

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

Contributors

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LONDON BOROUGH *of* HACKNEY



ANNUAL REPORT
on the
HEALTH OF THE BOROUGH
1969



LONDON BOROUGH of HACKNEY

HEALTH COMMITTEE

as at 31st December, 1969

Ex Officio - L.R. House, Esq., A.N. Inst. T.A. (Mayor)
Chairman - Councillor Mrs. Elizabeth Wainford
Vice-Chairman - Councillor G.R. Bell

Alderman Mrs. Beattie Benson, J.P.
Alderman R. F. Masters
Alderman Lou Sherman, O.B.E., J.P.
Councillor E.R. Atkins
Councillor C.H.E. Bird
Councillor S. Clinton Davis
Councillor L. Green

Councillor Miss Lilian Karpin
Councillor S.E. Kelly
Councillor J.W. Oakeley
Councillor Miss M.E. Parry-Williams
Councillor Mrs. Sally Sherman
Councillor S.J. Sorrell
Councillor Miss Ivy K. Townsend

Co-opted Members

C. Sealey
Dr. J. Nathan, M.D., D.P.H.
G. Forrest, Esq.
Mrs. K.L. Magarty
Miss R.F. Howarth
L. Lyford, Esq.

Miss P. Lucas
Mrs. M.J. Metcalf
Dr. M.R. Salkind
E. Weissel, Esq.
Miss N. Woodward

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
Easton House Management Committee
Family Planning Association
Family Welfare Association

Alderman Lou Sherman, O.B.E., J.P.
Dr. R.G. Davies
Mrs. K.L. Magarty

ANNUAL REPORT

on the

HEALTH OF THE BOROUGH

1969

Hackney and Bethnal Green Chest Diseases
Care Committee

Alderman Mrs. Beattie Benson, J.P.
Councillor G.R. Bell
Alderman Mrs. Beattie Benson, J.P.
Councillor Miss M.E. Parry-Williams
Alderman Mrs. Beattie Benson, J.P.
Seaman

Hackney and Stoke Newington Chest Diseases
Care Committee

Councillor Miss Ivy K. Townsend
Alderman Mrs. Beattie Benson, J.P.
Councillor S.F. Mason
Councillor Miss Ivy K. Townsend
Councillor Miss Mary E. Watts
Councillor M. Ottolengui, J.P.
Alderman Lou Sherman, O.B.E., J.P.
Dr. R.G. Davies
Councillor Mrs. Helen M. Phillips
Alderman Lou Sherman, O.B.E., J.P.

Hackney Group Hospital Management Committee

Councillor Mrs. Rose Lipson

Inner London Education Authority
Inner London Executive Council for the
National Health Service
London and Home Counties Clean Air Advisory
Council
London Boroughs Training Committee (Social
Services)
National Association for Maternal and Child
Welfare
National Council for the Unmarried Mother
and her Child

Councillor G.R. Bell (Deputy)
Councillor Mrs. Rose Lipson
Alderman Mrs. Beattie Benson, J.P.
Councillor Mrs. Elizabeth Wainford
Councillor Miss M.E. Parry-Williams
Miss S.W. Smith, S.A.N., S.C.M., N.T.D.
Councillor Miss Ivy K. Townsend
Mrs. J. Deane

National Society of Children's Nurses

Councillor Mrs. Rose Lipson
Councillor Miss Ivy K. Townsend
Councillor S. Prosser
Councillor Miss Mary E. Watts
Councillor G.R. Bell
Councillor Miss Lilian Karpin

National Society for Clean Air

Councillor Mrs. Sally Sherman
Councillor Miss M.E. Parry-Williams
C.H.E. Bird
Mrs. Helen M. Phillips

Psychiatric Rehabilitation Association

St. Bartholomew's Hospital Board of Governors

Save the Children Fund Playgroup
Shoreditch Chest Clinic Care Committee
Dr. R. G. Davies
Medical Officer of Health &
Principal School Medical Officer

HEALTH COMMITTEE

as at 31st December, 1969

Ex Officio - L.R. House, Esq., A.M. Inst. T.A. (Mayor)
Chairman - Councillor Mrs. Elizabeth Mumford
Vice-Chairman - Councillor G.R. Bell

Alderman Mrs. Bessie Benabo, J.P.	Councillor Miss Lilian Karpin
Alderman R.W. Masters	Councillor S.E. Kelly
Alderman Lou Sherman, O.B.E., J.P.	Councillor J.W. Oakeley
Councillor R.R. Atkins	Councillor Miss M.E. Parry-Williams
Councillor C.H.E. Bird	Councillor Mrs. Sally Sherman
Councillor S. Clinton Davis	Councillor S.J. Sorrell
Councillor L. Green	Councillor Miss Ivy K. Townsend

Co-opted Members

C. Bailey	Miss P. Lucas
Dr. J. Denham, M.D., D.P.H.	Mrs. M.J. Metcalf
G. Forrest, Esq.	Dr. M.R. Salkind
Mrs. R.L. Hegerty	E. Weissel, Esq.
Miss H.E. Howarth	Miss N. Woodward
L. Layward, Esq.	

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. R.L. Hegerty
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Easton House Management Committee	Alderman Mrs. Bessie Benabo, J.P.
Family Planning Association	Councillor G.R. Bell
Family Welfare Association	Alderman Mrs. Bessie Benabo, J.P.

Hackney and Bethnal Green Chest Diseases Care Committee	Councillor Miss M.E. Parry-Williams Alderman Mrs. Bessie Benabo, J.P. Alderman A.R. Seaman
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Hackney and Stoke Newington Chest Diseases Care Committee	Councillor Miss Ivy K. Townsend Alderman Mrs. Bessie Benabo, J.P. Councillor S.F. Mason
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Hackney Group Hospital Management Committee	Councillor Miss Ivy K. Townsend Councillor Miss Mary E. Watts Councillor M. Ottolangui, J.P. Alderman Lou Sherman, O.B.E., J.P. Dr. R.G. Davies
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Inner London Education Authority	Councillor Mrs. Helen M. Phillips
Inner London Executive Council for the National Health Service	Alderman Lou Sherman, O.B.E., J.P.

London and Home Counties Clean Air Advisory Council	Councillor Mrs. Rose Lipman
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London Boroughs Training Committee (Social Services)	Councillor G.R. Bell (Deputy) Councillor Mrs. Rose Lipman
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National Association for Maternal and Child Welfare	Alderman Mrs. Bessie Benabo, J.P. Councillor Mrs. Elizabeth Mumford
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National Council for the Unmarried Mother and her Child	Councillor Miss M.E. Parry-Williams Miss G.W. Smith, S.R.N., S.C.M., M.T.D. Councillor Miss Ivy K. Townsend Mrs. J. Heath
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National Society of Children's Nurseries	Councillor Mrs. Rose Lipman Councillor Miss Ivy K. Townsend
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National Society for Clean Air	Councillor H. Freeman Councillor Miss Mary E. Watts
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Psychiatric Rehabilitation Association	Councillor G.R. Bell Councillor Miss Lilian Karpin
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St. Bartholomew's Hospital Board of Governors	Councillor Mrs. Sally Sherman
Save the Children Fund Playgroup Committee	Councillor Miss M.E. Parry-Williams
Shoreditch Chest Clinic Care Committee	Councillor C.H.E. Bird Councillor Mrs. Helen M. Phillips

STAFF OF THE HEALTH DEPARTMENT

as at 31st December, 1969

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.M. Davies, M.D. Mollison, A.G. Poulsen-Hansen
Assistant Medical Officers - Full-time (6), Sessional (28)

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

Senior Dental Officer (1), Orthodontist (1), Dental Officers - Full-time (7),
Sessional (13), Dental Auxiliary (1 + 1 vacancy), Dental Surgery Assistants
(16 + 5 vacancies)

Co-ordinating Nursing Officer - L.E. Arrow

Senior Nursing Officers (5), Centre Superintendents (8 + 1 vacancy), Health Visitors
(29), Tuberculosis Health Visitors (2 + 1 vacancy), Clinic Nurses (8 + 6 vacancies),
Clinic and Nursing Auxiliaries (11), School Nurses (13 + 3 vacancies), Day Nursery
Matrons (7), Day Nursery Deputy Matrons (7), Day Nursery Wardens (4 + 4 vacancies),
Staff Nursery Nurses (21 + 8 vacancies), Nursery Assistants (16 + 2 vacancies),
Nursery Students (24 + 7 vacancies), District Nursing and Midwifery Staff (37 + 22
vacancies), Organiser (Playgroups) (1), Nursery Assistants (Playgroups) (3)

Principal Mental Health Social Worker - H.T. Lockwood

Deputy Principal Mental Health Social Worker (1 vacancy), Mental Health Social
Workers (10 + 6 vacancies), Supervisors of Training Centres (2), Assistant
Supervisors of Training Centres (13 + 1 vacancy), Supervisor of Day Centres (1),
Craft Instructors (4 + 1 vacancy), Supervisor of Special Care Unit (1), Assistant
Supervisors of Special Care Unit (5), Deputy Supervisors of Training Centres (2),
Senior Assistant Supervisor of Training Centres (1)

Principal Health Social Worker - V.P. Doughty

Senior Health Social Worker (1 vacancy), Family Case Workers (3), 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 (18 + 8 vacancies), Pupil Public Health Inspectors (10), Technical
Assistants (9), Superintendent, Disinfecting Station (1), Deputy Superintendent,
Disinfecting Station (1 vacancy), Rodent Officers/Drainage Foreman (1 + 1 vacancy),
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 (97 + 8 vacancies), Medical Officer of
Health's Secretary (1), Typing Supervisor (1), Assistant Typing Supervisor (1),
Shorthand-typists (7 + 5 vacancies)
Home Help Organisers (4), Assistant Home Help Organisers (5)

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

Chiropodists - Full-time (3), Sessional (11)

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, 1969

Centre	Ante- and Post-Natal	*Child Health	Vaccination & Immunisation	Food Sales	Nursery group	Family Planning	Dental	Chiropody
BARTON HOUSE 233 Albion Road, N.16. Telephone: 254-4704 Medical Officer - Dr. B. Pfitzner 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.		Th. evening	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: Minor Ailments, every morning. Sewing Class, Tu. p.m.</i>								
CRANSTON Cranston Estate, N.1.		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: Sewing Class, Tu. p.m.</i>								
JOHN SCOTT HEALTH CENTRE Woodberry Down, Green Lanes N.4. Telephone: 800-0111 Medical Officer - Dr. D. Sasieni Centre Superintendent - Miss V. Packer	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. M. evening(FPA) 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: Audiology, M. 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. 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.</i>								
KINGSMEAD 5/6 Templemead House, Kingsmead Estate, E.9.		W. p.m.	W. p.m.					
LOWER CLAPTON 6 Lower Clapton Road, E.5. Telephone: 985-2316 Medical Officer - Dr. B.J.J. Bullock 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.		M. evening(FPA) W. evening(FPA) Th. evening		
<i>Other services: Cervical cytology, Tu. evening. Mothercraft and Relaxation, Th. p.m. Sewing Class, M., W. & F. p.m.</i>								

* In addition to Child Health Clinics, Toddlers Clinics are held at all centres by appointment.

Centre	Ante- and Post-Natal	*Child Health	Vaccination & Immunisation	Food Sales	Nursery group	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. Th. p.m. (FPA)	Every day a.m. & p.m. plus Monday and Thursday evening	M. a.m., p.m. & evening Tu. a.m. & p.m. W. a.m. & p.m. Th. p.m. & evening F. a.m. & p.m.
<i>Other services:</i> Cervical cytology, F. p.m. 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. to F. a.m. Marriage Guidance, Tu. evening. Minor Ailments, every morning. Sewing Class, Tu. p.m. Smokers Advisory Clinic, Th. evening. Special Advisory Clinic, Th. a.m. Special Investigation Clinic, M. a.m. Speech Therapy, M. p.m., Tu. a.m. & p.m. Vision, M. p.m.								
UPPER CLAPTON 186 Upper Clapton Road, E.5. Telephone: 806-2420 Medical Officer - Dr. S. Bews 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. K. G. Russia Centre Superintendent - Mrs. B. Clark		Tu. a.m. & 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. Subramanian Centre Superintendent - Mrs. E.G. Mikesch		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 all centres by appointment.

CHEST CLINICS

	<i>Telephone</i>
Chest Clinic, London Chest Hospital, Victoria Park, E2 9JS	980 1214 Ext. 5
Metropolitan Chest Clinic, 335 Kingsland Road, E8 4DS	254 2156 & 9203
Shoreditch Chest Clinic, 204 Hoxton Street, N1 5LH	739 8484

DAY NURSERIES

	<i>No. of approved places</i>	
Fernbank, 1A Fountayne Road, N16 7EA	56	806 4463
Hillside, 135a Holmleigh Road, N16 5QG	60	800 7325
St. John's, St. John's Churchyard, Mare Street, E8 1HP	51	985 2993
Sun Babies, Branch Place, N1 5PH	60	739 3950
Victorian, Victorian Grove, N16 8EZ	60	254 6197
Wetherell, Wetherell Road, E9 7DB	50	985 5705
Woodberry Down, Green Lanes, N4 2NU	42	800 0111

CLEANSING AND DISINFECTING

Millfields Road, E5 OAR	985 5930
Shoreditch Health Centre, 210 Kingsland Road, E2 8ED	739 8351

HOME HELP OFFICES

Barton House, 233 Albion Road, N16 9JT	254 4704
Elsdale Street, 28 Elsdale Street, E9 6QY	985 4283
Shoreditch, 210 Kingsland Road, E2 8ED	739 8351
Upper Clapton, 186 Upper Clapton Road, E5 9DH	806 1415

HOME NURSING

Hackney, 6-10 Lower Clapton Road, E5 OPB	985 5813
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MENTAL HEALTH DAY CENTRES

	<i>No. of Places</i>	
Clifton Lodge, 96 Dalston Lane, E8 1NG	40	254 5945
Hindle House, Arcola Street, E8 2DJ	30	249 1181
Shoreditch, Dawson Street, E2 8JU	20	739 4102

MENTAL HEALTH SPECIAL CARE UNITS

Hackney, Ickburgh Road, E5 8AD	12	806 4638
Millfields, Millfields Road, E5 OAR	20	985 1140

MENTAL HEALTH TRAINING CENTRES

Hackney, Ickburgh Road, E5 8AD	120	806 4638
Homerton, Morning Lane, E9 6LG	120	985 3351
		Ext. H. 343

MORTUARY

St. John's Churchyard, Mare Street, E8 1HP	985 2808
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NURSERY GROUPS

Hawksley Court, Albion Road, N16 9JT	
M. p.m., Tu. and W. a.m. and p.m. Th. p.m.	
Elsdale Street Maternal and Child Health Centre, 28 Elsdale Street, E9 6QY	
W. a.m. Th. a.m. and p.m. F. a.m.	
John Scott Health Centre, Woodberry Down, Green Lanes, N4 2NU	
Every day a.m. and p.m.	
Richmond Road Maternal and Child Health Centre, 136 Richmond Road, E8 3HN	
M. a.m. Tu. a.m. Th. a.m.	
George Downing Estate, Cazenove Road, N16	
M. p.m. Tu. and W. a.m. and p.m. Th. a.m. F. a.m.	

SCHOOL TREATMENT CENTRE

Hackney, 13 Goulton Road, E5 8HA	985 4781 & 4637
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HEALTH DEPARTMENT,
MUNICIPAL OFFICES,
380 OLD STREET, E. C. 1.
Telephone: 01-986 3123

*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 1969 on the health of the borough.

The staffing position in certain sections of the Department continue to show some improvement. This was particularly so in the case of student health visitors, and when the present students have qualified the establishment should be nearer to the numbers required for a borough of this size. Having regard though to the particular problems of Hackney there will still be need for further recruitment of health visitors. Unfortunately, the number of district nurses has given cause for some concern; having started pilot schemes for attachment of district nurses the expansion of this service has been held up because of the shortage. The position is even worse in respect of staff at the day nurseries. Several of the nurseries are grossly under-staffed. I can only reiterate what I said in the 1968 Report, that until better remuneration is received for this type of work then the vital service that day nurseries give to unsupported parents and others who need it will be severely prejudiced.

There were several changes in the senior staff of the department during the year. All three Principal Medical Officers left. Dr. Whitfield retired, Dr. Evans left to take up an appointment with the Department of Health and Social Security, and Dr. Molloy took up a position with the Borough of Brighton. The Principal Mental Health Social Worker, Mr. Dawson, also left to go to Brighton, and Mr. J. Hall, the Principal Health Social Worker, took the senior position with the Inner London Education Authority. The positions were all filled during the course of the year.

The birth rate continues to decline. Although Hackney's birth rate is still somewhat above the national average, the rate of decline has, in fact, been higher than the national rate of decline. The percentage of illegitimate births in the borough continues to be well above that for Greater London, and England and Wales in general. The infant mortality rate showed a slight reduction over the previous year but is, unfortunately, still above the figure for 1967. The decline in the birth rate is reflected in the statistics for a number of the services run by the department and these are pointed out in the body of the Report. Negotiations are still taking place to unite the two domiciliary services in the borough, that is the direct service of the borough midwives and the services of the midwives operating from the Mothers' Hospital. At the end of the year negotiations were nearing a conclusion and the operative date for the merger of the two services is the 1st April, 1970.

The family planning services continued to expand but at a slower rate than previously; however, the combined total of attendances at the Council and Family Planning Association clinics showed an increase of only 517 over the previous year. The domiciliary family planning service continued to provide invaluable help for those cases in special social need, and the Advice Clinic for young people also continues to serve a most useful purpose. During the year 156 new patients were seen, the average attendance per session is 15 of whom four are usually new patients. The year has also shown a change in the age groups attending, there now being almost an equal number of under 20 years old to over 20 years old. In present circumstances it is essential that young people should have full knowledge of birth control, with this knowledge many

tragedies can be avoided. Apart from family planning this clinic often reveals many problems of a deeper nature that are worrying young people. The clinic gives to some of them a much needed opportunity for a frank discussion on all aspects of sex with someone in a position of authority.

The beginning of the year had unfortunately shown a decline in numbers attending clinics for cervical cytology screening: in view of this the offer by the Women's National Cancer Control Campaign to provide a mobile caravan to undertake cervical cytology was accepted with alacrity. Hackney was the first to use the caravan for a properly advertised and lengthy campaign. The campaign, of which more details are contained in the Report, was a brilliant success. The details have been written up in various professional journals, and the Women's National Cancer Control Campaign were delighted with this initial success. The caravan is booked for a further campaign in 1970 and, in fact, was in service whilst this Report was being written.

During the year much emphasis was laid on expanding playgroups within the borough for children between 3 and 5 years of age. To encourage further playgroups to be set up the Council itself gave a lead by making provision for a nucleus of staff to set up its own playgroups at suitable premises. During the year two such playgroups were opened and another one is contemplated. Meetings were held between the Health Department and various interested bodies and as a result there has been a quickening of interest in setting up playgroups.

Following on the Health Services and Public Health Act, 1968, greater efforts were made to secure the registration of child-minders. Progress has been made but it has proved a difficult task and I think it is only fair to say that many children are still minded unofficially.

Immunisation continued to be carried out throughout the year, but measles vaccination was considerably reduced after March because one of the vaccines used was found to be giving severe reactions. It is perhaps a pity that there is not some way of notifying all medium to severe reactions to vaccines so that a vaccine could be stopped at the earliest date possible. This would, of course, involve general practitioners - still the people who most often have to deal with the reaction that vaccines cause.

By the end of the year, after a very long period of gestation, the negotiations on the Somerford Grove Health Centre appeared to be complete and the first sod for building was cut in February, 1970. When it is complete Somerford Grove Health Centre will be the first new health centre in the borough for 20 years.

The mental health services continued throughout the year, but the year was one of consolidation rather than expansion.

The Report again embodies a section on the work of the School Health Service and the School Dental Service. Advances were made in providing dental services for the mentally handicapped children: this is not strictly part of the school dental service but is a very essential service because some of these children are particularly liable to dental decay and often present difficulties to the dentist in general practice. The results have been most rewarding.

The major epidemic of the year was a flu epidemic which started in December. The previous year there had been much publicity for an epidemic which never materialized, but in 1969 the epidemic was in being without any prior warning. The illness was a particularly unpleasant one. The mortality particularly in old people was comparatively high. Sufferers from the disease felt very ill and continued to feel debilitated, often with an unpleasant dry cough, for several weeks, and in some cases even months after the actual attack.

The year brought up a new problem on the environmental side. The Hackney dustmen went on strike and they were followed by a strike of nearly all the London boroughs and many provincial boroughs as well. The problem of uncollected refuse threw a severe burden on the Department for which the whole resources of the Public Health Inspectorate and ancillary staff had to be mobilized. Refuse needed constant spraying to keep down flies and vermin. The Unions co-operated by allowing refuse to be moved from certain places where it had become too offensive and a possible danger. Although there was some public anxiety, the public in general were most co-operative and used the special plastic bags provided by the Council. Suffice it to say that after the strike had lasted 4 weeks, there had been no illness or any other untoward effect of the strike. The strike in Hackney was the longest in the country and I think it says much for the work of the officers concerned that serious health problems were overcome.

Generally the problems of the environmental side continue to be much the same as previously with housing perhaps in this borough the most important.

Throughout the year there was a slow progression to some form of implementation of the Seebohm and Green Paper Reports. The Seebohm Report is now embodied in the Local Authority Social Services Bill which received Royal Assent during 1970, but the fate of the Green Paper is now unknown. The result of these changes has naturally caused some unrest amongst staff who are now not certain of their future. Liaison continues to take place between field workers of all departments. The Social Services Co-ordinating Committee continues to meet but with somewhat different terms of reference from previous years.

I would like to express my thanks to all the Chief Officers of the Council and their staffs for their help during the year, and I would also like to express my thanks to the Inner London Education Authority and their officers for their help and co-operation. I would again stress that although this report is put out under my name, it could only be written because all the officers of the Department contribute by their work to the running of the Department, and I would again take this opportunity of thanking them all for their co-operation and help.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

ROWLAND GWYN DAVIES

Medical Officer of Health.

VITAL STATISTICS

Area
 Pacific open space

Population
 Estimate of population General at mid-year
 Density per sq. mi.

Religious Groups
 Total population of the District
 Percentage of each of the principal
 Number of non-residents

Marriages

Divorces

VITAL STATISTICS

Live Births
 Still Births

Live and still births

Deaths
 Infant Mortality
 Maternal Mortality
 Early Neonatal Mortality
 Perinatal Mortality

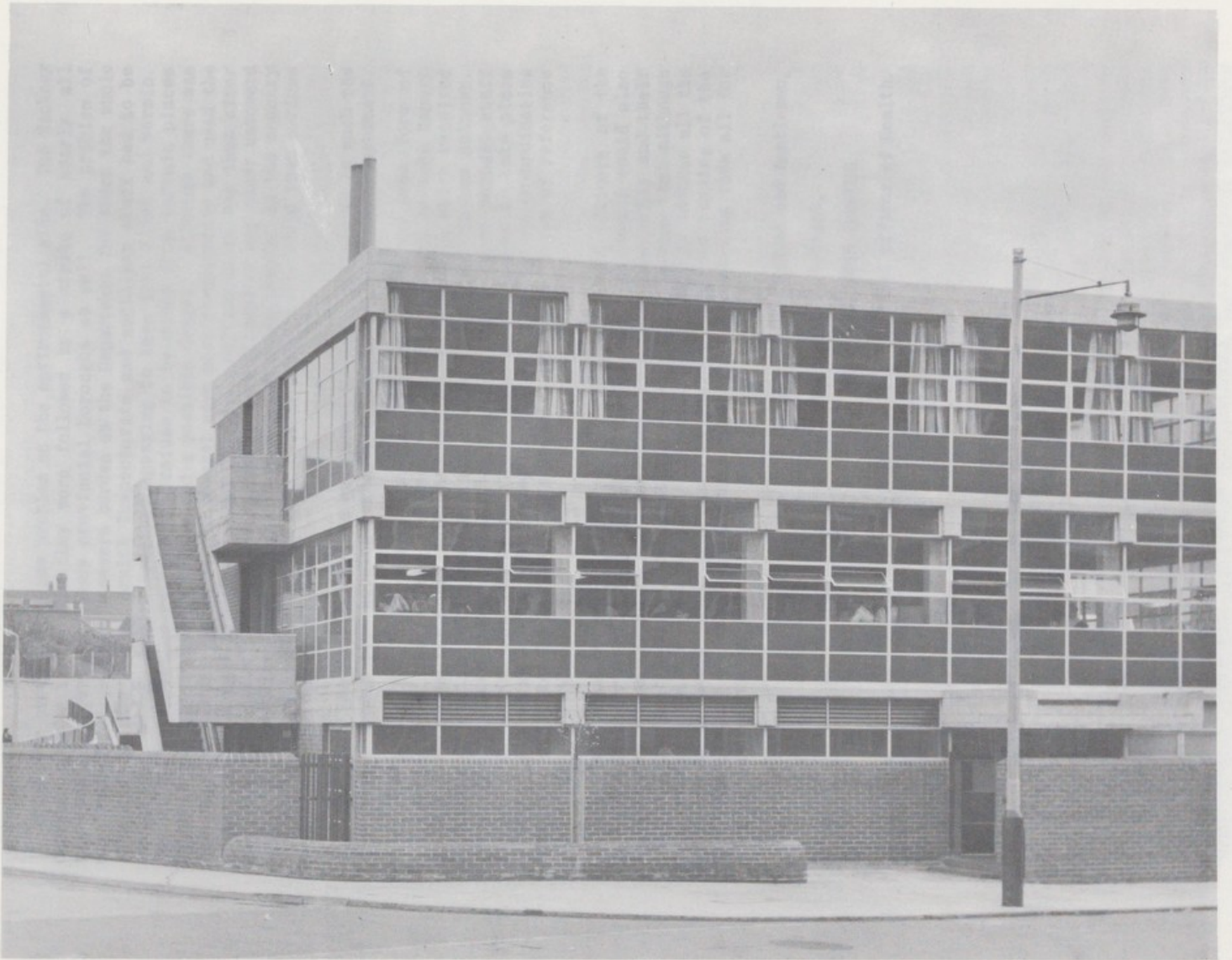
Crude Birth Rate per 1,000
 Adjusted Birth Rate

Illegitimacy
 Illegitimate Births
 Illegitimate Deaths

Stillbirths

Death rate
 Crude Death Rate
 Adjusted Death Rate
 Infant Mortality
 (Legitimate)

Neo-natal Mortality rate per 1,000 live births	..	..	14.0
Early Neo-natal mortality rate per 1,000 live births	..	..	29.0
Perinatal Mortality rate per 1,000 live and still births	..	..	Nil
Maternal Mortality rate per 1,000 live and still births	..	..	Nil



Homerton Adult Training Centre

VITAL STATISTICS

Area.. .. .	4,814 acres
Public open spaces	719 acres
<i>Population</i>	
Estimate of Registrar General at mid-year 1969	238,530
Density per acre.. .. .	49.5
<i>Rateable Value</i>	
Rateable value of the Borough	£14,740,396
Estimated product of a penny rate	£57,450
Number of inhabited homes	65,933
<i>Marriages</i>	1,296

Births and Deaths

	Legitimate			Illegitimate			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Live Births	1,905	1,779	3,684	381	370	751	2,286	2,149	4,435
Still Births	31	26	57	7	8	15	38	34	72
Live and Still Births	1,936	1,805	3,741	388	378	766	2,324	2,183	4,507
Deaths (all causes)	-	-	-	-	-	-	1,437	1,356	2,793
Infant Mortality	52	33	85	12	5	17	64	38	102
Neo-natal Mortality	32	24	56	7	4	11	39	28	67
Early Neo-natal Mortality	28	23	51	6	3	9	34	26	60
Perinatal Mortality	59	49	108	13	11	24	72	60	132

Crude birth rate per 1,000 population	18.6
Adjusted birth rate (area comparability factor 0.91).. .. .	16.9
<i>Illegitimate birth rate per cent of total live births</i>	
Illegitimate birth rate for Greater London	17.0
Illegitimate birth rate for England and Wales.. .. .	11.0
Illegitimate birth rate for England and Wales.. .. .	8.0
<i>Stillbirth rate per 1,000 live and still births</i>	16.0
<i>Death rate</i>	
Crude Death rate per 1,000 population	11.7
Adjusted Death rate (area comparability factor 1.07).. .. .	12.5
Infant Mortality rate per 1,000 live births	23.0
(Legitimate 23, Illegitimate 23)	
Neo-natal Mortality rate per 1,000 live births	15.0
Early Neo-natal Mortality rate per 1,000 live births.. .. .	14.0
Perinatal Mortality rate per 1,000 live and still births	29.0
Maternal Mortality rate per 1,000 live and still births	Nil

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	16.3	13	11.9	18	12	10	23	
Greater London	15.7	13	11.5	18	12	10	23	0.2
Inner London Boroughs	15.7	13	11.9	20	13	12	25	0.2
London Borough of Hackney	16.9	16	12.5	23	15	14	29	-
London Borough of Islington	14.7	13	12.9	23	13	11	24	0.7
London Borough of Tower Hamlets	12.3	13	14.6	18	12	10	23	0.8

Premature Babies

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		
		Within 24 hours of birth	Died		Nursed entirely at home	Transferred to hospital on or before 28th day	In hospital	At home	
			In 1 and under 7 days	In 7 and under 28 days					
Up to and including 3 lb. 4 ozs.	48	18	13	2	-	3	23	-	74
Over 3 lb. 4 ozs. and up to and including 5 lb. 8 ozs.	309	7	6	2	10	4	20	-	369
Total	357	25	19	4	10	7	43	-	443

(a) One baby died 24 hours of birth and another within 7 days.

(b) One of these babies died within 24 hours of birth.

DEATHS

Allowing for the reduced number of deaths in 1969, 2,793 as against 2,957 in 1968, the pattern of causes of death has remained the same.

An analysis of the 102 deaths of infants under one year of age shows that 68 were due to peri-natal causes, birth injuries and congenital anomalies and that 34 were due to an infection. Details are set out below:-

Analysis of deaths of children under one year of age

Enteritis	1
Meningococcal infection	1
Pneumonia	19
Other respiratory causes	13
Intestinal obstruction and hernia	1
Other diseases of digestive system	2
Congenital anomalies	12
Birth injury	13
Other causes of perinatal mortality	19
All other external causes	1
	<u>102</u>

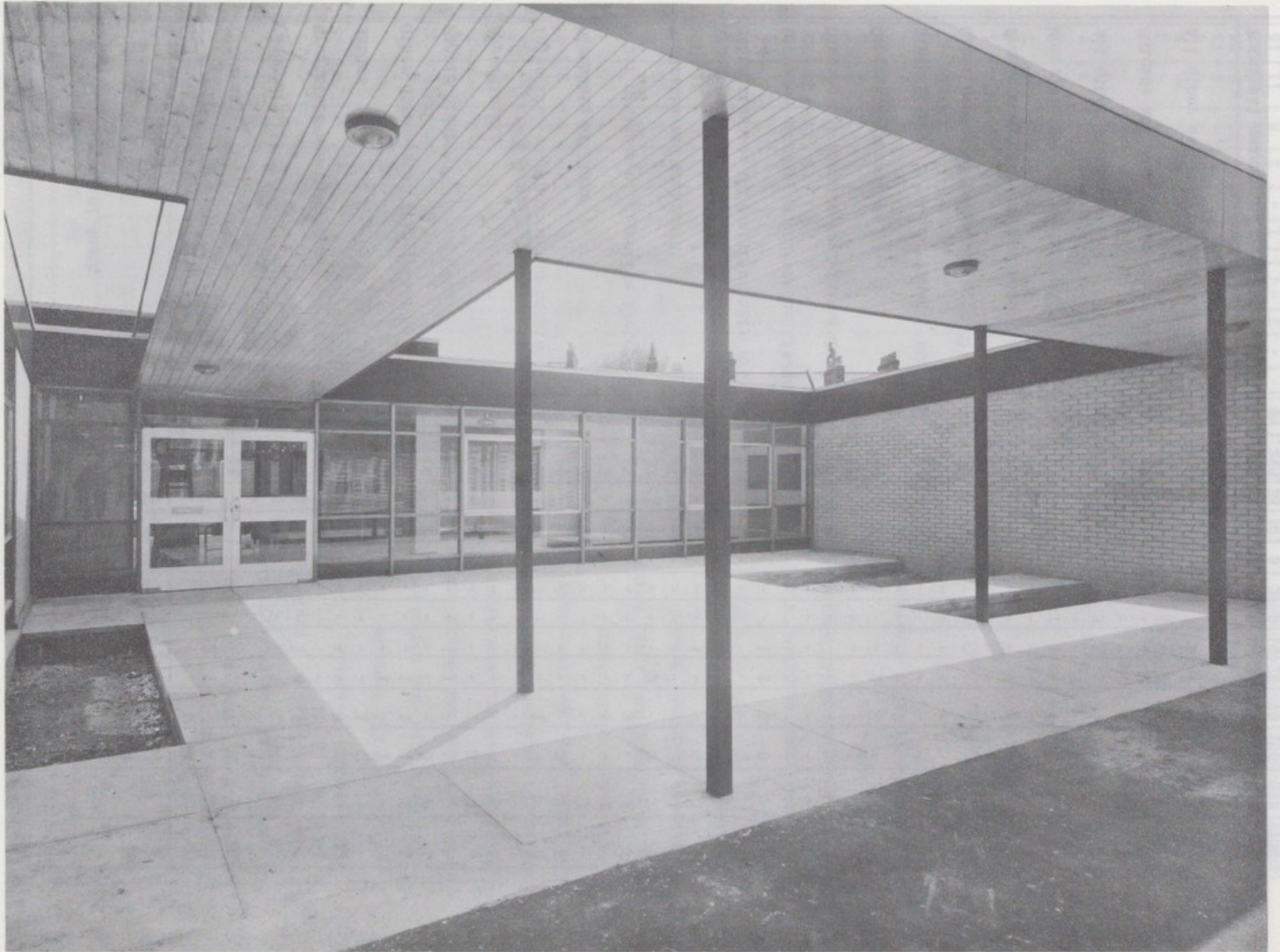
ANALYSIS OF DEATHS (ALL CAUSES)

	Males	Females	Total
Enteritis and other Diarrhoeal diseases ..	2	1	3
Tuberculosis of respiratory system ..	3	2	5
Other tuberculosis, including late effects ..	1	2	3
Meningococcal infection.. ..	2	1	3
Syphilis and its sequelae	1	-	1
Other infective and parasitic diseases ..	3	4	7
Malignant neoplasm - buccal cavity etc. ..	11	4	15
Malignant neoplasm - oesophegus	7	4	11
Malignant neoplasm - stomach	34	35	69
Malignant neoplasm - intestine.. ..	20	38	58
Malignant neoplasm - larynx	1	1	2
Malignant neoplasm - lung, bronchus	127	28	155
Malignant neoplasm - breast	-	60	60
Malignant neoplasm - uterus	-	17	17
Malignant neoplasm - prostate	13	-	13
Leukaemia.. ..	10	4	14
Other malignant neoplasms, etc.. ..	89	74	163
Benign and unspecified neoplasms	6	5	11
Diabetes mellitus	15	27	42
Other endocrine, etc. diseases.. ..	3	7	10
Anaemias	4	6	10
Other diseases of blood, etc.	-	1	1
Mental disorders.. ..	2	11	13
Meningitis	1	-	1
Other diseases of nervous system, etc.. ..	16	16	32
Active rheumatic fever	1	-	1
Chronic rheumatic heart disease	15	32	47
Hypertensive disease	15	26	41
Ischaemic heart disease.. ..	327	258	585
Other forms of heart disease	40	67	107
Cerebrovascular disease.. ..	133	179	312
Other diseases of circulatory system	51	61	112
Influenza.. ..	14	8	22
Pneumonia.. ..	131	153	284
Bronchitis and emphysema	148	59	207
Asthma	3	2	5
Other diseases of respiratory system	25	11	36
Peptic ulcer	15	9	24
Appendicitis	1	1	2
Intestinal obstruction and hernia	5	14	19
Cirrhosis of liver	1	2	3
Other diseases of digestive system	15	23	38
Nephritis and nephrosis.. ..	4	5	9
Hyperplasia of prostate	2	-	2
Other diseases of genito-urinary system ..	11	12	23
Diseases of skin, subcutaneous tissue.. ..	1	2	3
Diseases of musculo-skeletal system	6	13	19
Congenital anomalies	10	10	20
Birth injury, difficult labour etc.	22	11	33
Other causes of perinatal mortality	9	10	19
Symptoms and ill-defined conditions	-	4	4
Motor vehicle accidents.. ..	12	7	19
All other accidents	23	15	38
Suicide and self-inflicted injuries	18	11	29
All other external causes	8	3	11
Total	1,437	1,356	2,793

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	2	-	-	2	-	-	-	-	-	-	-	-	-	-
	F	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of respiratory system	M	3	-	-	-	-	-	-	1	-	1	1	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	-	-	2	-
Other tuberculosis, including late effects	M	1	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	2	-	-	1	-	-	1	-	-	-	-	-	-	-
Meningococcal infection	M	2	-	-	1	1	-	-	-	-	-	-	-	-	-
	F	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its sequelae	M	1	-	-	-	-	-	-	-	1	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	M	3	-	-	-	-	-	-	-	-	1	2	-	-	-
	F	4	-	-	-	1	1	1	-	-	-	-	-	-	1
Malignant neoplasm, buccal cavity, etc.	M	11	-	-	-	-	-	-	1	-	2	3	5	-	-
	F	4	-	-	-	-	-	-	-	1	3	-	-	-	-
Malignant neoplasm, oesophagus	M	7	-	-	-	-	-	-	-	1	1	4	1	-	-
	F	4	-	-	-	-	-	-	-	-	1	2	1	-	-
Malignant neoplasm, stomach	M	34	-	-	-	-	-	-	-	7	7	10	10	-	-
	F	35	-	-	-	-	-	1	3	3	3	11	17	-	-
Malignant neoplasm, intestine	M	20	-	-	-	-	-	-	1	2	5	3	9	-	-
	F	38	-	-	-	-	-	-	-	2	9	7	20	-	-
Malignant neoplasm, larynx	M	1	-	-	-	-	-	-	-	-	-	-	1	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1	-	-
Malignant neoplasm, lung, bronchus	M	127	-	-	-	-	-	2	9	39	49	28	-	-	-
	F	28	-	-	-	-	-	3	4	6	8	7	-	-	-
Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	60	-	-	-	-	1	3	12	20	14	10	-	-	-
Malignant neoplasm, uterus	F	17	-	-	-	-	-	1	3	6	2	5	-	-	-
Malignant neoplasm, prostate	M	13	-	-	-	-	-	-	-	1	6	6	-	-	-
Leukaemia	M	10	-	-	-	1	-	-	2	3	2	2	-	-	-
	F	4	-	-	-	-	-	-	1	-	1	2	-	-	-
Other malignant neoplasms, etc.	M	89	-	-	2	-	-	5	10	30	29	13	-	-	-
	F	74	-	-	1	-	1	2	11	13	21	23	-	-	-
Benign and unspecified neoplasms	M	6	-	-	-	-	-	-	-	3	1	2	-	-	-
	F	5	-	-	-	-	-	-	-	2	1	2	-	-	-
Diabetes mellitus	M	15	-	-	-	-	-	-	-	1	2	4	8	-	-
	F	27	-	-	-	-	-	-	1	4	6	16	-	-	-
Other endocrine etc. diseases	M	3	-	-	-	1	-	-	-	1	1	-	-	-	-
	F	7	-	-	-	-	-	-	-	2	3	2	-	-	-
Anaemias	M	4	-	-	-	-	-	-	-	1	-	3	-	-	-
	F	6	-	-	-	-	-	-	-	1	1	4	-	-	-
Other diseases of blood etc.	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1	-	-
Mental disorders	M	2	-	-	-	-	-	2	-	-	-	-	-	-	-
	F	11	-	-	-	-	-	1	-	2	1	7	-	-	-
Meningitis	M	1	-	-	1	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of nervous system, etc.	M	16	-	-	2	-	-	1	1	2	3	7	-	-	-
	F	16	-	-	-	-	-	1	-	1	4	10	-	-	-
Active rheumatic fever	M	1	-	-	1	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chronic rheumatic heart disease	M	15	-	-	-	-	-	-	2	7	4	2	-	-	-
	F	32	-	-	-	-	-	-	5	9	10	8	-	-	-
Hypertensive disease	M	15	-	-	-	-	-	1	1	5	4	4	-	-	-
	F	26	-	-	-	-	-	-	1	4	8	13	-	-	-
Ischaemic heart disease	M	327	-	-	-	-	-	4	25	83	129	86	-	-	-
	F	258	-	-	-	-	1	1	10	23	80	143	-	-	-
Other forms of heart disease	M	40	-	-	2	-	1	1	-	2	8	11	15	-	-
	F	67	-	-	1	-	1	-	3	3	4	11	45	-	-
Cerebrovascular disease	M	133	-	-	-	-	-	3	11	25	45	49	-	-	-
	F	179	-	-	-	-	2	1	3	16	33	124	-	-	-

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
Other diseases of circulatory system	M	51	-	-	-	-	-	1	-	4	6	20	20
	F	61	-	-	-	-	-	2	1	-	4	12	42
Influenza	M	14	-	-	-	-	-	-	2	-	3	3	6
	F	8	-	-	-	1	-	-	-	3	1	3	-
Pneumonia	M	131	4	11	2	-	-	1	3	1	11	29	69
	F	153	1	3	-	-	-	1	2	5	8	25	108
Bronchitis and Emphysema	M	148	-	-	-	-	-	-	-	10	30	47	61
	F	59	-	-	-	-	-	-	-	5	2	11	41
Asthma	M	3	-	-	-	-	-	-	-	1	2	-	-
	F	2	-	-	-	-	-	-	1	-	1	-	-
Other diseases of respiratory system	M	25	-	11	1	-	-	-	1	1	1	2	8
	F	11	-	2	-	-	-	-	-	-	2	6	1
Peptic ulcer	M	15	-	-	1	-	-	1	1	-	2	5	5
	F	9	-	-	-	-	-	-	-	1	3	1	4
Appendicitis	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	1
Intestinal obstruction and hernia	M	5	1	-	-	1	-	-	-	1	-	-	2
	F	14	-	-	-	-	-	-	-	-	2	7	5
Cirrhosis of liver	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	1	-	1	-
Other diseases of digestive system	M	15	-	-	-	-	-	-	-	3	-	3	9
	F	23	1	1	-	-	-	2	-	-	3	7	9
Nephritis and nephrosis	M	4	-	-	-	-	-	-	-	-	2	1	1
	F	5	-	-	-	-	-	1	-	-	2	1	1
Hyperplasia of prostate	M	2	-	-	-	-	-	-	-	-	-	-	2
Other diseases of Genito-urinary system	M	11	-	-	-	-	-	-	-	-	2	2	7
	F	12	-	-	-	-	-	1	1	1	3	-	6
Diseases of skin, subcutaneous tissue	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	-	-	-	2
Diseases of musculo-skeletal system	M	6	-	-	-	-	-	-	-	-	2	3	1
	F	13	-	-	-	-	-	-	-	-	1	2	10
Congenital anomalies	M	10	3	2	1	1	-	-	2	-	-	1	-
	F	10	5	2	-	-	-	-	-	2	1	-	-
Birth injury, difficult labour, etc.	M	22	22	-	-	-	-	-	-	-	-	-	-
	F	11	11	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	M	9	9	-	-	-	-	-	-	-	-	-	-
	F	10	10	-	-	-	-	-	-	-	-	-	-
Symptoms and ill-defined conditions	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	4
Motor vehicle accidents	M	12	-	-	2	1	1	1	-	-	3	1	3
	F	7	-	-	-	-	-	2	-	-	-	2	3
All other accidents	M	23	-	-	7	-	3	3	2	1	3	2	2
	F	15	-	-	1	-	-	2	-	2	2	3	7
Suicide and self-inflicted injuries	M	18	-	-	-	-	4	2	5	2	2	4	1
	F	11	-	-	-	1	1	-	-	2	7	-	-
All other external causes	M	8	-	1	-	1	1	3	-	-	1	1	-
	F	3	-	-	1	-	-	-	1	-	1	-	-
Total all causes	M	1,437	39	25	25	5	8	17	32	102	297	436	451
	F	1,356	28	10	5	2	3	14	28	79	166	313	708
Total		2,793	67	35	30	7	11	31	60	181	463	749	1,159



Hackney Junior Training Centre

PERSONAL HEALTH SERVICES

Attendances at the child health centres in 1969 are tabulated below.



Photo by Courtesy of the 'Hackney Gazette'

Cervical Cancer Campaign Caravan

CARE OF MOTHERS AND CHILDREN

ANTE-NATAL CARE

The number of live births has been declining for some years and this year it was 4,435 compared with 6,050 in 1964. As a result the pressure on hospital out-patient departments has eased so much that they are now able to deal with a larger proportion of the ante-natal care for women booked for hospital confinement. The Council's ante-natal clinics however, are often nearer an expectant mother's home and in consequence more convenient for the mother to attend. Details of attendances for the year are set out below:-

Centre	No. of sessions	Number of women who attended for		Total attendances
		Ante-natal examination	Post-natal examination	
Barton House	48	124	56	544
Elsdale Street	25	76	93	283
John Scott	23	64	26	178
Lower Clapton	44	86	103	320
Richmond Road	47	203	154	507
Shoreditch	27	34	39	115
Upper Clapton	46	70	46	307
West Hackney	48	73	71	195
Total	308	730	588	2,449

The Tuesday morning session at West Hackney Maternal and Child Health Centre was discontinued in November because of low attendances over the preceding few months.

Seven general practitioner obstetricians are provided with accommodation in the Council's clinics and a midwife is in attendance at their sessions. The Gravindex test is now used at cytology and ante-natal clinics. The Pregnosticon Plano test has been supplied for use at family planning clinics by medical officers trained in its use.

Education classes have been held for expectant mothers. The subjects dealt with include the preparation of women for labour, 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 the fewer births.

The number of women who attended during 1969 is shown below:-

Total number who attended	..	..	257
Total attendances	..	..	1,004
Number of Sessions	..	..	155

There were no maternal deaths in the borough during the year.

CHILD HEALTH CENTRES

The fall in the birth rate, previously mentioned, naturally results in a drop in attendances at child health clinics. There has been no reduction in the percentage of babies being brought to the clinics, but as each child may be brought on average ten times in the first year of life a fall of 500 in the number of births means a fall of 5,000 in the number of attendances.

Attendances at the child health centres in 1969 are tabulated below.

Number of children who attended Council clinics during 1969:-

Who were born in 1969	3,652
Who were born in 1968	3,147
Who were born in 1964-67	4,414
Total attendances	41,604
Number of sessions	1,804
Number medically examined	19,023
Number referred elsewhere	659

Child Health Attendances

	Barton House	Shoreditch H.C. (inc. Cranston)	Elsdale Street (inc. Wick)	John Scott H.C.	Lower Clapton	Richmond Road	Upper Clapton	West Hackney
Estimated population served by the Centre	23,500	35,500	37,000	28,500	32,500	31,500	36,500	13,500
Total number of children who attended	1,430	1,309	1,662	850	1,482	1,206	1,713	1,591
Total attendances	5,425	4,619	5,940	4,572	5,043	4,441	5,613	5,351
Number of sessions	201	203	324	202	251	253	286	176
Number of children medically examined	2,273	2,103	2,695	1,891	2,646	2,228	2,945	2,237
Number referred elsewhere	67	72	34	131	60	26	252	30
Average attendance per session	27	22	18	23	23	14	20	27
Per cent medically examined	46	45	45	41	47	50	32	42
Per cent referred by M.O. elsewhere	3	3	1	7	2	1	9	1

Babies and toddlers are given full developmental examinations at 1, 2, 3 and 4 years of age, tests for vision, hearing, speech assessment and attainment of milestones being included at these times. Physical and mental difficulties are thus ascertained as early as possible.

Child health examinations can be time consuming and it was decided that detailed information of their quality and quantity would be of great interest. In July 1969, an analysis of medical examinations was commenced. A form has been devised whereby medical officers submit numbers of full and partial examinations performed at all sessions plus the numbers of immunisations carried out. General practitioners will in due course receive notifications of all examinations performed at the child health centres for children on their lists.

Following a study by an expert Committee, the Department of Health and Social Security recommended that the Phenistix urine test for Phenylketonuria be replaced by the Guthrie test of blood specimens and this was introduced in this Borough towards the end of 1969. Blood is collected from the baby by a heel prick on to absorbent filter paper between the seventh and fourteenth days of life and an estimation of the level of Phenylalanine is made.

Domiciliary Midwives test babies at home together with any baby born in hospital but discharged before the seventh day. Positives and doubtful positives only are notified to the Health Department and the general practitioners. No positive cases were, however, reported in 1969. One child in the borough who had proved to be positive in a previous year is continuing the special diet that is needed when Phenylketonuria is diagnosed. The Phenistix Test has been retained for use if the Guthrie Test is refused or when two attempts to obtain a satisfactory blood specimen have been unsuccessful.

In September the National Society for the Prevention of Cruelty to Children issued a report entitled "78 Battered Children" which revealed that further investigation into this distressing aspect of human behaviour was necessary. The Department in association with the Children's Officer is deeply concerned in any case that may be notified by Fieldworkers. In 1969 18 children were notified to the Health Department as "Battered Children".

A child health clinic was opened at 5 & 6 Templemead House, E.9. in December. This is part of the project for the community centre which is being built-up on the Estate. It was decided, initially anyway to make this an "all inclusive" session whereby babies and toddlers are examined and immunised at the same time.

Health Department services are run in conjunction with those provided by the Children's and Welfare Departments, by the Inner London Education Authority and the Probation Service.

The Centre is open throughout the day and the evening from Monday to Friday and the administrative assistants maintain a day book and record of enquiries in order to assess the quality of work done.

Congenital abnormalities at birth

The notification to the Registrar General of congenital abnormalities detectable at birth continued during 1969. The total number of babies notified was 66 who had a total of 81 abnormalities. The numbers are lower than in 1968 but again the fall is in keeping with the fall in birth rate.

As the number notified each year is not sufficiently large to be statistically significant, the table below sets out the abnormalities detected over the last four years. From this table it will be seen that there has been no significant change in the pattern of cases notified over the period:-

Abnormality	Year				Total
	1966	1967	1968	1969	
Anencephaly	14	7	3	3	27
Hydrocephalus	2	4	9	1	16
Microcephalus	-	1	-	-	1
Abnormality of brain	2	-	-	1	3
Spina bifida	6	5	7	5	23
Defects of eyes	3	3	1	-	7
Defects of ears	1	4	1	2	8
Cleft lip and palate	10	10	14	5	39
Defects of alimentary system	1	5	1	3	10
Defects of heart	3	1	1	2	7
Defects of respiratory system	-	-	5	1	6
Defects of urogenital system	4	5	9	9	27
Reduction deformity of limbs	1	1	1	1	4
Polydactyly and Syndactyly	18	15	9	13	55
Talipes	27	12	19	19	77
Defects of upper limbs	-	-	1	2	3
Defect of hips and lower limbs	7	3	7	4	21
Defect of spine	-	-	1	-	1
Defects of skull, face and neck	4	1	1	1	7
Defects of muscles	1	3	5	3	12
Defects of ribs and sternum	1	-	-	-	1
Defects of skin	5	11	1	4	21
Mongolism	2	3	1	-	6
Exomphalos	-	1	2	-	3
Chondrodystrophy	1	1	-	-	2
Other specific syndromes	4	4	3	2	13
Other defects	1	-	-	-	1

Handicap and Observation Register

During the year details of pre-school children already on the Handicap and Observation Register were transferred to a Kalamazoo punch card system to facilitate statistical analysis and systematic follow-up. Work was also in progress to record information of handicapped school children. For all new births, the hospital discharge slips with details of pregnancy and delivery are scrutinised and where appropriate babies are placed on the Observation Register. If the Medical Officer subsequently reports that the child's development has proceeded normally the child is removed from the Register. If however a handicapping condition is found the child's name is retained on the Handicap Register. The Kalamazoo category numbers are ascertained by the Medical Officers following examination of the baby and Medical Officers are responsible for initial notification to the Register and also for sending in information of significant alterations to these details. To keep the Register "live" all children are reviewed annually at about their month of birth. It is planned that the computer scheme, due to commence on 1st January 1970 for children born from that date, will include details of handicaps and observation factors.

DENTAL SERVICE

During 1969 a total of 352.1 sessions were devoted to the dental care of expectant and nursing mothers, and children under the age of five years. Of the total number of sessions, 43 were utilised for dental health education.

The dental auxiliary has successfully continued to provide dental health instruction at toddlers' clinics. In this way mothers are made aware of the need to prevent dental decay at just the time when they are normally tending to increase the quantities of sweets, cakes and biscuits to their children. The mothers are also warned of the very harmful effect of concentrated vitamin juices which they put in bottles and feeders for their offspring. The dental auxiliary discusses dental health with each mother whilst she is waiting to see the doctor. In addition, an appointment is offered for her child to have a full inspection and treatment if this is needed, unless he already goes to the family dentist.

The number of children inspected in 1969 was less than the previous year which is a little disappointing. In an effort to counteract this, medical officers and health visitors have been asked to make a special effort to refer all pre-school children who do not already attend a dentist. In addition the "go-ahead" has been given to introduce a dental birthday card for the 3-year-olds. This will remind parents of the need for all children to visit the dentist by the time they have reached this age. It is hoped to send these cards out in the early part of next year. As has previously been pointed out such an inspection service is absolutely essential for young children. It is too late to leave it until they go to school, as can be seen from the following figures. The number of children requiring treatment went up and will no doubt remain high until they receive the benefit of fluoridated water.

During the year a sample of over 1,000 five-year-old children was examined.

The following results were noted:-

Number of children	.. .. .	1,170
Total number of decayed and untreated teeth	.. .. .	2,816
Number of these requiring extraction	.. .. .	151
Number of missing teeth	.. .. .	537
Number of filled teeth	.. .. .	505

The average child thus had a total of at least 3.3 teeth which were decayed, missing and/or filled at the time of entering school. Had the

inspection been carried out in a dental surgery rather than in school the picture would have been even more bleak. With ideal lighting conditions and using radiographic methods of diagnosis more decayed teeth would undoubtedly have been detected. At five years, every second child had already had a tooth extracted. It is disappointing to note that more teeth have been removed than filled. This really shows that it is too late to wait until a child enters school before giving dental health education or using any other preventive measures. It really points the way to the need for a massive preventive campaign for young children prior to their entering school, and for encouragement to bring them to a dentist early enough to save their teeth rather than subjecting them to the unpleasantness of having extractions, often accompanied by an equally unpleasant general anaesthetic.

It also emphasises the absolutely urgent need for fluoridation. The Council has appealed to the Secretary of State for Health and Social Security to take this matter out of the political arena, and to introduce legislation in Parliament.

Many children were found to have unhealthy gums, so thought must be given not only to preventing tooth decay, but gum disease as well.

There was an increase in the number of children attending for treatment; 184 more than in 1968. The decrease in the number of children needing general anaesthetics was very welcome. One in twenty-six of the children treated in 1969 needed this form of treatment against one in twelve in the previous year. It is gratifying to record this decrease in general anaesthesia in spite of the increase in attendances for emergency care, which means that the dental officers are finding other modern ways of treating child patients. Most depressing is the fact that 668 appointments were simply not kept. This means that at such times dentists are wasting their time instead of treating patients. There is little in this day and age that can be done about it.

The ratio of teeth filled to teeth extracted has risen. It was 10.4: 1 as opposed to 6.5: 1 last year. This is well above the national average and is a highly desirable trend, once again demonstrating the increased emphasis on restorative rather than destructive dentistry. It is no doubt helped by the way in which the authority allows its dental officers to go on post-graduate courses and conferences. The acquisition of modern advanced knowledge and techniques which is gained helps the dentists to save many teeth. Dental officers are very thankful for this, as I am sure are their patients. 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 tooth decay. With more of such measures which tend to be increasingly practised by the younger dentists far less actual treatment would be needed. However, in these days when the community is so orientated to statistics and output, it is difficult for the dental officer to practise prevention when officialdom tends to look at his work in terms of productivity of fillings or teeth taken out.

There was a slight increase in the number of expectant and nursing mothers seen. The practice is for medical officers examining an expectant mother at ante-natal sessions to enquire if she attends her own dentist regularly. If so she is encouraged to continue. However if she does not have a family practitioner, arrangements are made for her to attend one of the Council's surgeries. The ratio of teeth filled to teeth extracted in mothers has fallen from 4.1: 1 to 2.4: 1. This is because those mothers that come to Council surgeries are the ones who have really neglected their teeth and have seldom been to a dentist. Nothing short of a miracle could prevent the loss of most of their teeth. It is only to be hoped that the lessons they gain in coming to the dentist at this time will make them even more aware of the need to preserve their children's teeth.

Statistics

	Children aged 0-4 years		Expectant and Nursing Mothers	
	1969	1968	1969	1968
1. Inspections				
(a) Number of first inspections ..	529	968	117	179
(b) Number requiring treatment ..	296	492	91	146
(c) Percentages requiring treatment	56.0	50.8	76.0	81.6
(d) Number offered treatment ..	287	N.A.	90	N.A.
2. Visits for Treatment				
(a) First visits	785	601	264	263
(b) Subsequent visits	1,074	1,207	475	608
(c) Total visits	1,869	1,808	739	871
(d) Additional courses of treatment commenced	28	31	9	6
(e) Attendances for general anaes- thetic (included in total) ..	30	51	6	17
(f) Emergencies (included in total)	97	80	54	24
3. Patients made Dentally fit ..	205	229	85	109
4. Analysis of General Treatment				
(a) Fillings	1,154	1,229	428	684
(b) Teeth filled	1,036	1,113	388	610
(c) Teeth extracted	100	172	163	137
(d) Patients x-rayed	8	13	31	35
(e) Scaling, prophylaxis and gum treatment	409	293	124	113
(f) Teeth otherwise conserved ..	211	324	-	N.A.
(g) Teeth root filled	N.A.	N.A.	8	11
(h) Crowns and inlays	N.A.	N.A.	3	7
5. Prosthetics				
(a) Patients supplied with full upper and/or lower dentures ..	-	-	2	6
(b) Patients supplied with partial dentures	-	-	11	25
(c) Number of dentures supplied ..	-	-	24	33
6. Topical application of Fluoride ..	73	-	N.A.	N.A.
7. Appointments not kept	296	N.A.	372	N.A.

N.A. - Not available

VACCINATION AND IMMUNISATION

The number of children immunised against six of the infectious diseases varied very little from the previous year and details for 1969 are set out in the tables overleaf:-

DAY CARE OF CHILDREN

Completed Primary Courses

Type of vaccine or dose	Year of birth						Total
	1969	1968	1967	1966	1962-1965	Others under 16	
Diphtheria	1,489	1,817	122	90	259	292	4,069
Whooping Cough	1,474	1,800	115	74	44	5	3,512
Tetanus	1,489	1,817	122	90	253	344	4,115
Poliomyelitis	1,476	1,812	142	95	311	302	4,138
Measles	5	457	533	239	245	9	1,438

Reinforcing Injections/Doses

Type of vaccine or dose	Year of birth						Total
	1969	1968	1967	1966	1962-1965	Others under 16	
Diphtheria	3	665	1,411	191	2,189	546	5,005
Whooping Cough	2	652	1,377	180	143	9	2,363
Tetanus	4	666	1,411	190	2,174	580	5,025
Poliomyelitis	2	664	1,376	179	2,186	624	5,031

Smallpox Vaccination

Age	0-3 mths	3-6 mths	6-9 mths	9-12 mths	1 year	2-4 years	5-15 years	Total
Primary vaccinations	4	15	30	16	1,787	412	90	2,354
Re-vaccinations	-	-	-	-	7	47	313	367

The immunisation acceptance rates achieved in the borough in recent years have been in the region of 70-75% for children aged 0 to 2 years. Although these percentages are reasonably comparable to those obtained in other areas obviously quite a large number of children remain unprotected. Mobility of population is one important factor which acts as a deterrent to obtaining better figures with the present system.

In the last few years computer schemes have been introduced for immunisation records in a number of areas. In West Sussex, which is one example very often quoted, acceptance rates as high as 95% have been obtained since a computer scheme was started. In Haringey a scheme worked out by the Computer Division of the London Boroughs Management Services Unit commenced at the beginning of 1969 using the computer owned jointly by Hackney and Tower Hamlets.

Preparations were in hand to introduce a similar scheme in Hackney for children born from 1st January, 1970.

In view of the high rate of population mobility in the borough it was decided, in common with a number of Inner London Boroughs, to retain the existing immunisation schedule with its starting age of three months for primary immunisation. This schedule will be followed in the computer scheme.

Adsorbed Triple Vaccine became available in June. This product is considered to be a more effective antigen than the standard material which had previously been used. It also has advantages in that there is a lower incidence of generalised reaction. However, since the introduction of the new type vaccine, there has been an increase in the number of local reactions reported. These are either local inflammatory reactions within 48 hours and/or persistence of a small nodule at the site. This could well be a deterrent to mothers re-attending and it became imperative to investigate the problem. Medical Officers were asked to report these reactions and there was a certain amount of correspondence in medical journals. It was confirmed that such a reaction can be avoided if the injection is given deeply into the muscle.

The campaign for vaccination against measles, launched by the Ministry of Health in 1968, suffered a setback during the year owing to shortage of vaccine. In March Burroughs Wellcome withdrew their vaccine following severe reactions in three children and throughout most of the rest of the year only limited supplies of Glaxo vaccine were available. In December notification was received from the Department of Health and Social Security that supplies imported from America would be issued early in the New Year.

Health visitors were thanked by the Medical Research Council for their help in the work on the long-term follow up of the first series of children vaccinated against measles.

In order to maintain essential services in the event of an outbreak of Hong Kong influenza, vaccine was offered to all field staff in the Health Department in January 1969. Day nursery staff, domestic staff, district nurses and midwives, full-time medical officers, staff at maternal and child health centres, public health inspectors and technical assistants, social workers and training centre staff were offered the vaccine at the beginning of the year. In November vaccine was offered to day nursery staff and domestics, district nurses, midwives and home helps working for 30 hours or more. The expected outbreak of Hong Kong influenza in January did not materialise but an epidemic occurred without previous warning in November. This continued into the new year and in many instances gave rise to severe attacks and prolonged disability.

MIDWIFERY

The number of home confinements has continued to decline and during 1969 fell by a further 101 to 264. Details of the domiciliary confinements during the year are set out below:-

	Confinements	Doctor booked	Given Analgesia	Discharged to midwife before 10th day
Council midwives	82	81	56	85
Hospital district midwives ..	182	181	131	148
Total	264	262	187	233

In view of the declining number of domiciliary confinements, a decision to review the administration of this service was made in 1968. Discussions with all interested parties at the beginning of the year led to a recommendation that there should be an extension of the agency agreement with the Hackney Group Hospital Management Committee whereby the domiciliary midwifery service for the whole borough would be provided by the Mothers Hospital. Present directly employed midwives would retain their terms and conditions of service. Eight midwives are needed to cover the borough. There were only three directly employed midwives at the end of the year.

A revised agreement is to be drawn up and the date now proposed for the new arrangement is 1st April, 1970.

During the year 150 state certified midwives notified this Council, as local supervisory authority, of their intention to practise 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 47 pupils who completed district training in this area during the year, 9 were placed for their three months' course with midwives in the Council's domiciliary service who are teachers approved by the Central Midwives Board.

DAY CARE OF CHILDREN

The Council's seven day nurseries have places for 379 children, mainly children of unsupported mothers and those admitted on special health reasons.

The rules for admission to day nurseries laid down by the former London County Council were modified in some minor aspects by the Health Committee in November.

Work on a new day nursery to replace the one occupying a former Tennis Club Pavilion in Holmleigh Road commenced in November 1968 and was still in process at the end of the year.

Playgroups

In the early 1950s, the former London County Council opened creches for the occasional minding of children under the age of 5 years while the mother attended a hospital appointment, a clinic, or for the occasion when the mother had some domestic duty to attend to. The then Minister of Health required that the service should be self supporting and consequently it was necessary to impose a charge in certain cases. With the growing interest in Playgroups, many of which have been set up by Voluntary Bodies, it became necessary to review the policy on a national basis. The Department of Health and Social Security approved the Council's scheme to open additional Playgroups which had been officially termed Nursery Groups. Accordingly the Council decided to re-name its "occasional creches" as nursery groups and to make no charge for attendance.

In addition to the three nursery groups already run as crèches at three Child Health Centres, two further groups were opened during the year. Both are situated in Community Halls, one on the George Downing Estate, N.16, and the other at Hawksley Court, N.16. A further nursery group is due to open at Florence Court, E.5, early in 1970. At the end of the year there were also nine privately run nursery groups providing 177 places.

Arrangements are made for staff working at the Health Department's nursery groups to have a brief period of training in one of the Council's Day Nurseries.

A therapeutic nursery group is held weekly at the Queen Elizabeth Hospital under the auspices of two Consultant Psychiatrists. Children with emotional problems, often selected from Child Guidance Clinics attend for varying periods. They are under the close observation of the Psychiatrist and Psychiatric Social Worker. During the year opportunities were extended to Departmental Medical Officers to attend for observation. This proved interesting and was greatly appreciated.

The table below shows the nursery groups functioning at the end of the year, the number of sessions held during the year and the total attendances:-

<i>Nursery group</i>	<i>Number of sessions</i>	<i>Total attendances</i>
Elsdale Street	200	1,603
George Downing (opened 22/4/69)	103	1,235
Hawksley Court (opened 8/9/69)	88	1,048
John Scott Health Centre ..	506	8,770
Richmond Road	154	2,206
	<u>1,051</u>	<u>14,862</u>

A meeting of all those concerned in Hackney with the provision of nursery groups was held in June when it was agreed to set up a working party to help to co-ordinate the various departments and organisations involved and to try to plan the location of further nursery groups. There can be no doubt of the pressing need in the borough for more provision but it has become clear that the factor most likely to limit the starting of more groups is the shortage of suitable people to lead them and to maintain continuity.

Child Minders

Section 60 of the Health Services and Public Health Act, 1968, has tightened up requirements for the registration of child minders. Since 1st November, 1968, persons who for reward receive into their homes one or more children under the age of 5 years for two or more hours a day must register with the Council. Former voluntary minders have had to be statutorily registered. Three months grace was allowed for the persons concerned to apply and this expired on 31st January, 1969.

The Act gives the Council extra power to reduce or withdraw registration and to make requirements in connection with registration. Two health visitors were initially delegated for the extra work especially in the registration of previous voluntary minders but it was found necessary to appoint an additional senior nursing officer specifically for this work and she commenced duty on 1st April. This Officer carries out routine visits and is joined by a Principal Medical Officer for visits to potential child minders who wish to mind five or more children.

Arrangements have been made for each applicant for registration to be visited by a Public Health Inspector who reports on heating appliances and fire prevention arrangements. The advice given is based on that contained in the London Fire Brigade code of practice. This inspection covers the safe use of paraffin heaters, gas, electric, night storage heaters, open fires and slow combustion stoves as well as proper guarding of appliances. Several letters and re-visits may be needed to see that items needing attention are dealt with so that registration can proceed.

The Borough Engineer and Surveyor, who is responsible for implementing Section 16 of the Housing Act, 1961 (provision of means of escape from fire in multi-occupied houses) is notified of all new registrations of child minders living in such premises so that means of escape can be fully investigated.

It was decided that the department should hold a small stock of fireguards for supply to child minders who have been advised to obtain a fireguard but would have difficulty in meeting the initial cost. The price of the fireguard is repayable to the Council within a certain time.

A leaflet setting out the penalties for illegal child minding has been widely distributed. There is space on the reverse side for women to complete if they wish to apply to be registered.

As a result of the legislation the number of registered minders rose from 22 at the beginning of the year to 128 at the end. This included previous voluntary minders and women who wished to register for only one child but there is no doubt the amended Act has had an effect in ensuring that a larger number of minders are registered and therefore subject to supervision.

CERVICAL CYTOLOGY

This is now an established practice in the borough and it is interesting to note that a screening programme at Hackney Hospital dates back to 1964. Interest in this field was created by the Stoke Newington Women's Cancer Control Campaign. It was decided after negotiations with Hackney Hospital that the borough should set up cervical screening clinics and at present there are three held weekly. It was found that although initially attendances were good, they began to fall off during 1969. It was decided that from April 1969, cervical cytology clinics at two centres, John Scott and Lower Clapton Road should be held fortnightly instead of weekly. This is certainly a field where health education is vital and where the advocacy of the well woman clinic needs to be constantly brought before members of the general public. Women in this borough often have heavy domestic commitments and find it difficult to attend clinics at a set time.

When the Women's National Cancer Control Campaign acquired a mobile unit, and offered to make it available to any London Borough, it was felt than an experiment whereby a clinic was taken to the people might stir some interest in cervical cytology. Approval was given by the Health Committee in June for the unit to visit the borough for a period of nine weeks in July and August. Seven sites were chosen in strategic parts of the borough. Hackney hence became the first London Borough to organise such a campaign.

Extensive and concentrated preliminary publicity was considered to be essential. Leaflets and posters were used with the addition, in orange lettering, of an invitation to visit the unit. Printed handbills with dates and locations were issued and a house-to-house distribution undertaken. Distribution was helped by the co-operation of Estate Managers, Welfare Department staff and the teaching profession and members of the Stoke Newington Branch of the Women's National Cancer Control Campaign. A press conference led to good coverage in local papers and an interview in the caravan with the B.B.C's "Town and Around" programme. Advance posters were erected near each new site before the first session. It was found that the most effective type of advertising was the method of putting leaflets through the door.

The caravan was manned during afternoons and evenings by a doctor, nurse and interviewer. A technician was required to operate gas, electricity and water supplies and a driver for towing the vehicle. School holiday time released certain medical officers from school medical inspections and these were helped by part-time doctors, also experienced in the work. Health visitors volunteered for evening sessions and the Health Department clerical staff undertook the interviewing, aided by volunteers from the Stoke Newington Branch of the Women's National Cancer Control Campaign. As at the clinics a careful history was recorded by the doctor, the breasts, abdomen and pelvis were examined, in addition to the cervical test being taken, and each woman was told about self-examination of the breasts and given a leaflet. It was unfortunately impracticable to examine urine during this campaign. From observations made a fair cross-section of the population appear to have attended, though not a large proportion from the lowest socio-economic groups. A total of 1,064 women was recorded and they are divided into age groups in the table given below:-

Age Groups	Mobile Unit	Clinics (1968)
Under 20	7	1
20-25	79	63
26-30	123	170
31-35	125	216
36-40	144	211
41-45	133	202
46-50	144	144
51-55	124	88
56-60	100	32
61 +	85	18
	<u>1,064</u>	<u>1,145</u>

For comparison a special survey of the age groups attending the clinics in 1968 was undertaken. This table shows that the caravan was successful in attracting the older woman. This is particularly advantageous because younger women who attend ante-natal clinics and are tested routinely are more adequately covered. On several occasions the numbers presented exceeded the total who could adequately be dealt with during one session, i.e. 12. This is a problem which will have to be solved for future campaigns. It was found that, as in most consultations of women with a doctor in a confidential atmosphere, a considerable number of psychological, marital, birth control and other problems came to light. It was interesting to note that there was an increase in the number of appointments at Council clinics following the visit of the mobile unit and it can therefore be deduced that the latter helps to focus attention on the service.

A total of 161 disorders were found as listed below and all were referred to general practitioners:-

Disorder	Number	Disorder	Number
Breast	10	Cervix-erosion	58
Heart	1	Ovarian Cyst	7
Abdomen	1	Uterus -	
Urethra	2	Enlarged (? fibroids)	16
Vagina -		Retroverted	6
Discharge	16	Prolapse	1
Vaginitis	2	Menopausal symptoms ..	3
VD	1		
Polyp	26		161
Cyst	5		
Perineum	2		
Cystocele	3		
Rectocele	1		

The smears themselves revealed two cases of carcinoma in situ, twelve were atypical and had to be repeated, 89 showed monilial and trichomonas infections. Positive results necessitated an initial telephone call to the general practitioners and thereafter a letter was forwarded. The total cost to the borough was £1,637.8s. Towing to and fro was particularly expensive, but it would have been unwise to leave the unit unattended at night and it was taken back nightly to one of the Council's depots. Another campaign is tentatively planned for 1970.

A full account of the project may be found in the Medical Officer Vol. cxxiii No. 10 (6/3/70) pp. 124-128.

In addition to the 1,064 smears taken at the mobile clinic, 1,725 smears were taken at the Council's clinics during the year as follows:-

	F.P.A. Clinics	Cervical Cytology Clinics	A.N. Clinics	Total
Richmond Road	232	258	102	592
Lower Clapton Road	91	185	-	276
Upper Clapton Road	-	-	2	2
John Scott Health Centre ..	291	215	-	506
Shoreditch Health Centre ..	271	-	-	271
Barton House	77	-	1	78
Total	962	658	105	1,725

FAMILY PLANNING SERVICE

The demand for family planning services continues. While attendances at Council clinics rose from 4,925 in 1968 to 5,997 this year, those at Family Planning Association clinics fell from 7,213 to 6,658 in the same period; the combined total attendances being 517 more than in the previous year. In addition to the Council clinics, the Family Planning Association also holds sessions in Council clinics and at Hackney Hospital. This latter clinic is especially for the fitting of the inter-uterine device. An additional evening clinic provided by the Health Department commenced at Barton House on the 24th April 1969. All women who come to Borough Family Planning clinics are made aware that they can go to their general practitioner for this service. If they decide against taking this step they are seen and advised on medical grounds without a charge. If their needs are social, a charge for supplies is made, except in cases of financial hardship. A total of 17 sessions is now held weekly in the borough. 8 of these are directly run and staffed by the

Health Department and 9 by the Family Planning Association acting as the Council's agent. Hackney has an arrangement whereby services provided by the Association are reimbursed for Hackney residents. In implementing the provisions of the National Health Service (Family Planning Act 1967) under which the arrangement with the Family Planning Association was made, it is the Council's policy that any extension of family planning services should be directly provided by the Health Department. The latter has for many years maintained family planning clinics at certain centres. There has been a considerable increase in the use of the service since the National Health Service (Family Planning) Act was implemented. Advice is nowadays given extensively and together with domiciliary visiting includes the young and the unmarried.

The Young Peoples evening session run by the Family Planning Association on the Council's behalf at one of the maternal and child health centres was held weekly throughout the year. In 1969, 156 new patients were seen. The average attendance per session is 15 of whom four are usually new. Since January 1969 there has also been a change in the age group attending; there are now equal numbers of the under 20 year olds as of the 20-24 age group. The work done in a clinic of this kind is at the present time of vital importance. Whatever views are held about pre-marital intercourse its existence has to be faced and accepted. Contraceptive advice must be made available to these young people. The doctor in charge of the clinic reports that the patients seen fall into the following groups:-

1. Genuine pre-maritals with wedding date fixed.
2. "steady" affairs with marriage contemplated in the moderate or distant future.
3. "steady" affairs but marriage not necessarily contemplated.
4. Those having intercourse with more than one person at a time and marriage with any of them not contemplated.
5. Young patients 12-15 years of age, frankly promiscuous with gross social problems.

Groups 1, 2 and 3 seem by far the largest, but groups 4 and 5 seem to present more problems of a deeper nature. It is realised that these patients have seldom had the opportunity of a frank discussion of all aspects of sex with someone in a position of authority.

A family planning week held from 3rd to 7th November was sponsored by three organisations concerned with family planning, the Family Planning Association (Central London Branch), the Marie Stopes Memorial Clinic and the Brook Advisory Centres. Its object was to give publicity for present services and information to members of the public, social workers, teachers and doctors. Health Departments in the boroughs covered by the Central London Branch took part in the arrangements. In Hackney Open days with film shows and other publicity were held at five clinics where Family Planning Association or Health Department sessions are held. Special posters with the slogan "Family Clinics Help YOU with Birth Control" were displayed throughout the borough and Council establishments.

At the end of the year, there was much publicity about the risk of thrombosis associated with a regular consumption of oral contraceptives. A statement by the "Committee on Safety of Drugs", the Dunlop Committee, confirmed that this danger is increased when the oestrogen content is high. As a safety measure, the issue of pills with a high oestrogen content was discontinued at the Council's family planning clinics. The latter were circularised with a suitable list subject to revision as new low dose products came on the market.

Family Planning is such an important part of the work of the borough that as many medical staff as possible should be able to carry it out. The Family Planning Association is at present the one body dealing with training and its certificates are the recognised qualifications for both doctors and nurses.

To increase the facilities for practical training of the staff in the Hackney area, an approach was made to the Family Planning Association concerning the approval of one of the Council's Family Planning clinics as a teaching clinic. Training undertaken there would then be recognised for the FPA Certificates. The Health Committee agreed to sponsor applicants already working for the Health Department and to undertake responsibility for fees payable.

The arrangements for domiciliary visiting continued and during the year 49 new families were referred. The Family Planning Association, who run this service as the Council's agent, report that of these "two were pregnant at the first visit but were given suitable contraceptive advice post-natally, 28 were prescribed oral contraceptives or the IUD. These are the most effective methods for couples living in poor housing conditions or with low motivation, but not all are willing to use them, and adverse publicity will often mean a break-down of perseverance. Seven couples preferred the conventional methods, the rest were either never satisfactorily established on any method or contact was lost".

Family Planning Association workers continue to interview mothers in the maternity wards at Hackney Hospital to advise them about the importance of family planning and the services available. If a woman says that she would like to attend a clinic for birth control advice, details are sent to the health visitor who can then follow-up and encourage the woman to attend. Eventually, hospitals should be able to arrange for birth control advice to be available as part of their own service. There is no doubt that this is much needed not only for post-natal patients but for women who have had therapeutic abortions.

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 1969	4,579
Children born in 1968	4,642
Children born between 1964 and 1967	10,728
Persons aged 65 or over	619
Mentally disordered persons	74
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	133
Tuberculous households	7
Households visited on account of other infectious diseases	34
Other cases	1,229

There has been an improvement in the recruitment of health visitors and this has resulted in an increase in the number of home visits. Recruitment and retention of staff has been a problem in the past and this prompted the use of incentives. A limited amount of accommodation was made available and an allowance of £50 per annum in lieu of uniform was granted.

The present establishment of 29 health visitors, though a considerable improvement, still fails to fulfil the needs of the borough. A further 12 student health visitors qualify at the end of the current academic year. Thus, a final total of 40 will, for the first time, provide a realistic number to meet the borough's requirements. Consideration may now be given to the development of a liaison scheme between health visitors and general practitioners.

During the year the borough of Hackney was one of those selected to undertake a survey of the work of health visitors throughout the London area. This was carried out by the Research and Intelligence Unit of the Greater London Council. Selected health visitors recorded their daily work for a short period so as to ascertain (in terms of time spent) the amount of visiting and clinic work undertaken. This information is of value to medical officers of health and the study has also the backing of the Council for the Training of Health Visitors who hope to be able to use the London survey to stimulate a national survey. The content of future training courses can then be changed to meet current trends.

FAMILY CASE WORK

During 1969 the Social Work Section was expanded by the appointment of a third family caseworker and a fourth school health social worker. The family caseworkers provide a casework service for disorganised families with multiple problems. They are concerned to work with the entire family and have particularly valued the opportunity of attending training courses on methods of working with Family Groups.

The school health social workers are attached to the New River Partially Sighted School, Geffrye Physically Handicapped School, Stormont House Day Open-Air School and the Partially Hearing Unit at London Fields School. The role of the social worker in the school is essentially to maintain contact between home and school, to co-operate with teaching and medical staff and to provide casework help for the handicapped child and its family. Discussion groups were organised for school-leavers at New River School, and in co-operation with the social worker from the Welfare Department, for parents of handicapped children.

The two social workers at the chest clinic and the venereal disease social worker involved in contact tracing maintain close contact with the other social workers at the central office.

Students from university and professional courses have been accepted for practical working training but staff changes have limited the numbers the department was able to accept.

Co-ordination of Social Services

The Social Services Co-ordinating Committee met regularly during 1969. The membership consists of the chief officers of the Health, Children's, Welfare and Housing Departments, the Deputy Town Clerk and representatives of the Inner London 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 in 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.

During 1969 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 Town Clerk's Department, the School Care Service of the Inner London Education Authority, and an exhibition to cover the many roles of the Health Department.

These meetings were very successful and will continue during 1970 when other Departments will have the opportunity of explaining their work.

The result of the Co-ordinating Committee's report to the Council and its recommendation to improve services to tenants in the Kingsmead area reached fruition during 1969. In November, two flats at 5 and 6 Templemead House were converted into a social service centre and two administrative officers were appointed. A provisional rota of services was drawn up and meetings were held amongst Council officers and with representatives of voluntary organisations and the tenants association to draw up a programme. This has provided a unique opportunity for co-operation between statutory and voluntary organisations and it was hoped that the centre would meet the needs not only of the Kingsmead Estate but also the surrounding area. It was felt that plans for the Kingsmead area would need to start quietly and gradually build up and services increase as local needs became apparent. The centre started with great goodwill from all parties involved and even at this early stage multi-disciplinary co-operation and co-ordination is showing positive results.

MENTAL HEALTH SERVICES

Although the mental health service in Hackney might be considered to be good, there is no cause for complacency but a need to be vigilant about future development. An analysis of the mental health activities throughout the country has revealed that a more modern approach to the subject had taken place in several forward-looking authorities over the past few years and ideas will now have to be introduced in Hackney in order to keep abreast with the current philosophy of mental health community care and activities for the mentally handicapped. Some of these problems have been dealt with already as indicated in the different sections below and it is envisaged that the improvements will continue.

Staff

Following the Mental Health Act, 1959, the London County Council established a mental health service on a divisional basis and at the re-organisation of London in 1965 the London boroughs took over the mental health social workers who covered the areas of the new administrative units. Since then the number of patients discharged from the hospitals for community care has increased considerably causing the caseloads of the individual social workers to increase to numbers that could not be adequately dealt with from the point of view of community care. In fact the services given by the mental health section were becoming really more of an efficient emergency service rather than a full service. To enable a proper community care to be introduced, the Council agreed to increase the establishment of mental health social workers from 12 to 20.

At the beginning of the year no mental health social worker had any of the academic qualifications recommended for social workers. However, during the year one older experienced mental health social worker was accepted in a newly established one year course for this type of social worker. During the year the Committee agreed that the department should send two mental health social workers each year on the appropriate courses to receive training.

Case loads

At the beginning of the year the caseload of the mental health section was 1,031, 453 psychiatric patients and 578 mentally handicapped. The referrals of patients to Community Care continued to increase during the year; 687 were referred compared with 361 for the previous year. Many of the cases referred were either considered not to need active care or would not accept it. The total known caseload is now 1,272 but it may be that some no longer require

community care. It is hoped with the increase in staff, that a complete analysis can be carried out on the caseloads so that each case will be given the assistance needed. Statutory work also increased considerably. Home visits by consultant psychiatrists were 171 as compared with 154 in 1968. Admissions to hospital totalled 218. The majority of the cases are admitted to Long Grove Hospital; only a small fraction are sent to Hackney Hospital.

Centres

The three Day Centres have been fully occupied during the year. There is, however, a change in the trend of referral. The patients who it is thought might recover fairly quickly are not referred in such numbers as before possibly because they are being trained in the industrial units at the hospitals. This results in an accumulation of chronic patients in the Centres who cannot be trained to work in the open market and they tend to block the number of admissions to Centres. This is not a problem specific to Hackney; most local authorities experience a similar problem.

The number of people admitted to the Day Centres was 40. Clifton Lodge Rehabilitation Centre is geared to industrial rehabilitation. This year 7 clients were found places in open industry and 12 were re-admitted to hospital.

The Junior Training Centre has been functioning well in spite of the continuous demand. There was a waiting list of 27 children needing admission at the end of the year. One of the classrooms contains a special care unit for children below the age of 5. This room is much needed now for the ordinary work at the centre and it is planned to construct a new special care unit of 25 places in the grounds of the existing training centre.

During the year an informative film was produced by a member of the staff showing all the activities of the centre, both at work and relaxation.

The activities of the Adult Training Centre remain unchanged. A total of 111 people aged 16 to 65 attend, 62 men and 49 women. The work carried out is similar to occupational therapy activities, the men working on the ground floor and the women on the first floor. They all have their meals together. Social and academic instruction is given to 100 persons by one specially trained instructor. This provides about 1½ hours weekly per person and this is hardly enough if these people are to be trained to be integrated in the community. No mentally handicapped person attained a place in the open market during the year.

In my Annual Report for 1968 I stated that the provision of more special care units was one of the most urgent priorities. This has now come to the fore acutely as there is now a waiting list of 12 children for the special care unit at Ickburgh Road and 15 children to the unit at Millfields. All those on the waiting list are living in the community. Four of the children at Millfields are from Eastern Hospital. The older children admitted to Millfields Special Care Unit have reached the age of 16 years. They take up much space and are difficult to handle by the staff. This problem will become accentuated with the course of time and some alternative facility will have to be provided.

The Special Care Unit at Millfields which was opened in 1966 to serve an immediate need has been developed into a unit with a very good atmosphere by the devoted staff in spite of shortage of space and sanitary facilities. The unit has been an undoubted success for the children have been trained to walk and keep clean but the difficulties in running a unit of this kind in adapted premises have become more obvious as the children have grown up. The layout of the unit is causing great difficulty and inconvenience for the children and staff. There is only one toilet so that children of all ages have to be potted in the same room where they have their ordinary activities. Plans are in hand, however, to expand the unit to the ground floor of the next cottage and to install more toilets in the original unit.

The proposal to build a special care unit in the grounds of Hackney Training Centre will also shorten the waiting list of children to be admitted.

On every evening during the week at least one social club is being conducted for either ex-mentally ill patients or for mentally handicapped patients of different severity. Some of the clubs are the responsibility of voluntary organisations, others are run by the mental health social workers. In any case at least one of the Department's social workers take part in the activities whoever runs the clubs. At present all the clubs are run in Council premises.

Relationship with Hospitals

Although the psychiatric unit of Hackney Hospital has alleviated some of the admission difficulties, facilities for disturbed patients, geriatric and psychiatric, are still lacking and the small number of beds for the remainder are always full. The unsatisfactory circumstances of having to admit most of the patients to Long Grove Hospital, situated 25 miles on the other side of London, has continued. However, the matter has been discussed with the Superintendent of Long Grove Hospital and the Chief Medical Officer of the North East Metropolitan Regional Hospital Board in order to try to speed up the establishment of a proper and sufficient psychiatric unit at Hackney Hospital, and it would seem that steps will be taken soon in the new year to improve facilities at Hackney Hospital.

One important result of the discussions has been the suggestion of a duty roster of psychiatric consultants facilitating the admission work for both the general practitioners and the mental health social workers to the advantage of the patients. Although this had been agreed to in principle it had not yet been implemented in practice at the end of the year.

During the year the Superintendent of South Ockenden Hospital for mentally handicapped children notified the Council that no more patients could be admitted for the time being. A similar message was received from St. Lawrence's Hospital concerning mentally handicapped adults. However, one patient was admitted to this Hospital with some difficulty.

The usual visits of mental health social workers to both psychiatric hospitals continued. Ward rounds and general discussions take place with the psychiatrists.

Voluntary Organisations

The relationship with the voluntary organisations dealing with mental health activities has been very good and much mutual assistance has been given. The major voluntary body in the borough is the Psychiatric Rehabilitation Association. It conducts a day centre in which 28 Hackney citizens have been working during the year. An effort is made to stimulate the clients and when they have obtained a high enough work level they proceed to an industrial education unit also run by the Psychiatric Rehabilitation Association and situated in Tower Hamlets. Three Hackney clients moved there during the year. The Psychiatric Rehabilitation Association hostel, Nicholas House, just across the border in Tower Hamlets, housed twelve Hackney people during the year. A community home in Tottenham gave accommodation for one Hackney client. The Psychiatric Rehabilitation Association is in the process of establishing a community home for twelve in Hackney.

The Psychiatric Rehabilitation Association runs a weekly social club at John Scott Health Centre to which patients from Long Grove are invited. They arrange a Sunday luncheon club for twelve in Dalston and run a Sunday bus to Long Grove Hospital. Five Hackney citizens took part in the group holiday. All these organisations are, of course, given support in some way and another by the mental health section staff.

The Easton House hostel for maladjusted school leavers has given accommodation and support to eleven young men, two of whom are from Hackney. In June a new warden was appointed and in July a deputy warden. Although a psychiatrist visits the hostel weekly and conducts individual therapy, one of the department's mental health social workers gives constant casework support.

The Elfrida Rathbone Association's Hackney Branch conducts a social club for educationally subnormal teenage boys and girls and the attendance is usually about fifty but has been as much as eighty. The club meets in the canteen of the Homerton Adult Training Centre weekly.

Towards the end of the year a Peter Pan home for twelve mentally handicapped adults was opened at 117 Clapton Common. It is registered with the Welfare Department in accordance with provisions of the National Assistance Act, 1948. Although the practical facilities are reasonably satisfactory there is no staff specifically trained to look after the residents of the home.

The Hackney Society for Mentally Handicapped Children conducts meetings at the Day Centre in Dawson Street. They provide many activities for the mentally handicapped but in spite of much effort by the Society, only a proportion of the parents of the mentally handicapped children living in Hackney take advantage of these activities.

Mental Health Liaison Committee

During the year a Mental Health Liaison Committee was established for the London Borough of Hackney to which everybody connected with mental health activities was invited. The inaugural meeting took place on 25th September and for the first time all representatives from statutory bodies and voluntary organisations met to discuss problems. The committee has met at six weekly intervals since and many problems and difficulties have been solved with the result that the mental health work in the borough is running more smoothly than before. This is not a policy-making body although matters of policy may be discussed and the problem referred back to the respective responsible body for possible action. This Committee is serving a very useful purpose in improving the day-to-day running of mental health activities.

Dental Care

Great emphasis has again been made to the preventive side of dental care but nevertheless the Council has started to increase its treatment facilities. Trainees at Hackney Junior Training Centre and Millfields Special Care Unit continued to have their teeth cleaned by a dental auxiliary. It was hoped to engage a dental hygienist to clean the teeth of the adult trainees, but because of the relatively poor pay for this class of worker, it was not possible to recruit anyone.

By the end of the year a dental surgery had been opened at Homerton Senior Training Centre. This has enabled the Council to treat some of the senior trainees as well as the younger ones. One difficulty is transporting children from the junior centres to the surgery, but this problem is being investigated at present. The advantage of having a surgery within a centre becomes immediately obvious. There were only 5 failures as opposed to over 500 attendances for treatment. The Council can be proud of the fact that 4.4 permanent and 3.2 deciduous teeth were filled for each one that was extracted, which is very good indeed for this kind of patient. It is hoped to do even better in the future. It is important to remember that once they lose their teeth most mentally handicapped patients will be dental cripples; few will be able to cope with dentures. Although 41 teeth were so bad that they had to be extracted, at no time was a general anaesthetic needed.

STATISTICS

1. Sessions							
(a) Treatment	..	..	..	..	..	..	57.6
(b) Inspection	..	..	..	..	..	..	6.9
2. Inspections							
(a) Number of first inspections	..	..	..	..	..	..	147
(b) Number requiring treatment	..	..	..	..	..	..	52
(c) Number offered treatment	..	..	..	..	..	..	51
(d) Number of re-inspections	..	..	..	..	..	..	1
(e) Number requiring treatment	..	..	..	..	..	..	1
3. Visits for Treatment							
(a) First visits	..	..	..	..	..	..	113
(b) Subsequent visits	..	..	..	..	..	..	393
(c) Total visits	..	..	..	..	..	..	506
(d) Emergency visits	..	..	..	..	..	..	1
(e) Appointments not kept	..	..	..	..	..	..	5
4. Patients made Dentally Fit							
	..	..	..	..	..	..	59
5. Analysis of General Treatment							
(a) Fillings - Permanent teeth	..	..	..	..	..	..	173
(b) Fillings - Deciduous teeth	..	..	..	..	..	..	19
(c) Teeth filled - Permanent teeth	..	..	..	..	..	..	155
(d) Teeth filled - Deciduous teeth	..	..	..	..	..	..	19
(e) Teeth extracted - Permanent teeth	..	..	..	..	..	..	35
(f) Teeth extracted - Deciduous teeth	..	..	..	..	..	..	6
(g) Prophylaxis	..	..	..	..	..	..	380
(h) Teeth otherwise conserved	..	..	..	..	..	..	4
(i) Teeth root filled	..	..	..	..	..	..	1
(j) Completed Orthodontics	..	..	..	..	..	..	3
(k) General anaesthetics	..	..	..	..	..	..	-

Future Plans

It is hoped during the next year, with the increase in staff, and in co-operation with the hospitals, the general practitioners and the other welfare services, to arrange to carry out the work on an area basis. It is also planned to re-think the activities for the mentally handicapped in order to make them more independent and thus more suitable for integration into the general community.

The Albion Road project providing an industrial day centre for sixty ex-mentally ill patients and independently an industrial centre for one hundred mentally handicapped is still in the process of planning. Comprehensive plans have now been prepared and it is hoped work will commence during next year.

The plans for a hostel for mentally handicapped children in King's Crescent have also been discussed in detail. It is a new venture and probably the only one so far in the country. The hostel will also take severely handicapped children and will not fulfil its proper purpose if not enough special care unit facilities are made available to occupy the children during the day.

STATISTICS

Mental Illness

Total number of referrals during the year	.. ..	1,015
Number of initial referrals during the year	.. ..	364

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

Hospital care:-

Admitted informally	.. ..	153
Admitted compulsorily	.. ..	187
Psychiatric out-patient or day hospital	.. ..	62
Admitted to general hospital	.. ..	4
Number taken into Council's community care	.. ..	238
Domiciliary visit by consultant only	.. ..	26
No further action	.. ..	347

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 hostel	.. ..	21
Receiving visits from Mental Health Social Worker	.. ..	157
Attendance at day centre	.. ..	60

In addition a further 157 domiciliary visits were paid by consultants in respect of other cases, e.g. hospital admissions, O/P attendances etc.

Mental Subnormality

Number of referrals	.. ..	161
Number of new cases reported during the year	.. ..	111

The final arrangements made for the referrals was as follows:-

Number taken into Council's community care	.. ..	99
Other community care	.. ..	13
Number admitted to hospital	.. ..	1
No further action	.. ..	48

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.	.. ..	11
Receiving visits from Mental Health Social Worker	.. ..	53
Attendance at training centre	.. ..	27
Admission to Special Care Unit	.. ..	8

HOME NURSING

Following discussions with local medical practitioners a limited scheme of attachment of district nurses to general medical practices was inaugurated at the end of 1968. Four district nurses are attached to seven doctors, some of whom are practising in partnership. Reports on the scheme were favourable and doctors report that they were relieved of some of their duties. It was consequently agreed that the limited scheme should continue but that it should be expanded as district nursing staff became available.

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 1969	.. ..	788
Total number of patients nursed during year	.. ..	2,553
(Of these 61 were aged under 5 years and 1,116 were aged 65 years or over at their first visit in 1969)		
Total number of visits during 1969	.. ..	96,331
Number of home nurses	.. ..	32

Bathing Service and Incontinent Laundry

The bath service for elderly people was transferred from Millfields Road to improved accommodation at Shoreditch Health Centre in November. Home bathing is also undertaken in cases where a visit to the centre is not possible.

The laundering of soiled linen continues to be carried out at Millfields Centre. In 1969 the number of articles laundered totalled 33,460.

CHIROPODY

Chiropody clinics are held in six health service establishments and statistics of attendances at these clinics are set out below. Most of the schoolchildren were treated for Verrucae. No expectant mothers were treated.

Number of sessions	..	..	..	..	4,288
Number of cases aged	0-4	..	..	4	
	5-14	..	..	625	
	15-64	..	..	670	
	65 and over	..	..	3,578	4,877
Number of attendances	..	..	..	..	28,208

The location of the clinics and sessions is set out on pages 3 and 4.

A domiciliary chiropody service is provided by the Hackney Association for the Welfare of Old People who have a large waiting list of persons for treatment. The Council, therefore, decided towards the end of the year to extend its own services to include a domiciliary service. This service commenced on the 29th November and 36 home visits had been made by the end of the year.

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	1969
Adults	203	230
Children under 5 not attending school	16	21
Schoolchildren	135	145

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.

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.

In September, a short training course for home helps was organised. It was held for two days in two consecutive weeks at Shoreditch Health Centre and 16 home helps attended.

Details of the service in this and the previous year are set out below:-

	1968	1969
Number of new applications received	1,428	1,317
Types of cases assisted: Maternity	82	30
Tuberculosis	31	26
Old people (over 65)	3,626	4,168
Chronic sick (under 65)	523	513
Miscellaneous	372	337
	<u>4,634</u>	<u>5,071</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 (equivalent whole-time) was 420.

HEALTH EDUCATION

The Health Education Panel continue to meet at regular intervals to plan a balanced health education programme for the borough.

During the year, the Social Services Co-ordinating Committee held several open meetings to which the social workers of the Social Service Departments and Voluntary Organisations were invited. In March, the Health Department, as part of its contribution held an exhibition of the work of the Department. It was sufficiently successful for the exhibition to be repeated in the Assembly Rooms at the Town Hall so that members of the Council could have an opportunity of seeing it.

In March a one-day conference on Health Education was held at the Shoreditch Municipal Offices. The conference was arranged by the Divisional Education Officer primarily for teachers. Social workers concerned with health education were also invited to attend. This enabled the groups to be comprised of members from various fields. The group discussions that took place were felt to have played an important part in the success of the conference.

The Department contributed towards the Hackney Field Day in Clissold Park in June. This is an annual event in which the Council and local organisations give a public display. The Department showed and sold articles made by the mentally ill and a mobile dental caravan was on view. The schoolchildren particularly liked the caravan as it enabled them to visit a dental surgery without seeing the dentist!

The Department arranged a showing of the mental health film "Time Out of Mind" in August. Nearly 100 social workers attended the showing in the Municipal Offices. The film was introduced by Professor Linford Rees, Consultant Psychiatrist at St. Bartholomew's Hospital, and he was kind enough to answer questions afterwards.

SMOKERS ADVISORY CLINIC

The Smokers Advisory Clinic held weekly at Shoreditch Health Centre continued throughout the year but the numbers attending were somewhat disappointing. In all 67 attended 97 times and 6 stated that they had stopped smoking following the advice given at the clinic.

RE-HOUSING ON MEDICAL GROUNDS

Regular monthly meetings with representatives from the Housing Department continued to take place. During the year under review 158 cases were discussed and 141 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 are four nursing homes registered in the borough. Two of them are mother and baby homes run by the Salvation Army and the Sisters of St. Mary the Virgin, Wantage, respectively; one which is in essence a hospital for terminal cases; and only one nursing home in the accepted sense. This latter home, St. Margaret's Nursing Home, 262 Victoria Park Road, E.9, accommodates 9 chronic medical patients and two maternity patients who are under the care of the general practitioner obstetrician during their stay. The number of confinements which took place in this home during the year was 28.

There are no maternity beds at the two mother and baby homes.

All the homes are periodically inspected by staff of the Health Department.

HEALTH CENTRES

Although no progress in the form of actual bricklaying was made in respect of health centres, some useful progress was made towards the agreement of plans and costs with the Department of Health and Social Security in respect of five of the six proposed new health centres for the borough.

At the end of the year the situation was as follows:-

- Somerford Grove, N.16 - plans and cost limits agreed and work on site due to commence in February, 1970.
- Barton House, N.16 - plans have been agreed with the Department of Health and Social Security. Architect is preparing working drawings.
- Hedgers Grove, E.9 - as the site originally earmarked in Trowbridge Road will not be available for some years, the Health Committee approved a site in Hedgers Grove, E.9, for the replacement of the Wick Child Health Centre and two doctors' surgeries.
- Clapton Park, E.5 - plans awaiting approval by the Department of Health and Social Security.
- Kingsmead Estate, E.9 - proposals for a health centre in this area are at a preliminary stage.

STAFF MEDICAL SERVICE

All new entrant officers and manual workers to the Council's service 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 Administration Committee for consideration of an extension of sick pay allowances.

A total of 1,036 medical questionnaires were received and 231 medical examinations carried out during the year.

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 five 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.

21 students received training during the year and 10 second year students taking the examination in 1969 were successful in obtaining the certificate.

District Nurses

One state registered nurse and one state enrolled nurse successfully completed the course of district nurse training for the appropriate certificates of the Queen's Institute of District Nursing. S.R.N. students participated in Department of Health and Social Security approved courses arranged by the London Borough of Newham.

Health Visitors

13 qualified nurses who have had midwifery or obstetric training and who were accepted by Colleges of Further Education to undertake a course in health visitor training have been sponsored by the Council for the duration of the course being held in the Academic Year 1969/70. The course, leading to the Health Visitor Certificate involves one year's full-time study, including both theoretical and practical training and is based on the syllabus of the Council for the Training of Health Visitors. During the Academic Year 1968/69 six students were sponsored, all of whom were successful at the final examination.

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-time day release courses arranged by the London Boroughs' Training Committee, the National Association for Mental Health and Spastics Society. In addition a supervisor/teacher of a junior training centre is undergoing a two-year course of training, leading to the award of the Diploma of the Training Council for Teachers of the Mentally Handicapped; one mental health social worker is undergoing a two-year course of training and one senior mental health social worker is undergoing a one-year course, both of which lead to the Certificate of the Council for Training in Social Work.

Pupil Public Health Inspectors

Ten pupil public health inspectors are currently undergoing courses of training, leading to the examination of The Diploma of the Public Health Inspectors Education Board. They are receiving their theoretical training at the Tottenham 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. Four students were successful in the 1969 examinations and one of them succeeded in obtaining the bronze medal awarded by the Association of Public Health Inspectors.

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 1969 are set out on page 23.

Administrative and Clerical Staff

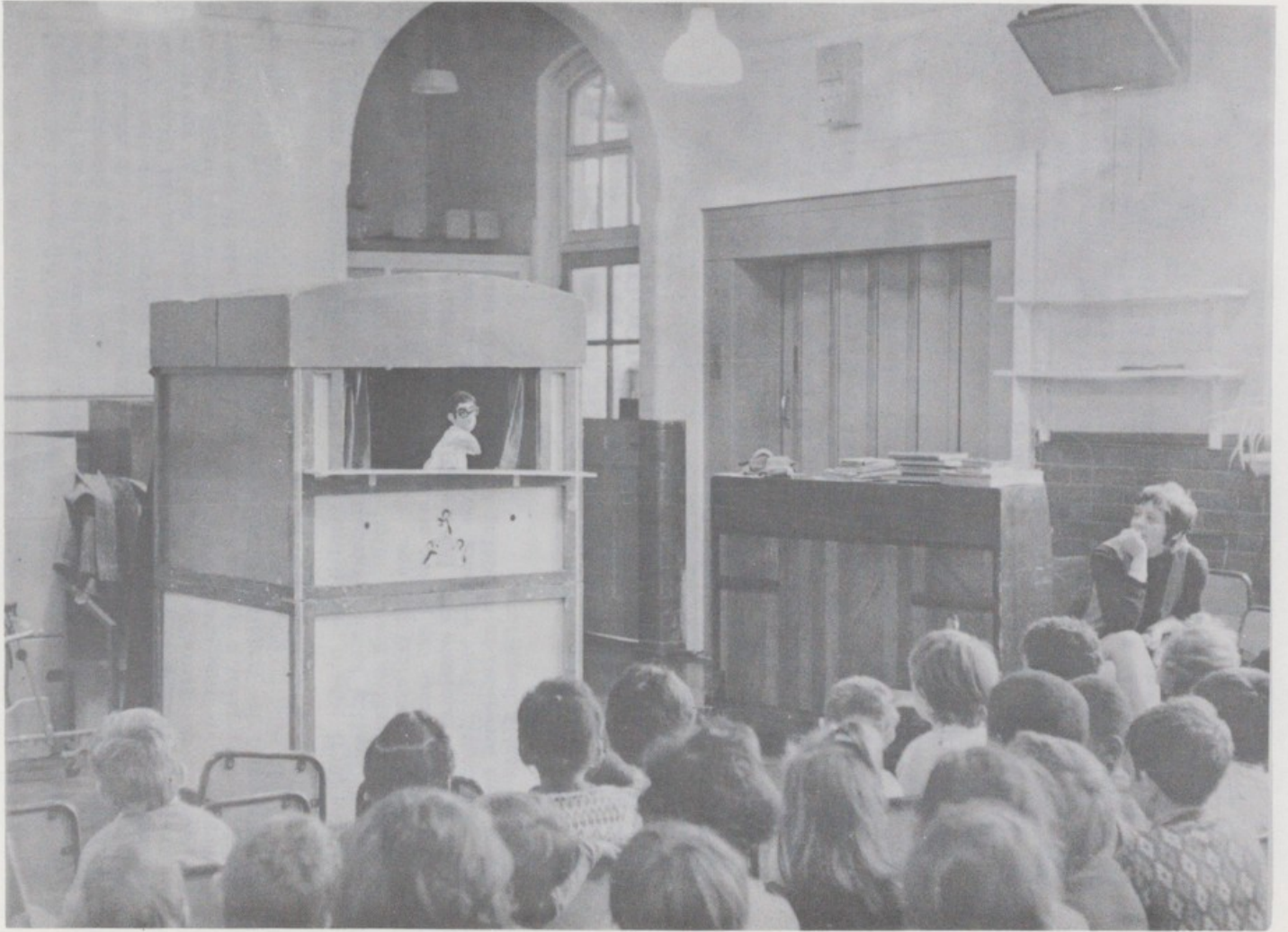
During the year 16 administrative and clerical officers in the Department undertook various courses of study leading to the Local Government Clerical Examination, the Diploma of Municipal Administration, etc. Such staff are granted day release by the Council for the purpose of attending classes and the Council meet all fees and expenses in connection with these studies. At times it is not easy to release staff from their ordinary duties in the Department as the fixed establishment does not allow for this, but in the majority of cases the Department is able to make arrangements and, in fact, encourages staff to take these examinations which it is hoped will be of long term benefit to the Council.

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

In addition to selective, routine and non-routine medical examinations, 4,115 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.



Dental Health Education Puppet Show

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 (13,867) and the school population (36,051) show no significant change during the year.

206 7 year-old children were given 'selective' medical examinations in 11 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. The scheme has proved successful and arrangements have been made to extend it.

NON-ROUTINE MEDICAL INSPECTIONS

Employment certificates	175
Theatrical children	123
School journeys	1,339
Recuperative holidays	228
Secondary school annual surveys	65
Outward bound courses	14
Boarding schools for the delicate	46
Handicapped pupils - statutory examination	248
Handicapped pupils - periodic special defect examination	405
At request of: Head teacher (child's name entered in special book)	147
Head teacher - others	271
School nurse	74
Divisional (Educational) Officer	71
District Care Organiser or Care Committee	33
Parent	102
School doctor	95
Miscellaneous	65
	<u>3,501</u>

The total is slightly lower than in 1968. The category 'theatrical children' means children who have been selected by theatre management to appear on stage, usually as part of a chorus.

RE-INSPECTIONS

In addition to selective, routine and non-routine medical examinations, 4,115 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.

TREATMENT FACILITIES

School children are treated at most 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	286	2,331	3,741
Orthoptic	186	256	627
Audiology	36	123	219
Special investigation ..	163	246	1,242
Minor ailment	134	367	1,938

Vision testing is provided at eye clinics at four centres in the borough. 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 881 pairs of spectacles were ordered.

All children have their vision tested on entering school at 5 years - or earlier if they attend a nursery class. Because many of the children have not learnt the alphabet before school, the Sheridan Gardner method of testing eyesight is normally used and has proved to be a very successful method for testing the eyesight of very young children. When any defect is found the children are seen by eye specialists at one of the four centres in the borough, or at the eye department of local hospitals.

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 6,237 children who were given a sweep test, 225 required a further test and 132 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, are seen every year by a consultant ear, nose and throat surgeon who is accompanied by a social worker.

The three special investigation clinics continue to provide a service for children suffering from obesity, enuresis and early emotional problems.

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, and also provide a social report on the family. School health social workers maintain very close liaison with the School Care Organiser and her voluntary workers.

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

Athlete's foot	22
Plantar warts (verrucae) ..	196
Eye disease	2
Bruises, lacerations, etc. ..	147
	<u>367</u>

In addition 625 school children attended one of the Council's chiropody clinics - mainly for the treatment of plantar warts.

School children made a total of 484 attendances to the two bathing centres, 347 children attended for vermin and nits, 62 for scabies and 10 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 athlete's foot.

The figures for the year are set out below:-

Number examined at comprehensive surveys	26,238
Percentage found verminous	1.3
Number examined at selective surveys	2,542
Percentage found verminous	4.7
Number of individual pupils found verminous	317
Number referred to a bathing centre	102

INFECTIOUS DISEASES IN SCHOOLS

Four cases of tuberculosis were reported from schools; two teachers, one pupil and school keeper were involved. In two schools no action was necessary. In the other two all pupils in contact with the case were Mantoux Tested and X-Rayed as necessary. No further cases were found.

In two schools where scalp ringworm had been reported an examination of all children by a consultant dermatologist from St. John's Hospital for Diseases of the Skin was carried out. Several new cases were found and referred to the family doctor for treatment.

The programme B. C. G. vaccination of susceptible 13 year old schoolchildren continued during the year.

HEALTH EDUCATION

In March a one-day conference on Health Education was held at the Shore-ditch Municipal Offices. Details of this conference will be found on page 38. The conference was much appreciated by the teachers and several were fired with enthusiasm for the subject. As a result two youth counsellors have been appointed at Clapton Park and Edith Cavell schools and one or two other schools have designated teachers to plan health education as part of the school curriculum.

SPECIAL SCHOOLS IN THE BOROUGH

Downsview E. S. N. School, an attractively designed school incorporating modern ideas in school design and excellent for teaching the children special skills, opened at Easter. It is a great advantage to have an educationally sub-normal school in the borough, as it enables educational and medical staff to have closer contact with Hackney children requiring this special education. Another special school in the borough is Stormont House Open Air School which provides an excellent education for 'delicate' children.

Geffrye Primary School for physically handicapped children and New River School for partially sighted children, both now well-established, continued to function satisfactorily.

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. 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.

STUDENT HEALTH

The student health service which commenced in 1967 at The London School of Furniture continued to flourish. During term-time a medical officer attends the college each Wednesday lunchtime to see students who wish to discuss any health or emotional problems.

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

SCHOOL DENTAL SERVICE

One of the most outstanding features of this year was the most difficult conditions under which all dental staff have been working. Lack of surgery assistants has placed a very severe strain, not only on dental officers, but on those surgery assistants who are trying to do the work of two, three, or even four people at one time. This is a direct result of the extremely low pay which they receive.

During the year, many visitors from places as far apart as Burma, Indonesia, Ireland, Kuwait, Malaysia and Thailand, including the Director of Dental Health from Djakarta and the Deputy Chief of the State Dental Department, Kuwait came to see the dental service. They were all recommended to come because of the good name attained by the Hackney Dental Service.

Staff and premises are shared between the school and other priority services so that everything concerning these aspects relates to both services. However, the statistics only relate to school children. Comments on dentistry for pre-school children, expectant and nursing mothers and the mentally handicapped are to be found elsewhere in the report.

STAFF

At the end of the year there was a staff including the Principal School Dental Officer, the Orthodontist and the Senior Dental Officer, of nine full-time and sixteen sessional Dental Officers, making a full-time equivalent of 14.7 within an establishment of sixteen. It is always pleasing to show such a high rate of recruiting staff. The average age of full-time dental officers was 47.9 years (46.8 in 1968) and of sessional dental officers, 34.5 years (39.5). The overall average was 39.3 years (43). The tendency for the younger dentists to join the service is an indication of the increased scope and standard. Unfortunately, the Department lost one of its best full-timers who had to move with her husband to another part of the country. Had she remained, the average age would have been even lower. In addition to the above dentists, we have a dental auxiliary. She has proved to be a very valuable asset, not only in caring for the very young children, but also in conducting dental health activities. Further recruits to this grade of worker would be welcomed, not in place of dentists, but as additions to their team.

There were eleven dental surgery assistants within an establishment of sixteen. In addition to the five vacancies, more than half of those in post had been with the Department for a very short time, and could thus not be regarded as well trained. The deterioration is self generating. After a while even the better surgery assistants cannot stand the strain and leave, closely followed by the dentists who cannot spend all their surgery time washing and sterilising instruments, and preparing filling materials. Such a situation can only have a disastrous effect on any dental service. Thus if nothing is done to alleviate the difficulties that result from the poor pay scale the situation will definitely get far worse. This is very serious. The Medical Protection Societies specifically warn dentists against working on their own, especially when treating female patients. Also, when dentists work on their own productivity is bound to suffer.

In addition to the D.S.A's there are two D.S.A./clerks who help the Principal School Dental Officer with clinical and clerical work, resulting in more efficient utilisation of his own time.

POST GRADUATE STUDIES

Dental officers have been sent on courses covering many aspects of dental surgery, especially in relation to paedodontics and public health dentistry. The P.S.D.O. attended the annual conference of the British Dental Association. In addition he completed the course in Dental Public Health organised by the University of London Dental Schools, and was amongst the first recipients of the new Diploma in this subject awarded by the Royal College of Surgeons of England. Informal staff meetings have been held on several occasions in order to discuss the working and progress of the service. A joint clinical meeting was organised for our own dental staff plus the local general dental practitioners. In addition to raising clinical standards this was found to be a most useful exercise in public relations, affording an opportunity for the two groups of dentists to meet and talk. New dental surgery assistants have attended dental radiography courses organised by Kodak Ltd.

The Inner London Education Authority and the London Borough of Hackney are to be thanked for helping to maintain staff at such a high standard of knowledge, which can only be gained by attending courses and conferences.

In a further attempt to keep dental officers up to date in dental matters, circulars, pamphlets and journals are distributed at intervals. There is also a regular dental news letter to inform all dental staff as to what is happening in the Hackney dental service.

ACCOMMODATION AND EQUIPMENT

Sixteen surgeries at eight centres provide treatment for school children. This includes one at Hutton Poplars Children Home and a part-time surgery now operating at the Geffrye School for physically handicapped children. The latter is much appreciated by the children and their parents, as well as by the school staff. One surgery is used by the orthodontist and another by the dental auxiliary, leaving 12 for general purpose dentistry within the Borough.

Unfortunately the distribution of surgeries is such that whereas some are just coping with the workload, others are very heavily overloaded. There is thus a distinct need for further surgeries in some parts of the Borough. Where there is a proven need, surgeries are open for evening sessions. This is very popular, for example, amongst children who are due to take public examinations and who prefer not to have time off from school during the day; also amongst working mothers who like to come with their offspring, but who cannot afford to take time off from work during the day.

DENTAL INSPECTIONS

82.3% of the school children in the Borough were given a dental examination either at the school or at a clinic. This figure is quite high and would have been even better but for the fact that we could not complete our programme of school inspections because of lack of chairside assistants. Of those examined, the figure of approximately 70% of children needing treatment, has remained fairly constant over the past few years. Over half of the parents replying to an offer of dental care have asked for their children to receive it from the school dental service. One would like to have felt that the rest were going to private practitioners as indicated, but this is in fact very doubtful in a very large number of cases.

TREATMENT

9,058 children attended on 30,720 occasions to receive 27,345 fillings and to have 3,421 teeth extracted. Thus 661 additional children attended to have 4,000 more fillings and 99 teeth less extracted than in 1968. This is very pleasing indeed especially as it takes far more time to fill teeth than to remove them. The changes in extraction totals varied with age.

Age Group	Number of teeth extracted		Change
	1969	1968	
5 - 9 years	1,834	2,058	Decrease of 224
10 - 14 years	1,394	1,274	Increase of 120
15 and over	193	188	Increase of 5
Totals:	3,421	3,520	Decrease of 99

The dental officers are thus succeeding in saving more deciduous teeth for the youngest children. Much of the increase in the older children is due to extractions for orthodontic reasons, which are required to make room prior to straightening of the remaining teeth.

There was again a reduction of 150 individual general anaesthetics and 18.6 general anaesthetic sessions. However one should be mindful of the fact that the number of emergency visits is slowly creeping up.

The ratio of teeth filled to teeth extracted was 16.25 to 1 for permanent teeth and 3.65 to 1 for deciduous ones, against 14.4 and 3.3 respectively in 1968. The National Averages are 6:1 and 1:0.8; i.e. more deciduous teeth extracted than filled. This is a vast improvement on an already excellent record showing the benefits to be gained from modern techniques. If those teeth which were removed for orthodontic reasons are eliminated, the ratios rise to 24.3 to 1 for permanent teeth and 4.1 to 1 for deciduous teeth.

The number of crowns made for children has nearly doubled but the number of inlays fitted is virtually the same as in 1968. There is scope for a large expansion in provision of these advanced techniques, as well as for many more dentures and root fillings. However, most of the dentists are so inundated with routine dentistry that they cannot devote time to such work without detriment to the rest of the treatment which they provide. There is thus a very strong case for appointing someone with experience of advanced dental techniques as a second Senior Dental Officer.

Efforts to decrease oral disease have intensified. Many children are brought to the clinic simply to have their teeth polished, even though no fillings are needed. This is an attempt to lessen the amount of gum diseases,

as well as decay. Periodontal or gum disease is responsible for the loss of a very large number of teeth in adulthood, much of this disease beginning during childhood. Unfortunately, there is a tendency to concentrate statistical efforts on recording fillings, with no credit being given for periodontal treatment. This tends to dampen the spirits of all but the most enthusiastic dental officer. The same few also spend time applying topical fluoride solutions and prophylactic pastes, which in addition to fluoride toothpastes, help to prevent tooth decay. However, all of these measures taken together are not nearly as effective as the safe, simple and cheap process of fluoridation of the public water supplies; and none of the very short supply of dental manpower is required for the latter.

ORTHODONTICS

A very experienced full-time orthodontist joined in April 1969, and has resulted in an increased number of orthodontic sessions and attendances. He has also deputised for the P.S.D.O. on several occasions. At first glance, the casual observer might wonder why, if this is the case, should there have actually been a slight fall in the number of new orthodontic cases commenced and orthodontic appliances fitted. An experienced orthodontist diagnoses cases early enough to treat large numbers of children by removing crowded teeth early in life and allowing the rest to straighten by themselves without appliance therapy. These cases are not counted as orthodontic patients for statistical purposes hence the reason for many attendances but few appliances. Treating children without appliances has many advantages. It means that children only need make a few visits for diagnosis and then extraction of teeth, as opposed to visits every two or three weeks over a period of about eighteen months to two years, at a time when they can ill afford loss of academic time, i.e., in the age group 10-14 years. In addition it saves children the cost of travelling to the surgery, and is cheaper for the service as no expensive appliances have to be made. Nevertheless there is a hard core of children who do need, and have appliance therapy. With a view to greater efficiency and service to the community the orthodontist tours the Borough in order to visit some surgeries together with the dentist normally working there, and sees groups of children who have been brought in especially for the purpose. He makes a diagnosis, and where possible advises the ordinary dental officer how to treat the child. If more complex treatment is required an appointment is made for the child to visit the orthodontist at his surgery. This again is a service much appreciated by patients and by their dentists. Most children see the orthodontist at John Scott or Shoreditch, each clinic serving half of the Borough.

The orthodontist has also played a part in the school dental inspection programme. This has helped to give him an overall picture of the state of children's mouths in this Borough, and has also enabled him to provide early diagnosis for large numbers of children, before crowding of their teeth advances to a stage where prolonged therapy is required. As a sign of close working relationship with the local General Dental Practitioners, several refer their own patients to the orthodontist in order to give them the benefit of this highly specialised service.

DENTAL HEALTH ACTIVITIES

Dental health talks by a dental auxiliary were offered to primary schools when the results of school dental inspections were communicated to each head teacher. Most heads asked for such a talk. The actual number of sessions was less than in the previous year as of course it was during 1968 that the massive 'Healthy Teeth for Hackney' campaign was held. By the end of the year a flood of applications had been received for the dental health puppet show which was due to tour Hackney schools at the beginning of 1970.

The School Dental Service also took part in the 'Hackney Field Day', an annual event in Clissold Park. The dental auxiliary and a D.S.A., put on a display of models, posters and films in a marquee. Nearby was parked an I.L.E.A. Mobile Dental Surgery. Here the Senior Dental Officer examined children's mouths, those with clean teeth taking part in a Lucky Dip. In addition, children having their teeth polished in the surgery were given a prize. This provoked long queues of children outside the mobile surgery throughout the day.

The Dental Section also took part in a general health education display put on for Social Workers in Hackney, many of whom work for non-Council organisations. The same display was then put on prior to a Council meeting at which fluoridation was to be discussed.

THE YEARS 1965 TO 1969

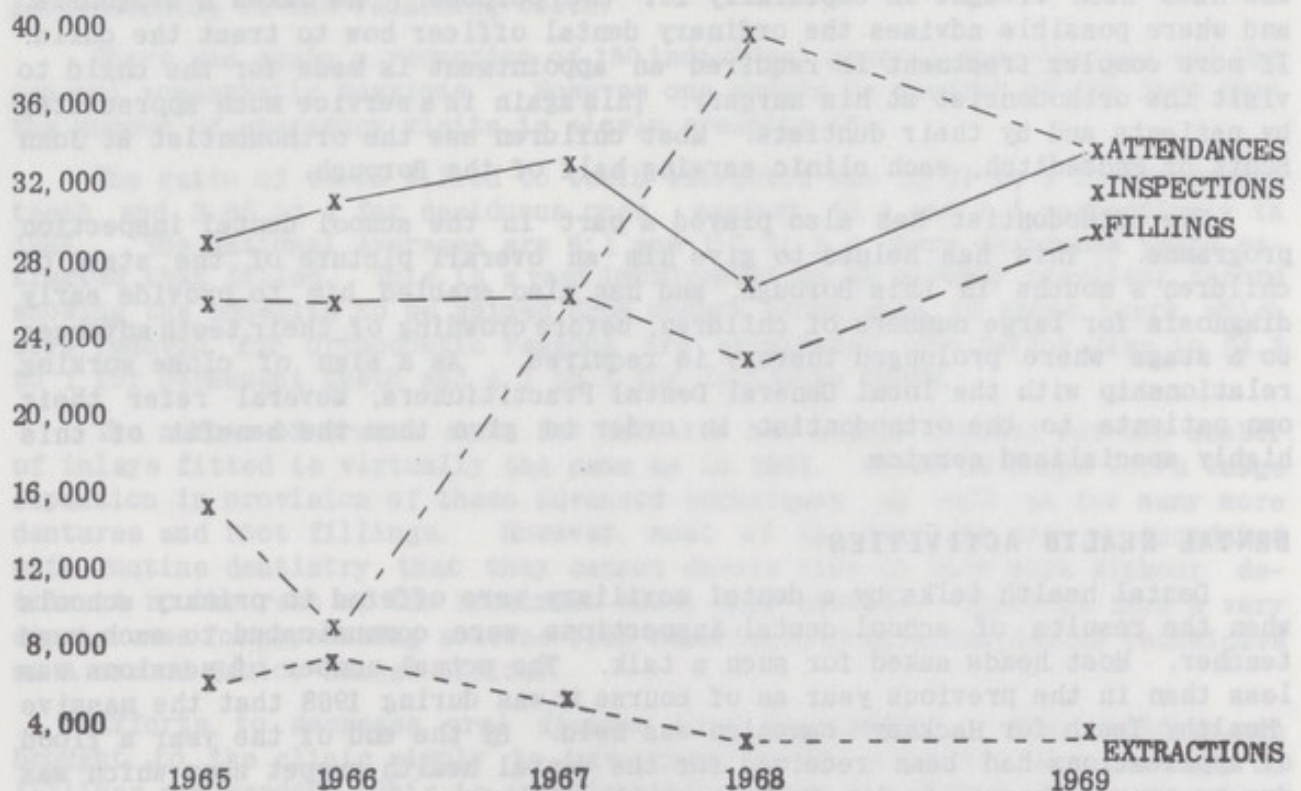
This is an opportune moment to review the progress of the local authority dental service since the re-organisation of the London Boroughs and the inception of the I.L.E.A.

Graph 'A' shows how the pattern of inspections, attendances, fillings and extractions has varied. The number of children examined being consistently high since 1967. Attendances dropped during the first quarter of 1968, when a great deal of surgery time was lost by dentists helping with the massive 'Healthy Teeth for Hackney' campaign. The number of fillings has steadily risen but the most spectacular advance is that 1,772 fewer teeth were extracted in 1969 than 1965. This quite clearly shows the improved standards of the service, many more teeth being filled rather than removed.

This is again shown by the graph 'B', which indicates the ratio of teeth filled to teeth extracted, both within the permanent and deciduous dentitions.

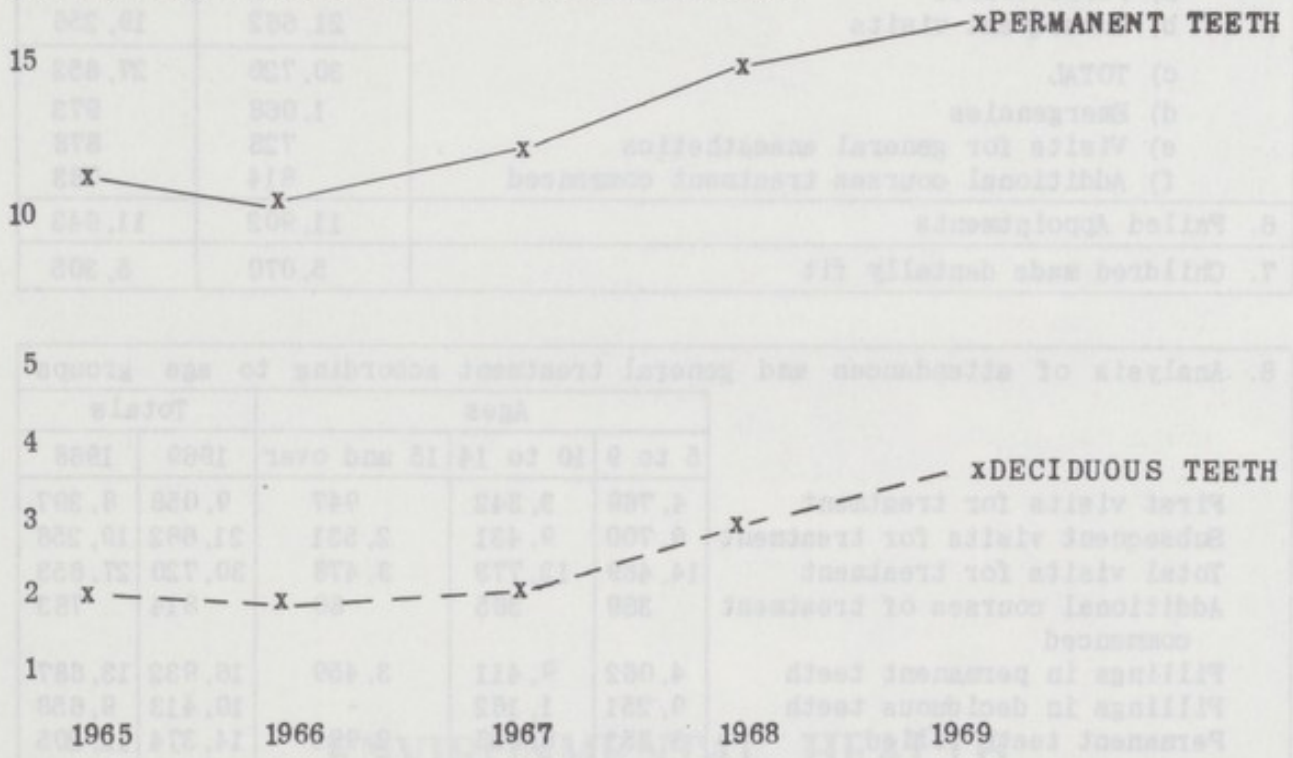
GRAPH 'A'

This shows how the number of children inspected, the number who have attended for treatment, the number of fillings carried out and the number of teeth extracted, have varied during the period 1965 to 1969.



GRAPH 'B'

This graph indicates how the number of teeth filled has increased per tooth extracted. Thus, whereas in 1965 11.34 permanent teeth were filled for each one removed, in 1969 the figure rose to 16.25. There is thus an increasing swing towards restoration rather than extraction.



STATISTICS

	Hackney 1969	Hackney 1968
1. School Roll:	36,051	35,575
2. Number of Sessions:		
Inspections	284	378.7
Treatment - ordinary (including orthodontics)	5287.1	4498.2
Treatment - general anaesthetic	55.1	73.7
Dental health education (*plus 64 sessions provided by non-Hackney staff)	50	*155.5
TOTAL	5676.2	5106.7
3. First Inspections:		
a) Number of first inspections at school	25,254	33,206
b) Number of first inspections at clinics	4,421	5,282
c) TOTAL	29,675	38,488
d) Percentage of school roll inspected	82.3	108.2
e) Number found to require treatment	20,738	26,567
f) Percentage of number inspected found to require treatment	69.8	69.0
g) Number offered treatment	16,837	22,910
h) Percentage of number requiring treatment offered treatment	81	86.2
4. Re-inspections:		
a) Re-inspections at school or clinic	931	836
b) Re-inspections as percentage of first inspections	3.1	2.2
c) Percentage of number re-inspected found to require treatment	55.5	61.7

	Hackney 1969	Hackney 1968
5. Visits for treatment:		
a) First visits	9,058	8,397
b) Subsequent visits	21,662	19,256
c) TOTAL	30,720	27,653
d) Emergencies	1,068	973
e) Visits for general anaesthetics	728	878
f) Additional courses treatment commenced	814	783
6. Failed Appointments	11,902	11,643
7. Childred made dentally fit	5,070	5,305

8. Analysis of attendances and general treatment according to age groups	Ages			Totals	
	5 to 9	10 to 14	15 and over	1969	1968
	First visits for treatment	4,769	3,342	947	9,058	8,397
Subsequent visits for treatment	9,700	9,431	2,531	21,662	19,256
Total visits for treatment	14,469	12,773	3,478	30,720	27,653
Additional courses of treatment commenced	369	365	80	814	783
Fillings in permanent teeth	4,062	9,411	3,459	16,932	13,687
Fillings in deciduous teeth	9,251	1,162	-	10,413	9,658
Permanent teeth filled	3,351	8,028	2,995	14,374	12,205
Deciduous teeth filled	8,172	1,034	-	9,026	8,736
Permanent teeth extracted	99	593	193	885	849
Deciduous teeth extracted	1,735	801	-	2,536	2,671
General anaesthetics administered	491	216	21	728	878
Pupils supplied with full upper and full lower dentures	-	-	-	-	4
Pupils supplied with other dentures	1	2	10	13	22
Number of dentures supplied	1	2	10	13	31

9. Orthodontics:		
Cases remaining from previous year	118	236
New cases commenced during year	137	149
Cases completed during year	89	94
Cases discontinued during year	20	22
No. of removable appliances fitted	216	253
No. of fixed appliances fitted	2	12
Pupils referred to Hospital Consultant	6	15
Orthodontic sessions	389.4	290.7
Orthodontic attendances	2,740	2,630
Teeth extracted for orthodontic reasons - Permanent	302	249
Teeth extracted for orthodontic reasons - Deciduous	286	168
10. Other Treatment		
Pupils X-rayed	1,014	730
Prophylaxis	3,191	2,616
Teeth otherwise conserved	304	418
Number of teeth root filled	111	128
Inlays	6	7
Crowns	64	36

ENVIRONMENTAL HEALTH SERVICES

... thorough and details from other hospitals are also included:-



One of The Effects of the Dustmen's Strike

INFECTIOUS DISEASES

Details of infectious and contagious diseases notified in 1969 were as follows:-

Anthrax	Nil	Meningitis (Acute)	13
Cholera	Nil	Ophthalmia neonatorum	1
Diphtheria	Nil	Plague	Nil
Dysentery	61	Poliomyelitis (Acute)	Nil
Encephalitis (Acute)	1	Scarlet fever	50
Enteric (Typhoid or Para-typhoid fever)	6	Smallpox	Nil
Food Poisoning	26	Tetanus	Nil
Infective Jaundice	80	Tuberculosis	101
Leptospirosis	Nil	Typhus fever	Nil
Malaria	1	Whooping cough	17
Measles	1,089	Yellow fever	Nil

TUBERCULOSIS

Of the 101 primary notifications of tuberculosis 84 were in respect of pulmonary tuberculosis and 17 in respect of non-pulmonary tuberculosis.

The number on the Department's tuberculosis register at the beginning of the year was 1,947. After adding primary notifications and transfers in, and subtracting deaths, transfers out and recovered cases etc., the number on the register fell to 1,652 by the end of the year.

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

Home Visiting	- Number of visits by tuberculosis visitors	3,414
Home Nursing	- Number of patients being attended by home nurses at the end of the year	7
Home Help	- Number of cases serviced by a home help during the year	26
Extra nourishment	- Number of cases receiving extra nourishment at the end of year	136
Boarding out	- Number of children placed during year	5

VENEREAL DISEASES

During the year Hackney Group Hospital Management Committee closed its clinic at the Mothers' Hospital leaving the Homerton Grove Clinic as the only clinic situated in Hackney. 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 this clinic are set out below. Some residents from Hackney are known to attend clinics outside the Borough and details from other hospitals are also included:-

Hospital	No. of new cases in year		Total
	Gonorrhoea	Syphilis	
Homerton Grove	453	31	484
Moorfields	-	1	1
London	338	35	373
Prince of Wales	122	3	125
St. Thomas'	3	-	3
Middlesex	24	7	31
St. Bartholomews	17	1	18
Mothers	2	4	6
Seaman's	2	-	2
Royal Northern	94	5	99
Total:	1,055	87	1,142

PUBLIC HEALTH LABORATORY SERVICE

Bacteriological specimens are sent to the Public Health Laboratory at County Hall, S.E. 1., and an analysis of the 1,352 specimens submitted for examination is set out below:-

Specimens	Number	Organisms	Results	
			Negative	Positive
Throat and Nose Swabs	117	Diphtheria Bacilli	90	2
		Haemolytic Streptococci	89	24
		Vincent's Angina	88	2
Faeces and Rectal Swabs	1,214	Pathogens	1,050	-
		Salmonella Enteritidis	-	1
		Salmonella Paratyphi B	-	3
		Salmonella Typhimurium	-	7
		Shigella sonnei	-	128
		Salmonella Typhi	-	2
		Salmonella Panama	-	1
		Salmonella Livingstone	-	1
		Salmonella Newport	-	5
		Salmonella Orenberg	-	4
		Salmonella Group D.	-	1
		Salmonella Indiana	-	5
		Salmonella Bredeney	-	2
		Salmonella Anctum	-	1
Salmonella Sp.	-	3		
Urine	21	Pathogens	21	-

HOUSING

HOUSING ACT, 1957

Twelve Clearance Orders involving 121 houses and 124 families comprising 362 persons were made.

Confirmation of the Clearance Order made earlier by the Council in respect of the Alabaster Buildings area, comprising a total of 29 flats was received from the Ministry during the year. With regard to the Templar Road Clearance Area the appeal against this Order had not been determined at the end of the year.

Individual Unfit Premises

Eleven Closing Orders were made in respect of whole houses during the year. One Demolition Order was also made.

Closing Orders were made in respect of 82 rooms including 56 underground rooms. During the year 3 Orders were determined. One undertaking was cancelled the premises having been made fit. Two further Closing Orders and an Undertaking were cancelled during the year, the premises having been demolished.

HOUSING ACT, 1961

Management Orders

Management Orders were made in respect of 27 houses where proper standards of management had not been maintained, bringing the total number of Management Orders made by the Council to 137.

Directions

During the year a total of 193 Directions were given and there are now 2,020 houses which are subject to Directions. Legal proceedings in respect of contraventions of Directions were instituted in 19 instances. Directions in respect of 4 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, 1969

This Act came into force on 25th August, 1969, and is in six parts, covering improvement grants, general improvement areas, rent of dwellings with standard amenities, houses in multiple occupation, compensation for unfit houses, etc. The following are of immediate concern to the Health Department:-

(1) The standard of fitness for human habitation set out in the 1957 Act is amended by the addition of 'internal arrangement' and the deletion of 'facilities for storage of food'. The fact that internal arrangement has been added to the standard of fitness somewhat strengthens the powers of the local authority in dealing with tenement blocks.

There is also a widening of the powers of local authorities in regard to houses in multiple occupation:- (a) directions to reduce or prevent overcrowding can limit the number of individuals or households, or both, who may occupy the house. In this connection the Council resolved that future directions should be given in respect of both the number of individuals and the number of households, (b) the local authority are no longer required to serve notice of intention to make a Management Order.

(2) New provisions are included whereby if a house is not provided with satisfactory means of escape in case of fire and it is not practicable to provide such means at reasonable expense the Council may accept an undertaking that such part of the house will not be so used. This legislation bears resemblance to a closing order made under Sections 16 and 18 of the Housing Act, 1957.

(3) Local authorities are given further powers to control multiple occupation by an extension of the powers in the 1961 Act respecting registration of houses in multiple occupation.

FOOD AND DRUGS

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

The Sausage and Other Meat Products Regulations, 1967

These Regulations became operative in May, 1969, and specify requirements for the composition of meat products including sausages, and the labelling and advertising of such meat products.

The Canned Meat Products Regulations, 1967

The Canned Meat Products (Amendment) Regulations, 1968

These Regulations came into operation during 1969 and specify requirements for the composition of a number of canned meat products and the labelling and advertising of such products.

The Solvents in Food Regulations, 1967

The Solvents in Food (Amendment) Regulations, 1967

This legislation became operative in November, 1969, and relates to and controls liquid products which facilitate the incorporation of soluble ingredients in food.

The Food (Control of Irradiation) (Amendment) Regulations, 1969

These Regulations, operative from the 1st December, 1969, allow the irradiator to supply irradiated food to any registered medical practitioner for patients who require a sterile diet as an essential factor in their treatment.

The Artificial Sweeteners in Food Regulations, 1969

Artificial sweeteners and their use in foods has occupied the attention of the Ministry of Agriculture, Fisheries and Food for a few years now, but it was towards the end of the year that, as a result of the latest toxicological information being made available, the Ministry decided to prohibit the use of cyclamates as from the 1st January, 1970, by the introduction of the above Regulations.

Soft Drinks (Amendment) Regulations, 1969

The introduction of these Regulations was necessary in order to control the use of cyclamates in soft drinks in conformity with the Artificial Sweeteners in Food Regulations, 1969.

IMPORTED FOOD REGULATIONS 1968

The implementation of the Imported Food Regulations has so far worked without any untoward incident. In cases where the required written notification from port authorities would not have arrived in time, a telephone message was received first.

The improved condition in which the goods arrive at their destination testifies to the advantages already evident in this modern method of 'carriage of goods' by limiting the handling and thus reducing possible deterioration. The fullest co-operation was received from the consignees especially when goods were detained for the completion of examination. No consignment was found to be in need of action under those sections which for various reasons prohibit the importation of goods and thus require their re-exportation. It has been forecast that the container system of goods transportation will shortly be the only method employed and this might well revolutionise the handling of goods.

FOOD TRADES

Details of food trades carried on in 2,299 premises situated in the Borough as set out below:-

Aerated water manufacturer	1
Bakehouses (basement)	7
Bakers shops and bakehouses	80
Beer bottlers	1
Butchers	181
Cake decoration manufacturer	1
Confectionery (Sweet shops)	405
Fish, wet, fried and curing	38
Food importers	3
Greengrocery	148
Grocery and Provisions	473
Ice cream - manufacture and sale	734
Milk distributors	312
Public houses and Off licences	358
Preserved food premises	247
Restaurants and cafes	242
Wholesale food storage	34
	<u>3,313</u>

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. Eight applications for the registration of premises for the preparation or manufacture of preserved food were granted, as were 15 applications for registration of premises for the sale of ice-cream.

FOOD HYGIENCE (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 621 were found at 153 premises. Following an informal approach to the occupiers of the premises concerned, it was necessary to institute legal proceedings in 13 cases.

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

Bakers	5
Butchers	18
Cafes and restaurants	53
Confectioners	5
Factory canteens	4
Fishmongers	10
Greengrocers	2
Grocery and provisions	7
Ice-cream manufacturers	1
Public houses	48
	<u>153</u>

Regulations Contravened

Regulation No.		No.
5	Food businesses not to be carried on in insanitary premises..	10
6	Cleanliness of equipment etc.	68
8	Food to be protected from risk of contamination	24
9	Personal cleanliness	18
14	Sanitary conveniences	94
16	Wash-hand basins to be provided.. .. .	106
17	First aid materials to be provided	41
18	Accommodation for clothing etc.	10
19	Facilities for washing food and equipment	68
20	Lighting of food rooms	6
21	Ventilation of food rooms	11
22	Food room not to be, or communicate with, a sleeping place ..	1
23	Cleanliness and repair, etc. of food rooms	122
24	Accumulation of refuse, etc.	35
25	Temperature at which certain foods are to be kept	7
		<u>621</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
	Hoxton Street	Ridley Road	Chatsworth Road	Well Street	Broadway	Other sites	
Fruit and Vegetables	36	51	28	18	26	16	175
Fish (Wet, Dry and Shell)	4	10	5	3	4	3	29
Poultry	1	4	1	-	-	-	6
Meat and Poultry	2	4	1	-	1	-	8
Grocery and Provisions	5	1	3	-	5	-	14
Sweets and Ice-cream	4	1	4	2	1	-	12
Cakes and biscuits	3	1	3	1	2	-	10
Refreshments (Coffee stalls)	-	-	-	-	-	2	2
Eggs	1	3	2	1	2	-	9
West Indian Foods	-	7	-	-	-	-	7
Totals	56	82	47	25	41	21	272

FOOD COMPLAINTS

Taking into consideration the vast quantity and variety of food that is now available, the number of food complaints received at the office from members of the public represents a negligible percentage. Nevertheless they do reveal a certain significance, the human element is still the most important factor with which to reckon in spite of automation and mechanisation.

The cause of a complaint in the majority of cases, when investigated, indicated that the food was not unfit for human consumption but was not of the nature required due to the presence of foreign bodies associated with carelessness on the part of someone along the production line.

SAMPLING

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

Description	Formal Samples		Informal Samples	
	Number Taken	Number Non-Genuine	Number Taken	Number Non-Genuine
Almonds, Ground	1	-	-	-
Baby Foods	1	-	7	-
Baking Powder	1	-	1	-
Barley, Pearl	1	-	-	-
Bicarbonate of Soda	-	-	1	-
Biscuits, Cakes, etc.	25	1	10	-
Bread	14	-	-	-
Bread and Butter	1	-	-	-
Butter	11	-	-	-
Cake mixtures	10	-	6	-
Cereals	3	1	2	-
Cheese	11	3	7	-
Chocolate drinks	12	2	2	1
Cocoa	-	-	2	-
Coconut	2	-	1	-
Coffee	12	-	3	-
Colouring matter	1	-	1	-
Cornflour	-	-	2	-
Cream	2	-	3	-
Curry Powder	5	-	1	-
Custard Powder	1	-	-	-
Dairy Produce	1	1	-	-
Desserts	7	-	6	1
Drinks, cordials, minerals, etc ..	57	3	16	1
Drugs and Medicinal Preparations..	48	1	6	-
Fat, cooking	5	-	2	-
Fish cakes	-	-	1	-
Fish, canned	12	1	21	1
Fish, fresh.. .. .	4	-	3	-
Flavourings.. .. .	10	2	4	-
Flour	5	1	5	-
Fruit, canned	11	1	16	-
Fruit, dried	8	-	1	-
Fruit, fresh	3	-	1	-
Fruit Juice.. .. .	6	-	3	1
Garlic Powder	1	-	-	-
Gin	2	-	-	-
Glacé cherries	2	-	-	-
Gravy Powder	3	-	2	-
Honey	5	-	2	-
Ice Cream	2	-	-	-
Ice Cream Powder	1	-	1	-
Ice Lollies.. .. .	2	-	1	-
Jellies	10	-	17	1
Margarine	8	1	-	-
Marmalade	1	-	1	-
Marzipan	4	-	1	-

Description	Formal Samples		Informal Samples	
	Number Taken	Number Non-Genuine	Number Taken	Number Non-Genuine
Meat, canned	34	-	18	5
Meat, fresh.. .. .	12	1	2	-
Meat products	20	2	33	-
Milk.. .. .	33	-	-	-
Milk, powdered	3	3	1	-
Milk shake syrup	3	-	1	-
Mincemeat	2	-	-	-
Non-brewed condiment	2	-	-	-
Nuts.. .. .	1	-	-	-
Oil, cooking	14	1	4	-
Olive oil	3	-	-	-
Olives	4	-	-	-
Pasta	2	-	-	-
Paste, fish.. .. .	4	-	4	-
Paste, meat.. .. .	5	-	6	-
Paste, tomato	5	-	2	1
Pepper	3	-	1	-
Pickles	30	-	9	1
Pie fillings	5	-	1	-
Pie, fruit	3	-	1	-
Preserves and Jams.. .. .	17	-	1	-
Puddings	2	-	-	-
Rice, semolina etc.. .. .	4	2	1	-
Rice, Sago, Semolina, canned	2	-	-	-
Rum	2	-	-	-
Salt.. .. .	2	-	3	-
Sauces	31	-	12	-
Sausages	24	-	3	1
Sherry	2	-	-	-
Snack meals.. .. .	14	-	3	-
Soups	10	-	18	-
Spices	6	-	17	3
Spreads	9	-	4	-
Stuffing Mixtures	1	-	3	-
Suet.. .. .	3	-	1	-
Sugar	3	-	2	-
Sweets	46	-	4	-
Syrup	3	-	-	-
Tea	6	1	16	-
Tomato preparations	3	-	3	-
Vegetable juice	3	1	3	1
Vegetables, canned.. .. .	15	1	19	3
Vegetables, dried	7	1	4	-
Vegetables, fresh	-	-	2	-
Vegetables, instant	-	-	1	1
Vinegar	4	-	4	-
Vodka	1	-	-	-
Whisky	4	-	-	-
Wine.. .. .	7	1	-	-
Yoghurt	3	-	-	-
Totals	754	32	366	22

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

Sample	Analysts's Report	Action Taken
Formal		
Trahanas	Incorrectly labelled	Warning letter sent to importers
Butter Marie Biscuits	Incorrectly labelled	No action as standards are being discussed by Food Standards Committee and Biscuit Manufacturers' Association
Carrot Juice	Incorrectly labelled	No action as importers could not be traced
Golden Tips Tea	Incorrectly labelled	Manufacturers agreed to alter the label to 'Golden Brew Tea'
Outline Spread	Incorrectly labelled	Manufacturers agreed to amend label
Semolina	Packed in unlabelled polythene bags	Retailer given verbal warning not to pre-pack in unlabelled bags
Gari	Packed in unlabelled polythene bags	Retailer given verbal warning not to pre-pack in unlabelled bags
Bean Flour	Packed in unlabelled polythene bags	Retailer given verbal warning not to pre-pack in unlabelled bags
Ground Egusi (Melon Seeds)	Acidity extremely high and very rancid	Importer advised
Dehydrated Prawns	Prawns had undergone spoilage before or during drying	Analyst advised further sampling for bacteriological examination but product sold out
Jamaican Drinking Chocolate	Incorrectly labelled	Manufacturers advised of standard sugar content for drinking chocolate
Pikado Processed Cheese	Contained excessive water and was deficient in fat	No action - Sample was of cheese spread not processed cheese
Non-Fat Skimmed Milk	Incorrectly labelled	Letter to manufacturer reamendment of label
Jamaica Ginger Punch	Incorrectly labelled	Importers advised
Serbia Salad	Contained lead 4 parts per million. Should not contain more than 2 parts per mill. under Lead in Food Regulations 1961	Further samples taken and all found to be satisfactory

Sample	Analyst's Report	Action Taken
Archtichoke Hearts	Incorrectly labelled	Importers contacted. Product now discontinued
Cream of Wheat	Incorrectly labelled	Doubtful infringement, no further action
Instant Non-Fat Milk	Incorrectly labelled	No action. Manufacturers gave a satisfactory explanation
Meat Pies	Deficient in Meat	Verbal warning given to manufacturer
Spiced Pork	Not appropriately described according to Part III, Section 8 of the Canned Meat Products Regulations, 1967.	No action. Manufacturers gave a satisfactory explanation
Powdered Mushrooms	Incorrectly labelled	No action. Minor infringement
Haloumi	Incorrectly labelled	Importers advised
Kash Caval	Incorrectly labelled	Importers advised
Export Jamaican Drinking Chocolate	Contained 20-25% below usual sugar content	Manufacturers agreed to amend label
Jay Bee Ginger Wine	Proof less than stated on label	Manufacturer advised
Restwell Tablets	No declaration of designation and quantitative particulars of active ingredients declared on outer container	Manufacturer advised
Sparkling Cola Champagne	Presence of cyclamates not declared	No action in view of legislation prohibiting use of cyclamates from 1 Jan. 1970
Sparkling Grapeade	Presence of cyclamates not declared	No action in view of legislation prohibiting use of cyclamates from 1 Jan. 1970
Instant Non-Fat Milk	Incorrectly labelled	Letter to manufacturer regarding amendment to label
Flower Water	Contaminated with mould	Old stock, remainder surrendered and destroyed
Flower Water	Contaminated with mould	Old stock, remainder surrendered and destroyed
Meat Pies	Deficient in meat	Warning letter to manufacturer, previous samples having been satisfactory

Sample	Analyst's Report	Action Taken
<i>Informal</i>		
Fish Salad	Incorrectly labelled	Manufacturers advised
Carrot Juice	Incorrectly labelled	Formal sample taken. No action as importers could not be traced
Viennas	Presence of red colouring matter not declared on label	Letter to manufacturers. Label to be amended
Pigeon Peas	Illustration on label misleading	Letter to importer. Label amended
Canned Ackee	Contained salt not declared on label	Letter to importer. Label amended
Natural Lemon Juice	Contained undeclared preservative	Wholesaler advised
Concentrated Tomato Paste	Contained excessive tin	Letter to importers. Brand not being repeated
Ground Mustard Seed	Incorrectly labelled	Letter to manufacturers. Label to be amended
Pheasant Paté with Brandy	Contained undeclared wheat starch	Letter to manufacturers. Label to be amended
Country Style Paté	Contained undeclared wheat starch	Letter to manufacturers. Label to be amended
Duck Liver Paté with Garlic	Contained undeclared wheat starch	Letter to manufacturers. Label to be amended
Chicken Truffle Paté	Contained undeclared wheat starch	Letter to manufacturers. Label to be amended
Drinking Chocolate	Contained undeclared wheat starch	Letter to importers who notified manufacturers
Jelly	Incorrect description of ingredients	Letter to importers who notified manufacturers
Mustard Leaves	Contained undeclared salt	Letter to importers who notified manufacturers. Advice given to manufacturers on labelling
Potato Pancake Mix	Incorrectly labelled	Letter to importers who notified manufacturers
Ground Cinnamon	Contained extraneous matter	Letter to manufacturers who arranged to take added precautions
'Lift' Hot Drink	Contained undeclared colouring	Letter to manufacturers. Label to be amended
Fresh Pigeon Peas	Misleading illustration on label	Letter to importers who notified manufacturers
Cocktail Onions	Contained prohibited colouring matter	Letter to importers who notified manufacturers
Vanilla Honeycomb Mould Mix	Contained sulphur dioxide not disclosed on label	Letter to manufacturers. Action withheld pending decision from Ministry on proposed amendments to Labelling of Food Regulations 1967
Stewed Steak	Deficient in meat	Formal sample taken - satisfactory

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	Roundsmen and shops	Schools	Vending Machines	Milk Dispensers	Hospitals	Total
Chemical	21	-	1	6	3	31
Bacteriological	12	15	1	-	4	32

All samples for chemical analysis were taken formally. No adverse chemical reports were received but three bacteriological samples failed the methylene blue test.

There are no milk bottling plants in the Borough.

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

Ultra Heat Treated	82
Untreated.. ..	48
Pasteurised milk.. ..	293
Sterilised milk	305

ICE CREAM

The reports on the 57 samples of ice cream which were submitted to the Public Health Laboratory Service for grading tests were as follows:-

Grade 1 -	20
Grade 2 -	6
Grade 3 -	8
Grade 4 -	23

POULTRY PROCESSING PREMISES

There are no such establishments situate 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.. ..	57
Milks	32
Manufactured foods	28
Imported foods	40
	<u>157</u>

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 1969.

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

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

The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimate at 30th June, 1969, was 238,530.

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 - derived, repumped at Cricklewood and Battersea
New River - derived from 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 67.

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. Surveys carried out between 1966 and 1968 on analyses of water from consumers' premises confirmed this statement.

Results of bacteriological examination before treatment (yearly average)

Source of supply	Number of samples	Agar plate count per ml.		Coliform count		Escherichia coli count	
		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.	Count per 100 ml.
Stoke Newington	752	38.7		59.31	2.6	75.27	0.6
River Thames derived	8,196	66.5		39.79	19.0	53.97	7.0

Results of bacteriological examination after treatment (yearly average)

Source of supply	No. of samples	Agar Plate count per ml. after 20-24 hours at 37°C.	Coliform count per cent samples negative in 100 ml.	E. Coli count per cent samples negative in 100 ml.
Stoke Newington	257	18.0	100.0	100.0
River Thames derived	3,698	12.9	99.89	100.0

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

	Stoke Newington	All Thames derived
Number of samples	53	371
Ammoniacal Nitrogen	0.015	0.024
Albuminoid Nitrogen	0.059	0.083
Nitrate Nitrogen	4.7	4.4
Oxygen abs. from KMnO ₄ 4 hrs. at 27°C ..	0.62	1.05
Hardness (total) CaCO ₃	314	282
Hardness (non-carbonate) CaCO ₃	84	79
Magnesium as Mg	5	5
Sodium as Na	30.8	24.0
Potassium as K... .. .	5.3	5.4
Chloride as Cl... .. .	41	32
Phosphate as PO ₄	1.7	2.1
Silicate as SiO ₂	10	9
Sulphate as SO ₄	68	58
Natural Fluoride as F.. .. .	0.25	0.25
Surface-active material as Manoxol OT ..	0.02	0.02
Turbidity units	0.0	0.1
Colour (Burgess units)	7	11
pH Value	7.9	7.9
Electrical Conductivity (microhms)	630	550

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 24 taken for chemical and bacteriological examination during the year.

FLUORIDATION

The Council gave considerable thought to this subject during the year and it was debated on no fewer than five occasions. The Council was by no means unanimous in its decisions and the full resolutions on the subject are set-out below:-

On 23rd June, 1965, the Council resolved

"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".

At its meeting on 24th November, 1965, the Council resolved

"That this Council, in the light of further information received since June last when they received a report from the Health Committee expressing the opinion that fluoridation of drinking water was harmless to health and effective for dental protection, congratulate the Ministry of Health for its Circular 15/65 and the Minister of Health for his recent statements urging local authorities and water undertakings to expedite the fluoridation of water, and that they

- (1) inform the London Boroughs Committee of their support for fluoridation and, if necessary, to press the Ministry of Health to promote the necessary legislation;
- (2) inform the Association of Municipal Corporations similarly; and
- (3) request the Central Council for Health Education to undertake a massive campaign of education based on the overwhelming professional evidence in support of fluoridation as an urgent requirement in the field of preventive medicine".

Early in 1969 a suggestion was put forward that an obligation of fluoridating the water supply for the whole country on all water undertakings should be imposed by public statute. The Council, therefore, re-considered its former decisions and on 26th March resolved

"That the Council does not adhere to its policy as expressed in the resolution set out above (i.e. resolution of 24/11/65) in view of objections against everyone being compelled without any choice to drink fluoridated water, which is only intended for the benefit of children, and the Council considers it advisable to use one of the alternative methods mentioned in the British Dental Association booklet, page 8, question 17 and that the London Boroughs Association, the Association of Municipal Corporations and the Department of Health and Social Security be informed of this decision".

The British Dental Association booklet refers to six other methods of administering fluorides as alternatives to fluoridation of public water supplies. These are topical application; fluoride toothpaste, tablets or pills; fluoridated chewing gum; fluoridated bread, milk, salt and sweets; and individual home fluoridator.

At its meeting on 2nd July, 1969, the Council debated the following report by the Health Committee:-

The Council on the 26th March, 1969 (Item 770) reversed our recommendation that the Council confirm its previous policy in favour of fluoridation of drinking water. Because of our concern, we asked the Medical Officer of Health to report to us on alternative methods of administering fluoride. We have now received that report and have agreed to arrange for fluoride tablets to be available for distribution to the parents of children under school age and pregnant women in order to encourage the use of fluoride at the most important time. We feel that the need to administer fluoride to young children is so important that we have also asked the Officers concerned to discuss with the Inner London Education Authority, the giving of fluoride to school children up to the age of 11 years.

We have also been advised that the Secretary of State learned with regret of the Council's decision against the principle of fluoridation of water supplies.

In the circumstances, we have no alternative but to inform the Council of the regret expressed by the Secretary of State at the retrogressive decision made by the Council against the principle of fluoridation of water supplies. We have also congratulated the Medical Officer of Health upon his report.

The Council adjourned the item and resumed the debate on 10 September 1969.

On this occasion the Council also had the Department of Health and Social Security Circular and report on 'Fluoridation Studies in the United Kingdom and the Results Achieved after 11 years' before it. After debate the Council resolved

That having considered Department of Health Social Security Circular 8/69 and the request of the Secretary of State to give further consideration to the fluoridation of water, this Council calls upon the Secretary of State to recognise the impossibility of securing unanimity among the health authorities in the area of the Metropolitan Water Board and requests him to take this matter out of the local government arena and to introduce legislation to implement the recommendations contained in the report entitled 'Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years'.

On 22nd October pursuant to a notice duly given, the Council resolved

(1) That pursuant to Standing Order 23, the Standing Orders of the Council be suspended so far as necessary to enable the following motion to be moved, discussed and resolved upon at that meeting.

(2) That the resolution passed by the Council at their meeting on 10th September 1969 with regard to fluoridation of water supplies (Item 158, pp. 125 and 126 of the agenda) be rescinded and that the Council re-affirm their opposition to the fluoridation of water supplies and in so doing, instruct the Town Clerk to draw the attention of the Minister of Health and Social Security to a recently publicised experiment in supplying fluoridated milk to school children as this would have the advantage of -

(a) avoiding compulsory mass medication of adults who do not need or want it;

(b) supplying fluoride only to the section of the community able to benefit from it.

At its meeting on 3rd December, 1969, Council discussed the views expressed by the London Boroughs Association which were that fluoridation is such an important national issue that it should be taken out of the arena of local Government and, since there seems to be little prospect of achieving unanimity, they have informed the Minister that he should himself decide whether or not fluoridation should be nationally implemented.

After debate it was resolved

That the action taken by the London Boroughs Association be supported; that the Council rescind the resolution adopted at their last meeting; and that the resolution passed by the Council at their meeting on 10th September, 1969 (Item 158) be re-adopted as follows:-

"That having considered Department of Health and Social Security Circular 8/69 and the request of the Secretary of State to give further consideration to the fluoridation of water, this Council calls upon the Secretary of State to recognise the impossibility of securing unanimity among the Health authorities in the area of the Metropolitan Water Board and requests him to take this matter out of the local government arena and to introduce legislation to implement the recommendations contained in the report entitled 'Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years'."

On the last day of the year the Secretary of State, Department of Health and Social Security replied that he was pleased to learn of the Council's support for fluoridation but felt it was premature to adopt the Council's proposals.

CLEAN AIR

The Council's smoke control programme was completed in 1967 and the noticeable reduction of smoke in the air during the last decade is apparent to everyone living or working within the Borough. The improvement is likely to continue as other London Borough Councils work towards the completion of their own smoke control programmes. The increase in the number of hours of winter sunshine is in itself a very attractive bonus to the primary object of breathing cleaner air.

The rapid closing down of gas producing plant in the London area has created a shortage of gas cokes, and since the majority of householders in the Borough using solid fuel have open fires a shortage of particular varieties of smokeless fuel in the Borough has caused some hardship, as other open fire reactive fuels have not been sufficient to meet the demand. The rising price of smokeless fuel is causing some concern to residents living on restricted fixed incomes.

The Clean Air Act, 1968, came into operation during the year. The object of the Act is to extend certain provisions of, and to revise some of the procedures under the Clean Air Act, 1956. An important new requirement is placed on the Council by Section 6 which authorises the Council not to approve the height of a chimney in certain installations unless satisfied it will not be prejudicial to health or a nuisance. The Act requires the local authority's approval for the installation of dust and grit arresting apparatus in large furnace plant.

The delivery and sale of unauthorised fuels by coal merchants to premises in a smoke control area is made an offence under the Act.

PUBLIC HEALTH ACTS

During the year 142 drainage plans were submitted and each one was examined and necessary amendments made before approval was given.

PUBLIC HEALTH (RECURRING NUISANCES) ACT, 1969

This Act came into force in July and gives the Council power to serve a prohibition Notice where satisfied that a statutory nuisance has occurred on any premises and is likely to recur. Such a Notice prohibits the recurrence of the nuisance, requires steps to be taken to prevent a recurrence and may require works to be executed for that purpose. A prohibition Notice may be served whether or not a nuisance is in existence at the time of service and irrespective of whether an abatement notice has been served or not with respect to that nuisance. A prohibition notice and an abatement notice may be contained in the same document.

Where the nuisance arises from a default of a structural character, the prohibition notice must be served on the owner, but in any other case it must be served on the person by whose act, default or sufferance the nuisance arose and, if that person cannot be found, on the owner or occupier of the premises.

A number of Notices under this Act were served during the latter part of the year.

CLEANSING, DISINFECTION AND DISINFESTATION

A total of 107 adults, and 42 children under 5 years were treated for scabies and 33 adults, and 16 children under 5 years of age treated for vermin

at the Millfields Centre. In addition 81 school children were treated for scabies and 37 school children for vermin. Normally two treatments are required to clear a case of scabies and one for vermin.

Arrangements have also been made with other authorities for the treatment 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 1,424 rooms and 3,812 articles were treated. In addition approximately 32 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 1969 are set out below:-

	Residence			Total
	Hackney	Bethnal Green	Elsewhere	
Number of bodies received	372	127	62	561
Number to await postmortem examination	370	126	62	558
Number of inquest cases	63	16	12	91

ANIMALS

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

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

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

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

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

RODENTS

The position regarding rodent control is far from satisfactory. Staff problems, due to absences through sickness, and the retirement of an experienced officer, meant that adequate sewer treatments could not be carried out during the year.

In addition the problem of the increasing resistance of mice to warfarin resulted in an increase in the number of treatments having to be carried out, placing a further burden upon the already extended work of the operatives.

The question of finding a satisfactory and safe alternative to Warfarin is receiving the attention of the Infestation Control Division of the Ministry, and it is to be hoped that one will be found in the not too distant future.

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	..	..	4,973
Number of inspections	..	..	5,034
Drains examined	..	..	110
Drains smoke tested	..	..	100

In addition 1,081 manholes and side entrances to sewers were baited with sodium fluoroacetamide three times during the year.

Infested premises cleared of vermin

	Business Premises	Dwelling Houses	Total
Rats	54	735	789
Mice	490	3,460	3,950
Total	544	4,195	4,739

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 39 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. Four 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, 13 establishments were licensed to carry out massage and special treatments.

PHARMACY AND POISONS ACT, 1933

The names of 102 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. Seven samples were taken, one of which, bone meal, was reported as being deficient in the stated amount of phosphoric acid. The sample, although taken in Hackney, was originally purchased by the shopkeeper from premises in Tower Hamlets who carried out further investigations.

GREATER LONDON COUNCIL (GENERAL POWERS) ACT, 1967

REGISTRATION OF HAIRDRESSERS AND BARBERS

At the end of the year 189 hairdressers had been registered with the Council.

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 work 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.

One notice was served under this section and 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	50	7	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	2,373	333	48	4
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers premises) ..	50	29	1	-
Total	2,473	369	49	4

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	4	-	-	-
(b) Unsuitable or defective	44	30	-	31	4
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total.. .. .	49	34	-	31	4

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 89 Hackney firms as having employed 892 outworkers of whom 374 worked in Hackney:-

Nature of Work	No. of outworkers in August list
Wearing apparel	747
Household linen	1
Brass articles	3
Iron and steel chains	18
Artificial flowers	4
Paper bags	2
Making of boxes	71
Brush making	9
Feather sorting	1
Carding of buttons	36
Total	892

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

Wearing apparel.. .. .	456	Artificial flowers	11
Household linen.. .. .	13	Making of boxes.. .. .	69
Curtains.. .. .	2	Brush making	4
Furniture and upholstery	4	Feather sorting.. .. .	1
Brass articles	9	Carding of buttons	18
Iron and steel chains	3	Stuffed toys	1
Umbrellas	3		<u>594</u>

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	24	859	26
Retail shops	7	1,552	90
Wholesale shops, warehouses ..	3	366	15
Catering establishments open to the public, canteens	4	277	35
Fuel storage depots	-	5	-
Total	38	3,059	166

During the year 53 notifications of accidents were received, 52 were of a minor nature, but none resulted from a breach of the Act. There was one fatal accident involving a window cleaner, but as he was not using the safety harness provided at the time, there was no contravention of the Act.

Notices to the number of 93 were served upon occupiers of premises which failed to comply with the requirements of the Act. The public health inspectors made a total of 1,718 visits.

Analysis of persons employed in registered premises by workplace

Class of workplace	Number of persons employed
Offices.. .. .	17,718
Retail shops	10,451
Wholesale departments, warehouses	6,876
Catering establishments open to the public.. .. .	1,862
Canteens	811
Fuel storage depots	98
Total	37,816
Total males	21,167
Total females	16,649

LEGAL PROCEEDINGS

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

	Visits	Re-visits
<i>Public Health Acts, 1936 and 1961</i>		
On complaint	6, 176	7, 874
House to House.. .. .	73	50
Infectious Disease	198	171
Verminous Conditions	541	283
<i>Housing Acts</i>		
Advances for House Purchase	32	26
Demolition Orders	36	39
Closing Orders.. .. .	273	311
Clearance Areas	277	147
Houses in Multiple Occupation	679	1, 217
Standard Grants	89	37
Improvement of Dwellings	472	364
<i>Rent Act, 1968</i>		
Certificate of Disrepair	2	9
Cancellation Certificates	5	3
<i>Food and Drugs Act, 1955</i>		
Registered Food Premises	132	222
Other Food Premises	690	743
Stalls	36	14
Markets.. .. .	121	102
Food Inspection	196	495
Dairies and Milk Distributors' Premises	3	1
<i>Investigations</i>		
Food Complaints	96	63
Food Poisoning.. .. .	8	10
<i>Other Visits</i>		
Aged and infirm persons	25	19
Drainage (General)	1, 167	2, 762
Drainage (Rat infestation)	80	144
Factories	167	202
Hairdressers and Barbers	73	19
Heating Appliances	5	2
Noise Investigations	120	123
Offensive Trades	5	12
Pet Shops	19	7
Offices, Shops and Railway Premises Act	912	806
Rag Flock and Other Filling Materials Act	2	4
Smoke Observations (by District Public Health In- spectors)	108	86
Vacant sites	33	198
Amusements with prizes	1	5
Appointments and interviews	213	178
Attendances at Court	123	73
Builders Notices (Supervision of work)	169	614
Housing Applications	24	24
Miscellaneous visits	1, 419	1, 019

LEGAL PROCEEDINGS

A total of 511 summonses were issued during the year under various enactments but 243 were withdrawn before the hearing took place. Of the 268 cases remaining 31 cases concerned with nuisances under the Public Health Acts 1936 and 1961 were adjourned *sine die*.

Details of the cases in which fines and/or costs were awarded are set out below:-

Legislation	No. of Orders	Fines £	Costs		
			£	s.	d.
<i>Public Health Acts 1936 and 1961</i>					
Nuisances	156	277	233.	0.	0.
Drainage By-laws	84	24	11.	0.	0.
Water-closet By-laws	2	7	2.	0.	0.
Provision of dustbins	12	12	8.	0.	0.
<i>Housing Act, 1957</i>					
Contravention of Closing Order	2	50	7.	0.	0.
<i>Housing Act, 1961</i>					
Contravention of Direction	19	429	112.	0.	0.
<i>Housing (Management of Houses in Multiple Occupation) Regulations 1962</i>	11	466	55.	5.	0.
<i>Food and Drugs Act, 1955</i>					
Sections 2 and 8	13	191	40.	0.	0.
Section 105	1	15	2.	0.	0.
<i>Food Hygiene (General) Regulations 1960</i>	9	357	41.	3.	0.
<i>Clean Air Act, 1956</i>	3	20	4.	0.	0.
<i>Factories Act, 1961</i>	4	80	20.	0.	0.
<i>Offices, Shops and Railway Premises Act, 1963</i>	1	22	5.	0.	0.
Total	237	1,950	540.	8.	0.

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