsatisfactory in certain respects and the need for amendment has been apparent for some time. Section 60 of the Health Services and Public Health Act, 1968, sets out amending legislation to the Nurseries and Child Minders Regulation Act, 1948, in some important details.

The Act of 1948 applied only where children were looked after for the day or a *substantial part thereof*. The amendment provides for registration when children are minded for a minimum period of two hours in the day (or an aggregate of two hours).

Probably the most important amendment is that bringing all minders of unrelated children within the scope of the registration provisions and the increased penalties for minding by unregistered persons.

A local health authority in the past had power to refuse to register premises or child-minders if the local authority was satisfied that the premises were not fit to be used for the purpose. Fitness has now been more clearly defined to include equipment.

The Act also empowers a local health authority to refuse to register any person who is not a fit person. The definition of a fit person has been more clearly defined to bring it in line with the requirements of the Children Act, 1958, and the Adoption of Children Act, 1958. Every person so registered must make a declaration and a person who makes a false statement in this respect is liable to a fine of £100 and/or imprisonment for six months.

The only restriction that could be placed on a child-minder in the past was in respect of the number of children to be minded, but requirements regarding infectious disease could be imposed. Other restrictions were placed on owners of private day nurseries and these have been extended by the new Act to apply to child-minders as well. In this connection the requirement that premises and equipment shall be adequately maintained has been extended to include safety.

The amended Act has added a considerable burden to the work of the Department in implementing its provisions and it will be necessary to appoint a senior nursing officer specifically to undertake the visiting that will be involved.

There were seven nursery groups registered by the Council at the end of the year. A total of 142 places were available for children at these nurseries which in the main are only open in the mornings. The Save the Children Fund have a full-time nursery group in Shoreditch, but children may only attend for one session a day.

The effect of the new legislation had not made itself felt at the end of the year when there were only 22 registered child minders, but it had become obvious that there would be a large increase in 1969.

#### NURSERY GROUPS

A challenging report was published by the late Dr. S. Yudkin in 1967 on the need for more day care of children of 3-5 years particularly in densely populated areas. In November the then Ministry of Health issued a Circular dealing with the same subject, in which local authorities were asked to assess the needs in their areas and to expand the facilities where they were not being met. Emphasis was made in the Circular on the responsibility of local health authorities being limited to arranging for the day care of those children whose physical, mental and emotional health indicates deprivation and inadequate stimulation in their homes. The number of such children in Hackney is unknown, but the frequent reports being received from fieldworkers in the Department shows that it is high.

The Circular suggested that in addition to the provision of day nurseries and creches, more children should be helped by part-day care either by admission to satisfactory privately-run pre-school nursery groups of which there are at present 7 registered with and encouraged by this Authority, or by groups run directly by the Authority.

An assessment of the demand for all types of provision requiring consultation with the Children's Department is in preparation and is asked for by the Department of Health and Social Security by the middle of 1969. Any such assessment must necessarily be a rough one as it is not possible at any one time to uncover all the needy families with children who would benefit by more day care provision.

In November approval was received from the Department of Health and Social Security to the Council's scheme to open sessional pre-school nursery groups, and at the close of the year, urgent consideration was being given to the detailed arrangements for the implementation of these proposals, including the finding of suitable premises and staff. The provision of nursery groups is one of the items included in projects submitted for the first phase of the Urban Aid Programme.

## MIDWIFERY

The number of home confinements has continued to decline and during 1968 fell by a further 116 to 365. The number of mothers discharged from maternity hospitals to their homes before the tenth day of the lying-in period also dropped having steadily been increasing during the last three years. Details of the domiciliary confinements during the year are set out below:-

	Confine-ments	Doctor booked	Given Analgesia	Discharged to midwife before 10th day
Council midwives ..	159	153	123	59
Hospital district midwives	206	202	159	70
Total .. .. .	365	355	282	129

Because of the continued decline in the birth rate it has become uneconomic to continue a directly maintained midwifery service. A large proportion of the Borough is covered on an agency basis by midwives from the Mothers Hospital in any case and during the year the Health Committee authorised preliminary discussions with the Hackney Group Hospital Management Committee with a view to re-organising the domiciliary midwifery service. At the end of the year negotiations were still proceeding.

During the year 205 state certified midwives notified this Council, as local supervisory authority, of their intention to practice within the area. Many of the midwives are transitory as they are practising through nursing agencies in the Borough.

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 52 pupils who completed district training in this area during the year, 7 were placed for their three month's course with midwives in the Council's domiciliary service who are approved teachers by the Central Midwives Board.

## CERVICAL CYTOLOGY

During the year, three weekly screening sessions for the taking of cervical smears, and including a medical examination to exclude other diseases, such as breast cancer were continued at three centres. In January, the session at John Scott Health Centre was transferred from an afternoon to an evening, in the hope of assisting those who are at work during the day. The evening session which was begun at Goulton Road Treatment Centre during the previous year was transferred to the Maternal and Child Health Centre, 6 Lower Clapton Road in November where the facilities are more suitable.

As part of the publicity, posters and leaflets with a tear-off slip for women to post or take to a centre has been in use constantly. Unfortunately the number of attendances declined during the last two quarters of the year, although the Borough's allocation for the examination of smears at Hackney Hospital was increased by between 10% to 12%. It is thought probable that younger women who attend ante-natal clinics and have tests routinely there are covered more adequately than those in older age groups. It is therefore important to try to include these, especially those reluctant to attend clinics, by every means within one's power. The Stoke Newington Cancer

Control Campaign and the women's groups have again been active in educating women by showing films on the subject and enlisting the services of doctors, including those from the Health Department to answer questions, in an attempt to allay fears and doubts in the minds of the audience.

The number of smears taken at the Council's clinics were as follows:-

	F.P.A. Clinics	Cervical Cytology Clinics	A.N. Clinics	Total
Richmond Road .. .. .	293	279	84	656
Goulton Road/Lower Clapton Road	64	387	-	451
Upper Clapton Road .. .. .	-	-	3	3
John Scott Health Centre .. .. .	237	479	-	713
Shoreditch Health Centre .. .. .	114	-	-	114
Barton House .. .. .	-	-	19	19
Elsdale Street .. .. .	-	-	1	1
Total .. .. .	705	1,145	107	1,957

### FAMILY PLANNING SERVICE

The expansion of the family planning service in the Borough in accordance with the implementation of the National Health Service (Family Planning) Act 1967 continued; the most important feature being the co-ordination of the sessions run by the Family Planning Association and those directly by the Council. The Family Planning Association is reimbursed 100% of net approved expenditure relating to Hackney residents.

Publicity by means of new and attractive blue leaflets and posters listing all the sessions held in the borough alike under the headings of the centres where they are held and giving details of the method of making appointments were distributed. There has been close liaison between this department and the Family Planning Association in discussion of the needs of the people of Hackney for the service.

There were in all 14 sessions held weekly up to 1st April, and 15 thereafter. Of these 7 were under the auspices of the Family Planning Association and two of them were attended by two doctors, making double sessions. One Family Planning Association session is held at Hackney Hospital for the fitting of the intra-uterine device.

Two other sessions run by the Council are held at John Scott Health Centre and Shoreditch Health Centre for the same purpose. The number of Council sessions increased from 211 to 334 and the number of women attending rose by 680 to 1,641, the total attendances being increased by 2,625 to 4,925. During the same period nearly 3,000 women made approximately 7,000 attendances at the Family Planning Association Clinics in the Borough.

#### *Young Peoples' Session*

This was begun by the Family Planning Association acting as the Council's agent in April 1968, to try to educate and assist young people in their special needs. For the first three months the clinic was held fortnightly, after this, each week. Attendances at this session totalled 322 during the nine months it was open. The clinic appears to fulfil two roles. Firstly, young unmarried people are given straightforward education and advice on birth control. Secondly, two main types of problems are dealt with, the

simplest and more practical difficulties of the younger, less experienced girls, and the more complex psycho-sexual problems. The experience of the doctor conducting this session has shown that there are considerable difficulties in combining these two functions in one session. It is not predictable until the first interview is in progress, in which clients underlying problems are brought to light, but when they emerge, the interviews may be too time consuming to continue without a sense of hurry, when other appointments have been made for the session.

Provision of a second session to which clients may be referred from the first one is to be considered. This session for young people is obviously fulfilling a need, and it is interesting that the average age of those attending is lower than when it first opened.

#### *Domiciliary visits*

The demand for this service, which is run by the Family Planning Association on the Council's behalf, has continued and proved a great help to 68 women whose domestic commitments, and occasionally prejudices, prevented them from attending a clinic. The doctor and nurse specialising in home visits have done an extremely valuable piece of work. Persuasion of some of their clients was often time consuming and required great tact and kindness. The service appears to be reaching women of lesser intelligence and those less co-operative than when it first started in 1967 which is encouraging as this is one of its prime objects.

An informative report on this service has been made by the doctor who carried out the visits. She states that the service has been welcomed by general practitioners and there has been practically no opposition.

The kind of woman who needs the service is the one with a large family who gives low grade child care, and in any crisis is unable to cope with her responsibilities, and so "spills over" into the group termed "problem family". In a certain number of those visited, their husbands are unco-operative. Apathy and fear, combined with their many commitments prevent these women, some of them very young, making the effort to attend a clinic. Nearly all the women are referred by health visitors. Many of those subsequently attending for the insertion of an I.U.D. have transport arranged for them to and from the clinic and their children are looked after while they attend.

There are numerous problems in the course of the work, such as tracing women who have moved house without warning, dealing with crises as when supplies of pills are thrown away or lost.

About 10 women have not accepted advice. This, the doctor thinks, is due to their sub-normal intelligence. Every effort is made to keep in touch with these difficult cases.

There is an obvious financial saving of public money on repeated maternity allowances and hospital bed expenses, once a woman is firmly established with a method of family planning. The saving in terms of reduced distress and increase in human happiness cannot be estimated in figures, but is undoubtedly and of far greater importance.

#### *Follow-up Scheme*

Mention might be made here of another joint enterprise - the follow-up of patients seen in maternity wards. In August 1968, the Family Planning Association began a scheme to visit the maternity wards at hospitals in the Hackney Group to advise recently delivered women of the whereabouts and times of family planning clinics, to make appointments as requested, and generally help them to understand what a clinic was like. A survey of 100 women showed that very few of those interviewed, in fact, ever came to a

clinic. It has therefore now been arranged that the Family Planning Association interviewer will link with health visitors who will then be able to give further encouragement and help.

## HEALTH VISITING

The Health Visitor is one of the key workers in the Department. She is a State Registered Nurse with special training for her particular task, which, of course, is not confined to home visiting. She attends child health and immunisation sessions at maternal and child health centres and many other miscellaneous sessions. She also gives health education lectures at clinics and in schools. In consequence the statistical table of the visiting aspect of her work represents only about one third of her total output.

Type of Case	Number visited
Children born in 1968 .. .. .	4,841
Children born in 1967 .. .. .	4,677
Children born between 1963 and 1966 .. .. .	9,834
Persons aged 65 or over .. .. .	533
Mentally disordered persons .. .. .	48
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals) .. .. .	140
Tuberculous households .. .. .	7
Households visited on account of other infectious diseases .. .. .	12
Other cases .. .. .	1,029

The health visiting service still gives some cause for concern. Recruitment to the service continues to remain at a low level and the case load carried by the health visitors is higher than the national average.

Hackney is an area with a high social need and a great deal of the health visitors' time is spent with families who have multiple social problems, many of which are associated with health problems of members within the family. Because of their heavy case load, visiting must, of necessity, be on a selective basis and each health visitor must assess her priorities and visit each family according to need.

Following a working party report which looked into the work of the health visitor, recommendations were made, which continue to be followed in this department. The health visitor who is particularly well placed to recognise the early symptoms of family break-down and likely neglect or ill-treatment of children, has a pointing system to which she can refer for guidance on those families likely to become in social need or are already requiring social service help.

A register of such families is kept in the office of the Co-ordinating Nursing Officer and reviewed in consultation with the health visitor.

In families where multiple visiting is likely to occur or where additional services are required, a referral is made to the Field Workers Conference for discussion, so that the relevant services can be provided and one worker nominated to continue to work with the family and at the same time keep in touch with the other workers concerned. This co-ordination of the efforts of the various workers provides the best service for the family and prevents duplication of work.

There is no doubt that this work has contributed to the prevention of break-up of families.

Details of other aspects of the work of the health visitor will be found on pages 21 to 23.

## FAMILY CASE WORK

The family caseworkers employed in the Department provide a casework service to a variety of clients but their basic responsibility is to the inadequate and under-functioning family having multiple problems. The two social workers at the chest clinics and the worker engaged on venereal disease contact tracing are becoming increasingly involved in the social work section and have proved anxious to share the opportunities for case discussion and regular consultation in order to extend their skills.

The social workers have regular case discussion groups and staff meetings which are aimed at improving efficiency and encouraging and enabling field staff to accept that they have an important and positive part to play in the efficient functioning of the group. An important result of these meetings is the creation of a new casework record and of monthly statistical return sheets which enable work loads to be equated on a time criteria basis. Cases are graded according to the amount of time spent with them and this facilitates an equitable work load distribution.

During the year students have been accepted from several university and professional social work courses. A very close liaison is being maintained with the North Western Polytechnic Certificate in Social Work Course and four students spent three days a week in the office during five months practical work periods. Staff have been encouraged to attend courses and one of the family caseworkers has been seconded to the applied social studies course at Southampton University.

### *Co-ordination of Social Services*

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

The Fieldworkers' Conference, which is a sub-committee, meets fortnightly and at this Conference cases are discussed which have been referred 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 Hackney Borough accommodation may be evicted unless the family circumstances have been discussed at the Fieldwork conference and full Co-ordinating Committee levels, and a recommendation is made by the 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 a likelihood of eviction.

During 1968 the Co-ordinating Committee arranged meetings for social workers with the aim of explaining the policy and practice of different Departments and thereby improving the understanding and relationships between the social work services. Three meetings were held with speakers from the Welfare Department, Children's Department and the former Ministry of Social Security. These meetings have been very successful and will continue during 1969 when other Departments will have the opportunity of explaining their work.

The working party which investigated the problems of the Kingsmead Estate made a final report to the Co-ordinating Committee during 1968 and subsequently the Committee reported to the Council. The report was received with general satisfaction and it is anticipated that the Committee's recommendation to improve services to the Kingsmead tenants will come to fruition during 1969.



## MENTAL HEALTH SERVICES

The year continued to show an increase in the demand for community mental health services and indicated that the intentions of the Mental Health Act of 1959 were really proving to be effective in the field of community psychiatry. Modern medical treatment enables patients suffering with mental illness to be treated in many instances without admission to hospital, and where hospital admission is necessary the length of stay in the main is of short duration. The effect of this will be seen in the increase of the number of persons receiving some form of help from the Council's services.

There is no doubt that the number of persons requiring help will continue to increase and services must be geared to cope with the demands which will be made upon them.

Present facilities in the Borough are extremely good but there is no doubt that much remains to be done and as will be seen in this report, the Council's plans for future development have taken into account the most pressing needs of the mentally disordered in the community.

### *Emergency Rota*

The emergency call service for mental welfare officers after office hours continues in conjunction with the London Borough of Islington. The responsibility this places on the officers was recognised by the Council when personnel who undertake emergency calls and organise social clubs were granted an honorarium.

### *Day Centres*

The three day centres were again busily occupied during the year. There was no shortage of contract work, as the location of the centres is within an area of light industry which has been accustomed to out-work contracting for many years. 53 persons were admitted to the day centres, 33 of whom were admitted to Clifton Lodge Rehabilitation Centre which provides a short period of sheltered employment. The two other centres accept patients whose mental condition has caused permanent disability and whose chances of employment are much less favourable.

It was possible for 24 patients to be placed in employment, and only 16 patients had to be re-admitted to psychiatric hospitals for short periods.

The total number of patients attending the day centres during the year was 146.

### *Social Clubs*

In addition to the established social clubs which are held in various establishments within the Borough, a social club for men and women attending the senior training centre was started. This is held weekly and is well attended and much appreciated by the trainees.

The senior training centre is made available on Friday evenings to the Hackney branch of the Elfrida Rathbone Association who hold a social club there for teenage boys and girls who are educationally subnormal. This centre is also used by the Hackney Society for Mentally Handicapped Children for parent's meetings and for socials.

The Department's officers are concerned with all social clubs including those organised by the voluntary societies.

### *Training Centres*

The two purpose-built training centres in the Borough managed to cope with the increasing number of referrals of severely subnormal children and adults, but it is apparent that increased facilities are now urgently required, especially for severely subnormal adults, whose numbers increase yearly due to several factors, including advances in medical treatment. One of the outstanding factors in creating an increased demand for occupation and training for adults has been the introduction of the selective employment tax resulting in employers being less sympathetic to the mentally handicapped.

### *Transport*

The Council now owns a fleet of six coaches which convey both children and adults to the training centres. The acquisition of these coaches has proved extremely beneficial to the trainees. Coach journeys are now much shorter and in most cases it is possible to pick up and return to their own homes. The service is more reliable than that experienced with private hire coaches, trainees attend more regularly, punctuality is maintained thus enabling a full programme of training to be given. In addition, the coaches are available for outings to places of interest and for excursions to the seaside. During the training centre holidays the coaches are used by the day centres for the mentally ill for outings to places of interest.

### *Special Care Units*

The special care units, one for 20 children 5-16 years, in specially adapted premises and one for 12 children 0-5 years attached to the junior training centre again proved immensely valuable in the provision of community care. Children thought to be untrainable have made remarkable progress and the relief to their parents is greatly appreciated by them.

The waiting lists for admission to these units are very long and the provision of more special care accommodation is, in my opinion, one of the most urgent priorities.

### *Short term Care and Recuperative Holidays*

Short term care for mentally handicapped children and adults is provided in cases of sudden family emergencies and where the family need a well deserved rest or holiday. During the year 43 patients benefited from this service. The situation with regard to vacancies for short term care remains very difficult and a great deal of help is given in this direction by various voluntary organisations who have established private homes.

Recuperative holidays are provided for patients recovering from mental illness and in some cases to prevent hospital admission or re-admission. 19 patients were given recuperative holidays during the year.

### *Permanent Care*

9 patients were admitted to psychiatric hospitals for the subnormal. The position regarding permanent care grows worse each year and many patients especially children who require hospital care are unable to receive it either through lack of accommodation or shortage of staff in the hospitals.

The Council has recognised the very heavy burden placed on parents and families in having to care for a severely handicapped member and provides relief in the form of long stay accommodation at no charge to the parents.

This accommodation is maintained in most cases by voluntary organisations and private individuals. At the end of the year 34 Hackney residents were so placed.

### *Development Assessment Clinic*

This clinic provides a service for the assessment of children under the age of 5 years who do not appear to be making normal developmental progress. This clinic is staffed by a specialist medical officer and was held on 44 occasions, 123 children being examined. Advice and guidance is given to the parents and the clinic enables the community mental health service to be offered at a very early stage. It also enables an accurate diagnosis to be made and eliminates any doubt of the child's condition.

### *Co-operation with Hospitals, Voluntary Societies etc.*

Close co-operation has been maintained with the catchment area psychiatric hospitals, Hackney Hospital and Long Grove Hospital for the mentally ill, St. Lawrence's Hospital and South Ockendon Hospital for the mentally subnormal. The Department's mental welfare officers attend the frequent case conferences and the consultant psychiatrists have provided an excellent service of domici-

liary consultations which has resulted in a deeper understanding of the problems of mental disorder in the community and has given the general practitioner, the Department and most of all the patient, a very greatly improved service.

It is unfortunate that the remoteness of Long Grove Hospital involves difficulties in time and distance especially with regard to patients being visited by their relatives and it is hoped that the proposed increase in facilities in the Hackney Hospital unit will go some way to resolving these.

As in previous years the Department owes a great deal to the many statutory and voluntary organisations who co-operate most willingly in the community mental health services. As previously mentioned, without the provision of hostel accommodation by the voluntary organisations, the situation would be very grave. I am pleased to place on record my very grateful thanks for the help and advice we have received from these organisations too numerous to mention individually.

Easton House Hostel which caters for twelve boys who have left residential schools for the maladjusted and which is under the control of a voluntary organisation was again beset by staffing problems mainly due to the long illness and sad death of the warden who had done a great deal of excellent work with many of the difficult problems that a hostel of this nature presents. The Council continued to meet the day to day running costs of the hostel subject to reimbursement by Councils making use of the premises, an administrative procedure which is not easy.

#### *Mental Health Fortnight*

During June the Council organised a mental health fortnight the first week of which coincided with the National Mental Health Week.

Meetings were arranged in various parts of the Borough both for professional and lay audiences, and an exhibition was staged in Shoreditch Health Centre.

The results were bitterly disappointing, in spite of much hard work and effort by all the staff, and reflected a marked lack of interest in the subject of mental health, which is still regarded in many quarters as "taboo". It is no consolation that most other areas throughout the country suffered the same experience.

#### *Future Plans*

The provision of further day centre accommodation and adult training centre facilities is now proceeding. The Territorial Army Drill Hall, Albion Road, N.16, acquired by the Council, will be adapted as a Day Centre for 60 patients and a purpose-built adult training centre for 100 patients will be constructed at the rear of these premises.

Sites have been obtained for two hostels of 20 places each for severely subnormal children. One hostel will cater for short term care and the other for children needing long stay accommodation.

A site in the grounds of the Junior Training Centre is available for the erection of a purpose-built special care unit and this project is included in the building programme for 1969/70. A site will also be made available in a housing development area for a hostel for the mentally ill.

These plans when brought to fruition will provide a comprehensive service for all types of mentally disordered persons within their own community which is the prime objective of the Mental Health Act 1959.

With the announcement by the Prime Minister that the responsibility for the education of mentally handicapped children will pass from local health authorities to local education authorities the future of the junior training centres and special care units is not yet clear but it is to be hoped that this proposal will not deter the Council from going ahead with their plans for an increase in training centre and special care facilities.

## Dental Services

The opportunity has been taken this year to develop the preventive side of the dental service for this group of persons. A senior dental officer visits the Junior Training Centre each week to polish the children's teeth. Apart from its value as a preventive measure it introduces the children to simple dental instrumentation. In addition they come to accept the dentist as a friend. A dental auxiliary visits Millfields Special Care Unit to clean the children's teeth with an electric toothbrush. So accepted has this become that three of the 20 parents have now bought brushes of their own, to continue the good work at home. Some of these children have been treated at normal dental surgeries, but early in the New Year a special surgery is to be set up at the Senior Training Centre thus providing an extension of facilities. A mobile drill is sometimes used to treat a few of the children at the Centres themselves.

## STATISTICS

<i>Mental Illness</i>	1967	1968
Number of referrals during the year .. .. .	397	361
The final arrangements made for these referrals were as follows:-		
No further action .. .. .	84	57
Hospital care:-		
Admitted informally .. .. .	177	163
Admitted compulsorily .. .. .	9	40
Psychiatric out-patient or day hospital ..	12	14
Admitted to general hospital .. .. .	3	7
Number taken into Council's community care ..	109	87
Number taken into other community care .. ..	3	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.	3	6
Receiving visits from Mental Health Social Worker	109	87
Attendance at day rehabilitation centre .. ..	31	33
Attendance at day centre .. .. .	21	20

*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 .. ..	368	441
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<i>Mental Subnormality</i>	1967	1968
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Number of new cases during the year .. .. .	93	104
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The final arrangements made for these new cases was as follows:-

No further action .. .. .	19	41
Number taken into Council's community care ..	72	60
Other community care .. .. .	2	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:-

Admission to private homes, etc. .. .. .	2	11
Receiving visits from Mental Health Social Worker	72	57
Attendance at training centre .. .. .	22	16
Admission to Special Care Unit .. .. .	18	2
Other type of community care .. .. .	2	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 .. ..	521	559
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## HOME NURSING

Following an analysis of the use made by the local medical practitioners of the home nursing service, discussions were held with the doctors with a view to carrying out a pilot scheme of attachment of district nurses to general medical practices. As a result of these discussions, a total of seven doctors participated in the scheme and four district nurses were allocated to them for an average of four hours a week. At the end of the year it was too early to measure the success of the scheme but the indications are that it will prove to be worthwhile.

The implementation of the scheme on a wider basis would depend to a great extent on the availability of staff, but there seems to be no doubt that both the general practitioners and district nurses welcome the scheme. The doctors are finding that they have more time to devote to the practice of medicine, while the nurses have found that their knowledge and experience has vastly widened.

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

Number of cases being nursed at end of 1968	.. ..	807
Total number of patients nursed during year	.. ..	2,666
(Of these 92 were aged under 5 years and 1,567 were aged 65 years or over at their first visit in 1968)		
Total number of visits during 1968	.. ..	99,454
Number of home nurses	.. ..	31

### *Bathing Service and Incontinent Laundry*

A bathing service for elderly people is provided at the Millfields Road Station, but this will be transferred in 1969 to improved accommodation at Shoreditch Health Centre. Home bathing is also undertaken in cases where a visit to the Centre is not possible.

The laundering of soiled linen will continue to be carried out at Millfields Centre. In 1968 the number of articles laundered totalled 41,000.

## CHIROPODY

Prior to 1959 the local authority chiropody service was limited to the level that existed before 5th July 1948. In 1959, the Minister of Health approved the extension of the service and the former Division 4 area of the London County Council which covered the same area as the present Borough received approval to holding up to 100 sessions per week at Council clinics. There were periodic subsequent increases until by 31st March 1965 approval existed for 107 sessions per week. Since then the situation has remained unchanged, not because there is not the need for more sessions in some parts of the Borough but because there is difficulty in maintaining even the existing approved sessions due to the shortage of suitably qualified chiropodists. The service continued mainly to provide for priority cases, e.g. expectant mothers, children and persons aged 65 or over.

In addition to the service run by the Council there is a service run by the Hackney Association for the Welfare of Old People. Prior to 1965 the Hackney Association for the Welfare of Old People provided a limited domiciliary service and this has continued but it falls far short of the needs of the area.

A number of partially handicapped persons as well as some of the very elderly are brought to the clinics by ambulance but it is not easy to dovetail the visits to the clinics in such a way as not to overlap with the delivery of "meals on wheels".

In 1967 the chief chiropodist initiated a modest service in the clinics in the preparation of appliances which has continued to be a success.

Some patients should be treated at four weekly intervals or even less. At some clinics, however, the waiting period is as much as 8 weeks. In consequence, in one or two parts of the Borough it is possible to provide a service for those aged between 15 and 64 years of age.

The location of the clinics and sessions is set out on pages 3 and 4 and statistics of attendances at these clinics are set out below. Most of the school children are treated for verrucae. No expectant mothers were treated.

Number of Sessions	..	..	..	..	4,288
Number of cases: Aged 0 to 4	..	..	..	..	6
Aged 5 to 14	..	..	..	..	749
Aged 15 to 64	..	..	..	..	1,092
Aged 65 and over	..	..	..	..	<u>3,289</u>
					<u>5,136</u>
Number of attendances	..	..	..	..	30,474

### RECUPERATIVE HOLIDAYS

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

	1968	1967
Adults	203	209
Children under 5 not attending school	16	19
School children	135	141

### ARTIFICIAL KIDNEY MACHINES

Early in 1968 the Minister of Health gave local authorities general approval to make adaptations to homes of individuals who need an artificial kidney machine. During the year adaptations were carried out in two instances, but in one, the patient having improved, the machine was not installed until after the end of the year. An illustration of an artificial kidney machine is shown opposite page 12.

### 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:-

	1967	1968
Number of new applications received	1,319	1,428
Types of cases assisted: Maternity	51	82
Tuberculosis	37	31
Old people (over 65)	3,774	3,626
Chronic sick (under 65)	483	523
Miscellaneous	<u>352</u>	<u>372</u>
Total number of households assisted	<u>4,697</u>	<u>4,634</u>

The majority of the miscellaneous cases were of acute illness in persons under 65 years of age. Many of them are mothers who have to go into hospital

for a short period and a home help is sent into the home to act as a temporary mother substitute. In providing this service the necessity for taking children into temporary care is often avoided.

The number of home helps employed rose from 423 (equivalent whole-time) in 1967 to 442 in 1968.

## HEALTH EDUCATION

A Health Education Panel met at regular intervals to plan a balanced health education programme for the Borough. As in previous years, a particular topic was selected for emphasis during each month of the year. Examples of the topics were health of the feet, sleep and exercise, preparation for school and safe toys. Posters were displayed at health centres and leaflets distributed appropriately. To assist in the routine propaganda, over 60 general practitioners have agreed to display posters on health matters in their surgeries. The highlight of the year was the "Healthy teeth for Hackney" campaign, details of which are to be found on page 53.

Some of the larger food manufacturers and ancillary trades are becoming more hygiene minded and requests were made to the Department for guidance in the health education of their food handling staff. Short courses of lectures were held at which advice was given on the most effective methods to adopt to avoid the possibility of cross infection and contamination and why it is necessary to employ these methods.

## SMOKERS ADVISORY CLINIC

In April, the Council set up a Smokers Advisory Clinic on Thursday evenings at Shoreditch Health Centre. A special poster was designed and leaflets distributed through the libraries and other establishments. The clinic was also advertised in the local papers. The general medical practitioners were advised of the clinic and several patients were referred to the clinic from that source.

The clinic was started by a Consultant Physician from the Brompton Hospital, and on his resignation it was continued by one of the Principal Medical Officers of the Department.

A survey of the cases attending the clinic during its first year was carried out and the results are set out in the following paragraphs.

The procedure is for each patient to have an interview with the doctor - no group therapy is undertaken. The patients are expected to come for several sessions but it was found that 56% came on only one occasion.

<i>Age distribution</i>	<i>Males</i>	<i>Females</i>
15 - 20	2	1
21 - 30	11	11
31 - 40	8	11
41 - 50	21	18
51 - 60	8	4
60 plus	10	-
N.K.	1	-
	<u>61</u>	<u>45</u>

A total of 189 attendances were made by the 106 patients. It is interesting to note that 42% of the patients were women and that in the age range of 31-40 more women attended than men.

The number of occasions on which the patients attended was disappointing as the following table shows:-

<i>Number of occasions attended</i>	<i>Males</i>	<i>Females</i>	<i>Results</i>
1	38	24	-
2	10	12	Two stopped and one reduced
3	9	7	Six stopped and three reduced
4	3	1	One reduced
7	1	-	-
9	-	1	-
	<u>61</u>	<u>45</u>	

It will be observed that only 8% stated that they had stopped smoking and that after only one or two visits for it was on the second or third visit that the statement was obtained. Very likely the result was only temporary and it is proposed to write to the individuals after a suitable lapse of time to ascertain if they have reverted to smoking again.

The source of referral was as follows:-

<i>Referred by</i>	<i>Number</i>	<i>Attended only once</i>	<i>Percentage</i>	<i>Attended more than once</i>
G.P.	31	15	49	16
Poster (or leaflet)	41	30	74	11
Newspaper	30	16	53	14
Other	4	1	25	3

It should be noticed that although the posters and newspapers were the most fruitful sources of reference, the percentages attending on one occasion only, was very high.

## RE-HOUSING ON MEDICAL GROUNDS

Regular monthly meetings with representatives from the Housing Department continued to take place. During the year under review 139 cases were discussed and 113 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

There is no change in the number or character of the nursing homes in the Borough since my last report.

The Byelaws made by the former London County Council in respect of Nursing Homes continued in force after the reorganisation in 1965, but it became desirable for this Borough to make its own Byelaws. Accordingly revised Byelaws were submitted to the Department of Health and Social Security and were approved on 3rd February 1969.

### *Crossways, 13 Laura Place, E.5*

This home provides places for 20 expectant and nursing mothers and 10 babies. A new warden was appointed in June of this year, to succeed the previous one on her retirement. An inspecting officer of the Fire Prevention branch of the London Fire Brigade made recommendations following an inspection of the premises in August. All of these were found to have been carried out on subsequent inspection by a principal medical officer. It was agreed that periodic fire drills would be carried out by a local brigade officer. There were 43 admissions to the home, of which two were post-natal, during the year.

### *St. Mary's Home for Mothers & Babies, 153 Stamford Hill, N.16*

This home accommodates 22 expectant and nursing mothers and 12 babies. Advice was given on a number of major repair works necessary on the premises



by a senior supervisory public health inspector. There were 65 admissions during 1968 of which one was post-natal.

*St. Margaret's Nursing Home, 262 Victoria Park Road, E.9*

This is a privately owned nursing home which accommodates 9 chronic medical patients and two maternity patients, who are under the care of a general practitioner obstetrician during their stay. The keeper is a State Certified Midwife. Periodic inspections are made by officers of the Health Department, and by an officer of the London Fire Brigade, whose recommendations were carried out. The number of confinements which took place during the year was 28.

*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.

## HEALTH CENTRES

Despite much hard work by the officers of the Health Department and of the Department of Architecture and Planning, the Council's Health Centre Programme showed no progress during the year in the way of actual building. The hope expressed in my previous report that approval to the erection of a Health Centre in Somerford Grove would be forthcoming by the end of 1968 proved to be false. Agreement with the Department of Health and Social Security as to cost limit could not be reached and it was therefore decided to obtain tenders and negotiate as to acceptance of one of these. Invitations to tender had not been made public by the end of the year.

The "new look" provided for Health Centres by the Department of Health and Social Security, under which general medical practitioners would be reimbursed the whole of the rent and rates and a proportion of charges and the cost of ancillary staff, increased considerably the interest shown in Health Centres, not previously very noticeable.

There are now between 20 and 30 general practitioners who have expressed a desire to occupy Health Centre accommodation and there follows a list of projected centres in various stages of planning:-

Somerford Grove, N.16	Clapton Park, E.5
Barton House, Albion Road, N.16	Trowbridge Road, E.9
Fountayne Road, N.16	Kingsmead Estate, E.9

The one existing Health Centre providing general practitioner accommodations, viz., the John Scott Health Centre, Woodberry Down Estate, continued to function and temporary accommodation was made available at the Shoreditch Health Centre for one general practitioner whose existing premises became unsafe.

## RESEARCH PROJECTS

*Nutrition surveys of pre-school children and pregnant women*

This survey, which is being conducted in several parts began in 1967 with a study of the diets of pregnant women. It was next concerned with the diets of children in different sized families and in 1967 with the incidence of dental caries in pre-school children. The dental examinations of the children concerned were still being undertaken during the year and no report of the surveys has yet been received.

*Measles vaccine trials*

The long term follow-up of children vaccinated against measles in the Medical Research Council's trials of 1965 and 1966 has now been completed and a report was published in May 1968. Vaccinated children were found to

have a high degree of protection which was well maintained over the period of almost three years when the investigations were proceeding. It is intended to continue the investigations for a further period.

The trials also showed that the use of live attenuated measles vaccine alone gave a greater protection than the killed followed by the live vaccine programme and was therefore recommended. The live vaccine, requiring only one injection, produced a few reactions which were not serious.

As a result of these trials, vaccination against measles was included, at first on a limited scale, in the Borough's prophylaxis programme (see page 26).

#### *Survey of children with spina bifida*

This study, by the Research and Intelligence Unit of the Greater London Council, began in 1966 and continued throughout the year. One research worker from the Unit's staff has carried out interviews with the parents of children who have this disability living in the Borough. Close liaison is maintained with this Department, requests for appointments being taken to the parents by a health visitor. The object of such a long-term detailed study is to obtain information on the children's progress, enabling a fuller assessment than was possible formerly to be made of their special needs for treatment and education.

In March of this year the Director of the Clinical Genetics Research Unit of the Institute of Child Health, asked to be allowed to interview selected mothers of children born either with spina bifida or anencephaly. This is in a sense a parallel study to the one mentioned above, since its object is to estimate the risk of recurrence of the defect in another child. Data for the two surveys is being correlated, and this Department is kept informed so that no interviews are arranged where it is anticipated that they might cause distress to the mother.

### 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 provide training for pupil midwives, 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 Department of Health

and Social Security for this purpose, whilst formal theoretical study is undertaken at the North London College for Further Education.

Thirty-one students received training during the year and five second-year students taking the examination in 1968 were successful in obtaining the certificate.

#### *District Nurses*

Three State Registered Nurses and one State Enrolled Nurse successfully completed courses of district nurse training for the appropriate certificates of the Institute of District Nursing.

In September the Queen's Institute of District Nursing relinquished most of its responsibility for district nurse training, and, in future, S.R.N. students will participate in Department of Health and Social Security approved courses arranged by the London Borough of Newham and the North-Western Polytechnic. The Queen's Institute will continue to organise state enrolled nurse training.

#### *Health Visitors*

Up to ten qualified nurses who have had midwifery or obstetric training and 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 1967/68 five students were sponsored, all of whom were successful at the final examination. A further five students were accepted for sponsorship for the academic year 1968/69, including a male district nurse on the existing staff seconded for this purpose.

#### *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 the Deputy Supervisor of a Junior Training Centre and an Assistant Supervisor of a Special Care Unit are undergoing a one year course of training leading to the award of the Central Training Council's Diploma for Teachers of Mentally Handicapped children.

#### *Pupil Public Health Inspectors*

Ten pupil public health inspectors are currently undergoing courses of training leading to the examination for the Diploma of the Public Health Inspectors' Education Board. Nine pupils are receiving their theoretical training at the Tottenham Technical College and one at the South-East London Technical College. Practical training is undertaken within the Department, although two pupils are receiving this under the London Borough of Redbridge in accordance with the special scheme approved by the Greater London Whitley Council.

#### *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 1968 are set out on page 29.

#### *Reciprocal Arrangements*

In addition to ensuring that staff receive adequate training, the Department provides practical training facilities for 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 the work.

## SCHOOL HEALTH SERVICE

## SCHOOL HEALTH SERVICE

Principal (or similarly officer)	10
District Care Organiser or Care Committee	25
Parent	54
School doctor	26
Miscellaneous	72
Total	<u>187</u>



DENTAL HEALTH INSTRUCTION TO THE YOUNG

## 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

Both the number of children examined in routine medical examinations (13,531) and the school population (35,891) showed no significant change during the year.

250 7-year-old children were given "selective" medical examinations in junior schools, roughly the same number as last year. The children are selected for examination by the School Doctor, Nurse and Head Teacher after questionnaires have been completed by the parent and school staff.

Here it is interesting to note that over the past 4 years in Hackney there has been a change in the types of defects which the selection process tends to highlight. For example in 1965 there was a preponderance of eye and ear defects, swollen lymph glands and "other disorders" (the latter comprising mainly bed-wetters), whereas in 1967 and 1968 the categories appearing most prominently were psychological development (very poor progress in school), and emotional stability (including difficult behaviour), with epilepsy also showing up clearly.

Although too much should not be read into these facts, as the numbers involved are small, they seem to suggest that the selective process involves the School Medical Officer, and stimulates his interest, in the problems of a child's intellectual and emotional development more effectively than the routine examinations. Many children with minor physical defects (e.g. innocent murmurs, undescended testes, minor skin disorders, poor posture etc.) may not be examined by this method, a fact which places greater importance on the thoroughness of the examination of five-year-old school entrants.

It is to be hoped that more Junior schools will be able to participate in the "selective" method during the coming year.

It was gratifying to note that a local private school asked to be included in the Borough School Health Service. We were able to arrange this without too much difficulty although of course the school pays a fee for the services provided.

### NON-ROUTINE MEDICAL INSPECTIONS

Employment certificates	..	..	..	..	..	..	..	274
Theatrical children	..	..	..	..	..	..	..	48
School journeys	..	..	..	..	..	..	..	1,671
Recuperative holidays	..	..	..	..	..	..	..	147
Secondary school annual surveys	..	..	..	..	..	..	..	65
Outward bound courses	..	..	..	..	..	..	..	13
Boarding schools for the delicate	..	..	..	..	..	..	..	55
Handicapped pupils - statutory examination	..	..	..	..	..	..	..	230
Handicapped pupils - periodic special defect examination	..	..	..	..	..	..	..	422
At request of: Head teacher (child's name entered in special book)								230
Head teacher - others	..	..	..	..	..	..	..	267
School nurse	..	..	..	..	..	..	..	105
Divisional (Educational) Officer	..	..	..	..	..	..	..	65
District Care Organiser or Care Committee	..	..	..	..	..	..	..	33
Parent	..	..	..	..	..	..	..	94
School doctor	..	..	..	..	..	..	..	95
Miscellaneous	..	..	..	..	..	..	..	72
							<b>Total</b>	<b>3,886</b>

The total is slightly lower than in 1967 but it is worth noting that Head Teachers brought many more children forward for special examination or for "statutory" examination (i.e. for possible special schooling) than last year.

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, 4,740 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 Sheridan-Gardiner method of testing the eyesight of very young children continued to be used successfully in the Infant Schools and Nursery classes.

Several Medical Officers have recommended the annual testing of children between the ages of 7 and 11 as this is the time when shortsightedness (myopia) is likely to develop. The only bar to initiating this service has been the relative shortage of school nurses.

#### 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 3,975 children who were given a sweep test, 186 required a further test and 67 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 ear, nose and throat surgeon who is accompanied by a social worker.

#### 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 .. .. .	291	2,161	4,180
Orthoptic .. .. .	170	246	728
Audiology .. .. .	32	103	228
Special investigation .. .. .	124	230	819
Minor ailment .. .. .	166	437	3,190

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 1,171 pairs of spectacles were ordered.

The three special investigation clinics continue to provide a service for children suffering from obesity, enuresis and early emotional problems. Although dietary advice is given, full attention is paid to discussion of emotional problems and management. These clinics provide a vital preventive function with the doctor and social worker operating as a team in the clinic and the social worker being the clinic arm reaching out to the families whenever this is necessary. Close liaison is maintained with the child guidance

clinics in the Borough; some children may be seen at a special investigation clinic prior to being referred to "child guidance" and in these cases the social worker will provide support for the families until the child guidance clinic takes over and also ensure that a psycho-social report is made available on the family. School health social workers maintain very close liaison with the school care organisers and his voluntary workers.

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

Athlete's foot .. .. .	26
Plantar warts (verrucae) .. .. .	206
Ringworm .. .. .	-
Other skin diseases .. .. .	15
Eye and ear diseases .. .. .	8
Bruises, lacerations, etc. .. .. .	<u>178</u>
	<u>433</u>

In addition 749 school children attended one of the Council's chiropody clinics - mainly for the treatment of plantar warts.

School children made a total of 396 attendances to Goulton Road bathing centre. 244 children attended for vermin and nits, 32 for scabies, 9 for minor ailments, and none for impetigo.

#### 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 nurse examines the child not only for cleanliness of the head, but also for other aspects e.g. squint, ear discharge, nutritional state. 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 .. .. .	17,660
Percentage found verminous .. .. .	1.1
Number examined at selective surveys .. .. .	4,636
Percentage found verminous .. .. .	2.9
Number of individual pupils found verminous .. .. .	286
Number referred to a bathing centre .. .. .	57

#### NURSING STAFF

Nursing staff in the School Health Service includes full-time and part-time staff. Their duties involve working in ordinary or special schools, in various clinics and treatment centres, and in various combinations of these. One nurse is employed in residential duties at a Hackney Children's Home in Essex. Two nurses have the special additional duty of testing the hearing of school children by audiometry.

#### SOCIAL WORK

The social work in the school health service continued to expand in 1968. An additional member of staff has been appointed to provide casework help to the families of children attending the Geffrye School for physically handicapped children. The social worker visits the parents of all new entrants as well as maintaining close contact with the families of children needing help and support. The provision of social work help at the New River School for partially sighted children has continued to develop and in addition to individual casework, the social worker is now holding small group sessions for school leavers. The purpose of the group work is to encourage and enable the children to express some of their fears and anxieties about moving into the work situation.



## INFECTIOUS DISEASES IN SCHOOLS

At the beginning of the year an 8 year old Pakistani girl was admitted to a local primary school. The school was ignorant of the fact that she was a contact of her sister who had been in hospital six weeks earlier suffering from typhoid fever. Owing to difficulty with the language, the parents had not understood very definite instructions at the time that the patient's sister should not go to school until careful tests had shown that she was not infectious. However, she had only been at school for seven days when the mistake was discovered and she was sent home, and admitted to hospital for further tests. Tests were carried out on her classmates as a precaution and all proved negative.

Several cases of ringworm of the scalp were discovered in five of the Borough's Primary Schools. In each case school contacts were examined for signs of infection, and where necessary excluded from school for treatment by the family doctor. Although still a fairly infectious condition, it is not nearly so prevalent as it was before the last war.

There were no cases of diphtheria, although the germ was isolated from the nose of a child in hospital for a sinus operation. Fortunately the organism was eventually found to be of the non-virulent type, which does not produce the disease.

The programme of BCG vaccination of susceptible 13-year-old school children continued during the year.

Infant school children were included in a "crash" programme of vaccination against measles during the summer in an attempt to obtain the maximum protection against the disease before the expected rise in the number of cases during the winter. 2,192 infant and nursery school children were given one dose of the vaccine during the campaign.

## HEALTH EDUCATION

Apart from the various programmes of Health Education arranged by the schools themselves, Health visitors contributed to this important work by giving talks to secondary school children on a variety of topics, including the care of young children. Visits were also arranged for senior girls to day nurseries and child health centres.

This work was supplemented by regular visits from the two full-time health educators employed by the Inner London Education Authority.

During the year, County Hall provided the setting for a conference for teachers, school health staff and others on the subject "Drug taking in school children". Members of the Health Department staff attended. It was felt that the subject was of such importance that it should be followed up by local conferences in the various Inner London Boroughs. Preparations were well in hand by the end of the year for such a conference to be held in the Borough's Health Department.

## TRAINING OF SCHOOL HEALTH STAFF

Regular meetings of school nursing staff and school medical officers provided opportunities for a limited amount of in-service training. In addition a senior member of the medical staff served on an Inner London Education Authority Working Party on the training of School Medical Officers and also lectured at a training course for new entrants to school nursing.

## SPECIAL SCHOOLS IN THE BOROUGH

Stormont House open air school provides an excellent education for "delicate" children, i.e. those with a history of debility, asthma, nervousness (including school phobia) and other disorders which have caused difficulties in the ordinary school. The original intention was that the stay at the school should be for a period of two terms or so to allow the child to regain strength and confidence before returning to ordinary school. However, the increasing use of the school for children with difficulties which are largely emotional in origin and who come from a disturbed home background has meant that the average length of stay at the school is increasing and there is now a waiting list.

A lift was installed during the year at Geffrye Primary School for physically handicapped children and has been a boon to children and staff. It has proved particularly important in view of the relatively large number of severely handicapped spina bifida children at the school.

At New River school for partially sighted children the medical officer, school nurse and social worker have developed excellent relationships with the school staff and visiting eye specialist.

At both Geffrye and New River the social worker attached to each school has developed links between school and the homes of many of the children, a fact appreciated very much by the parents and school staff.

The building of the new all-age day school for educationally sub-normal pupils on the north side of Downs Park was virtually complete at the end of the year and it was anticipated that its first pupils would be admitted the following Easter.

#### **HANDICAP REGISTER**

During the year the task of putting all handicapped school children on a punch-card register was begun. This was in line with current ideas on the need for intensifying the identification and supervision of all children and young people in the community who have some form of mental or physical handicap. This is a large task and it will be some time before it can be considered at all comprehensive. But it is hoped it will prove very helpful to all who have to deal with the problems of handicapped children.

#### **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. There are 4 such classes in the Borough.

#### **PROBLEM CASES CONFERENCES**

These conferences meet every three weeks or so, under the aegis of the Divisional Officer (Education) to discuss children who are presenting serious problems in terms of behaviour/attendance etc., in school. They are attended by a senior member of the school medical staff, a senior social worker from the Health Department and an educational psychologist as well as teachers and other social workers who may be involved.

#### **URBAN AID**

During the year the Government announced outline plans for providing extra financial help for areas with special social needs. These included provision for extra nursery classes in schools and, as Hackney is one of the many areas of special need, it is likely that nursery class provision will benefit.

#### **STUDENT HEALTH**

1968 was the first full year for the student health service at the London College of Furniture. During term time a medical officer attended the college each Thursday from 4.30 p.m. to 5.30 p.m. to see any student who felt the need of a personal chat on any health problem.

The numbers taking advantage of this service have so far been small, usually one or two each session, but the college staff have made efforts to let the students know of the service and the medical officer has spoken briefly to student meetings on two occasions.

In addition discussions on health topics have been held with several of the college classes as part of the Liberal Studies programme. These seem to have been welcomed by the students and it is hoped to continue them in the future.

Finally may I take this opportunity of thanking the Medical Adviser and his staff and the divisional officer, Mr. Mason, and his staff, for all the help and co-operation they have given so willingly during the year.

## SCHOOL DENTAL SERVICE

The main features of the year's work were the intensive efforts to inspect every child at school and on the treatment side the successful achievement of increasing the ratio of teeth filled to teeth extracted.

Several visitors came during the year. These included Professor H. Kopel from America, whose visit formed part of a tour during tenure of a World Health Organisation Fellowship to study dentistry for handicapped children. Dr. E. O'Brien Moran, Chairman of the Dental Health Committee of the Irish Association visited the dental health exhibition, as did many visitors from the surrounding area and from the Department of Health and Social Security.

Staff and premises are shared between the school and other priority dental services, so that everything concerning these aspects relates to both services. The statistics only relate to school children. Reports on dentistry for pre-school children, expectant and nursing mothers, and the mentally handicapped, will be found on pages 23 and 37.

The staff, excluding the Principal School Dental Officer, consisted of 9 full-time and 9 sessional dental officers, plus one dental auxiliary, making the full-time equivalent of 14.6 within an establishment of 15. This was an increase of 3.3 since 1967, which is particularly pleasing at a time when other authorities are having great difficulty in recruiting staff. The average age of full-time dental officers was 46.8 (53 in 1967) and sessional dental officers 39.5 years (41). The overall average was 43 (50). This reduction was obtained in spite of the fact that none of the older dental officers had retired and thus indicated that with increased standards and scope of the service in Hackney, younger dentists are more than willing to join us.

Two sessional dentists became full-time and a third full-time dental officer and a dental auxiliary have been appointed. The latter has proved to be particularly useful in caring for very young children. One dental officer was promoted to senior dental officer with special responsibility for the care of the handicapped.

There were 19 dental surgery assistants, three of whom were permanently assigned to Executive Council surgeries. 4 of the 15 hold the National Certificate for Dental Surgery Assistants. One is a state registered nurse and one is a state enrolled nurse. Two, in the school dental service, are designated as Dental Surgery Assistants/Clerks as they carry a heavy clerical load. One of these helps the Principal School Dental Officer with both his clinical and clerical work, making for maximum utilisation of his time and releasing him to treat patients as well as administer the service. The second acts as a spare chairside assistant, and also carries out much of the clerical work relating to school dental inspections. Between them they have done a great deal to iron out any previous difficulties, which has led to increased efficiency and better relations with head teachers. Without such assistance the Principal School Dental Officer would be completely desk-bound. Once again the point must be made that because of the low national rates of pay for these women, great difficulty is experienced in filling vacancies when they occur. This could eventually lead to a complete collapse of the service.

Informal staff meetings have been held on two occasions in order to discuss the working and progress of the service. During part of the year the Principal School Dental Officer attended the London Hospital Dental School for one session a week. This was very useful, not only to maintain his standard of knowledge at a high level, but also to keep contact with the constant stream of qualified students. The Principal School Dental Officer attended the annual conference of the British Dental Association and towards the end of the year attended the post graduate course in Dental Public Health organised by the University of London Dental Teaching Schools. Other dental officers attended a large variety of lectures and courses. Courses in dental radiography have been attended by all new dental surgery assistants. Both the London Borough of Hackney and the Inner London Education Authority are to be thanked for helping to maintain their dental officers at such a high standard of knowledge.

There are 15 surgeries including the one at Hutton Poplars Children's Home. In addition one has been equipped at the Geffrye School for Physically Handicapped children and this will be brought into use early in 1969. It has not proved possible to open the surgery at Woodberry Down Comprehensive School as the room is being used for another purpose. This is greatly regretted, as it would save the children a great deal of time spent travelling elsewhere for treatment. The surgery at 28 Lower Clapton Road has been closed and the equipment transferred to the Hackney School Treatment Centre (Goulton Road).

Close contact has been maintained with local general dental practitioners through the Hackney Division of the Inner London Local Dental Committee. Problems of mutual interest are constantly discussed between them and the Principal School Dental Officer.

## INSPECTIONS

With increased clerical assistance it was found possible to inspect the whole school population. The actual figure was 108.2% of the total number of school children. The extraneous number was due to the fact that (a) there was a constant coming and going of children in and out of the Borough, (b) many children who live in the Borough but go out to school still attend Hackney clinics for inspection and treatment and (c) at the beginning of the year some schools from a neighbouring Borough were still being inspected. Of those examined 69% needed treatment, compared with 70% in 1967. Out of the children replying to an offer of treatment 56% elected to receive it from the school dental service.

A special survey of 5-year-old children gave the following results:-

Number of children examined	.. .. .	2,074
Number of decayed teeth	.. .. .	5,165
Number of these requiring to be extracted	.. .. .	244
Number of extracted teeth	.. .. .	1,104
Number of teeth filled	.. .. .	1,436
Total decayed, missing and filled teeth	.. .. .	7,705
Average decayed, missing and filled teeth per child		3.7

This means that the average child entering school in Hackney had 3.7 teeth which had already decayed. Every second child already had a tooth extracted. In addition 60 per cent did not have healthy gums.

## TREATMENT

8,397 children attended on 27,653 occasions to receive 23,345 fillings and have 3,520 teeth extracted. Thus 587 fewer children attended than in 1967. It was not possible to treat more because of the enormous amount of work time spent on school dental inspections and dental health education. Also, it is more time consuming to see children for fillings than to take out their teeth. It is right to examine all these children even though the Council is not yet in a position to fully treat them all. Only in this way will the real need become apparent and a service planned for the future. Further, it brings the parents attention to the fact that treatment is required. In spite of the foregoing there was an increase in the number of deciduous teeth filled. The decrease in extractions was distributed unevenly according to age.

Age Group	Number of Teeth Extracted		Change
	1967	1968	
5 - 9 years	3,123	2,058	Decrease of 1,065
10 - 14 years	1,677	1,274	Decrease of 403
15 and over	178	188	Increase of 10
Totals	4,978	3,520	Decrease of 1,458

A welcome result of the decreased number of extractions was a reduction of 757 individual general anaesthetics, and 39 general anaesthetic sessions. 16.4 per cent of all general anaesthetic sessions in the Inner London Education Authority area were held in Hackney.

The ratio of teeth filled to teeth extracted has changed over the years as will be seen by the following table:-

<i>Year</i>	<i>Permanent Teeth</i>	<i>Deciduous Teeth</i>
1966	8:1	1.7 : 1
1967	11.34:1	2.27:1
1968	14.4 : 1	3.3 : 1

There was thus again a vast change in emphasis from extraction to conservation, a clear improvement. 249 permanent teeth and 168 deciduous ones were extracted for orthodontic reasons, and not because of decay, giving ratios of 16.1 to 1 and 3.5 to 1 respectively. 31 dentures were supplied to replace missing teeth.

It is very worrying to note that there were 11,643 failed appointments. One wonders why parents ask for treatment and then fail to ensure that children keep their appointments. This may partly explain why the percentage made dentally fit fell from 93 per cent in 1967 to 69 per cent.

### ORTHODONTICS

Fewer children were taken on for active treatment as the sessional orthodontist left the service. Therefore, the Principal School Dental Officer had to treat many of the cases himself.

A full-time orthodontist is to start work early in 1969, at which time it will be possible to help an increased number of children. Nevertheless 290.7 out of the 826.6 sessions devoted to orthodontics in the Inner London Education Authority area were worked in Hackney. It is important to remember that the statistics of children treated only includes those for whom appliance therapy has been necessary. However, with shrewd diagnosis and treatment planning, many children are treated by removing crowded teeth at the correct time and allowing the remaining teeth to straighten by themselves. Many such cases have been treated during the past year, but these are not counted as orthodontic patients for statistical purposes. The orthodontic work load is thus much greater than appears at first sight.

### "HEALTHY TEETH FOR HACKNEY" CAMPAIGN

This was a major feature of the Health Department's work during 1968, being mainly directed towards primary school children. The response was overwhelming. Lectures to 20,000 primary school children in 70 schools were given. Each school received packs containing dental health literature and posters. The latter were usually already on display when the lecturers arrived at schools. Talks were given to the children by Pierre the Clown, Mrs. J. Thomas (Inner London Education Authority Dental Health Educator), Miss D. Land (Dental Health Lecturer, Oral Hygiene Service) and students from the School for Dental Auxiliaries at New Cross. Pierre also visited Hackney Training Centre and Queen Elizabeth Hospital for Children. During the Clown's lectures, children were given apples, Apple Club badges, and painting sheets. Head Teachers were very co-operative, interested in the campaign and grateful for the efforts being made in this field. Many teachers had obviously made an attempt to bring to the children's notice the subject of teeth and dental health. In some classes graphs had been made of the types of toothpaste used by the children, and pamphlets and posters were often used as centre-pieces in larger displays. Lectures were given at a Mothers' club and at a Youth Club.

Simple talks and a short cartoon film on dental health were presented for some of the older trainees at Hackney and Homerton Training Centres.

A Dental Health Exhibition at Shoreditch Health Centre lasted a fortnight. In addition to children and parents, some leading members of the dental scene came to have a look at the exhibits; these included the Chief Dental Officers of many of the London Boroughs, an Inspector from the Department of Education and Science, the Chairman of the Dental Health Committee of the Irish Dental Association, the Director of the Oral Hygiene Service, representatives of the dental press, and members of the local dental profession. Many favourable comments were received. In addition to models, photographs and posters related to dental health and

education, there was a mock-up of a dental surgery, using equipment provided by one of the dental companies. This proved to be very popular with children who were able to have rides up and down on a modern dental chair and to handle the instruments displayed. This helps them to become familiar with the apparatus found in dental surgeries, and familiarity in this context does not breed contempt.

A small mobile exhibition visited sites in the Borough for three weeks. Both exhibitions were manned by dental officers, surgery assistants and student auxiliaries. The idea of such exhibitions has great merit, but it is felt that in future, because of many difficulties related to travelling within the Borough, portable exhibition material should be used. Such travelling exhibitions should be taken round to individual schools and left there for several days, during which time lectures will be given to the children.

A mobile cinema van, loaned by the Oral Hygiene Service, toured many parts of the Borough with films on dental health. Films were shown on housing estates and at a number of schools, during the morning mid-day and afternoon breaks. The latter was highly successful, and it is hoped to repeat this at some future date. On rainy days the projector was taken into school halls, with the kind co-operation of Head Teachers.

All clinics put on displays relating to dental health education during April. At the same time special campaign posters were displayed throughout the Borough on hoardings, in pharmacies, day nurseries, libraries, schools, doctors' and dentists' waiting rooms and hospitals. Letters leaving the Department were franked "Healthy Teeth for Hackney, Visit your Dentist Now", and the local press kindly gave a great deal of publicity to the campaign.

A competition was organised for the best poster on some aspect of dental health or dentistry submitted by school children and prizes were given for the best entry in each of three age groups: 5-7, 8-11 and 12-15 years.

The programme continued throughout the year, especially after the arrival of the dental auxiliary. She has been a most valuable acquisition. After each school dental inspection a letter goes to each Head Teacher, informing them of the number of children requiring treatment, and at the same time offering a talk by the auxiliary. The response to this scheme, started towards the end of 1968, has been absolutely overwhelming. Requests are flooding in. This is due to the excellent working relationships which have been built up between the Principal School Dental Officer and the Head Teachers.

## STATISTICS

	Hackney 1967	Hackney 1968	I. L. E. A. 1968
1. School Roll .. .. .	35,699	35,575	418,280
2. Number of Sessions:			
Inspections .. .. .	202.0	378.7	1928.3
Treatment - ordinary (including orthodontics)	4384.0	4498.2	30319.9
Treatment - general anaesthetic .. .. .	112.7	73.7	450.5
Dental health education .. .. .	8.0	*155.5	1739.3
Total .. .. .	4706.7	5106.7	32364.0
3. First Inspections:			
(a) Number of first inspections at school ..	16,619	33,206	183,925
(b) Number of first inspections at clinics ..	5,895	5,282	47,336
(c) Total .. .. .	22,514	38,488	231,261
(d) Percentage of school roll inspected ..	63.4	108.2	55.3
(e) Number found to require treatment ..	15,754	26,567	N. A.
(f) Percentage of number inspected found to require treatment .. .. .	70.0	69.0	63.6
(g) Number offered treatment .. .. .	14,636	22,910	N. A.
(h) Percentage of number requiring treatment offered treatment .. .. .	92.9	86.2	N. A.

\* Figure of 155.5 does not include 64 sessions worked by people not on our own staff

	Hackney 1967	Hackney 1968	I. L. E. A. 1968
4. Re-inspections:			
(a) Re-inspections at school or clinic ..	2,443	836	14,750
(b) Re-inspections as percentage of first inspections .. .. .	10.9	2.2	6.4
(c) Percentage of number re-inspected found to require treatment .. .. .	69.2	61.7	69.6
5. Visits for treatment:			
(a) First visits .. .. .	10,508	8,397	54,655
(b) Subsequent visits .. .. .	23,940	19,256	124,838
(c) Total .. .. .	34,448	27,653	179,493
(d) Emergencies .. .. .	553	973	5,298
(e) Visits for general anaesthetics .. .. .	1,635	878	N.A.
(f) Additional courses treatment commenced ..	N.A.	783	8,239
6. Failed Appointments .. .. .	N.A.	11,643	91,034
7. Children made dentally fit .. .. .	8,358	5,305	43,656

	Ages			Totals	
	5 to 9	10 to 14	15 and over	1967	1968
8. Analysis of attendances and general treatment according to age groups:					
First visits for treatment ..	4,419	3,158	820	8,984	8,397
Subsequent visits for treatment	9,041	7,983	2,232	23,129	19,256
Total visits for treatment ..	13,460	11,141	3,052	32,113	27,653
Additional courses of treatment commenced .. .. .	362	345	76	1,410	783
Fillings in permanent teeth ..	3,415	7,633	2,639	16,521	13,687
Fillings in deciduous teeth ..	8,641	1,017	-	9,796	9,658
Permanent teeth filled ..	3,002	6,836	2,367	14,599	12,205
Deciduous teeth filled ..	7,809	927	-	8,453	8,736
Permanent teeth extracted ..	103	558	188	1,258	849
Deciduous teeth extracted ..	1,955	716	-	3,720	2,671
General anaesthetic administered	560	285	303	1,635	878
Pupils supplied with full upper and full lower dentures ..	2	-	2	N.A.	4
Pupils supplied with other dentures	3	6	13	N.A.	22
Number of dentures supplied ..	5	8	18	N.A.	31
9. Orthodontics:					
Cases remaining from previous year .. .. .				301	236
New cases commenced during year .. .. .				184	149
Cases completed during year .. .. .				93	94
Cases discontinued during year .. .. .				23	22
Number of removable appliances fitted .. .. .				232	253
Number of fixed appliances fitted .. .. .				29	12
Pupils referred to Hospital Consultant .. .. .				15	15
Orthodontic sessions .. .. .				N.A.	290.7
Orthodontic attendances .. .. .				N.A.	2,630
10. Other Treatment:					
Pupils X-rayed .. .. .				699	730
Prophylaxis .. .. .				2,657	2,616
Teeth otherwise conserved .. .. .				2,709	418
Number of teeth roots filled .. .. .				111	128
Inlays .. .. .				4	7
Crowns .. .. .				52	36

N.A. Not available

**ENVIRONMENTAL HEALTH  
SERVICES**

CONTAINED HEREIN

The following is a list of services for the tuberculosis and other diseases which are available in set-out overleaf:





CONDEMNED HOUSING

## INFECTIOUS DISEASES

From October 1968, the various enactments relating to notifiable and contagious diseases were amended and consolidated in the Public Health (Infectious Diseases) Regulations 1968. Erysipelas, membranous croup, pneumonia and puerperal pyrexia ceased to be notifiable while leptospirosis, acute meningitis, tetanus and yellow fever were added to the list of notifiable diseases. Infective jaundice also became notifiable during the year having been added to the list in June.

Details of infectious and contagious diseases notified (confirmed diagnoses) in 1968 were as follows:-

Anthrax .. .. .	Nil	Meningitis (Acute) ..	Nil
Cholera .. .. .	Nil	Meningococcal Infection ..	Nil
Diphtheria .. .. .	Nil	Ophthalmia neonatorum ..	12
Dysentery .. .. .	127	Plague .. .. .	Nil
Encephalitis (Acute) ..	1	Pneumonia .. .. .	7
Enteric (Typhoid or Paratyphoid fever) .. .. .	2	Poliomyelitis (Acute) ..	Nil
Erysipelas .. .. .	4	Puerperal Pyrexia ..	87
Food Poisoning .. .. .	23	Scarlet fever .. .. .	29
Infective Jaundice .. .. .	68	Smallpox .. .. .	Nil
Leptospirosis .. .. .	Nil	Tetanus .. .. .	Nil
Malaria .. .. .	1	Tuberculosis .. .. .	104
Measles .. .. .	398	Typhus fever .. .. .	Nil
Membranous croup .. .. .	Nil	Whooping cough .. .. .	69
		Yellow fever .. .. .	Nil

### TUBERCULOSIS

Apart from the 104 primary notifications of tuberculosis 30 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	1	2	-	-
5 - 15	5	7	1	1
15 - 25	1	5	2	5
25 - 55	30	18	9	6
55 and over	16	3	4	2
Totals	53	35	10	14

In addition 16 primary notifications and 7 non-primary notifications of non-pulmonary tuberculosis were received.

The number on the Department's tuberculosis register at the beginning of the year was 2,341. After adding primary notifications and transfers in, and subtracting deaths, transfers out and recovered cases etc., the number on the register fell to 1,947 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 Visiting	-	Number of visits by tuberculosis visitors ..	720
Home Nursing	-	Number of patients being attended by home nurses at the end of the year .. .. .	2
Home Help	-	Number of cases serviced by a home help during the year .. .. .	31
Extra nourishment	-	Number of cases receiving extra nourishment at end of year .. .. .	118
Boarding out	-	Number of children placed during year .. ..	9

### VENEREAL DISEASE

The Hackney Group 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	
Moorfields .. .. .	-	6	6
Homerton Grove .. .. .	428	45	473
London .. .. .	324	31	355
Prince of Wales .. .. .	93	-	93
St. Thomas' .. .. .	5	1	6
Total .. .. .	850	83	933

### PUBLIC HEALTH LABORATORY SERVICE

Bacteriological specimens are sent to the Public Health Laboratory at County Hall, S.E.1 and analysis of the 1,501 specimens submitted for examination is set out below:-

Specimens	Number	Organisms	Results	
			Negative	Positive
Throat and Nose Swabs	119	Diphtheria Bacilli	110	-
		Haemolytic Streptococci	68	43
		Vincent's Angina	115	-
Faeces and Rectal Swabs	1,330	Pathogens	1,066	-
		Salmonella Enteritidis	-	2
		Salmonella Paratyphi B	-	1
		Salmonella Typhimurium	-	5
		Shigella Sonnei	-	250
		Salmonella Typhi	-	4
		Salmonella Derby	-	2
Urine	52	Pathogens	52	-

## HOUSING

### HOUSING ACT 1957

One Clearance Order (Shellgrove Road) involving 61 houses and 129 families comprising 340 persons, was made.

Confirmation of the Clearance Orders made earlier by the Council in respect of the Blackstone Road and Templar Road areas, a total of 213 houses, was received from the Ministry during the year.

With regard to Templar Road an appeal against the Minister's confirmation of the Order was lodged in November in the High Court of Justice by the owner of three properties which had been included in the Clearance Order as unfit. Until this appeal has been heard, no action in respect of the Templar Road Compulsory Purchase Order made under Part III of the Act can be taken.

#### *Individual unfit premises*

Four Closing Orders were made in respect of whole houses and one Order was determined during the year.

Closing Orders were made in respect of 50 rooms including 41 underground rooms. During the year 16 Orders were determined. An undertaking not to relet until the rooms were made fit was accepted in respect of two underground rooms. Two Closing Orders were cancelled, the premises concerned having been demolished.

### HOUSING ACT 1961

#### *Management Orders*

Management Orders were made in respect of 33 houses where proper standards of management had not been maintained, bringing the total number of Management Orders made by the Council to 110.

#### *Directions*

Under the provision of the Housing Act, 1961, a local authority may give Directions limiting the number of individuals who should occupy the houses concerned having regard to the amenities available. Directions are given in respect of all houses where conditions are found to justify such action. During the year a total of 435 Directions were given and there are now 1,827 houses which are subject to Directions. Legal proceedings in respect of contraventions of Directions were instituted in 14 instances. Directions in respect of 11 houses were varied so as to increase the numbers of individuals who should occupy the houses concerned, the owners having provided additional water-closets and/or bathing facilities.

### HOUSING ACT 1964

One application requesting the provision of amenities to the full standard as defined in Section 43 of the Act was received during the latter part of the year and was being dealt with in accordance with the procedure laid down in Section 19.

## FOOD AND DRUGS

Included in the enactments which reached the statute book during the year were the following which affect the food trade:-

### *The Meat Pie and Sausage Roll Regulations, 1967*

These Regulations prescribe standards for the meat content of meat pies and sausage rolls. The results of samples taken to date indicate that in general these Regulations are being complied with. In the unsatisfactory samples the deficiency was so marginal as to justify warning letters to the manufacturers rather than prosecution.

### *The Imported Food Regulations 1968*

The need for this legislation arose from the expansion of the container service and inland local authorities are now empowered to deal with imported foods which travel in containers to their district. Although it is too early to assess the effect of this change, there is no doubt that the administration of these Regulations will ultimately considerably increase the work of the Department.

### *The Trades Description Act 1968*

This Act, which became operative on 30th November, 1968, replaces the Merchandise Marks Acts, 1887-1953 by fresh provisions which inter alia prohibits misdescription of goods, services, accommodation and facilities provided in the course of trade; and false or misleading indications as to the price of goods. It also confers powers to require information or instructions relating to goods to be marked on or to accompany the goods or to be included in advertisements. It is envisaged that there could be some overlapping of procedure in the administration of this Act but it should be possible to establish a method of liaison with those implicated in the implementation to overcome any difficulties which may arise.

## FOOD TRADES

Details of food trades carried on in 2,014 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	..	..	..	180
Cake decoration manufacturer	..	..	..	1
Confectionery (Sweet shops)	..	..	..	408
Fish, wet, fried and curing	..	..	..	82
Food importers	..	..	..	3
Greengrocery	..	..	..	149
Grocery and Provisions	..	..	..	473
Ice cream - manufacture and sale	..	..	..	738
Milk distributors	..	..	..	313
Public houses and Off licences	..	..	..	368
Preserved food premises	..	..	..	241
Restaurants and cafes	..	..	..	267
Wholesale food storage	..	..	..	36
				3,348

Section 16 of the Food and Drugs Act requires the registration of premises upon which ice-cream is manufactured, stored or sold by retail and also premises upon which the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale is carried on. The preparation of food includes the cooking of fish and chips and also Chinese food prepared for consumption off the premises. Sixteen applications for the registration of premises for the preparation or manufacture of preserved

food were granted, as were 13 applications for registration of premises for the sale of ice-cream. One application for registration was refused as the proposed sale of ice-cream was to be in close proximity to the part of the premises where root vegetables were being stored and sold.

#### FOOD HYGIENE (GENERAL) REGULATIONS 1960 TO 1966

Regular visits are made to premises selling foods to ensure that the Food Hygiene (General) Regulations, 1960, are being complied with. Contraventions totalling 373 were found at 104 premises. Following an informal approach to the occupiers of the premises concerned, it was necessary to institute legal proceedings in 7 cases.

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

Bakers .. .. .	4
Butchers .. .. .	10
Cafes and restaurants .. .. .	29
Confectioners .. .. .	4
Factory canteens .. .. .	1
Fishmongers .. .. .	5
Greengrocers .. .. .	8
Grocery and provisions .. .. .	14
Public houses .. .. .	29
	<u>104</u>

#### Regulations Contravened

Regulation No.		No.
5	Food businesses not to be carried on in insanitary premises .. .. .	20
6	Cleanliness of equipment etc. .. .. .	47
8	Food to be protected from risk of contamination .. .. .	22
9	Personal cleanliness .. .. .	5
14	Sanitary conveniences .. .. .	62
16	Wash-hand basins to be provided .. .. .	51
17	First aid materials to be provided .. .. .	17
19	Facilities for washing food and equipment .. .. .	30
20	Lighting of food rooms .. .. .	5
21	Ventilation of food rooms .. .. .	12
23	Cleanliness and repair, etc. of food rooms .. .. .	81
24	Accumulation of refuse, etc. .. .. .	19
25	Temperature at which certain foods are to be kept .. .. .	2
		<u>373</u>

#### FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS 1966

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 .. .. .	39	54	24	18	4	28	15	182
Fish (Wet, Dry and Shell) .. .. .	4	12	4	3	2	4	3	32
Poultry .. .. .	1	7	-	-	1	-	-	9
Meat and Poultry .. .. .	1	2	1	-	-	-	-	4
Grocery and Provisions .. .. .	7	1	4	-	-	2	-	14
Sweets and Ice cream .. .. .	4	2	3	2	2	1	-	14
Soft drinks .. .. .	-	-	-	-	-	-	-	-
Cakes and biscuits .. .. .	3	1	2	1	1	5	-	13
Refreshments (Coffee stalls) .. .. .	-	1	-	-	1	-	2	4
Apple fritters .. .. .	-	-	-	-	1	-	-	1
Eggs .. .. .	1	3	2	1	-	3	-	10
West Indian Foods .. .. .	-	8	-	-	-	-	-	8
Totals .. .. .	60	91	40	25	12	43	20	291

Visits were made to stalls in the Borough's markets with a view to bringing these up to the standard required by these regulations. It was found that in respect of 243 stalls, there were a total of 1,556 contraventions of the regulations. Notices drawing attention to these regulations were served but in no case was it necessary to institute legal proceedings.

Certificates of exemption from the requirements of one or more of the following regulations were granted in respect of 27 stalls on the grounds that corresponding facilities were conveniently and readily available to the satisfaction of the local authority:-

Regulation 15	Supply of water to be provided
Regulation 16	Wash-hand basins to be provided
Regulation 17	First-aid material to be provided
Regulation 18	Facilities for washing food and equipment

Applications for exemption in respect of two other stalls were refused.

Analysis of premises found to be contravening the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966:-

Bakers	.. .. .	5
Butchers	.. .. .	11
Cafes etc. (Refreshments)	.. .. .	2
Confectioners	.. .. .	9
Egg-sellers	.. .. .	9
Fishmongers	.. .. .	26
Greengrocers	.. .. .	158
Grocers	.. .. .	8
Ice-cream sellers	.. .. .	7
West Indian foods	.. .. .	8
		<u>243</u>

### Regulations Contravened

Regulation No.		No.
4	Food business not to be carried on from insanitary stalls or delivery vehicles .. .. .	3
5	Condition of land, vehicles etc., used for sale or delivery of food .. .. .	5
6	Cleanliness of equipment etc. .. .. .	3
7	Food to be protected from risk of contamination .. .. .	47
8	Personal cleanliness .. .. .	3
9	Persons handling open food to wear overclothing etc. .. .. .	88
10	Carriage and wrapping of food .. .. .	1
13	General requirements relating to stalls and delivery vehicles	232
15	Supply of water .. .. .	237
16	Wash-hand basin to be provided .. .. .	237
17	First-aid materials to be provided .. .. .	113
18	Facilities for washing and sorting food and equipment .. .. .	111
19	Lighting .. .. .	12
20	Accumulation of refuse etc. .. .. .	131
21	Covering of stalls .. .. .	134
22	Receptacles for waste .. .. .	199
		<u>1,556</u>

### 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
Almonds, Ground	1	-	1	-
Arrowroot	-	-	1	-
Baby Foods	-	-	10	-
Bacon Savoury	-	-	1	-
Baking Powder	-	-	2	-
Barley, Pearl	-	-	3	-
Bicarbonate of Soda	-	-	2	-
Biscuits, Cakes, etc.	14	5	11	1
Blancmange Powder	-	-	3	-
Bread Crumbs	-	-	1	-
Bread and Butter	3	3	-	-
Butter	4	-	1	-
Cereals	-	-	8	-
Cheese	6	2	21	2
Cherries, glaze	-	-	1	-
Chicken preparations	2	-	4	1
Chocolate drinks	5	-	2	-
Cocoa	-	-	7	-
Coconut	3	-	1	-
Coffee	4	-	7	-
Colouring matter	-	-	2	1
Cornflour	-	-	2	-
Cornmeal	1	-	1	-
Cream and Cream substitute	4	-	10	-
Cream of Tartar	-	-	1	-
Curry paste and powder	4	-	7	-
Custard Powder	-	-	1	-
Custard, tinned	-	-	1	-
Desserts	-	-	9	-
Drinks, minerals, etc.	15	-	16	2
Drugs and Medicinal Preparations	3	1	23	1
Fat, cooking	1	-	2	-
Fish Cakes	1	-	-	-
Fish, canned	2	-	23	-
Fish, dried	2	-	-	-
Fish, smoked	2	-	-	-
Flavourings	12	2	21	-
Flour	2	-	4	-
Fruit, bottled	-	-	1	-
Fruit, canned	4	-	27	-
Fruit, dried	2	1	5	-
Fruit, fresh	1	-	3	-
Fruit Juice	1	-	8	-
Garlic Powder	-	-	2	-
Gravy Powder	-	-	6	-
Herbs	-	-	12	1
Honey	2	-	-	-
Ice Cream	11	-	1	-
Ice Lollies	1	-	1	-
Jellies	4	1	6	1
C/f.	117	15	282	10



Description of Article	Formal Samples		Informal Samples	
	Number Taken	Number Non-Genuine	Number Taken	Number Non-Genuine
B/f.	117	15	282	10
Liqueurs, chocolate .. .. .	4	4	-	-
Margarine .. .. .	4	-	4	-
Marmalade .. .. .	1	-	4	-
Marzipan .. .. .	2	-	4	-
Meat, canned .. .. .	15	-	33	1
Meat, cooked .. .. .	13	-	3	-
Meat, fresh .. .. .	19	2	7	-
Meat products .. .. .	22	3	26	5
Milk .. .. .	76	5	7	-
Milk, condensed .. .. .	1	-	6	-
Milk, evaporated .. .. .	-	-	1	-
Mincemeat .. .. .	2	-	2	-
Non-brewed condiment .. .. .	3	-	6	-
Nuts .. .. .	-	-	2	-
Oil, cooking .. .. .	6	1	5	-
Olives, stuffed .. .. .	1	-	-	-
Pasta .. .. .	-	-	7	1
Paste, fish .. .. .	-	-	11	-
Paste, meat .. .. .	2	-	4	-
Peel, candied .. .. .	-	-	1	-
Pepper .. .. .	-	-	9	-
Pickles .. .. .	14	1	12	-
Pie fillings .. .. .	-	-	4	-
Pie, fruit .. .. .	1	-	2	-
Preserves and Jams .. .. .	3	-	19	1
Puddings, canned .. .. .	-	-	3	-
Pudding mixtures .. .. .	3	-	5	-
Rice, Sago, Semolina, etc. .. .. .	1	-	10	1
Rum .. .. .	1	-	-	-
Salt .. .. .	-	-	2	-
Sauces .. .. .	12	-	42	-
Sausages .. .. .	54	5	6	-
Shandy .. .. .	1	-	-	-
Snack meals .. .. .	-	-	4	-
Soups .. .. .	2	-	16	-
Spices .. .. .	2	-	17	-
Spreads .. .. .	7	-	9	-
Stuffing Mixtures .. .. .	2	-	2	-
Suet .. .. .	3	-	2	-
Sugar .. .. .	-	-	4	-
Sweets .. .. .	3	-	15	-
Tea .. .. .	7	2	20	2
Tomato preparations .. .. .	4	-	1	-
Vegetables, canned .. .. .	10	-	39	-
Vegetables, dried .. .. .	1	-	12	-
Vegetables, fresh .. .. .	-	-	3	-
Vinegar .. .. .	1	-	17	-
Whisky .. .. .	3	-	-	-
Yoghurt .. .. .	2	-	1	-
Totals .. .. .	425	38	691	21

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

<i>Sample</i>	<i>Analyst's report</i>	<i>Action taken</i>
<i>Formal</i>		
Milk	Contained added water	Legal proceedings instituted
Milk	Contained added water	Legal proceedings instituted
Milk	Contained added water	Warning letter sent to dairy company
Bronchial Linctus	Deficient in one active ingredient	Matter referred to Pharmaceutical Society
Minced Beef	Contained preservative	Warning letter sent to manufacturer
Black Olive Oil	Genuine, but label did not show packer's address	Warning letter sent
Beef Sausages	Contained preservative	No action, as evidence that notice was not displayed in shop was inconclusive
Beef Sausages	Contained undeclared preservative	Legal proceedings instituted
French Style Mustard	Incorrectly labelled	Letter sent to importer
Pork Sausages	Contained undeclared preservative	Legal proceedings instituted
Dried (non-fat) Milk	Incorrect description on label	Letter sent to manufacturer
Milk from dispenser	Contained added water	Legal proceedings authorised but lapse of time precluded issue of summons
Milk	Contained added water	Legal proceedings authorised but lapse of time precluded issue of summons
Tea	Incorrectly labelled	Legal proceedings authorised but not proceeded with on undertaking being given by packer to withdraw offending label
Tea	Incorrectly labelled	Legal proceedings instituted
Beef Sausages	Contained undeclared preservative	Legal proceedings instituted
Mosphilo Jelly	Deficient in soluble solids	Matter taken up with importer
Beef Sausages	Contained undeclared preservative	Legal proceedings instituted
Minced Meat	Contained preservatives	Legal proceedings instituted
Cream Shells	Filling consisted of synthetic cream	Warning letter sent to baker

<i>Sample</i>	<i>Analyst's report</i>	<i>Action taken</i>
Butter Osborne Biscuits	Incorrectly described	As negotiations were already proceeding with Biscuit manufacturers regarding Code of Practice, only action was to inform manufacturer of Analyst's report
Goats Cheese	Incorrectly labelled	Attention of suppliers drawn to requirements of Cheese Regulations
Tahini	Incorrectly labelled	Matter taken up with importer
Capers	Label misleading	Matter taken up with importer
Cream Cheese	Incorrectly described	Container from which cheese is sold loose now correctly labelled
Cream Doughnut	Filling consisted of synthetic cream	Legal proceedings instituted
Cream Doughnut	Filling consisted of synthetic cream	Legal proceedings instituted
Cream Doughnut	Filling consisted of synthetic cream	Legal proceedings instituted
Bread and butter	Fat spread on bread consisted of margarine	Legal proceedings instituted
Bread and butter	Containing small amount of butterfat	Legal proceedings instituted
Bread and butter	Containing small amount of butterfat	Legal proceedings instituted
Cherry Brandy Liqueurs	Contained insufficient alcohol to justify the description	Matter being taken up with wholesalers
Curacao Liqueurs	Contained insufficient alcohol to justify the description	Matter being taken up with wholesalers
Sherry Liqueurs	Contained insufficient alcohol to justify the description	Matter being taken up with wholesalers
Liqueur Cocktails	Contained insufficient alcohol to justify the description	Matter being taken up with wholesalers
Steak Pie	Deficient in meat	Further samples to be taken as meat deficiency was marginal
Steak Pies	Deficient in meat	Warning letter sent to manufacturer
Meat Pies	Deficient in meat	Warning letter sent to manufacturer

<i>Sample</i>	<i>Analyst's report</i>	<i>Action taken</i>
<i>Informal</i>		
Squares with Egg	Not properly described	No action in view of new legislation pending
Grilled Chicken	Not properly described	Importer informed. No further stock imported
Jersey Slice with Strawberry Jam	List of ingredients not complete	No action in view of new legislation pending
Thyme and Parsley	List of ingredients in incorrect order	Letter to manufacturers. Label being amended
Bronchial Linctus	Deficient in active ingredients	Formal sample taken
Food Colours	Declaration of ingredients not in prescribed form	Letter to manufacturers. Label being amended
Banana Drink	Incorrectly described	Letter to manufacturer
Cherry Drink	Incorrectly described	Letter to manufacturer
Jelly Tablet	Contained prohibited colouring matter	Remaining stock condemned
Tea	Incorrectly labelled	Correspondence with blenders
Long Grain Rice	Inadequately labelled	Letter to manufacturer. Label being amended
Schnittlauch	Cheese spread incorrectly labelled	Letter to importers
Processed Cheese	Incorrectly labelled	Importers interviewed - new label now in use
Steak and Kidney Pie	Deficient in meat	Formal sample to be taken
Steak and Kidney Pie	Deficient in meat	Formal sample to be taken
Beef Steak Pie	Deficient in meat	Formal sample to be taken
Pork Pie	Deficient in meat	Formal sample to be taken
Meat Pie	Deficient in meat	Formal sample to be taken
Lemon Cheese with eggs and butter	Poor colour indicating old stock	No further stock obtainable
Chulent, canned	Incomplete list of ingredients on label	Letter to canners who are amending label
Tea	Incorrectly labelled	Formal sample to be taken

## MILK AND 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	33	8	16	12	11	80
Bacteriological	16	47	2	-	4	69

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.

Details of Dealers' licences for pre-packed milk:-

Ultra Heat Treated	..	..	76
Untreated	..	..	46
Pasteurised milk	..	..	275
Sterilised milk	..	..	284

## ICE CREAM

All 11 formal and 1 informal 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 105 samples of ice cream which were submitted to the Public Health Laboratory Service for grading tests were as follows:-

Grade 1	-	31
Grade 2	-	21
Grade 3	-	9
Grade 4	-	44

## 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	..	..	..	..	..	105
Server waters	..	..	..	..	..	4
Milks	..	..	..	..	..	69
Manufactured foods	..	..	..	..	..	16
Imported foods	..	..	..	..	..	13
Suspected food poisonings	..	..	..	..	..	3
Complaints	..	..	..	..	..	1
Ice cream fat	..	..	..	..	..	1
Skimmed milk powder	..	..	..	..	..	1

## 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 1968.

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

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, 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 estimate at 30th June, 1968, was 243,180.

No houses were permanently supplied by standpipe.

No artificial 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 (Northern and Southern groups)  
Stoke Newington works

No new sources of supply were instituted and there were no changes to 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 source after treatment are shown on page 70.

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

Special tests for lead have been carried out during 1968 on 100 premises where a lead supply pipe is installed. The premises were chosen to give an even distribution of samples throughout the whole of the Board's area. Two samples were collected from each premises; one was the first running of water standing in the lead pipe overnight and the other was a sample of water after running the tap for a few minutes. The results are set out in the accompanying table:-

## Lead content of water from main taps in consumers' premises

Lead content (mg/1 Pb)	Samples of water standing in lead pipe overnight	Samples of water after running the tap
Less than 0.01	10	37
0.01	31	57
0.02	21	4
0.03	8	1
0.04	9	0
0.05	5	0
0.06	5	0
0.07	4	1
0.08	1	0
0.09	3	0
0.10	1	0
0.12	1	0
0.16	1	0
	100 premises	100 premises

The above results are very satisfactory and the figures are within the limits of the World Health Organisation European Standards for Drinking Water Quality. This states that the upper limit for lead in running water in the supply should not be more than 0.1 mg/1 (Pb); but where water undertakings continue to use lead piping the concentration of lead (as Pb) should not exceed 0.3 mg/1 after 16 hours contact with the pipes.

## 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	257	18.9	100.0	100.0
All Thames derived	3,651	11.4	99.86	99.97

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

	Stoke Newington	All Thames derived
Number of samples	52	363
Ammoniacal Nitrogen	0.014	0.020
Albuminoid Nitrogen	0.062	0.083
Nitrate Nitrogen	4.8	3.9
Oxygen abs. from $\text{KMnO}_4$ 4 hrs. at 27°C	0.69	1.20
Hardness (total) $\text{CaCO}_3$	308	280
Hardness (non-carbonate) $\text{CaCO}_3$	78	76
Magnesium as Mg	5	4
Sodium as Na	29.9	23.2
Potassium as K	5.2	5.3
Chloride as Cl	40	32
Phosphate as $\text{PO}_4$	1.7	2.0
Silicate as $\text{SiO}_2$	10	10
Sulphate as $\text{SO}_4$	66	62
Natural Fluoride as F	0.30	0.30
Surface-active material as Manoxol OT	0.01	0.02
Turbidity units	0.1	0.1
Colour (Burgess units)	7	14
pH Value	8.0	7.9
Electrical Conductivity (microhms)	630	570

## 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 60 taken for chemical and bacteriological examination during the year.

## FLUORIDATION

At the end of the year the Council's policy continued to be that adopted on 23rd June, 1965, viz:-

"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 Council's smoke control programme was completed in 1967, and the present average daily concentrations of smoke are less than 50% of the 1960 figures. This improvement is significant, and apparent to all living or working within the Borough.

Resulting from the marked decrease in smoke, other sources of air pollution are now becoming the focus of increased attention. For example:

1. The high levels of concentration of sulphur dioxide within the Borough and within Inner London generally.
2. Exhaust fumes from petrol and diesel engines.
3. Exhausts from certain factory premises, e.g. from paint spraying booths.

The high sulphur dioxide figures are attributed to the burning of oil of a high viscosity with high sulphur content. A substantial reduction in the sulphur dioxide concentrations in the air can be achieved by the more widespread use of oil of a low viscosity with low sulphur content. This Council uses oil of 35 seconds viscosity containing approximately 1% sulphur, in place of the higher viscosity oils with sulphur contents of between 3 and 4% sulphur. The trend to the use of the lighter oils is encouraged by the requirements of the Clean Air Act 1968, where chimney heights are fixed in relation to the sulphur emitted. Consequently the burning of low sulphur oil fuels permits the erection of lower chimneys. It is anticipated that there will be a slight reduction in the following years in the concentration of sulphur dioxide in the air near ground level.

The statutory regulations governing the emission of smoke or other forms of pollution from road vehicles, are made by the Ministry of Transport under the Road Traffic Act 1930. The regulations at present operative are known as "The Motor Vehicles (Construction and Use) Regulations 1966", and regulation 22 (emission of smoke or vapour) states "every motor vehicle shall be so constructed that no avoidable smoke or visible vapour is emitted therefrom". These regulations are administered by Inspectors of the Ministry of Transport.

The exhausts from factory premises are investigated and action taken where contraventions of the Public Health Act, 1936 are reported.

### *New Legislations - Clean Air Act 1968*

Sections 2, 6, 8-15, schedule 2 and part of schedule 1, Clean Air Act 1968 became operative on the 1st April 1969. The object of this act is to extend certain of the provisions of, and to revise some of the procedures under the Clean Air Act 1956.



The most important requirement to come into operation next year will be the provisions of Section 6 which enables the Council to fix the minimum height of chimneys for new furnaces over a certain size.

Section 9 will make it an offence to obtain solid smoke-producing fuel for use in a smoke controlled area, or to sell such fuel by retail for delivery to premises in such an area.

During the year notification of intention to instal furnaces at premises were received. There were 198 observations made in respect of a number of complaints.

It was necessary to institute legal proceedings against two factory occupiers for contraventions of the Clean Air Act 1956, relating to the emission of smoke.

During the year 171 applications for grants in respect of adaptations to fireplaces serving private dwellings were approved at a total cost of £3,603 17s. 8d. In one case payment of 100% of the approved cost was made.

## PUBLIC HEALTH ACTS

### DRAINAGE

During the year 169 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.

### 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 (see page 48).

A total of 100 adults, and 33 children under 5 years were treated for scabies and 24 adults, and 12 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 1,075 rooms and 721 articles were treated. In addition approximately 56 van loads of verminous and other articles were destroyed.

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

### OFFENSIVE BUSINESS

The dressing of fur skins is carried on at 4 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 for 1968 are set out below:-

	Residence			Total
	Hackney	Bethnal Green	Else-where	
Number of bodies received	377	125	91	593
Number to await postmortem examination	373	125	89	587
Number of inquest cases	48	20	19	87

## 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:* Two new licenses were issued and licenses were renewed in respect of 14 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 below:-

Number of properties in the Borough	.. .. .	82,171
Number of complaints received	.. .. .	4,067
Number of inspections	.. .. .	4,138
Drains examined	.. .. .	179
Drains smoke tested	.. .. .	248
Drains found to be defective	.. .. .	83

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 .. ..	173	634	807
Mice .. ..	465	2,694	3,159
Total .. ..	638	3,328	3,966

### **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 five premises where these specific materials are actually manufactured, stored or offered for sale and these are licensed annually. Six 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 122 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.

### **OIL HEATER REGULATIONS 1962 AND 1966**

These regulations impose requirements in respect of oil heaters, to prevent or reduce risk of death or personal injury. Premises from which oil heaters are sold are inspected by the Public Health Inspectors and four traders found to be selling or having in their possession for the purpose of sale oil heaters that did not comply with the regulations, were prosecuted. With a view to preventing the sale of unsatisfactory second-hand heaters, arrangements were made for the Council's refuse collectors to remove unwanted oil heaters and this method of disposal was publicised by means of press notices and specially designed posters.

## GREATER LONDON COUNCIL (GENERAL POWERS) ACT, 1967

### REGISTRATION OF HAIRDRESSERS AND BARBERS

Section 21 of this Act made it an offence as from the appointed day, for any person to carry on the business of a hairdresser or barber on any premises in the Borough unless he is registered in respect of those premises by the Borough Council. The Council decided that the appointed day for the purpose of this section would be 1st May, 1968. By-laws for the conduct of the business of a hairdresser or barber were approved by the Minister of Housing and Local Government on 1st June 1968. At the end of the year 170 hairdressers had been registered with the Council.

### SUPPLY OF WATER TO PREMISES WHERE SUPPLY CUT OFF

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.

### 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.

Five notices were served under this section and in two instances it was necessary for the Council to undertake the work in the owner's default.

## 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 below:-

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 .. .. .	86	5	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority .. .. .	2,578	319	33	1
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers premises) ..	55	51	-	-
<b>Total .. .. .</b>	<b>2,719</b>	<b>375</b>	<b>33</b>	<b>1</b>

Particulars	Number of cases in which defects were found				No. 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 .. .. .	5	3	-	-	-
(b) Unsuitable or defective .. .. .	28	24	-	32	1
(c) Not suitable for sexes .. .. .	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total .. .. .	33	27	-	32	1

It was necessary to institute legal proceedings in one case, but the work was carried out before the date of the hearing.

#### BASEMENT BAKEHOUSES

Section 70 of this Act prohibits the use of a basement bakehouse as a bakehouse unless it was so used on the 30th July, 1937, and a certificate of suitability had been issued in respect of it by the District Council. Further, such a bakehouse shall not be used as a bakehouse if it has ceased to be so used for a period exceeding 12 months. The section requires a District Council to carry out every five years an examination of every basement bakehouse in respect of which a certificate of suitability has been issued and empowers the Council to either extend the certificate of suitability for a further five years or to serve notice on the occupier that the bakehouse shall cease to be used as a bakehouse. The year under review was a quinquennial year for the purposes of this section and of the nine basement bakehouses previously in use, two had ceased to be so used and their certificates of suitability were withdrawn; in the case of the remaining seven bakehouses which were found to be in use and satisfactory, notice was given to the occupiers that their certificate of suitability should continue to operate.

#### 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 103 Hackney firms as having employed 964 outworkers of whom 407 worked in Hackney:-

Nature of Work	No. of outworkers in August list
Wearing apparel .. .. .	815
Household linen .. .. .	2
Furniture and upholstery .. .. .	24
Brass articles .. .. .	9
Iron and steel chains .. .. .	6
Artificial flowers .. .. .	8
Paper bags .. .. .	2
Making of boxes .. .. .	67
Brush making .. .. .	10
Feather sorting .. .. .	1
Carding of buttons .. .. .	19
Stuffed toys .. .. .	1
Total .. .. .	964

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 219 Hackney outworkers employed by firms outside the Borough. The type of home work carried out by outworkers is listed below:-

Wearing apparel	..	..	..	..	..	565
Household linen	..	..	..	..	..	18
Furniture and upholstery	..	..	..	..	..	22
Brass articles	..	..	..	..	..	12
Iron and steel chains	..	..	..	..	..	6
Artificial flowers	..	..	..	..	..	2
Paper bags	..	..	..	..	..	1
Making of boxes	..	..	..	..	..	35
Brush making	..	..	..	..	..	5
Feather sorting	..	..	..	..	..	2
Carding of buttons	..	..	..	..	..	17
Stuffed toys	..	..	..	..	..	1
						<hr/>
					Total	686
						<hr/>

#### 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 .. .. .	5	835	38
Retail shops .. .. .	5	1,545	226
Wholesale shops, warehouses ..	2	363	45
Catering establishments open to the public, canteens .. .. .	4	273	30
Fuel storage depots .. .. .	-	5	-
Total .. .. .	16	3,021	339

During the year 43 notifications of accidents were received, 41 were of a minor nature but there were two serious accidents, one of them fatal. In no instance was it found that the accident resulted from a breach of the Act. Notices to the number of 33 were served upon occupiers of premises which failed to comply with the requirements of the Act but in only one instance was it necessary to institute legal proceedings. The Public Health Inspectors made a total of 1,629 visits.

## Analysis of persons employed in registered premises by workplace

Class of Workplace	Number of persons employed
Offices .. .. .	16,931
Retail shops .. .. .	10,430
Wholesale departments, warehouses .. .. .	6,622
Catering establishments open to the public .. .. .	1,847
Canteens .. .. .	791
Fuel storage depots .. .. .	98
<b>Total .. .. .</b>	<b>36,719</b>
<b>Total males .. .. .</b>	<b>20,432</b>
<b>Total females .. .. .</b>	<b>16,287</b>

SUMMARY OF INSPECTIONS CARRIED OUT BY  
PUBLIC HEALTH INSPECTORS

	Visits	Re-visits
<i>Public Health Acts, 1936 and 1961</i>		
On complaint .. .. .	6,271	8,773
House to House .. .. .	284	137
Infectious Disease .. .. .	255	202
Verminous Conditions .. .. .	511	241
<i>Housing Acts</i>		
Advances for House Purchase .. .. .	81	40
Demolition Orders .. .. .	10	26
Closing Orders .. .. .	270	270
Clearance Areas .. .. .	896	212
Houses in Multiple Occupation .. .. .	1,319	1,348
Standard Grants .. .. .	194	70
Improvement Dwellings .. .. .	121	233
<i>Rent Act, 1957</i>		
Certificate of Disrepair .. .. .	11	1
Cancellation Certificates .. .. .	12	13
<i>Food and Drugs Act, 1955</i>		
Registered Food Premises .. .. .	176	266
Other Food Premises .. .. .	520	543
Stalls .. .. .	98	76
Markets .. .. .	93	200
Food Inspection .. .. .	382	596
Dairies and Milk Distributors' Premises .. .. .	-	8
<i>Investigations</i>		
Food Complaints .. .. .	112	50
Food Poisoning .. .. .	29	30

Other Visits

Visits Re-visits

Aged and infirm persons .. .. .	20	28
Drainage (General) .. .. .	1,625	2,632
Drainage (Rat infestation) .. .. .	196	269
Factories .. .. .	190	185
Hairdressers and Barbers .. .. .	86	28
Heating Appliances .. .. .	25	13
Noise Investigations .. .. .	129	163
Offensive Trades .. .. .	8	10
Pet Shops .. .. .	4	1
Offices, Shops and Railway Premises Act .. .. .	860	769
Rag Flock and Other Filling Materials Act .. .. .	11	12
Smoke Observations (by District Public Health Inspectors) .. .. .	198	168
Vacant sites .. .. .	49	216
Amusements with prizes .. .. .	3	6
Adaptations in Smoke Control Areas (including visits by technical assistants) .. .. .	2,047	61
Appointments and interviews .. .. .	347	160
Attendances at Court .. .. .	94	31
Builders Notices (Supervision of work) .. .. .	244	855
Housing Applications .. .. .	18	11
Pharmacy and Poisons Act .. .. .	84	-
Massage Establishments .. .. .	15	-
Special London Survey .. .. .	-	-
Miscellaneous visits .. .. .	1,101	1,060

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### LEGAL PROCEEDINGS

	Number of Summons returnable during year	Number of Orders	Number of Withdrawals	Adjourned	Number of fines and total amounts	Number with costs and total amounts	Number without costs
Public Health Acts 1936 and 1961 Nuisances .. .. .	351	131	190	30	20 £184.0.0d.	107 £165.0.0d.	24
Drainage Byelaws .. .. .	14	1	12	1	1 £ 5.0.0d.	1 £ 2.0.0d.	-
Water-closet Byelaws .. .. .	4	1	3	-	1 £ 25.0.0d.	1 £ 2.0.0d.	-
Artificial Lighting Byelaws .. .. .	1	-	1	-	-	-	-
Provision of Dustbins .. .. .	24	5	19	-	5 £ 5.0.0d.	4 £ 4.0.0d.	1
Housing Act 1961 Contravention of Direction .. .. .	14	12	2	-	12 £275.0.0d.	11 £ 62.3.0d.	1
Housing (Management of Houses in Multiple Occupation) Regulations 1962 .. .. .	8	7	-	1	7 £260.0.0d.	6 £ 28.0.0d.	1
Food and Drugs Act Section 2 and 8 .. .. .	7	4	3	-	4 £ 41.0.0d.	3 £ 14.0.0d.	1
Food Hygiene (General) Regulations 1960 .. .. .	7	6	1	-	6 £115.0.0d.	5 £ 16.0.0d.	1
Factories Act 1961 .. .. .	1	-	1	-	-	-	-
Oil Heater Regulations 1962/6 .. .. .	4	4	-	-	4 £ 21.0.0d.	4 £ 58.0.0d.	-
Offices, Shops and Railway Premises Act 1963 .. .. .	1	1	-	-	1 £ 30.0.0d.	1 £ 5.0.0d.	-
Clean Air Act 1956 .. .. .	2	2	-	-	2 £ 8.0.0d.	2 £ 4.0.0d.	-
<b>Total .. .. .</b>	<b>438</b>	<b>174</b>	<b>232</b>	<b>32</b>	<b>63 £969.0.0d.</b>	<b>145 £360.3.0d.</b>	<b>29</b>

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