[Report of the Medical Officer of Health for Camberwell,

Metropolitan Borough of Camberwell

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1951

HOWELL W. BARNES, B.A., M.B., B.Ch., D.P.H.

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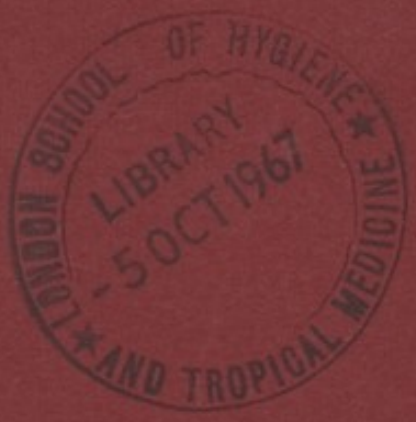
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AND TROPICAL MEDICINE

PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
CAMBERWELL, S.E.5.

August 12th, 1952.

To the Mayor, Aldermen and Councillors
of the Metropolitan Borough of Camberwell.

YOUR WORSHIP, LADIES AND GENTLEMEN,

In this report an endeavour is made to review the progress of the work of the Public Health Department, to emphasise the value of the health measures in operation in the Borough and to compare them with those existing at the time the present writer took office in 1922 by indicating the principal changes in the vital statistics of Camberwell since that date.

The standard of sanitation and hygiene is at a higher level to-day than has ever previously existed, owing to the efforts of the preventive health service.

The advance in paediatrics has been largely due to recognition of the fact that the social aspects of diseases have a considerable bearing on infant mortality. Better nutrition has also played its part. In 1921 the live birth rate was 23·5 per 1,000 total population compared with 16·4 in 1951. The expectation of life of a baby born in 1921 was 58 years if a boy or 62 years if a girl, while to-day, it is 66 and 71 years respectively. The greatest single factor contributing to this increase in the expectation of life is the reduction in the number of deaths of infants under one year of age. The infant mortality rate which was 74 per 1,000 live births in 1921 was 25·7 in 1951. The maternal death rate has during these years decreased from 2·5 for every 1,000 total births to 1·0. The general death rate in 1921 was 12·0 and in 1951 13·5. Deaths from tuberculosis (all forms) numbered 352 in 1921 as compared with 65 in 1951.

The various personal health services, which were established by this Council from 1922 onwards, and handed over to the London County Council in 1948, have made an important contribution to this satisfactory state of affairs.

The striking advance in medicine during recent years is the protection of the community against disease by artificial immunisation. Smallpox, diphtheria, enteric fever and tetanus have been brought under control by immunisation Although satisfactory results cannot be guaranteed in the case of whooping cough and measles, yet the position is improving, especially in the case of whooping cough.

The advances in chemotherapy and the antibiotics, with the improvements in anaesthetics and blood transfusion, have combined to bring about a steady improvement in surgery. The sulphonamides and antibiotics are most effective in pyogenic coccal infections. The discovery of new drugs has revolutionised medicine, psychological medicine and dermatology and the same can be said of the advances in the treatment of tropical diseases. Similar advances have been made in the treatment of venereal diseases, owing to the improvements in bacteriological diagnosis and discoveries in specific chemotherapy.

There still exists a large amount of absenteeism from work due to sickness and injury, which expressed in terms of man-hours lost per annum is colossal. The question arises in how many of the milder cases, sickness could have been avoided by care or better social conditions. To what extent could even an elementary knowledge of methods of maintaining health or a talk with the family doctor avoid absence from work ?

Much has yet to be achieved before perfection can be claimed, but there is no reason for gloom and foreboding. As long as an enlightened policy is laid down by the Council for the advancement of health education the health of the inhabitants of Camberwell will continue to improve. There has been a tendency in recent years to neglect the aspect of preventive medicine and to put all the emphasis on the more spectacular curative treatment of diseases. Curative medicine under the National Health Service Act may be regarded as a blessing but on no account should attention be diverted from the prevention of disease; the axiom "Prevention is better than cure" still holds good. In these days our financial position is not such that we can afford sickness. From the economic point of view, a healthy individual is an asset—a sick man a liability. A continuous process of education of the general public is necessary. The rudiments of health, knowledge of the prevention of diseases and accidents and the importance of obtaining the advice of a doctor in the early stages of an illness, should be well instilled in the minds of all children before they leave school. Above all, they should be taught that a healthy body and a healthy mind cannot be provided by the local sanitary authority without their co-operation.

It should be the aim of every individual to continue to educate himself as to the methods he can employ to improve his own health and that of those nearest and dearest to him. He should learn the necessity for regarding whooping cough and measles as serious illnesses, the importance of clean food and hygienic food handling. He should become acquainted with the preventive measures to combat the spread of tuberculosis and other diseases; the value of immunisation both active and

passive and the prophylactic value of vaccines in their application to whooping cough, tuberculosis and virus diseases.

In conclusion, may I express my appreciation of the co-operation and encouragement that has been extended to me by the Members of the Council throughout the year and to thank the members of the Staff of the Public Health Department for the loyal and competent service they have at all times most willingly rendered.

I am, Mr. Mayor, Aldermen and Councillors,

Your obedient servant,

H. W. BARNES,

Medical Officer of Health.

Staff of the Public Health Department at the end of 1951.

Medical Officer of Health :
H. W. Barnes, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health :
Vacant.

Public Analyst :
D. F. H. Button, A.R.C.S., F.R.I.C.

Food Inspector and Senior Sanitary Inspector :
R. F. Nash. *a*

Housing Inspector :
H. W. Leonard. *a*

Sampling Officer—Food and Drugs Act, etc.
H. R. Weaver. *a*

Sanitary Inspectors :

Dist. No.		Dist. No.	
1.	A. G. O'Gilvie. *b*	8.	H. Attwater. *a*
2.	J. H. Prosser. *b*	9.	M. L. Malins. *a*
3.	R. C. Charlton. *b*	10.	H. M. Hough. *a*
4.	D. V. Watkins. *a*	11.	Vacant.
5.	J. A. Harris. *b*	12.	F. Maughan. *a*
6.	L. A. Biggs. *b*	13.	L. W. Burrell. *a*
7.	W. C. Scales. *b*		

Chief Clerk :
S. A. Cranfield.

Senior Clerk :
A. J. Carly.

Clerks :

A. M. Rowlatt.
D. Danter.
Mrs. M. Findlay.
Mrs. J. Oke.
Miss M. Laws. (Temp.)
Miss L. Burleigh (Temp.)
A. Beare (Temp.)

Rodent Control Staff :

Rodent Officer	... ...	W. H. G. Saunders. *b*
Rodent Investigator	...	Mrs. M. J. Kenny
Rodent Operators	... ...	C. Green (Working Foreman), F. G. Hulbert, P. Collins, R. Humphreys, A. E. Peters, A. Peters, D. A. Garth.
Bait Preparer	... ...	Mrs. A. Grice.

Disinfecting and Cleansing Station :

Superintendent Disinfector	... A. Thomas.
Disinfector Apparatus Attendant	... B. Russell.
Disinfectors	... R. T. J. Hodgson, E. Manning, A. E. Kenny. J. Butterfield.
Motor Driver	... H. King.

Cleansing Station Attendants :
Mrs. D. O. Farmer.
Mrs. E. E. Doe.

a) Certificate Sanitary Inspectors Examination Board and Meat and other Foods Certificate.
b) Certificate Sanitary Inspectors Examination Board.

Summary of Statistics for the year 1951.

Area of the Borough	4,480 acres
Greatest length	4¾ miles
,, breadth	2½ miles
,, height above Ordnance Datum (Sydenham Hill)	365 feet
Total area of Public Parks and Open Spaces ...	234·64 acres
Population (Census April 1951)	179,729
,, (estimated by Registrar-General mid-1951)	179,500
Number of inhabitated houses (end of 1951) ...	40,852
Rateable value (April 1951)	£1,564,493
Sum represented by a penny rate (estimated)	£6,370
Number of live births	2,951
Birth rate	16·4
Number of deaths	2,424
Death rate	13·5
Infantile Mortality :—	
Deaths under 1 year	76
Infant deaths per 1,000 live births	25·7
Maternal Mortality :—	
Deaths of women from diseases or accidents associated with childbirth	3
Maternal death rate per 1,000 total births ...	1·0
Deaths from phthisis	56
Phthisis death rate	0·3
Deaths from all forms of Tuberculosis ...	65
Tuberculosis death rate	0·3

VITAL STATISTICS.

Population.

The Registrar-General's estimate of the population of Camberwell in the middle of 1951 was 179,500 ; the Census figure in April 1951 was 179,729.

The population of Camberwell has been steadily decreasing for some years. This is partly due to the transfer of population to housing estates outside the County of London. It is to be hoped that further migration will take place and thus relieve the overcrowded conditions which exist at present in the Borough.

POPULATION OF CAMBERWELL, 1921–51.

Year.	Population.	Year.	Population.
1921	269,600	1937	224,800
1922	270,300	1938	222,400
1923	272,300	1939	219,500
1924	273,700	1940	173,750
1925	265,400	1941	127,570
1926	275,400	1942	129,900
1927	271,100	1943	132,330
1928	260,400	1944	129,880
1929	256,900	1945	135,460
1930	256,900	1946	164,380
1931	252,100	1947	175,060
1932	248,000	1948	178,200
1933	243,700	1949	178,310
1934	238,360	1950	178,900
1935	234,400	1951	179,500
1936	229,300		

Births.

The total births allocated to Camberwell for 1951 were :—

Live births	2,951
Still births	57
TOTAL	3,008

Illegitimate births numbered 176, which represents 5·8 per cent. of the total births.

The live birth rate was 16·4 per 1,000 total population. The birth rate has declined since 1947 but is still above the pre-war level (13·8 in 1939). The high rates of 1946 and 1947

are explained by the return to civilian life of soldiers from overseas at the end of the war.

LIVE BIRTH RATES (PER 1,000 TOTAL POPULATION) IN CAMBERWELL 1921-1951.

Year.	Birth Rate per 1,000 Population.	Year.	Birth Rate per 1,000 Population.
1921	23·5	1937	14·0
1922	21·4	1938	13·9
1923	20·7	1939	13·8
1924	18·8	1940	15·3
1925	17·7	1941	15·6
1926	16·6	1942	18·1
1927	15·6	1943	18·7
1928	15·8	1944	18·9
1929	15·3	1945	18·0
1930	14·8	1946	23·4
1931	14·7	1947	24·4
1932	14·6	1948	19·0
1933	13·3	1949	17·8
1934	13·2	1950	16·2
1935	13·4	1951	16·4
1936	13·9		

Still Births.

Still births numbered 57 in 1951 or 18·9 per 1,000 total births.

TABLE SHOWING STILL BIRTHS IN CAMBERWELL 1921-51.

Year	No. of Still Births.	Rate per 1,000 Total Births.	Year.	No. of Still Births.	Rate per 1,000 Total Birtds.
1921	N/A	—	1937	97	29·7
1922	135	22·7	1938	103	30·3
1923	144	24·8	1939	103	32·8
1924	114	21·7	1940	51	18·8
1925	127	25·4	1941	36	17·8
1926	97	20·7	1942	70	28·8
1927	105	24·2	1943	53	20·9
1928	102	24·0	1944	60	23·8
1929	120	29·6	1945	63	25·2
1930	96	24·6	1946	87	22·1
1931	127	33·1	1947	70	16·1
1932	106	28·9	1948	66	19·0
1933	106	31·6	1949	64	19·7
1934	94	28·9	1950	70	23·5
1935	96	29·5	1951	57	18·9
1936	104	31·5			

A sharp fall in the still birth rate occurred in the year 1940 and the rate has remained at a much lower level since that year. There is no doubt that the reduction was to some extent due to the provision of more effective ante-natal care and a more skilled obstetric service resulting in an improvement in the health of the mother.

Deaths.

The total deaths in 1951 amounted to 2,424 or 13·5 per 1,000 of the population. The following table shows the trend of mortality in Camberwell since 1921.

DEATH RATES (PER 1,000 POPULATION) IN CAMBERWELL, 1921-1951.

Year.	Death Rate per 1,000 Population.	Year.	Death Rate per 1,000 Population.
1921	12·0	1937	12·8
1922	13·4	1938	12·2
1923	11·0	1939	12·4
1924	11·4	1940	19·1
1925	11·1	1941	19·9
1926	11·0	1942	15·6
1927	11·4	1943	16·0
1928	11·9	1944	18·7
1929	13·6	1945	14·5
1930	10·9	1946	13·5
1931	11·9	1947	13·3
1932	12·0	1948	11·4
1933	12·3	1949	11·9
1934	12·3	1950	11·3
1935	11·8	1951	13·5
1936	12·6		

The marked rise in the death rates for 1940-45 was to a large extent due to casualties caused by enemy action.

TABLE SHOWING CLASSIFIED CAUSES OF DEATHS IN AGE GROUPS IN CAMBERWELL DURING 1951.

Causes of death.	Sex.	All Ages.	0–	1–	5–	15–	25–	45–	65–	75–
All causes	M.	1,239	45	5	11	7	64	318	363	426
	F.	1,185	31	10	2	12	52	193	339	546
Tuberculosis, respiratory ...	M.	34	—	—	—	1	5	17	6	5
	F.	22	—	—	—	4	8	6	4	—
Tuberculosis, other	M.	4	—	—	2	—	1	1	—	—
	F.	5	—	1	1	—	1	1	1	—
Syphilitic disease	M.	10	—	—	—	—	—	2	4	4
	F.	2	—	—	—	—	—	1	1	—
Diphtheria	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—

DEATHS—*continued.*

Causes of Death.	Sex.	All Ages.	0–	1–	5–	15–	25–	45–	65–	75–
Whooping Cough	M.	—	—	—	—	—	—	—	—	—
	F.	1	—	1	—	—	—	—	—	—
Meningococcal infections ...	M.	2	1	1	—	—	—	—	—	—
	F.	1	—	1	—	—	—	—	—	—
Acute poliomyelitis	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Measles	M.	—	—	—	—	—	—	—	—	—
	F.	1	1	—	—	—	—	—	—	—
Other infective and parasitic diseases	M.	4	—	—	1	—	1	2	—	—
	F.	2	—	1	—	—	—	—	—	1
Malignant neoplasm, stomach	M.	31	—	—	—	—	2	12	10	7
	F.	32	—	—	—	—	1	8	13	10
Malignant neoplasm, lung, bronchus	M.	71	—	—	—	—	2	38	24	7
	F.	12	—	—	—	1	—	4	6	1
Malignant neoplasm, breast...	M.	1	—	—	—	—	—	1	—	—
	F.	24	—	—	—	—	2	8	8	6
Malignant neoplasm, uterus...	F.	12	—	—	—	—	2	3	1	6
Other malignant and lymphatic neoplasms	M.	107	—	—	—	1	9	34	34	29
	F.	90	—	—	—	2	7	29	33	19
Leukaemia, aleukemia ...	M.	8	—	1	1	—	1	1	3	1
	F.	2	—	—	—	—	—	1	—	1
Diabetes	M.	6	—	—	—	—	2	1	2	1
	F.	13	—	—	—	—	1	3	5	4
Vascular lesions of nervous system	M.	82	—	—	—	—	—	16	32	34
	F.	140	—	—	—	—	2	26	50	62
Coronary disease, angina ...	M.	122	—	—	—	—	3	39	47	33
	F.	78	—	—	—	—	—	10	37	31
Hypertension with heart disease	M.	61	—	—	—	—	1	13	21	26
	F.	63	—	—	—	—	—	9	21	33
Other heart disease	M.	207	—	—	—	1	1	29	57	119
	F.	276	—	—	—	—	8	28	51	189
Other circulatory disease ...	M.	35	—	—	—	—	—	6	10	19
	F.	56	—	—	—	—	—	2	18	36
Influenza	M.	25	1	—	—	—	—	7	9	8
	F.	28	—	—	—	—	—	4	9	15
Pneumonia	M.	46	5	—	—	—	1	13	9	18
	F.	52	3	1	—	—	2	9	13	24
Bronchitis	M.	157	2	—	—	—	3	32	57	63
	F.	93	1	—	—	—	1	13	28	50
Other diseases of respiratory system	M.	12	—	—	—	—	1	6	2	3
	F.	7	—	—	—	—	1	1	1	4
Ulcer of stomach and duodenum	M.	21	—	—	—	—	1	13	5	2
	F.	13	—	—	—	—	—	4	6	3
Gastritis, enteritis and diarrhoea	M.	4	1	—	—	—	—	2	—	1
	F.	8	1	—	—	—	—	3	2	2
Nephritis and nephrosis ...	M.	14	—	—	1	—	—	5	6	2
	F.	6	—	—	—	1	—	4	1	—

DEATHS—*continued*

Causes of Death.	Sex.	All Ages.	0–	1–	5–	15–	25–	45–	65–	75–
Hyperplasia of prostate ...	M.	24	—	—	—	—	—	2	7	15
Pregnancy, childbirth, abortion	F.	3	—	—	—	1	2	—	—	—
Congenital malformations ...	M.	18	11	1	2	2	1	—	—	1
	F.	11	5	1	—	1	1	1	2	—
Other defined and ill-defined diseases	M.	82	23	2	2	—	11	14	11	19
	F.	109	20	—	1	1	11	14	22	40
Motor vehicle accidents ...	M.	13	—	—	—	1	4	6	—	2
	F.	1	—	—	—	—	—	—	1	—
All other accidents	M.	22	1	—	2	1	7	4	3	4
	F.	18	—	4	—	—	—	1	4	9
Suicide	M.	13	—	—	—	—	5	2	3	3
	F.	3	—	—	—	1	1	—	1	—
Homicide and operations of war	M.	3	—	—	—	—	2	—	1	—
	F.	1	—	—	—	—	1	—	—	—

The leading causes of deaths in Camberwell during 1951 were as follows :—

Diseases of the heart	807
Pneumonia, bronchitis and influenza	401
Cancer	380
Vascular lesions of nervous system	222

Deaths from Cancer.

There has been a progressive increase in mortality from cancer during the last 50 years. There is no doubt that improvements in the facilities for radiography have led to more accurate diagnosis and the ageing of the population also plays a part. The rise is not entirely due to these factors, particularly in relation to cancer of the lung, where the increase in the number of deaths is so great that it can only be explained on the grounds of higher incidence. Various reasons for this have been suggested including cigarette smoking and the constant inhalation of the exhaust fumes of motor vehicles.

The last quarter of a century has witnessed striking advances in the knowledge and treatment of cancer. Although much has been achieved, much still remains to be discovered before the problems of this dread disease can be solved.

Infant Mortality.

The infant mortality rate in 1921 was 74 as compared with 25·7 in 1951.

INFANT MORTALITY RATES (per 1,000 live births) IN CAMBERWELL 1921-51.

Year.	No. of Infant Deaths per 1,000 Live Births.	Year.	No. of Infant Deaths per 1,000 Live Births.
1921 ...	74	1937 ...	58
1922 ...	78	1938 ...	61
1923 ...	56	1939 ...	36
1924 ...	70	1940 ...	46
1925 ...	64	1941 ...	58
1926 ...	64	1942 ...	53
1927 ...	52	1943 ...	48
1928 ...	61	1944 ...	52
1929 ...	68	1945 ...	34
1930 ...	51	1946 ...	38
1931 ...	56	1947 ...	39
1932 ...	65	1948 ...	31
1933 ...	49	1949 ...	24
1934 ...	67	1950 ...	27
1935 ...	60	1951 ...	25
1936 ...	59		

The gradual reduction in infant mortality since 1921 is no doubt the result of child welfare in all its various phases. Other factors have played their part, such as the fall in the case mortality of certain infectious diseases, diarrhœa and respiratory infections.

Over 50 per cent. of deaths within the first few weeks of life result from prematurity, congenital malformation and birth injuries. There are indications that the education of the mother as to her health and improved ante-partum care have resulted in a diminution of the deaths in children within the first few weeks of life. Birth injuries have been minimised by the employment of specialised obstetrical assistance. Prematurity, the chief cause of deaths under the age of one month, should show a gradual fall as the knowledge of the necessity for special care of premature infants becomes more known and applied.

Maternal Mortality.

With the introduction of sulphonamides there was immediately a decline in the mortality from puerperal infection which can no longer be considered as a serious risk of pregnancy.

The number of maternal deaths and the mortality rate in the years 1921 to 1951 are shown in the following table :—

Year.	No. of Maternal Deaths.	Maternal Deatb Rate per 1,000 total Births.	Year.	No. of Maternal Deaths.	Maternal Death Rate per 1,000 total Births.
1921 ...	16	2·5	1937 ...	6	1·8
1922 ...	15	2·6	1938 ...	8	2·5
1923 ...	20	3·5	1939 ...	6	2·0
1924 ...	17	3·3	1940 ...	5	1·7
1925 ...	13	2·6	1941 ...	10	6·5
1926 ...	15	3·2	1942 ...	6	2·4
1927 ...	17	4·0	1943 ...	3	1·2
1928 ...	18	4·3	1944 ...	4	1·5
1929 ...	13	3·4	1945 ...	6	2·2
1930 ...	8	2·1	1946 ...	5	1·2
1931 ...	16	4·7	1947 ...	5	1·1
1932 ...	8	2·4	1948 ...	4	1·1
1933 ...	16	4·7	1949 ...	4	1·2
1934 ...	8	2·4	1950 ...	2	0·6
1935 ...	10	3·0	1951 ...	3	1·0
1936 ...	7	2·1			

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

A water supply direct from the mains of the Metropolitan Water Board is provided for every dwelling house in the Borough. There are seven wells in operation in Camberwell, but the water from them is used for industrial purposes only.

Water Certificates.

Water Certificates in respect of 645 new dwellings were issued during the year under the provisions of the Public Health (London) Act, 1936.

Drainage and Sewerage.

During 1951, 553 yards of sewers were reconstructed, 28 brick road gullies were replaced by pot gullies and 16 defective pot gullies were renewed. Drainage plans submitted for examination and approval in respect of new and existing buildings numbered 97.

Public Cleansing.

This service is under the supervision of the Borough Engineer and Surveyor who has kindly furnished the following information :—

Amount of house refuse (including salvage and kitchen waste) collected during the year	...	43,953 tons.
Method of disposal	...	Removed by barges from Honduras Wharf, Bankside, to a controlled tip.
Frequency of collection	...	Weekly from dwelling houses and twice-weekly from blocks of flats and tenements.

Smoke Abatement.

Nuisances from atmospheric pollution have greatly diminished during the present century. Considerable attention was given to the question of smoke abatement following a report issued in 1921 by the Departmental Committee on Smoke and Noxious Vapours Abatement when public opinion began to realise the injurious effect of a smoke-laden atmosphere both upon health and property. The Public Health Smoke Abatement Act, 1926, gave extended powers to local authorities to deal with this problem.

During the following years the increasing use of smokeless fuel, gas and electricity both by industrial undertakings and domestic users has resulted in a considerable improvement in the purity of the atmosphere.

Owing to the fuel situation following the second world war, some difficulty has been experienced in preventing smoke nuisances in view of the inferior quality of the fuel available, but the provision of modern furnace equipment and proper methods of stoking have done much to offset this.

In 1951 only 11 complaints were received of nuisances caused by the emission of smoke, grit, etc., and the district sanitary inspectors kept 49 observations. Two intimation notices were served in respect of smoke nuisances. This compares with 282 notices served for a similar reason in 1922.

Bombed Sites and Static Water Tanks.

These sites and tanks continued to give rise to complaints of nuisances from the deposit of refuse and accumulation of stagnant water, particularly during the summer months.

In July 1951, the Public Health Committee requested the Medical Officer of Health to submit a report on the static water tanks in the Borough. An inspection of the 49 tanks in the Borough revealed that in only three cases was there any offensive matter deposited in the tanks and steps were taken to secure the removal of this refuse. Twelve tanks contained an accumulation of water and the London Fire Brigade were requested to arrange for this to be pumped out. Further inspections were made of all these tanks at a later date and in only one instance was action necessary to abate a public health nuisance.

The chief cause of complaint is the accumulation of rain water which in time becomes stagnant and gives rise to smell and the breeding of mosquitoes. The London Fire Brigade are most co-operative and always arrange for the water to be pumped out when requested. It is not possible, however, for all the water to be removed by their appliances, but the residue is usually treated with bleach powder to destroy any insect life.

It is sometimes found when the water is removed that the brick rubble, old iron, etc., which many of these tanks contain, are covered with an evil smelling slime and the only way to abate the nuisance is for the tank to be completely cleared.

Pig Keeping.

Regulation 62B of the Defence (General) Regulations, 1939, suspended restrictions on the keeping of pigs, hens and rabbits by tenants and occupiers of land. This Regulation was

revoked by the Defence Regulation (No. 1) Order, 1951, which came into operation on 1st July, 1951. There are no piggeries in the Borough, however, affected by this new legislation.

Noise Nuisances.

The Public Health Department investigated two instances where local residents complained of noise from adjoining business premises.

One case concerned a firm engaged in renovating metal oil drums from which dents were being removed by hammering with rawhide hammers. As the result of representations by the Health Department, the management installed machinery to carry out this work which resulted in a considerable reduction of noise.

In the other instance noise from a bakehouse during the night formed the subject of complaint by residents in the vicinity. The bakehouse in question is provided with modern equipment and the floors and yard pavings are constructed of steel plates set in concrete. Steel trolleys with cast iron wheels are used for transporting trays of bread and rolls, and the chief cause of complaint was the rattling of these trolleys when wheeled over the steel plated floors. The matter was reported to the appropriate Committee who adjourned consideration for six months to enable the proprietor to endeavour to find some means of remedying the nuisance.

Swimming Bath Waters.

The water in the swimming pools at the Dulwich and Camberwell Public Baths was supervised throughout the year. Twenty-nine samples were submitted for bacteriological examination and chemical analysis. No adverse reports were received.

The Rag Flock and Other Filling Materials Act, 1951.

This Act came into operation on 1st November, 1951, and repealed section 136 of the Public Health (London) Act, 1936. It provides for the licensing by the local authority of all premises used for the manufacture and/or storage of filling materials to which the Act applies, and for the registration by the local authority of certain premises where such materials are used in upholstering, stuffing or lining bedding, toys, baby carriages, etc.

There are no premises in the Borough where rag flock or other filling materials are manufactured but one licence was issued for a rag flock store and eight premises were registered for the use of such materials in the trades conducted therein.

Regulations made under this Act specify standards of cleanliness to which various filling materials must conform.

Seven samples of filling materials were taken during 1951 under these Regulations, as follows :—

Rag flock	2
Coir fibre	1
Hair (curled)	1
Woollen mixture felt	1
Sisal (pad)	1
Cotton felt (pad)	1

With the exception of the sample of cotton felt, all were found, upon examination by the Prescribed Analyst, to be satisfactory.

So far as the cotton felt was concerned, the Analyst reported that this sample just failed to conform to the required standard of 7·5 per cent. laid down for the trash content. The matter was reported to the Public Health Committee and a cautionary letter was sent to the firm using the cotton felt. A further sample was taken early in 1952 and this was found to be satisfactory.

Offensive Trades.

There are only five premises in the Borough registered for the purpose of carrying on offensive trades, as follows :—

Skin dressers	4
Soap boilers	1

These premises were supervised by the district sanitary inspectors but no infringements of the bye-laws were reported.

Rag and Bone Dealers.

There are eight rag and bone dealers carrying on business in the Borough, none of which gave rise to any nuisance or complaint requiring action by the Public Health Department.

Shops Act, 1950.

The district sanitary inspectors made 876 inspections of shops during the year under the provisions of the above Act. It only became necessary to serve one notice which was complied with. No applications were received for exemption certificates in accordance with Section 38 (6) of the Act.

Pharmacy and Poisons Act, 1933.

Applications for entry in the Council's Register as Sellers of Part II Poisons under the above Act numbered 13. There were also 154 applications for renewal of registrations. No infringement of the Act came to the notice of the Council's officers.

Sanitary Inspection of the Area.

Owing to the continued difficulty in securing the services of Sanitary Inspectors, the number employed fell short of the authorised establishment during the latter six months of the year.

The establishment of Sanitary Inspectors in 1951 is compared with that for 1922 in the following table :—

	1922	1951
District Sanitary Inspectors	11	13*
Women Sanitary Inspectors	2	—
Sampling Officer—Foods & Drugs Act, etc. ...	1	1
Food Inspector	—	1
Housing Inspector	—	2*
Rodent Officer	—	1

* One vacancy at 31.12.1952.

The number of complaints received in 1922 was 3,843, whereas in 1951 they numbered 6,409. It is true that house property has suffered as the result of air raids and lack of adequate maintenance during the war but this does not entirely account for the increase in the number of complaints. There is an increasing tendency for the public to appeal to the local sanitary authority to assist in securing the abatement of nuisances by the use of their statutory powers often without having first approached the landlord.

The following tables indicate the nature and extent of the work of the inspectorial staff during 1951 :—

SUMMARY OF WORK CARRIED OUT DURING THE YEAR 1951.

Inspections :—	
Nuisance inspections	6,693
Offensive trades	3
Smoke observations	49
Drainage, new and existing	5,031
Overcrowding	1,244
Factories and workplaces	569
Outworkers' premises	225
Rag and bone dealers	3
Infectious and other diseases	928
Verminous premises and persons	232
Aged and infirm persons	597
Common lodging houses	52
Conveniences, public and private	101
Rent (Restrictions) Act	67
Shops Act	876
Voluntary work	1,768
Inspections not defined	1,338
Re-inspections	21,864
Total inspections	41,640
Works supervised :—	
Tests applied to drains (existing premises)	569
Drains found defective	144
Drains totally reconstructed	83
Drains repaired or partially reconstructed	261

Tests applied to drains (new buildings)	3,205
Drains constructed	925
Additional water supply provided	15
Description of Sanitary Improvements ordered during the Year :—	
Cleanse and repair walls and ceilings	1,988
Repair roofs, gutterings, etc.	1,914
Abate dampness	2,311
Repair stoves, fireplaces and coppers	615
Repair windows, sashlines, sills, etc.	889
Repair flooring, stairs, doors, etc.	816
Provide sufficient light and ventilation	33
Provide dustbin	74
Remove offensive matter	21
Provide or repair yard paving	94
Provide or render accessible water supply	22
Repair water pipes and fittings	150
Clear premises of vermin	28
Cleanse or repair water closets and flushing apparatus	476
Repair or clear defective or obstructed drains	185
Repair soil pipes, waste pipes, sinks, etc.	303
Abate nuisances caused by animals improperly kept	4
Miscellaneous	124
Total repairs and improvements ordered	10,047

SUMMARY OF NOTICES SERVED, 1951.

Intimations, Public Health (London) Act, Byelaws, etc.	4,398
Statutory Notices, Public Health (London) Act, Byelaws, etc.	2,098
Public Health (London) Act, 1936 (Part II)	25
Section 4, Housing Act, 1936	99
No. of Summonses issued	148

Factories Acts, 1937-1948.

The work carried out by the Public Health Department under the provisions of the above Acts is set out in the following tables. These tables are reproductions of the form prescribed for submission to the Ministry of Labour and National Service :—

1.—INSPECTIONS, 1951.

Premises.	Number on Register.	Number of		
		Inspections.	Written Notices.	Occupiers prosecuted.
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	401	102	—	—
Factories not included above in which Section 7 is enforced by the Local Authority	1,060	428	10	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	13	1	—	—
TOTALS	1,474	531	10	—

2.—CASES IN WHICH DEFECTS WERE FOUND, 1951.

Particulars.	No. of cases in which defects were				Number of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred		
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness ...	9	2	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors	1	—	—	—	—
Sanitary conveniences—					
(*a*) insufficient ...	2	6	—	—	—
(*b*) unsuitable or defective	15	6	—	—	—
(*c*) not separate for sexes	3	—	—	2	—
Other offences against the Act (not including offences relating to outwork)	5	6	—	1	—
TOTAL	35	20	—	3	—

Outworkers.

Employers of home workers are required to forward to the local authority in February and August of each year a list showing the names and addresses of all such workers employed by them during the preceding six months. The homes of these persons are visited periodically by the district sanitary inspectors to ensure that the premises in which outwork is carried on are not insanitary or unhealthy.

The numbers of outworkers employed in various trades in Camberwell at the end of the year are shown in the following table :—

Artificial flowers	4	Linens	8
Baby linen	1	Needlework	8
Belts	3	Novelties	21
Blouses	8	Overalls	37
Boots and shoes	5	Paper bags	16
Brushes	4	Shoulder pads	36
Cardboard boxes	36	Stationery	9
Card lacing	26	Tailoring	18
Coathangers	2	Ties	8
Diaries	1	Toys	5
Embroidery	7	Umbrellas	4
Feather sorting	2	Uniform caps	5
Handbags	2	Wearing apparel	383
Hats	4	Miscellaneous	28
Hosiery	3		
Lampshades	10	Total	704

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Welfare of Aged Persons.

The Council pays an annual grant to the Camberwell Old People's Welfare Association for the provision of meals, recreation, etc., for old people living in the Borough. Assistance is also given to that Association by providing additional transport on four days each week for the distribution of midday meals to those persons who are unable to attend at one of the Old People's Dinner Clubs.

In the early part of the year a full-time Organising Secretary was appointed to co-ordinate the work of the Association and office accommodation was provided for her in the Town Hall. This has considerably facilitated close co-operation with the Public Health Department and with the Divisional Staff of the London County Council at 29 Peckham Road.

To assist in forming the nucleus of a register of old persons living in Camberwell, the Housing Department, at the request of the Medical Officer of Health, furnished a list of the names and addresses of all old-age pensioners living in properties controlled by the Council. These people were visited by the district sanitary inspectors to ensure that they were able to devote proper care and attention to themselves, and where necessary, the London County Council were requested to assist by providing home help or nursing services and the Camberwell Old People's Welfare Association were notified in order that their helpers might visit and make arrangements for the provision of meals, etc.

It sometimes happens that an aged person who is unable to look after himself or herself by reason of infirmity or ill-health is unwilling to receive assistance of any kind from the authorities in spite of the persuasive efforts of all concerned. These cases gradually deteriorate until they become a danger to themselves and to the health of other people. It then becomes necessary to put into operation the provisions of Section 47 of the National Assistance Act, 1948, to secure their compulsory removal to an institution. During 1951, four old persons were dealt with under these statutory powers and were removed to Newington Lodge, 182 Westmoreland Road, S.E.17.

On 1st September, 1951, the National Assistance (Amendment) Act, 1951, came into force. This Act gave local authorities

further powers to enable them to deal expeditiously with certain cases of aged persons in need of care and attention which they are unable to provide for themselves and are not receiving from other people. Where the Medical Officer of Health and another registered medical practitioner certify in the case of a person to whom Section 47 (1) of the National Assistance Act, 1948, applies, that it is necessary in their opinion that he or she should be removed without delay from the premises in which they are residing, an application for a removal order may be made to the appropriate court of summary jurisdiction or to a single justice without giving the person whose removal it is desired to secure, or the person in charge of him or her, the seven clear days' notice required by Section 47 (7) of the 1948 Act; and the court or the justice may if necessary act *ex parte*.

An order made under this new procedure, however, may only authorise a person's detention in a suitable institution for a period not exceeding three weeks. Any application for an order extending this period by not more than three months from time to time must be made in accordance with the provisions of Section 47 of the Act of 1948.

The Council authorised the Medical Officer of Health to make applications in cases to which the amending Act applies but fortunately it did not become necessary for such emergency action to be taken in respect of any person during 1951.

Infestation by Head Lice.

As a result of a communication received from the Divisional Medical Officer, London County Council, drawing attention to a number of school children who were repeatedly required by the Education Authority to attend at this Council's Cleansing Station for treatment for head lice infestation, the Medical Officer of Health reported to the Public Health Committee suggesting that the families of the children concerned should be invited to co-operate in terminating these unsatisfactory conditions. For this purpose, it was suggested that for an experimental period of six months, a suitable hair emulsion should be provided free of charge to each of these families, together with a tactful letter recommending its use by all members of the family as a preventive measure.

The Committee agreed to this proposal and with the approval of the Ministry of Local Government and Planning the parents of 65 children were issued with the emulsion. At the end of six months a review of the situation revealed that 23 of the children were satisfactory, six showed a definite improvement but were still infested and 36 had again been referred to the Cleansing Station (of these 15 were still frequent attenders).

The experiment had, therefore, been moderately successful in reducing the incidence of head lice infestation and from an educational point of view, had been most valuable.

The Public Health Committee therefore authorised the issue of a further supply of hair emulsion to the families of the unsatisfactory children and also to the parents of 15 additional children who had been notified by the London County Council as frequent attenders at the Cleansing Station and had not been previously dealt with in this scheme.

Disinfecting and Cleansing Station.

The Municipal Cleansing Station which is situated at Frensham Street, Peckham Park Road, S.E.15, is available for the treatment of any residents in the Borough affected with vermin or scabies. The following tables show the number of attendances made for such treatment during the year 1951 :—

CLEANSING STATION ATTENDANCES (VERMIN)

	Male.	Female.	Total.
Adults	31	14	45
Children	306	1,135	1,441
Total	337	1,149	1,486

CLEANSING STATION ATTENDANCES (SCABIES).

	Male.	Female.	Total.
Adults	24	15	39
Children	45	35	80
Total	69	50	119

Disinfection.

The following is a summary of the work carried out by the Disinfecting Staff during the year :—

	Notified Infectious Diseases.	Other Diseases.	Miscel-laneous.	Vermin.	Total. All Cases.
Rooms disinfected... ...	984	77	11	1,362	2,434
Lots of bedding disinfected	1,221	57	49	183	1,510
Total visits	1,549	105	1,433	812	3,899

Number of articles disinfected by steam	3,562
Number of articles disinfected by formalin	1,327
Number of books disinfected	174
Number of towels washed	5,002
Number of gowns washed	253
Number of overalls washed	291
Number of covering sheets washed	396
Beds and mattresses destroyed	290
Miscellaneous goods destroyed	260

Weight of	*Tons.*	*Cwts.*	*Qtrs.*	*Lbs.*
Unsound food dealt with	25	3	1	19½
Hospital dressings destroyed	18	3	0	0
Furniture, etc., destroyed	17	11	0	0
Dead animals destroyed	—	19	1	0
Hospital bedding disinfected	35	7	3	0

Infestation Control.

The systematic destruction of food pests is essential owing to the world shortage of food. With an increasing population the need for this destruction is more urgent than ever. The Prevention of Damage by Pests Act, 1949, which came into operation on the 31st March, 1950, placed on the Council the obligation to ensure that as far as practicable the Borough is kept free from rats and mice. It also provides that the occupier of any premises shall forthwith notify the local authority in writing if it comes to his knowledge that rats or mice are living on or resorting to the premises in substantial numbers, except in the case of food premises when such notice must be given to the Minister of Agriculture and Fisheries. A similar duty was placed upon occupiers by the Infestation Order, 1943.

Systematic rodent control treatment has for its purpose the reduction of the wastage of food. Rats and mice consume food to live but at the same time they render large quantities of food unfit for human consumption by fouling. Structural damage to buildings has been caused by rats and they have even been known to undermine the foundations.

From the health point of view, systematic treatment also controls the spread of diseases which may be caused by rats and mice—diseases which can be fatal to human beings. The disease of Leptospirosis is attributed to parasites of rats and mice. Weils disease (*Leptospirosis icterohaemorrhagica*) is recognised as a hazard of certain occupations, such as farm-workers, workers in sewers and coal miners. Bathers in canals and pools sometimes contract this disease from leptospira present in stagnant water. The risk of infection in sewer workers can be prevented by methods of personal protection and a continuous campaign against rats. Personal protection consists of the

wearing of rubber boots and gloves which are washed with disinfectant before being removed, and the disinfection of cuts and abrasions.

Two cases of lymphocytic choriomeningitis, one in an adult and one in a child have come to the knowledge of the Health Department within the last two years. The source of infection was a virus found in a house mouse. Transmission from the mouse to man is usually through food or dust contaminated by secretions from the mouth, nose, urine or faeces of the rodent. As this disease is identifiable only by laboratory methods, there is reason to believe that lymphocytic choriomeningitis is more common than the number of recognised cases indicates. The homes of the two Camberwell cases and adjoining houses in the same block were investigated for the presence of mice. Disinfestation treatment was carried out and continued until there was no possibility of infected mice remaining.

The work of this important branch of Public Health is carried out by a staff consisting of a Rodent Officer and Sanitary Inspector, one Rodent Investigator, seven Rodent Operators, one Bait Preparer and a Rodent Control Clerk.

A grant of 50 per cent. of the approved net expenditure is made to the Council by the Ministry of Agriculture and Fisheries, subject to their approval of the Rodent Control organisation set up by the Council. Expenditure on the treatment of infestations at commercial or industrial premises is recovered from the occupiers.

The following is a summary of the work carried out during the years 1949, 1950 and 1951 :—

	1949	1950	1951
No. of complaints received	1,617	1,546	1,383
No. of inspections	4,119	3,533	2,709
No. of operators' calls	18,427	17,554	20,257
No. of private premises baited ...	1,661	1,573	1,427
No. of business premises baited ...	188	176	216
No. of pre-baits laid	39,786	38,644	49,898
No. of poison baits laid	23,700	22,194	23,886

The number of complaints and premises treated in 1951 was less than in 1949 and 1950. This was no doubt due to the employment of an additional rodent operator which enabled "follow-up" treatments to be carried out promptly, thus controlling the spread of infestation. It will be noted that there was a considerable increase in the number of baits laid.

In the months of June and December all the sewers in the Borough were treated. This was in addition to the systematic treatment of sewer manholes which is carried out in blocks weekly throughout the year.

The inhabitants of the Borough are beginning to realise the value of notifying the Council of rodent infestation and of the prompt attention and treatment given by the Rodent Control staff.

As the result of the intensive rodent control treatment carried out in Camberwell, no centres of major infestation exist at present. Minor infestations, however, are to be found throughout the Borough. It is impossible to eradicate these as they are being constantly replenished from underground sources such as defective drains and sewers, but the continuous action taken by the Public Health Department prevents them from becoming major infestations.

Particular attention has been given to the rat- and mice-proofing of factories, especially those where food is prepared.

It is worthy of note that the rodent control staff handle highly dangerous poisons, such as arsenic, zinc phosphide, etc., but such care and control is exercised that no claim has ever had to be met by the Council for damage due to the accidental consumption of such poisons by domestic pets.

The following reports for the nine months from the 31st March (i.e. the date of operation of the Prevention of Damage by Pests Act, 1949) to the 31st December, 1950, and for the twelve months from the 1st January to the 31st December, 1951, were submitted to the Ministry of Agriculture and Fisheries. They present a picture of the conditions which existed and serve as a guide for subsequent action.

Report for Period 31st March to 31st December, 1950.

1. PREVALENCE OF RATS AND MICE.

TYPE OF PROPERTY	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
		Number of properties in Local Authority's Area in which infestation was			Analysis of Column (iv)		
					Number infested by		
					Rats*		
	Total	Notified by Occupier	Otherwise discovered	Recorded (Total of (ii) and (iii))	Major	Minor	Mice only
Local Authority's Property ...	30	6	nil	6	nil	6	2
Dwelling House	40,159	843	225	1,068	nil	1,068	345†
Business Premises	6,879	101	10	111	nil	111	23
Agricultural Property	Nil	—	—	—	nil	—	—
TOTAL	47,068	950	235	1,185	nil	1,185	370

* Include under this heading properties infested with both rats and mice.
† Includes properties where mice bait was issued to occupiers to put down.

2. MEASURES OF CONTROL BY LOCAL AUTHORITY.

TYPE OF PROPERTY	No. of properties inspected	No. of inspections made	Number of notices served under Sect. 4		Number of treatments carried out†				Block treatment of properties in different occupancies under Sect. 6 (1) or by informal arrangement		
					By arrangement with occupier		Under Section 5 (1)			Surface	Associated sewers
			Treatments	Works	Rats*	Mice only	Rats*	Mice only	No. of Blocks	No. of separate occupancies	No. of manholes treated
Local Authority's Property ...	6	6	nil	nil	11	2	nil	nil	1	3	
Dwelling House ...	1,917	2,430	nil	nil	2,443	228	nil	nil	203	468	2,863
Business Premises	240	250	nil	nil	322	55	nil	nil	20	40	
Agricultural Property	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil	nil
TOTAL ...	2,163	2,686	nil	nil	2,776	285	nil	nil	224	511	2,863

* Include under this heading properties infested with both rats and mice.

† Excluding treatments included under block treatments.

	TYPE OF PROPERTY				
	Local Authority	Dwelling Houses	Agricultural	All other (including business and industrial)	Total
I. Total number of properties in Local Authority's district ...	30	40,852	nil	6,862	47,744
II. Number of properties inspected by the Local Authority during 1951 as a result (*a*) of notification or (*b*) otherwise	(*a*) 8 (*b*) nil	1,249 1,246	nil nil	126 80	1,383 1,326
III. Number of properties (under II) found to be infested by rats	Major nil Minor 2	nil 934	nil nil	1 169	1 1,105
IV. Number of properties (under II) found to be seriously infested by mice	2	101	nil	36	139
V. Number of infested properties (under III and IV) treated by the Local Authority	4	1,035	nil	206	1,245
VI. Number of notices served under Section 4 :—					
(1) Treatment	nil	nil	nil	nil	nil
(2) Structural works (i.e., proofing)	nil	nil	nil	nil	nil
TOTAL	16	4,565	nil	618	5,199
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Section 4 ...	nil	nil	nil	nil	nil
VIII. Legal proceedings	nil	nil	nil	nil	nil

IX. Number of " block " control schemes carried out ... 174

Publicity on Health Matters.

At the beginning of the year the Medical Officer of Health submitted to the Public Health Committee a report on this matter which included the following suggestions as to the material and means of distribution which might be utilised for health propaganda :—

1. *Material*—

   (a) Modern posters and pamphlets on various diseases. Suitable material may be obtained from the Central Council for Health Education.

   (b) The use of the local Press for publishing information on health matters ; if necessary, purchasing advertisement space for this purpose.

   (c) Practical exhibitions, including mechanical and animate things, e.g. domestic pests.

   (d) The re-issue of the Digest of the Health and Social Services in the Borough.

2. *Means of Distribution*—

   (a) The display of posters, three side by side, on the various public buildings and sandbins in the Borough and on the Council's vehicles.

   (b) The distribution of pamphlets and leaflets at all the Local Authority's offices at which the public call, including the Libraries, Information Centre, Food Office, Housing Office and other places such as the London County Council Infant Welfare Centres, Evening Institutes, Youth Clubs, Old People's Clubs, local factories and hospitals. Copies of these pamphlets might also be sent to the Press and in certain circumstances be despatched with the rate demand notes.

   (c) The permanent display of practical exhibits at the Council's Libraries and the Information Centre.

   (d) The exhibition of films. Various films on Health Services, such as Food Hygiene, Rodent Control, Child Care, Prevention of Accidents in the Home, Prevention of Infection, Diphtheria Immunisation, Tuberculosis and general health matters.

The Committee received the report and authorised the printing and distribution of 3,000 copies of the Digest of the Health and Social Services which had been revised and brought up to date.

The Local Government Exhibition which was held at the Art Gallery, Peckham Road, in connection with the Festival of Britain celebrations provided an opportunity for bringing to the notice of the public certain aspects of the work of the Public Health Department. Limited space prevented a comprehensive health education campaign, but a competent display was set up which included Rodent Control, Clean Food and Infectious Diseases. This exhibition was visited by 5,278 members of the public and evoked considerable interest and favourable comment.

The displays which were held at the Town Hall on the evenings of Council Meetings also included public health subjects.

Personal Health Services.

These services, which are the responsibility of the London County Council, include Maternity and Child Welfare, Diphtheria Immunisation, Vaccination, Day Nurseries, Foster Mothers and Child Minders, Midwifery, Home Helps, Home Nursing etc. The Medical Officer of Health assists in the day-to-day administration of these services by agreement between the Borough Council and the County Council.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notification.

The introduction of compulsory notification of infectious diseases to the Medical Officer of Health of the district had for its object the isolation of the infectious sick and the destruction of the infection already existing. To be of value, therefore, for the purpose of protecting the community, notification must be accurate and speedy.

While the notifications after correction of diagnosis provide a sufficiently accurate picture of such diseases as acute poliomyelitis and meningococcal infection, yet the same cannot be said of measles and whooping cough. Notification has the great drawback that only persons suffering from disease are notifiable and does not take into account those who, though they may be spreading the infection, are in good health.

The following table shows the diseases which are notifiable in Camberwell, together with the statutory authority for notification.

Disease.	*Authority for notification.*
Acute encephalitis	Public Health Act, 1936 (Sect. 143). Regulation (No. 2259) made by Minister of Health, 1949. (1.1.50.)
Acute influenzal pneumonia ...	Public Health Act, 1936 (Sect. 143). Regulation (No. 1207) made by Minister of Health, 1927. (1.1.28.)
Acute primary pneumonia ...	Ditto ditto
Acute poliomyelitis	Public Health Act, 1936 (Sect. 143). Regulation (No. 2259) made by Minister of Health, 1949. (1.1.50.)
Anthrax	L.C.C. Order, 1909—Public Health (London) Act, 1936 (Sections 192 and 305).
Cholera	Public Health (London) Act, 1936 (Sections 192 and 304).
Continued fever	Ditto ditto
Diphtheria	Ditto ditto
Dysentery	Public Health Act, 1936 (Sect. 143). Regulation (No. 1207) made by Minister of Health, 1927. (1.1.28.)
Enteric fever (includes typhoid and paratyphoid).	Public Health (London) Act, 1936 (Sections 192 and 304). Regulation (No. 1207), made by the Minister of Health, 1927. (1.1.28.)
Erysipelas	Public Health (London) Act, 1936 (Sections 192 and 304).

Disease.	*Authority for notification.*
Food poisoning	Food and Drugs Act, 1938 (Sect. 17, as amended by National Health Service Act, 1946 (10th Schedule)).
Glanders	L.C.C. Order, 1909—Public Health (London) Act, 1936 (Sections 192 and 305).
Hydrophobia	Ditto ditto
*Leprosy...	Public Health Act, 1936 (Sect. 143). Regulation (No. 1036) made by Minister of Health, 1951. (22.6.51.)
Malaria	Public Health Act, 1936 (Sect. 143). Regulation (No. 1207) made by Minister of Health, 1927. (1.1.28.)
Measles	Public Health Act, 1936 (Sect. 143). Regulations (Nos. 1100, 205 and 420) made by Minister of Health, 1938, 1940 and 1948.
Membranous croup	Public Health (London) Act, 1936 (Sections 192 and 304).
Meningococcal infection ...	Public Health Act, 1936 (Sect. 143). Regulation (No. 2259) made by Minister of Health, 1949. (1.1.50.)
Ophthalmia neonatorum ...	L.C.C. Order, 1910—Public Health (London) Act, 1936 (Sections 192 and 305) and Regulation (No. 971), made by Minister of Health, 1926 (1.10.26) amended by S.R.O., 1928, No. 419, and 1937, No. 35.
Plague	Public Health Act, 1936 (Section 143). Regulations of Local Government Board, 1900.
Puerperal pyrexia	Public Health Act, 1936 (Sect. 143). Regulation made by Minister of Health, 1951, No. 1081. (1.8.51.)
Relapsing Fever	Public Health (London) Act, 1936 (Sections 192 and 304).
Scabies (first case in house within four weeks).	Public Health Act, 1936 (Sect. 143). Regulation (No. 1016) made by Minister of Health, 1943. (1.8.43.)
Scarlatina or Scarlet Fever ...	Public Health (London) Act, 1936 (Sections 192 and 304).
Smallpox	Ditto ditto
Tuberculosis	Public Health Act, 1936 (Sect. 143). Regulation (No. 572) made by Minister of Health, 1930. (1.1.31.)
Typhus Fever	Public Health (London) Act, 1936 (Sections 192 and 304).
Whooping Cough	Public Health Act, 1936 (Sect. 143). Regulations (Nos. 1100, 205 and 420) made by Minister of Health, 1938, 1940 and 1948.

* This disease is not notifiable to the Medical Officer of Health but to the Chief Medical Officer of the Ministry of Health only.

The isolation of all cases of contagious diseases is regarded as a most desirable measure, especially for those spread by airborne contagion, such as smallpox. Tubercular diseases are rarely isolated although unsuspected cases of open tuberculosis, especially in the latter stages, are responsible for spreading the disease. No statutory powers exist whereby a patient suffering from leprosy can be removed to hospital.

INFECTIOUS DISEASES, 1951.

SUMMARY OF NOTIFICATIONS RECEIVED AND DEATHS FROM THESE CAUSES AMONG NOTIFIED CASES

Disease.	No. of Notifications.	Treated in Hospital.	Found not to be suffering from the Disease.	Deaths of Notified Cases.	Age Distribution of Notifications.											
					Under 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 and upwards
Scarlet Fever	180	26	4	—	—	3	13	15	31	95	16	4	3	—	—	—
Whooping Cough...	300	43	2	—	46	36	49	48	54	57	5	2	3	—	—	—
Poliomyelitis & Polio-encephalitis	9	9	1	—	—	—	—	1	—	1	3	1	3	—	—	—
Measles	2,141	38	2	—	77	219	305	354	395	759	15	7	8	2	—	—
Diphtheria	12	12	12	—	1	—	—	—	—	1	2	2	4	2	—	—
Pneumonia { Acute Influenzal ...	53	1	—	1	—	—	—	1	1	3	1	1	5	2	19	20
Pneumonia { Acute Primary ...	74	16	—	—	—	2	—	1	2	7	3	—	7	13	24	15
Dysentery...	55	20	2	—	7	6	5	8	2	13	2	1	3	5	2	1
Paratyphoid Fever	2	2	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Erysipelas...	19	4	1	—	—	—	—	—	—	1	—	—	2	3	8	5
Meningococcal Infection ...	13	13	8	—	—	1	2	2	1	1	1	3	1	1	—	—
Puerperal Pyrexia	60	57	—	—	—	—	—	—	—	—	—	6	47	7	—	—
Ophthalmia Neonatorum ...	4	1	—	—	4	—	—	—	—	—	—	—	—	—	—	—
Scabies	16	1	—	—	—	1	3	2	1	3	1	2	1	1	1	—
Malaria	2	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Totals	2,940	243	32	1	135	268	377	433	487	942	49	29	88	36	55	41

Acute Poliomyelitis.

In recent years cases of this disease have become more frequent in the British Isles causing great anxiety among the public. Fortunately, the risk of contracting poliomyelitis in its paralytic form is far less than people imagine. Infection is mainly spread from person to person. In the earlier epidemics young children were the chief sufferers but of late years a higher proportion of reported cases has occurred in children of school age and the adolescent and adult population.

For practical purposes cases are classified as non-paralytic and paralytic. Non-paralytic cases are those which show signs of inflammation of the central nervous system without any muscle weakness. Several immunologically distinct types of the virus which causes poliomyelitis have been identified. None of the newly discovered antibiotics have any influence on the virus nor does convalescent serum give protection against poliomyelitis or against paralysis in a case in the pre-paralytic stage.

The first serious outbreak of this disease occurred in 1947 to be followed by lesser outbreaks in 1949 and 1950. The graph on page 41 shows the annual incidence of cases and deaths from this disease from 1921 to 1951.

Meningococcal Infection.

From the 1st January, 1950, all meningococcal infections are required to be notified as a single entity. Susceptibility to the clinical disease is slight although there may be a high carrier prevalence. The use of chemotherapeutic or antibiotic agents have been extremely useful in lowering the carrier rate and limiting the spread of the disease. (see graph page 42.)

Measles.

The reason why measles is now such a mild disease is not definitely known. It may be that improved social factors have influenced the mortality, but not the morbidity. Although chemoprophylaxis prevents certain serious complications of measles, nevertheless, the routine administration of chemoprophylactics to children with this complaint is not recommended. With a disease so mild, and active immunisation still in the experimental stage, the concensus of opinion is for passive immunisation to be reserved for those who are subject to special risks, such as weakly or sick children under two years of age and children in institutions and hospitals. (see graph page 43.)

Typhoid and Paratyphoid Fever.

The incidence and mortality rates of typhoid fever have decreased considerably since the beginning of the present century. This improvement is due to the great advance in sanitation. Cases occur occasionally and are usually due to carriers. The detection of carriers of this disease is a recognised procedure in the investigation of all cases notified. On receiving a positive report from the bacteriologist, the carriers are excluded from employment as food handlers until negative cultures of faeces and urine are obtained.

In the investigation of the source of infection of any individual case phage typing has been proved to be most useful. The value of preventive inoculation against typhoid fever is well known. In civilian practice it is reserved for persons subject to unusual exposure to infection by reason of occupation or travel and family contacts of carriers. (see graph page 44.)

Pneumonia.

The only forms of pneumonia which are notifiable are Acute Primary and Acute Influenzal. The downward trend of the death rates of pneumonia is due to the discovery of the sulphonamides and antibiotics. The notifications of these types of pneumonia during the years 1921-51 are shown in the graph on page 45.

Dysentery.

The term dysentery is loosely applied to all forms of diarrhoea in which the stools contain mucous and blood. There are two known types of dysentery—bacillary and amoebic. The parasite which causes amoebic dysentery has a world-wide distribution, but fortunately, few cases are to be found in temperate regions such as England.

The incidence of bacillary dysentery has increased considerably in recent years. The majority of the notifications of dysentery is due to infections with the Sonne species of the genus Shigella. There is reason to believe that the number of actual cases which occur every year is greatly in excess of the notifications. Sonne dysentery is mainly a disease of children and often occurs in close communities such as schools or day nurseries. Clinically the disease is mild in type and deaths few in number. It is believed that the spread of this disease is due to temporary excretors rather than chronic carriers. Infection is spread mainly by direct and indirect contact.

With a disease of so high a degree of infectivity and so rapid in its spread, collaboration is essential between the Medical Officer of Health and the bacteriologist for the eradication of outbreaks in schools and day nurseries. Sulpha drugs have proved to be most successful from the point of view of prophylaxis and in the treatment of this disease. (see graph page 46.)

Scarlet Fever.

A variety of conditions are caused by haemolytic streptococci, including scarlet fever, erysipelas and puerperal infection. The distinguishing characteristics of scarlet fever are fever, sore throat, " strawberry " tongue and a rash. Scarlet fever differs from streptococcal sore throat by the presence of a rash.

No disease has changed more than scarlet fever in recent years. It is, to-day, a trivial disease and is no longer regarded with dread ; the fatality rate is almost nil. Notification of this disease seems hardly necessary, as streptococcal sore throat is not notifiable. Isolation and concurrent disinfection are still practised, especially in cases of severity or of an exceptional nature. With a disease so mild in nature, as scarlet fever is at present, the question of immunisation does not arise. (see graph page 47.)

Ophthalmia Neonatorum.

The results of the local application of penicillin since its discovery have been most successful in the treatment of this disease. The duration of treatment is now days instead of weeks. Resulting blindness is now almost unknown. Occasionally failure is encountered owing to the presence of a penicillin-resistant organism. (see graph page 48.)

The Value of Immunisation for Diphtheria.

Immunity to infections such as diphtheria, scarlet fever, measles and chicken pox, normally exists in the first few months of infanthood owing to the presence of antibodies obtained from the mother. These antibodies gradually disappear and are not replaced. Immunity can, however, be induced artificially. In the past the measures used to protect the individual from diphtheria was the use of a specific antitoxin. This passive immunisation was practised when a case occurred in a family and it was necessary to protect the other children who had been exposed to infection.

Passive immunisation has now been replaced by active immunisation which is best carried out in early infancy, preferably not later than 8 months of age. The resulting immunity

lasts from two to four years and it is advisable to give a "booster" dose when the child commences school at the age of five years.

Immunisation against diphtheria was introduced into Camberwell in the year 1926. For a few years there was a disappointing response on the part of the public. In 1942, an intensive propaganda campaign was conducted throughout the Borough and more and more mothers realised that the prophylaxis offered them by the Council was safe and effective. It gives great satisfaction to report that in the year under review there was not a single case of confirmed diphtheria. This must not be understood as implying absolute elimination of the disease. The prevention of the occurrence of cases depends upon the maintenance of an adequate level of immunisation. It is essential for parents to realise that diphtheria is still a deadly threat which can only be warded off by immunisation and that it is their duty and responsibility not to leave their children unprotected. The amount of money saved as a result of the reduction in the incidence of diphtheria can readily be realised. There is also the saving in hospital beds, doctors, nursing and domestic staff. No more suitable example of prevention being better than cure can be presented.

The graphs on pages 49 and 50 indicate the trend of the incidence of diphtheria and deaths for the period 1921-51.

Whooping Cough.

Three hundred notifications of whooping cough were received during the year of which two were subsequently found not to be suffering from the disease. There were no deaths of notified cases.

The characteristic paroxysmal cough is indicative of whooping cough but whooping does not occur in every case, especially in young children. Conclusive laboratory diagnosis depends upon the isolation of the whooping cough bacillus haemophilus pertussis. There is general agreement that whooping cough is at present the most serious of all infectious diseases. Not only is there a high incidence among children but it is also responsible for many deaths in children under one year of age.

The prevention of whooping cough by vaccination is possible. Controlled trials have been made to assess the prophylactic value of pertussis vaccine in children and it is generally agreed that a considerable measure of protection can be obtained with effective vaccines. Prophylactic vaccine should be given to children within the first six months of life as more than half of all the deaths occur in children under one year. In recent years diphtheria and whooping cough immunisation have been combined as one prophylactic.

Recent advances in the study of antibiotics raise the hope that a most effective remedy for this disease will be found in the near future. Further, when this antibiotic is given to close contacts immediate protection will be provided, whereas immunisation by vaccine takes some weeks to develop. (see graph page 51.)

Smallpox.

Localised attacks of smallpox occur from time to time. Only a very small proportion of the inhabitants of the Borough have any degree of immunity against the infection. During the years 1928 to 1934 (inclusive) a modified form called alastrim was responsible for 653 cases. This outbreak caused administrative anxiety and expense before it was controlled. Vaccination, if carried out properly and at appropriate intervals, is a means of protection of the individual and the community against this disease. Vaccination should be carried out in the first year of life, preferably between the ages of three and six months when severe reactions are very rare. The immunity obtained lasts for a period of seven to ten years and vaccination should be repeated at the age of ten years. Needless to state, all individuals who have been exposed to infection should be vaccinated or re-vaccinated unless a serious contra-indication exists.

Leprosy.

The Public Health (Leprosy) Regulations, 1951, came into operation on the 22nd June, 1951, and require every medical practitioner attending on or called in to visit a patient suffering from leprosy to send forthwith to the Chief Medical Officer of the Ministry of Health particulars of the case in a certificate prescribed in the Regulations.

The mode of transmission of this disease is by intimate and long contact with infected individuals. Communicability occurs when lesions become open and leprosy bacilli are discharged.

Food Poisoning.

Under the Food and Drugs Act, 1938, it is the duty of a medical practitioner on becoming aware or suspecting that a patient whom he is attending is suffering from food poisoning to forthwith send particulars of the case to the Medical Officer of Health of the district in which the patient lives. On receipt of such a notification all necessary epidemiological enquiries are made without delay, such as the investigation of possible sources of infection, and steps are taken to prevent the spread of the disease and protect the health of the public.

During recent years there has been a great increase in the number of recognised outbreaks of food poisoning and this increase is associated with communal feeding. The foods commonly associated with food poisoning are those which are handled during preparation and in which bacterial multiplication can readily take place. The general measures adopted for the prevention of outbreaks of food poisoning are to ensure that food intended for human consumption is not contaminated. There can be no hesitation in saying that food poisoning outbreaks are, for the most part, due either to raw materials infected by the faeces of animals containing salmonellae, to unsatisfactory methods of food preparation or to a disregard of elementary personal hygiene. The difficulties in preventing animal faecal excretors giving rise to salmonella infection in human beings are formidable. It is essential for attention to be paid to hygiene during and after the slaughter of food animals if these dangers are to be reduced.

Those engaged in the catering trade are slowly beginning to realise that food prepared some time before it is eaten, allowed to cool slowly and then reheated to a moderate temperature before it is served, is a potential danger to the consumer. The education of food handlers in personal hygiene is essential. This not only applies to food traders but also to householders. In this connection Medical Officers of Health and Sanitary Inspectors can do much by personal propaganda. The provision of hot water, soap and towels for the use of food handlers and the washing of hands thoroughly after visits to the water closet, if carried out meticulously, will help to reduce outbreaks of food poisoning.

The total number of outbreaks reported in Camberwell during the year was five, involving 16 cases (4 of which were not notified). Sporadic cases numbered 31. One of the outbreaks occurred among nurses in a hospital and the remaining 4 were family outbreaks.

Table giving presumed causes :—

Presumed cause	Sporadic cases	Family outbreaks	Outbreaks	Total
Salm. typhi murium	4	—	—	4
Other *salmonellæ*	—	—	—	—
Staphylococci	—	—	1	1
Cl. welchii	—	—	—	—
Other organisms	—	1 (*faecal coli*)	—	1
Chemical	—	—	—	—
Unknown	27	3	—	30
TOTAL	31	4	1	36

The hospital outbreak was suspected to be due to tinned luncheon meat which was made up into sandwiches for members of the nursing staff. The nurse who prepared the sandwiches ate some of the meat as soon as the cans were opened and became ill the same night; the evidence therefore pointed to contamination of the meat at the canning factory. Two of the sandwiches were submitted for bacteriological examination and yielded cultures of coagulase-positive staphylococcus aureus. In one of the family outbreaks various residual foods from the meal suspected to be the cause of the poisoning were sent to the bacteriologist who reported as follows :—

Gravy and fat from cooked veal, Bisto and stewed apples	No organisms isolated
Custard	Coli of *fæcal* type isolated
Veal (raw)	*Hæmolytic Cl. welchii, fæcal* coli
Flour	A late lactose fermenting variant of coli, non-positive *polyvalent salmonellæ agglutinations*

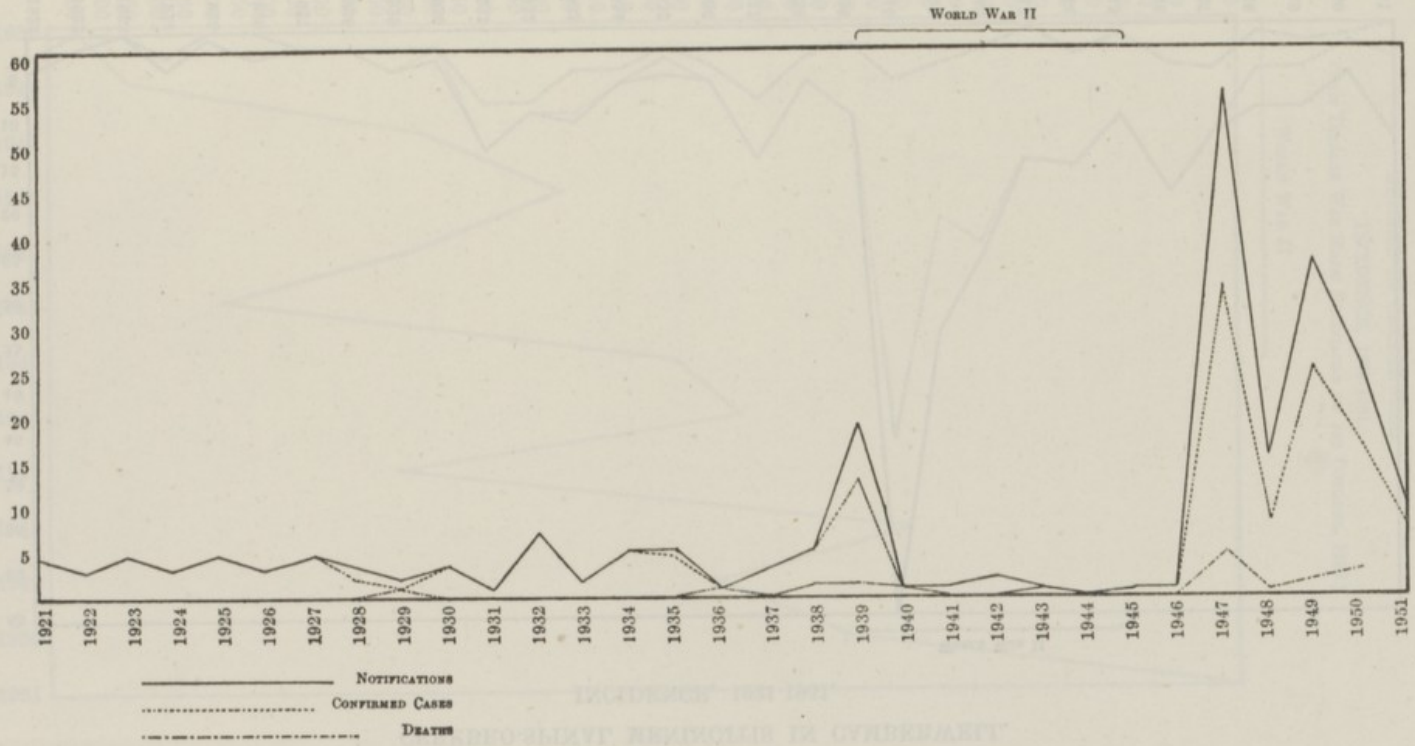
It would appear therefore that the food was probably contaminated by the member of the family who prepared the food.

In four of the sporadic cases Salmonella typhimurium was isolated from the patients.

The causative agent was not discovered in any of the remaining cases although samples of suspected food and specimens of faeces and vomit were obtained wherever possible and submitted for bacteriological examination.

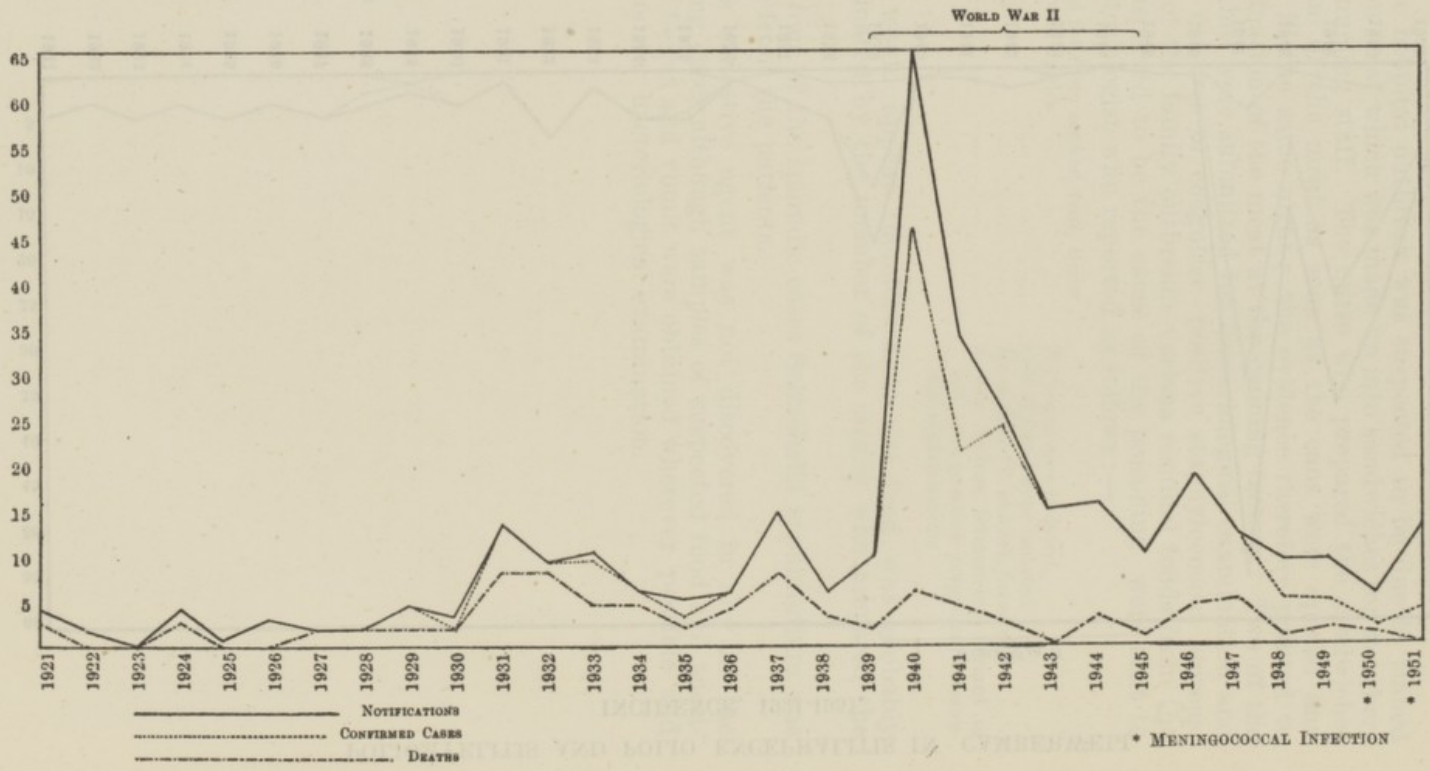
POLIOMYELITIS AND POLIO ENCEPHALITIS IN CAMBERWELL.

INCIDENCE, 1921-1951.



CEREBRO-SPINAL MENINGITIS IN CAMBERWELL.

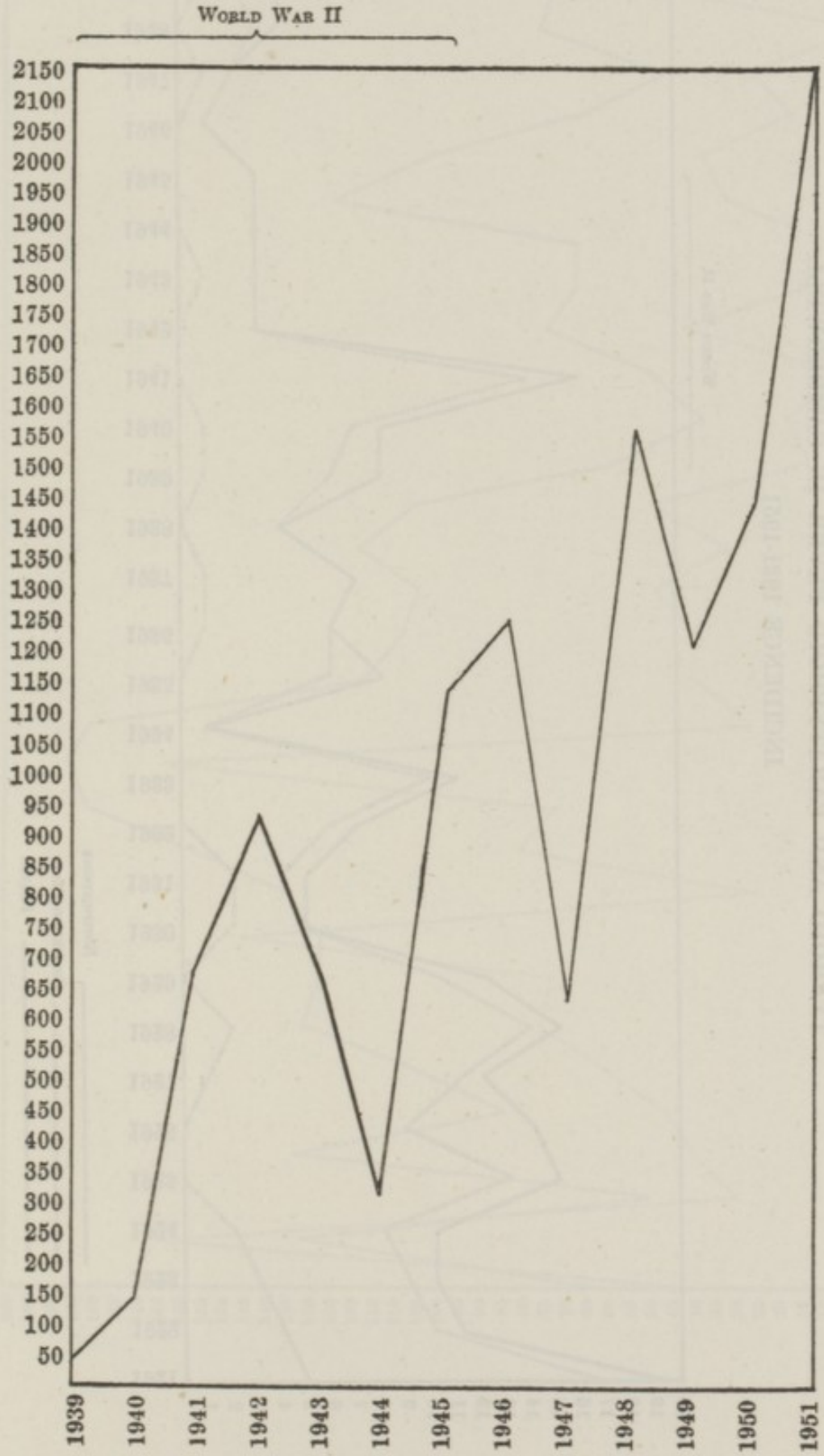
INCIDENCE, 1921-1951.



MEASLES IN CAMBERWELL.

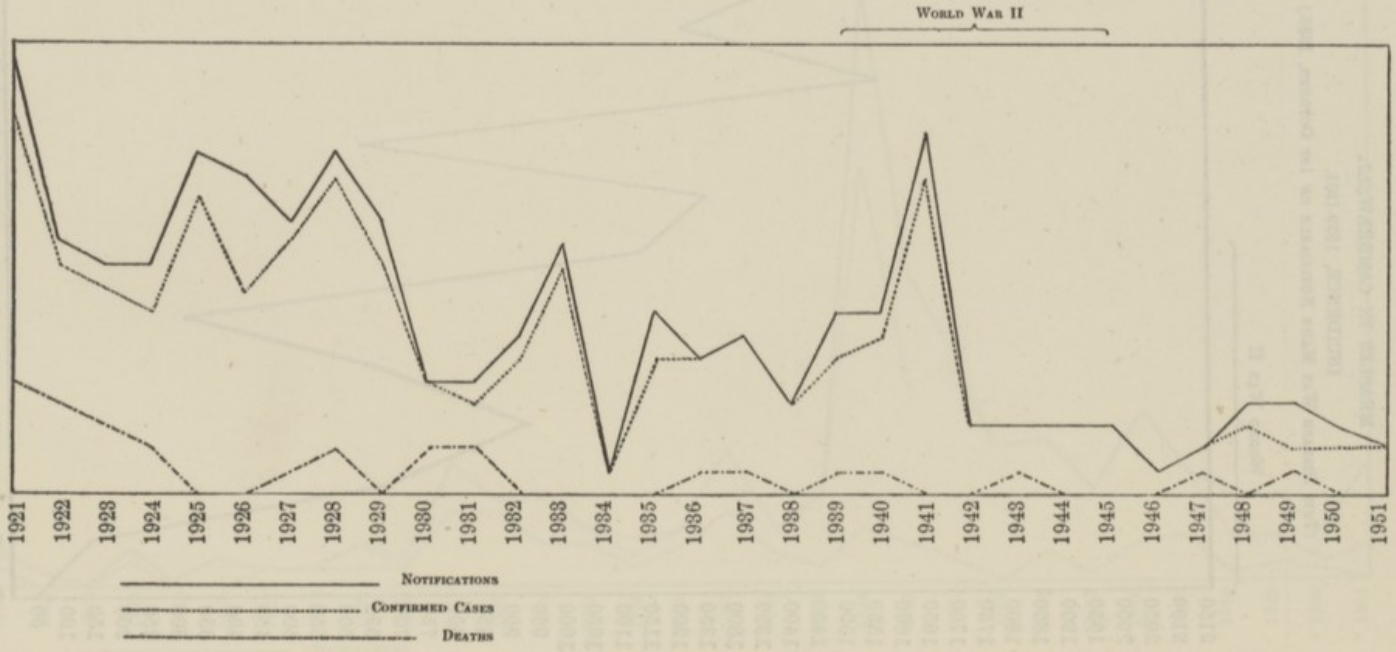
INCIDENCE, 1939-1951.

(This Disease Was Made Notifiable on 1st October, 1938.)

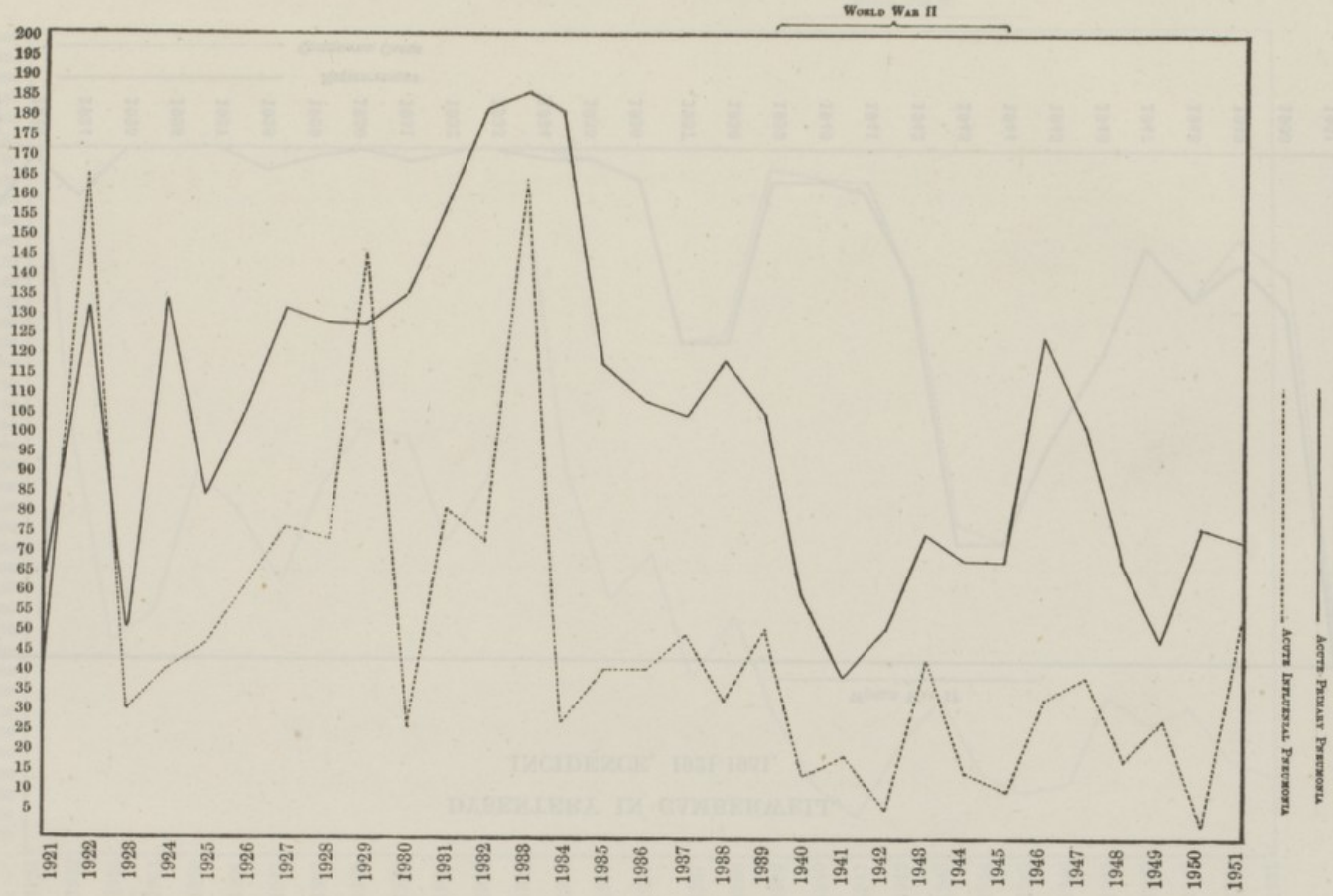


TYPHOID AND PARATYPHOID FEVER IN CAMBERWELL.

INCIDENCE 1921-1951

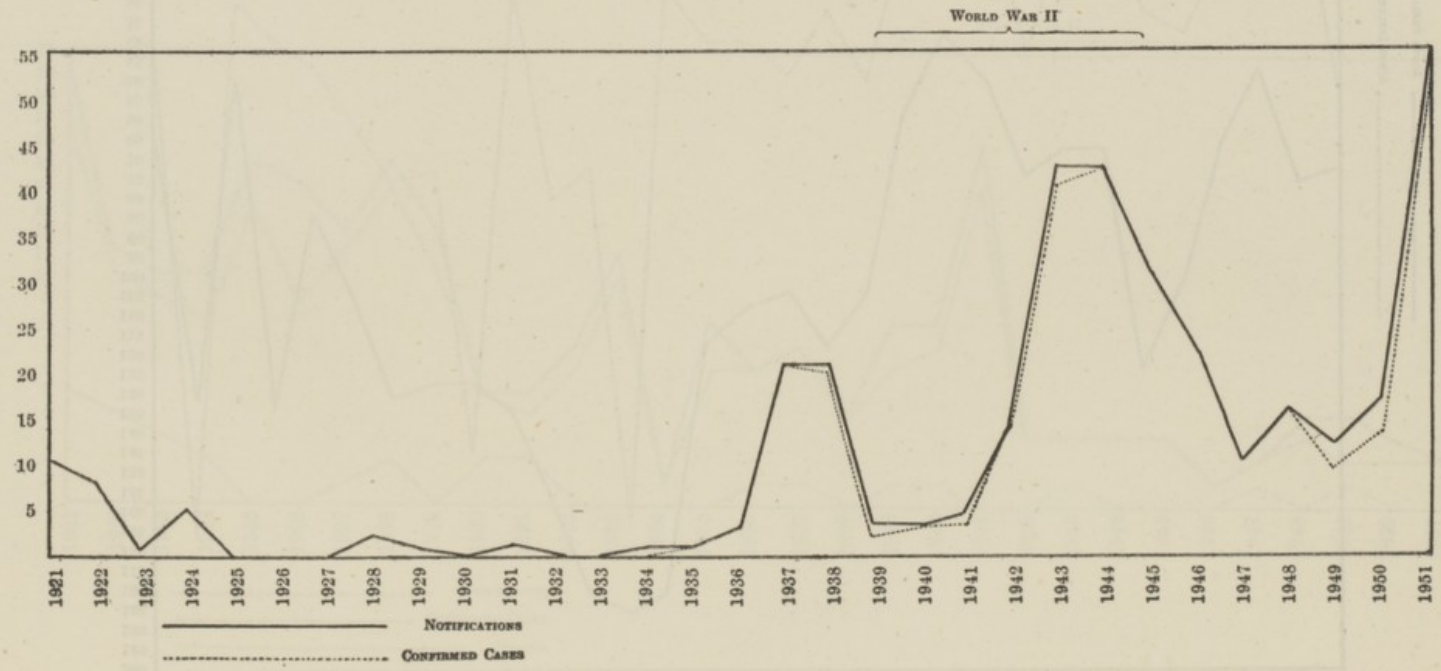


ACUTE PRIMARY AND ACUTE INFLUENZAL PNEUMONIA IN CAMBERWELL.
NOTIFICATIONS, 1921-1951.



DYSENTERY IN CAMBERWELL.

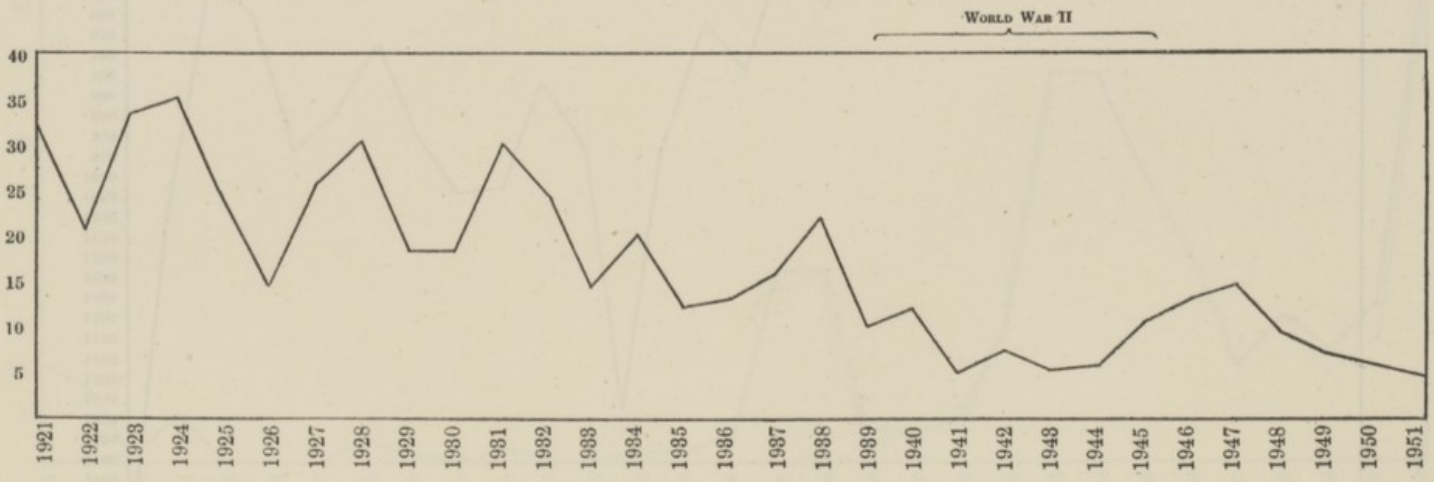
INCIDENCE, 1921-1951.



SCARLET FEVER IN CAMBERWELL.
INCIDENCE, 1921-1951.

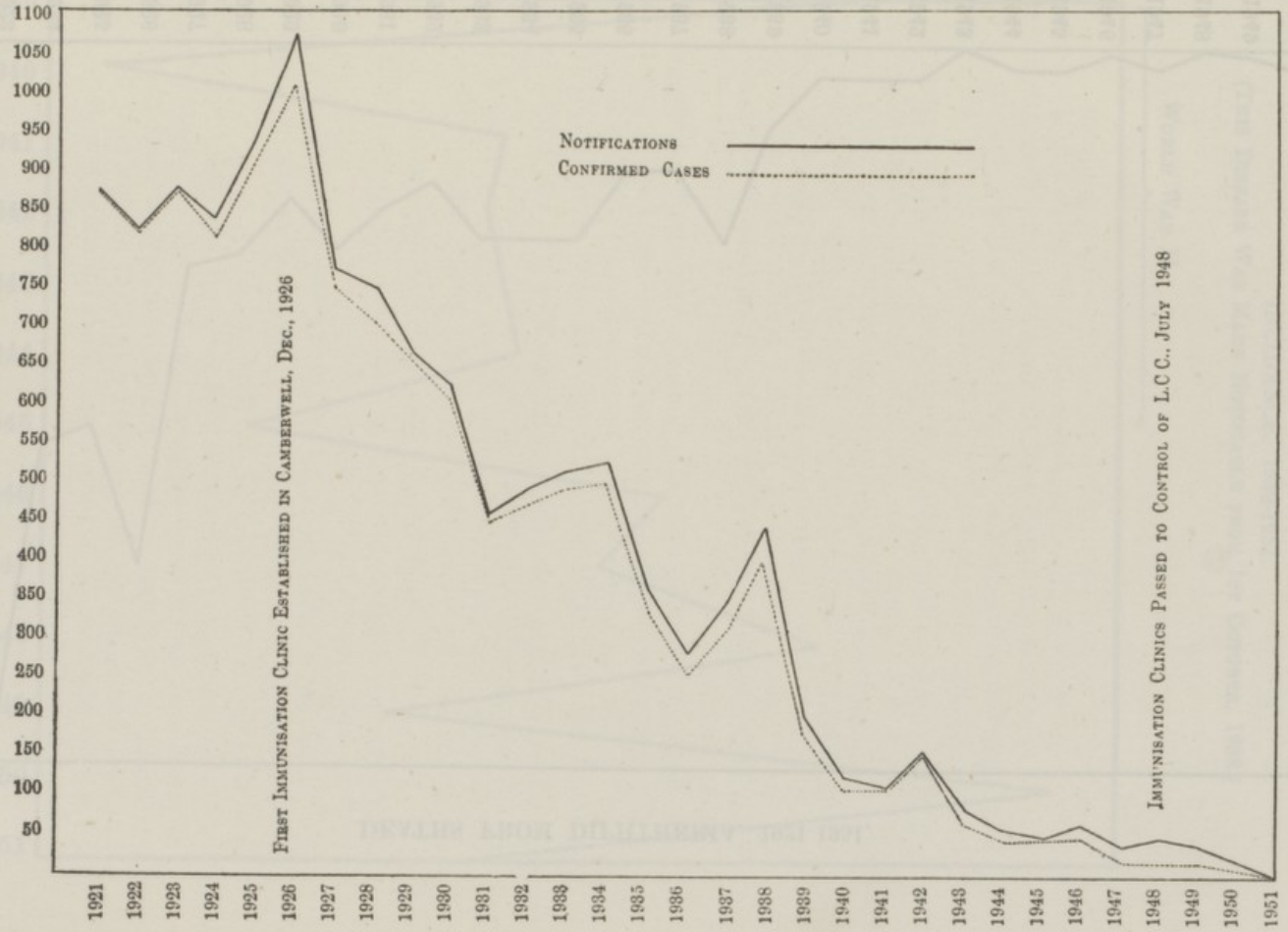
OPHTHALMIA NEONATORUM IN CAMBERWELL.

INCIDENCE, 1921-1951.

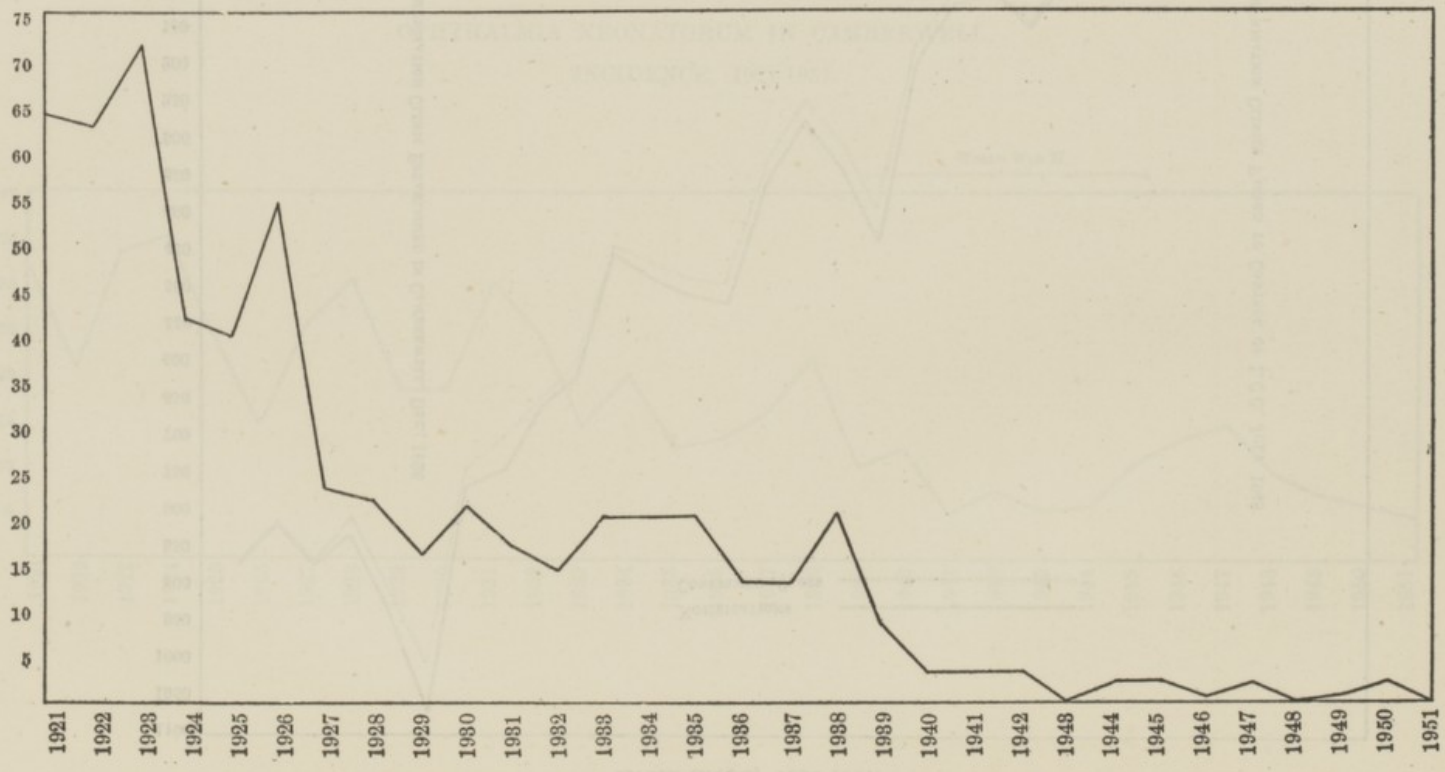


DIPHTHERIA IN CAMBERWELL.

INCIDENCE, 1921-1951.



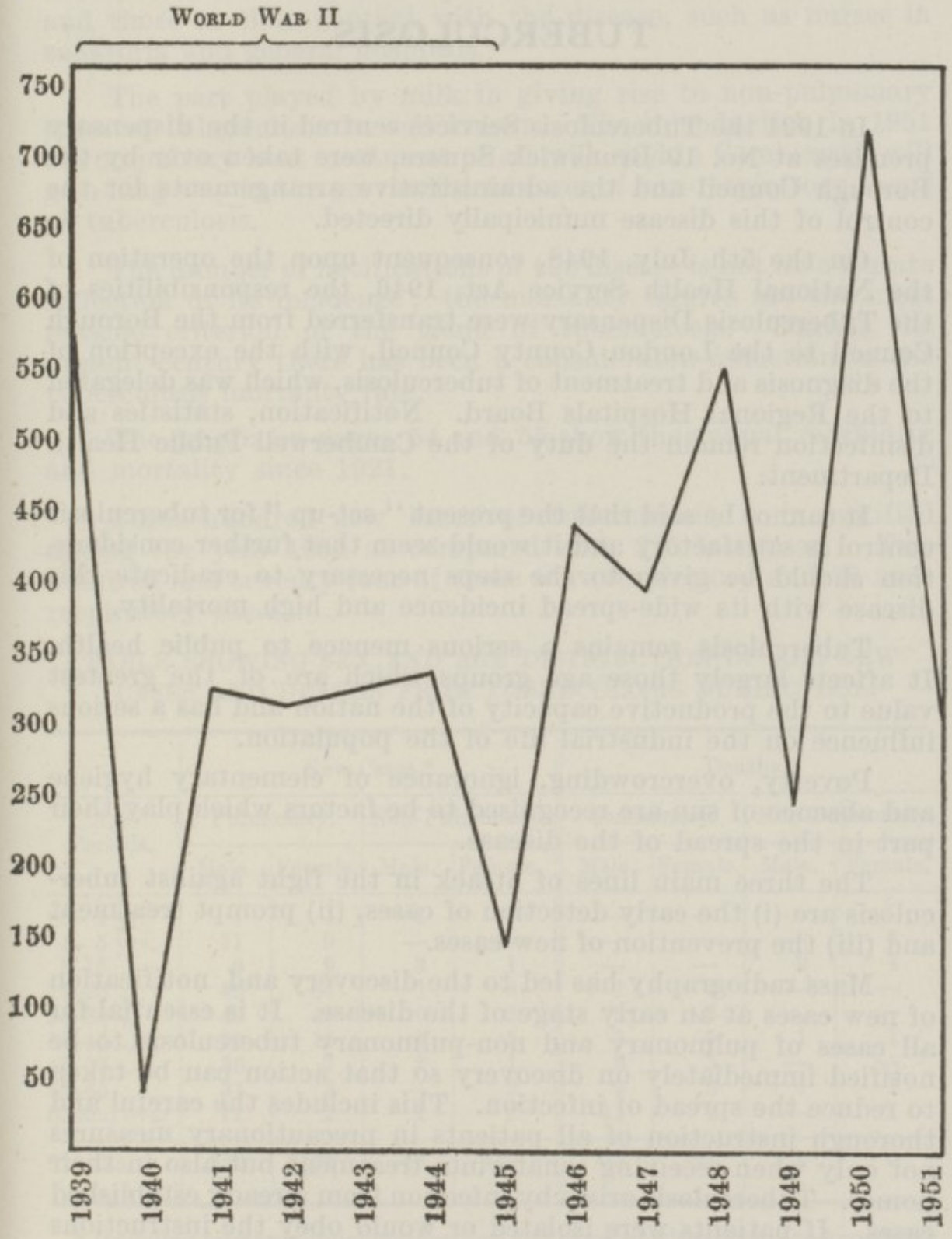
DEATHS FROM DIPHTHERIA. 1921-1951.



WHOOPING COUGH IN CAMBERWELL.

INCIDENCE, 1939-1951.

(THIS DISEASE WAS MADE NOTIFIABLE FROM 1ST OCTOBER, 1938.)



TUBERCULOSIS.

In 1921 the Tuberculosis Services centred in the dispensary premises at No. 19 Brunswick Square, were taken over by the Borough Council and the administrative arrangements for the control of this disease municipally directed.

On the 5th July, 1948, consequent upon the operation of the National Health Service Act, 1946, the responsibilities of the Tuberculosis Dispensary were transferred from the Borough Council to the London County Council, with the exception of the diagnosis and treatment of tuberculosis, which was delegated to the Regional Hospitals Board. Notification, statistics and disinfection remain the duty of the Camberwell Public Health Department.

It cannot be said that the present " set-up " for tuberculosis control is satisfactory and it would seem that further consideration should be given to the steps necessary to eradicate this disease with its wide-spread incidence and high mortality.

Tuberculosis remains a serious menace to public health. It affects largely those age groups which are of the greatest value to the productive capacity of the nation and has a serious influence on the industrial life of the population.

Poverty, overcrowding, ignorance of elementary hygiene and absence of sun are recognised to be factors which play their part in the spread of the disease.

The three main lines of attack in the fight against tuberculosis are (i) the early detection of cases, (ii) prompt treatment and (iii) the prevention of new cases.

Mass radiography has led to the discovery and notification of new cases at an early stage of the disease. It is essential for all cases of pulmonary and non-pulmonary tuberculosis to be notified immediately on discovery so that action can be taken to reduce the spread of infection. This includes the careful and thorough instruction of all patients in precautionary measures not only when receiving sanatorium treatment but also in their homes. Tuberculosis arises by infection from already established cases. If patients were isolated or would obey the instructions they receive and contacts were protected in every possible way, progress in reducing the incidence of this disease would be accelerated.

New antibiotic and chemotherapeutic agents have been employed with a certain amount of success in reducing the infectivity in advanced cases and in curing patients in the early stages of the disease. The introduction of B.C.G. vaccination into this country offers possibilities of immunising children and those in close contact with the disease, such as nurses in sanatoria and general hospitals.

The part played by milk in giving rise to non-pulmonary cases of tuberculosis is well known. The introduction in 1951 of compulsory heat treatment of all milk sold in Camberwell will go a long way in the prevention of cases of non-respiratory forms of tuberculosis.

The number of notifications of the disease is not an accurate reflection of its incidence; the mortality figures are the most reliable criterion of the trend of tuberculosis. During the present century there has been a considerable reduction in the tuberculosis mortality rate.

The graphs on pages 54 and 55 show the annual morbidity and mortality since 1921.

Three hundred new cases of tuberculosis were notified during the year 1951 as compared with 325 last year. Two hundred and seventy-four of these were respiratory and 26 non-respiratory cases.

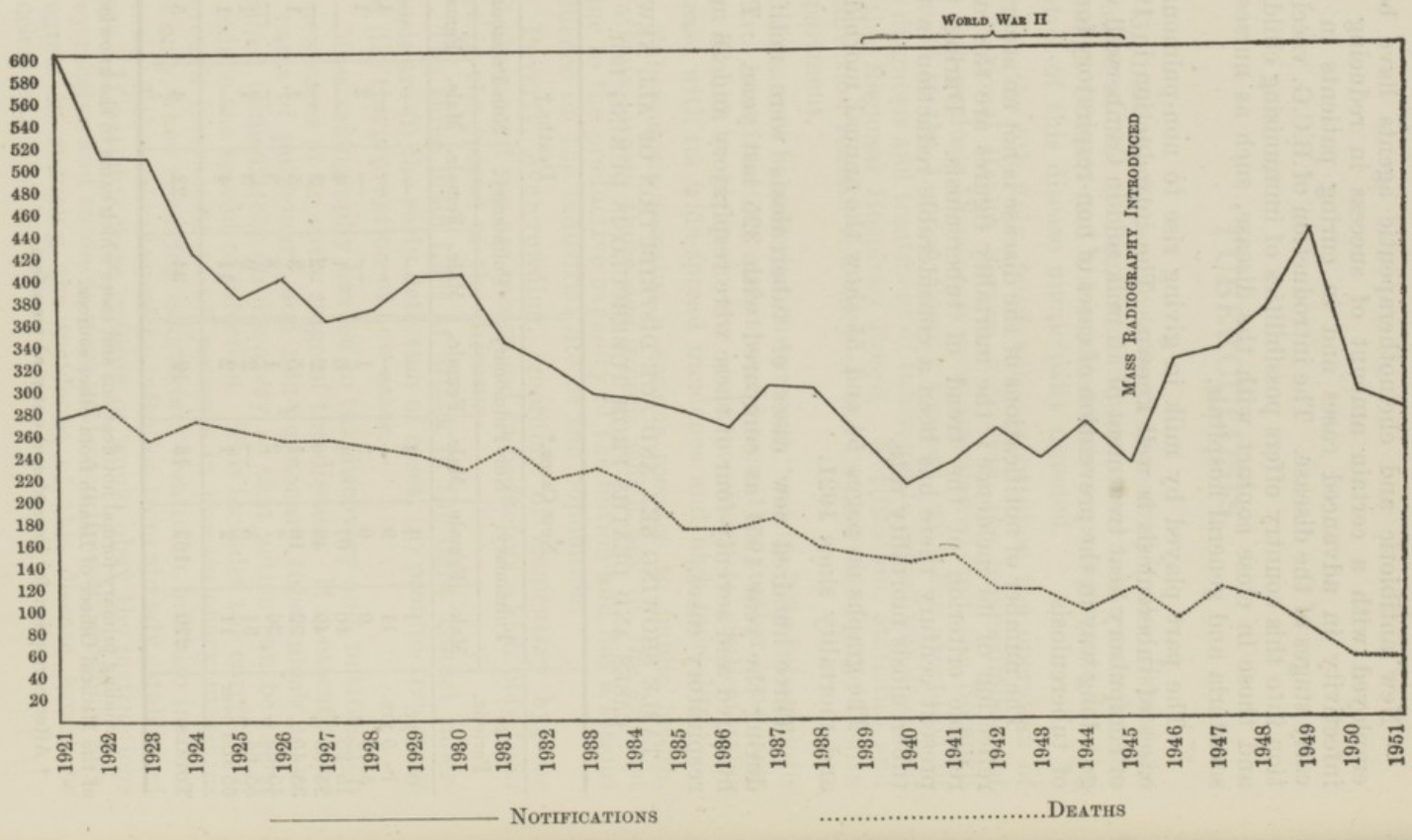
TABLE SHOWING SEX AND AGE DISTRIBUTION OF ALL NEW CASES AND DEATHS FROM TUBERCULOSIS DURING 1951.

Age Periods.	New Cases.*				Deaths.†			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0– 1 yr.	1	1	1	—	—	—	—	—
1– 5 yrs.	11	9	—	—	—	—	—	1
5–15 „	9	9	3	1	—	—	2	1
15–25 „	40	67	1	6	1	4	—	—
25–35 „	49	49	6	2	2	3	—	—
35–45 „	32	16	1	5	3	5	1	1
45–55 „	36	7	2	1	8	3	—	—
55–65 „	31	3	—	2	9	3	1	1
65 and over	11	2	1	2	11	4	—	1
TOTALS	220	163	15	19	34	22	4	5

* Including primary formal notifications and cases which came to the knowledge of the Medical Officer of Health from other sources.

† After correction for inward and outward transfers.

PULMONARY TUBERCULOSIS.
PRIMARY NOTIFICATIONS AND DEATHS, 1921-1951.



NON-PULMONARY TUBERCULOSIS.

PRIMARY NOTIFICATIONS AND DEATHS, 1921-1951.

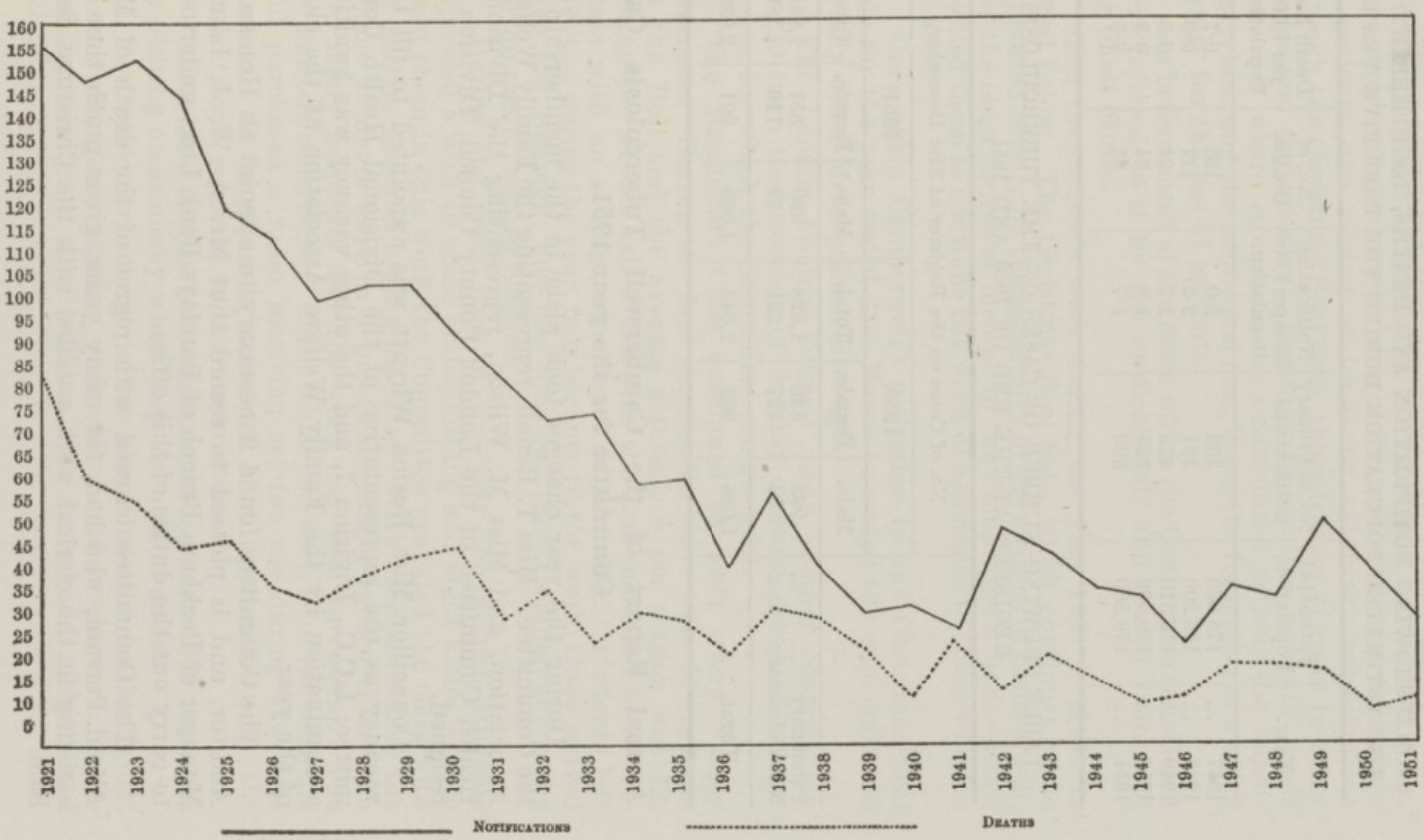


TABLE SHOWING NOTIFICATION AND DEATHS, TOGETHER WITH THE ESTIMATED POPULATION DURING THE PAST FIVE YEARS.

Year.	Estimated Population.	No. of Primary notifications.	Notification Rate per 1,000 Population.	No. of Deaths.	Death Rate per 1,000 Population.
1947 ...	175,060	356	2·0	135	0·7
1948 ...	178,200	391	2·2	117	0·6
1949 ...	178,310	478	2·7	94	0·5
1950 ...	178,900	325	1·8	64	0·3
1951 ...	179,500	300	1·7	65	0·3

TABLE SHOWING NUMBER OF CASES ON THE TUBERCULOSIS REGISTER AT THE END OF 1950 AND 1951.

	No. of Cases on the Register at 31st December,					
	1950.			1951.		
	Male.	Female.	Total.	Male.	Female.	Total.
Pulmonary	992	836	1,828	990	851	1,841
Non-Pulmonary ...	94	127	221	79	110	189
TOTAL	1,086	963	2,049	1,069	961	2,030

Annual Report of the Camberwell Tuberculosis Care Committee for the year 1951.

During the year changes took place in the membership of the Committee. Miss T. Renall, representing the Family Welfare Association, and Miss M. Wilson, representing the Divisional Health Committee of the London County Council, Division 7, resigned.

Councillor Miss Rosina Whyatt was appointed to fill the vacancy as the representative of the Divisional Health Committee, L.C.C., Division 7, and the other vacancy was awaiting a nomination by the Family Welfare Association at the close of the year.

The Committee found it necessary to appoint an Honorary Auditor, and is pleased to record that Mr. A. W. J. Lamb, Manager of Peckham Branch of Barclays Bank Ltd., undertook to carry out the duties of this office.

The Committee learned with regret of the death of Mr. Alfred Perrum, who had, for many years, given much time in assisting in the clerical work entailed with the Christmas Seal Sale.

The Committee extended its functions during the year. These now include the provision of financial and other assistance to patients, the raising of funds by voluntary subscriptions through the Christmas Seal Sale, the reference of cases to other bodies and organisations, generally to see that patients' needs were met where circumstances necessitated action, the handicraft class, and the additional item being the formation of a small library for the use of patients.

As before, most of the cases which the Committee considered were referred to it by the medical staff and health visitors of the Chest Clinic.

The Committee's work during the year 1951 is given in detail below. The Christmas Seal Sale, which continues to be supported mainly by the generosity of the citizens of Camberwell, was the chief source of income to the Committee's fund—which enabled them to continue the work of assistance to those who are in need.

Once again Camberwell's collection in the Christmas Seal Sale for the year ended 31st March exceeded the sum collected by any other Metropolitan Borough.

The London County Council made another contribution of £30 from the proceeds of Sunday cinematograph entertainments, for which the Committee are grateful.

The Handicraft Class continued to meet every Friday afternoon. During the first six months there were 16 students on the Roll and the average attendance per session was 12. During the second half of the year the Roll increased to 18 students with an average attendance of 13. Eight students left the class during the year, four became fit for work, three moved from the Borough, and one took full-time training under the Government Training Scheme.

During the early part of the year the women students expressed a wish to make underclothing and night attire, and to assist them in this work the Committee provided the class with an electric powered sewing machine. With such assistance the women students have in a practical manner turned their wish into many garments and the work has been successful. The Committee, considered "music while you work" for the students and purchased a radio receiving set for use during the class sessions. It is pleasing to record that appreciation by the students was reported to the Committee.

Many ex-students have maintained contact with the class by visiting occasionally when they are able to do so.

The work carried out in the class included leather work, cane work, glove making, embroidery and needlework, dressmaking, sea grass stool making, silk lampshade making and knitting.

The following table indicates the number of patients who have been assisted during the year and the type of assistance provided :—

Assistance given.	*Number.*
Clothing	82
Pocket money while in hospital	10
Wireless : repair, rental and licences	6
Fares of relatives to distant sanatoria	45
Taxi fare	2
Holiday for patient	1
Household removals	3
Loan of bedside comforts	144
Loan of beds	54
Supply of bedding	53
Loan of jig-saw puzzles and books	287
Hire purchase payments	8
Purchase of a wringer	1

The National Assistance Board continued to give financial assistance in certain cases and, where circumstances permitted, were able to assist in purchasing clothing, paying fares and hire purchase payments. The secretary referred 122 patients to the Board for assistance.

Close co-operation with the following voluntary organisations in the Borough continued : The British Red Cross Society ; Family Welfare Association ; Legal Advice Bureau ; nursing associations ; Invalid Children's Aid Association ; Soldiers', Sailors' and Airmen's Families Association ; and the Women's Voluntary Services ; such co-operation is appreciated.

The official bodies have continued their help and advice, for which we thank them.

We desire to place on record our thanks to the honorary officers : Mrs. Cecilia Greenwell, as Organiser of the Christmas Seal Sale ; Mr. H. Smith, Borough Treasurer, as Treasurer ; and Mr. A. W. J. Lamb, as Auditor.

We also wish to thank Dr. H. W. Barnes, Medical Officer of Health, for including the Committee's Annual Report for 1950 in his Annual Report for the same year.

J. M. LEONARD, *Secretary.*
A. F. CROSSMAN, *Chairman.*

HOUSING, 1922-52.

The Borough of Camberwell is mainly residential. The Census of 1921 revealed that the population was 267,198 persons comprising 66,104 private families who occupied 41,419 structurally separate dwellings. The number of rooms occupied was 248,529—an average of 3·75 rooms per family. These figures proved that there was a large number of houses originally constructed for one family then occupied by two or more families.

The extent of overcrowding at the time is revealed by the following facts concerning density of occupation in Camberwell :—

1,587	families	consisting	of	2	persons	living in 1 room
903	,,	,,		3	,,	,, ,,
271	,,	,,		4	,,	,, ,,
74	,,	,,		5	,,	,, ,,
26	,,	,,		6	,,	,, ,,
3,692	,,	,,		2	,,	,, 2 rooms
3,023	,,	,,		3	,,	,, ,,
1,593	,,	,,		4	,,	,, ,,
885	,,	,,		5	,,	,, ,,
360	,,	,,		6	,,	,, ,,

The problem of overcrowding gave rise to considerable concern long before the first world war of 1914-18, and was due to a number of causes. These causes included the increased industrialisation of the Borough resulting in dwelling houses and parts of dwelling houses being replaced by factories and workshops ; the continued annual increase of births over deaths ; the limited number of houses erected annually ; the stoppage of building during the years 1914 to 1918 ; and the inability of poor people with large families to pay an economic rent for suitable accommodation.

In the Annual Report for 1922 attention was drawn to the seriousness of the far-reaching moral and physical effects of overcrowding and to the probability of that deplorable state of affairs continuing until the overcrowding of London was dealt with as a whole. In the 1924 Annual Report it was emphasised that the housing shortage constituted the most pressing public health problem of the day and until it was effectively dealt with, much of the expenditure entailed by the Public Health Department would fail to produce the best results. In the Annual Report for 1929, the suggestion was made that storey-dwellings type of accommodation at low rents should be provided in districts where there is an absence of suitable building sites, and that these blocks of dwellings should be of an improved standard with as many as possible of the domestic amenities of the small dwelling house.

With the erection of accommodation within and outside London by the London County Council, overcrowding became less prevalent. Nevertheless, in 1930, 400 cases of overcrowding were known to the Public Health Department of Camberwell.

The Census of 1931 showed that the population of the Borough had fallen from 267,198 at the enumeration of the previous Census in 1921 to 251,294, but the number of families had increased from 66,104 to 68,435. The number of dwellings occupied was 42,114 as compared with 41,419 at the Census enumeration in 1921. The number of rooms occupied as shown by the 1931 Census was 253,360 or 0·96 persons per room as compared with 259,591 occupying 248,529 rooms or 1·04 persons per room shown by the previous Census. The following table provides evidence of the improvement in the housing conditions of Camberwell at that time.

	Camberwell.		*London.*	
	1931	1921	1931	1921
No. of private families with density of more than two persons per room	4,029	5,149	89,600	110,495
Percentage to total private families	5·9	7·8	7·5	9·9
Population in such families ...	25,331	33,321	541,352	683,498
Percentage to total private family population	10·4	12·8	13·1	16·1

Prior to the operation of the Housing Act, 1935, which is consolidated in the Housing Act of 1936, it was customary to determine the existence of overcrowding by applying the standard required by the London County Council's bye-laws relating to houses divided into separate tenements. The action taken to abate overcrowding was as follows :—

1. Advice by the Sanitary Inspector as to re-arrangement of the sleeping accommodation of the families found to be overcrowded, so as to prevent the improper mixing of the sexes.
2. Recommendation to the London County Council for the provision of accommodation on one of that Authority's Housing Estates, where the financial circumstances of the families permitted.

The Housing Act, 1935, provided the first general standard for determining whether or not a dwelling house was overcrowded, by fixing the maximum equivalent number of persons permitted to occupy a dwelling based on the number and floor areas of the rooms contained therein. The Act also placed on every local authority the duty of causing a survey of their district to be made with a view to ascertaining what dwelling houses therein were overcrowded. This survey which was completed early in 1936, involved visiting 38,490 structurally separate buildings. Of the 60,043 families occupying these premises, 2,950, or 4.91 per cent., were found to be overcrowded.

Until the outbreak of war in 1939, a considerable amount of accommodation was provided by the London County Council for the abatement of overcrowding. During the war, 5,705 Camberwell dwellings were destroyed and approximately 8,000

families were rendered homeless. With the cessation of hostilities and the return of the Forces to civilian life, many premises became overcrowded. The post-war resumption of building has to a certain extent alleviated the position.

At 31st December, 1951, there were 621 dwellings in the Borough which were known to be overcrowded. The Census of 1951, when the details are available, will enable an accurate figure to be provided. In the meantime, owing to the shortage of housing accommodation, the Council has refrained from rigidly enforcing the overcrowding provisions of the Housing Act, 1936.

The first world war, 1914 to 1918, was responsible for serious deterioration of many dwelling houses in the Borough. It was not until some years afterwards, when labour and material became available, that it was possible for the general standard of fitness to be improved. Unfortunately, at that time, in some parts of the Borough could be found a number of houses which were old and worn out, having come to the end of their useful life. It is interesting to quote the following extract from the Annual Report for the year 1925 :—

> " These old houses have deteriorated rapidly since the war owing to abnormal wear and tear, and are now in such a state, due to the lack of proper damp-proof courses, bulging masonry, settlements and grave sanitary defects, as to be insanitary. They have arrived at such a condition that no repairs can render them fit for human habitation. Overcrowding is prevalent in these houses, and they are peopled by types of tenants who are not desirous of leaving the neighbourhood.
>
> " There is no doubt in my mind that houses of this kind will have to be replaced by tenement buildings of the most modern type. It is true that small houses with gardens are much to be preferred, but it is not possible to provide these amenities in some of the Metropolitan Boroughs.
>
> " It is difficult to say how far defects are due to the lack of proper management and supervision by owners, or to the acts of waste and neglect by the tenant. In the same way as there are bad landlords who neglect their property and who are the cause of much worry to the Health Department, so there are bad tenants who pay no regard to preserving the property. Each type is known, and on the whole it may be said that both get their deserts."

This type of house requires the constant vigilance of the Sanitary Inspector to maintain it in a reasonable state of repair and cleanliness.

The following table gives particulars relating to the approximate number, age and general soundness of the types of dwelling houses existing in the Borough in 1930 :—

HOUSING—SUMMARY OF DWELLING HOUSES, SHOWING AGE, TYPE AND CONDITION, ETC., IN 1930.

Approx. number of dwelling houses exclusive of shop premises	Types occupied by		Approximate age of types of dwelling houses			Physical condition		Approx. number of known cases of over-crowding	Approx. number of premises without internal water supply	Approx. number of premises using W.C.s in common with other houses	Approx. number of houses with basement rooms
	Residential and higher paid technical and clerical workers	Artisans and others	Under 50 years	Between 50-100 years	Over 100 years	Insanitary old & almost worn-out properties	Structurally sound properties				
41,335	15,119	26,216	8,737	29,429	3,169	1,371	39,964	413	378	52	5,137

Slum Clearance.

Following the first world war, the condition of unsatisfactory houses, in many cases constituting slums, began to be realised by the Government, and legislation was introduced to do away with them and to rehouse the residents in healthier conditions.

As a result, in 1922 various unhealthy areas were inspected by the Medical Officer of Health. Five of these areas were represented to the Council who submitted a scheme to the Minister of Health which embraced those areas and they were the subject of a local enquiry by the Ministry of Health in 1923. All the areas were condemned as unfit for human habitation, viz. :—

Woodland Cottages...	...	10 houses
Tiger Yard	...	17 houses
Joiner's Arms Yard	...	6 houses
*Mayhew's Buildings	...	14 houses
Levant Street Island site	...	18 houses
TOTAL		65 houses occupied by 341 working-class persons.

* Subsequently included in the Wyndham Road Area Improvement Scheme.

The Minister refused to pass the schemes as drafted and stipulated that alternative accommodation should be provided in new buildings for the persons to be displaced. Unfortunately, the areas in question were quite unsuitable for the erection of new dwelling houses. Eventually, those families who were living in these areas were rehoused under an arrangement which was entered into with the London County Council whereby this Council agreed to pay a fixed annual sum for forty years in respect of every dwelling which the London County Council provided to rehouse persons displaced as the result of slum clearance operations by this Council.

In 1924, the London County Council decided, following a request by the Camberwell Borough Council, to effect an improvement scheme in the Wyndham Road Area under Part I of the Housing of the Working Classes Act, 1890.

In the past, difficulty had been experienced in dealing with insanitary areas owing to the impossibility of providing suitable alternative accommodation for the persons who would be displaced. To overcome this difficulty, the London County Council in their scheme provided for the acquisition of an additional four acres of adjacent lands and premises. The total number of acres of the site to be cleared for rehousing purposes was thus increased to seven.

The following table shows the number of houses in the insanitary areas represented by me to the London County Council, the number of families and persons living in the houses in these

areas, and the number of houses, families and persons living in the adjacent area of four acres acquired by the London County Council for the provision of accommodation for the persons displaced. In this scheme arrangements were made for the accommodation of 2,020 persons in six blocks of buildings.

	No. of Houses	No. of Families	No. of Persons
"A" Insanitary Area : 3 Acres—			
Bowyer Street	14	14	92
Crown Street	6	7	28
Mayhews Buildings	12	12	45
Wyndham Road	38	38	168
Pinto Place	9	12	42
Pallador Place	11	17	68
Comber Grove	4	4	15
Totals	84	104	458
"B" Area to be Acquired : 4 Acres—			
Comber Grove	39	80	254
Blucher Road	3	5	23
Allens Cottages	3	5	19
Totals	45	90	296
Grand Totals	129	194	754

By an Order, dated 2nd May, 1927, the Minister of Health confirmed this scheme with modifications.

In 1926 a representation was made to the London County Council pursuant to the provisions of Section 35 of the Housing Act, 1925, for an improvement scheme embodying the unhealthy sites known as Basing Place and Blue Anchor Lane areas. The London County Council submitted an improvement scheme which provided for the rehousing in the Blue Anchor Lane area of a number of persons not fewer than the number to be displaced under the scheme. The Minister of Health, after holding a public local enquiry sanctioned the scheme, with certain modifications, by an Order dated 23rd September, 1927.

The number of houses, families and persons living in these two insanitary areas are shown in the following table :—

	No. of Houses	No. of Families	No. of Persons
Basing Place area	48	61	248
Blue Anchor Lane area	77	121	510

In 1934, the Council resolved to deal with small insanitary areas in the Borough and arrangements were made for the Lon-

don County Council to provide rehousing accommodation for the persons displaced by the housing operations of the Council. In the year 1935 an intensive effort was made to deal with the insanitary areas in the Borough in conjunction with the London County Council. Twenty-seven areas were declared by the Camberwell Borough Council to be clearance areas. One hundred and ninety-two dwelling houses were involved, occupied by 831 persons. In 1936 a further 18 areas, comprising 140 dwelling houses, and involving the displacement of 550 persons were declared. The year 1937 saw a further 9 areas declared as insanitary—89 dwelling houses occupied by 413 persons.

At the end of 1937, a report was submitted to the Council informing them that the clearance programme of insanitary areas mutually agreed upon with the London County Council had been completed and the Council was asked to review the question of clearance operations in the Borough, with a view of sanctioning the preparation of a further insanitary areas programme involving 125 dwelling houses to be dealt with under the provisions of Section 25 of the Housing Act, 1936 in the next five years.

During 1937, five unhealthy areas, comprising 55 dwelling houses and involving the displacement of 221 persons were declared by the Council to be Clearance Areas.

During the years 1934 to 1938, the London County Council had, in addition to the Borough programme, declared 12 areas as Clearance Areas. These areas involved 1,111 houses and the displacement of 5,215 persons. It can be stated without fear of contradiction that, by 1938, the majority of the slums in Camberwell had been dealt with. In 1939 the threat of the second world war prevented further insanitary area activities.

At the end of the war in 1945, housing activities were reviewed and it was realised that it would not be possible to recommence the clearance area programme for some years to come. In 1949 the question of the resumption of slum clearance was given further consideration. As a result of a conference with the London County Council, a post-war slum clearance scheme for the next five years was decided upon in 1951. This programme, however, did not provide for the representation of any areas by this Council during 1951.

At the end of this five-year programme, operations should continue until a standard is reached below which a dwelling can be said to be unfit no longer exists. It is impossible to prepare a clearance area programme which on completion would dispose of every unfit house in the Borough.

Sufficiency of Supply of Houses.

Previous to the second world war there was a considerable body of opinion who held that the London County Council was

in the best position to visualise the housing situation of London as a whole, and that the most satisfactory method of dealing with the conditions existing in the Metropolitan area was to regard the problem as a matter to be considered and dealt with by treating the County of London as a single unit. The majority of the Metropolitan Boroughs are entirely built up, and the few that are not, have comparatively little vacant land left for building purposes.

The view was taken that to provide additional housing accommodation, the acquisition of properties with large gardens and the replacement of existing houses by the erection of blocks of tenement buildings on the land on which they stood was the solution in Camberwell for a further supply of dwellings.

The London County Council appeared to have shared this view as they acquired 25½ acres and erected accommodation consisting of 1,173 dwellings. At the same time, houses were being erected privately for sale. Unfortunately, this rate of progress in house-building came to an abrupt end when war was declared in 1939. With the easing of the position with regard to building materials and labour after the war, the erection of new accommodation was re-commenced in 1947. The number of dwellings erected in Camberwell at 31st December, 1951, was 2,635, of which 2,098 had been built by the London County Council and 537 by the Borough Council. In addition, 1,131 prefabricated bungalows had been erected and 238 war-destroyed dwellings re-built. Additional dwellings are in the course of erection and if no further war holds up building activities, it is certain that, with the assistance of the Town Planning Scheme, Camberwell families will have far healthier conditions in which to live than they had in the years 1922 to 1952. The only criticism that may be made is that necessity will compel them to live in modern flats instead of houses with gardens.

Individual Unfit Houses and Parts of Premises.

From the commencement of Housing Act activities by this Council to 31st December, 1951, the following action was taken in respect of individual unfit houses and parts of premises which were not capable of being rendered fit for human habitation at a reasonable expense :—

Individual unfit houses not repairable at reasonable expense:—

(a)	Demolition Orders made		28
(b)	Undertakings accepted :—		
	(i) not to use for habitation	9	
	(ii) to render fit	19	28

Parts of premises unfit for habitation but not capable of being rendered fit at reasonable expense :—

(a) Closing Orders made			25
(b) Undertakings accepted :—			
(i) not to use for habitation		9	
(ii) to render fit		4	13

Underground Rooms.

In the year 1934 a survey carried out by the Sanitary Inspectors revealed that there were 5,273 underground rooms in the Borough used for living and/or sleeping purposes. In 557 instances the height of the rooms was less than 7 feet.

Prior to the passing of the 1935 Act, action could only be taken in respect of those underground rooms which were used for sleeping purposes. Up to 31st December, 1951, Closing Orders had been made by the Council in respect of 98 underground rooms. (Two of these prohibited the use of the rooms for sleeping purposes only.) Undertakings were accepted in 10 instances not to use the rooms for human habitation and in 38 instances to render the rooms fit. In addition, 51 underground rooms were rendered fit as the result of informal action by the Public Health Department.

Regulations relating to underground rooms were made by the Council in August, 1939 but, owing to the war, action under these Regulations was not taken until 1946.

Housing Acts, 1936-1949.
Record of Work carried out during 1951 by the Council's Housing Inspector.

	Inspections	Re-Inspections	Total
Clearance areas	86	56	142
Individual unfit houses—			
Section 9	31	355	386
Section 11	21	141	162
Underground rooms and parts of Premises			
Section 12	102	391	493
Miscellaneous	181	—	181
Total	421	943	1,364

Housing Statistics, 1951.

1. *Inspection of Dwelling Houses during the Year* :—

(*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	7,114
(*b*) Number of inspections made for the purpose	29,754
(*c*) Number of dwelling-houses found not to be in all respects reasonably fit for human habitation	5,556

2. *Remedy of defects during the year without service of Formal Notices :—*

Number of dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers—Public Health (London) Act 341

3. *Action under Statutory Powers during the year :—*

(*a*) Proceedings under Public Health (London) Act :—

(1) Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied ... 2,123

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners 3,482
(*b*) By local Authority in default of owners ... ... Nil

(*b*) Proceedings under Sections 9 and 10 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs :—

Informal Notices... 14
Formal Notices 12

(2) Number of dwelling-houses which were rendered fit after service of :—

(i) Informal Notices... 4
(ii) Formal Notices 13
(ii) (*a*) By owners 11
(*b*) By Local Authority in default of owners ... 2

(*c*) Proceedings under Section 11 of the Housing Act, 1936 :—
Number of dwelling-houses not capable of repair at reasonable expense :—

(*a*) In respect of which demolition orders were made ... Nil
(*b*) In respect of which undertakings to render house fit for human habitation were accepted 3
(*c*) Number of houses demolished 1
(*d*) Number of houses made fit 6
(*e*) In respect of which undertakings not to use for habitation were accepted 1

(*d*) Proceedings under Section 12 of the Housing Act, 1936 :—

(1) Number of separate tenements and/or underground rooms :—

(*a*) in respect of which Closing Orders were made ... 25
(*b*) in respect of which undertakings not to use for habitation were accepted ... ... Nil
(*c*) in respect of which undertakings to make fit were accepted 5

(2) Number of separate tenements or underground rooms, in respect of which Closing Orders were determined, the tenement or room having been rendered fit 2

(*e*) Proceedings under Section 25 of the Housing Act, 1936 :—
Houses demolished 16

Rehousing Applications.

All applications for the provision of alternative housing accommodation which are supported by a medical certificate from the applicant's doctor are referred to the Medical Officer of Health for his recommendation as to whether or not additional

points should be awarded on health grounds. Four hundred and seventy cases were dealt with in this way during 1951. In addition, certificates of overcrowding were forwarded to both the Director of Housing and Valuer, London County Council, and to this Council's Housing Department in respect of 171 applications for rehousing.

Rent and Mortgage Interest (Restrictions) Act.

Fifty-one certificates of disrepair under the above Act were issued during the year at the request of tenants of dwelling houses in the Borough.

Common Lodging House.

There is only one common lodging house in the Borough which is situated at 124 Camberwell Road, and licensed to accommodate 224 male persons. The district sanitary inspector paid 52 visits of inspection to this establishment during the year. At the beginning of the year the owners asked the Council if they would be willing to arrange for the Disinfecting Staff to spray the premises regularly every month as a preventive measure, on payment of an agreed sum. The Public Health Committee agreed to provide this service at a charge of 30s. per month. This lodging house is well conducted and is at all times kept in a satisfactory state of repair and cleanliness.

FOOD AND DRUGS ADULTERATION.

During the past thirty years, the frequent introduction of new legislation has assisted the Public Health Department in its unremitting efforts to effect improvements in the conditions under which food and drugs are prepared and sold, with the result that many striking changes have taken place.

The trend to-day is for manufacturers and suppliers of foodstuffs to eliminate as much as possible the manual handling of their products. This has helped to produce a cleaner, more wholesome and less easily adulterated commodity.

For example, the changes that have taken place in the milk trade with consequent improvement in both purity and quality, have been revolutionary.

In 1922 it was the practice for milkmen in the Borough to receive milk in bulk. A churn was placed on a milk-float or barrow and taken on the "round"; customers being served from a hand-can which was filled from the churn in the public thoroughfare. Some customers had their milk poured into jugs which were not infrequently left on the doorstep overnight; others made use of a milk-can, fitted with a hinged lid. This was one of the earliest types of milk container, and was later replaced by the glass bottle and waxed cardboard carton (the latter has fallen into disuse for economic reasons). The milk-float with churn, hand-can, counter-pan and other unhygienic methods of milk distribution, have now been entirely eliminated in Camberwell.

Most milk is bottled at the pasteurising plants or, in the case of raw designated milk, on the farms, and there are few milkmen in the Borough still bottling milk on their premises. Under the provisions of the Milk and Dairies Order, 1949, from 1st October, 1954, *all* milk will be bottled at the pasteurising plants.

Considerable improvements have also been effected in controlling the quality of food products. Statutory standards

have been laid down for the composition of many foods. Legislation has been established to ensure proper labelling and to prohibit the use of false or misleading descriptions.

Consequent amendments have, therefore, been rendered necessary in the principles and methods of sampling to ensure compliance with legal requirements. The purpose of sampling to-day is not so much for the detection of fraudulent adulteration, but to ascertain whether the statutory standards of composition and purity are being maintained. Whilst close supervision is still given to the chemical composition of all foods, more and more attention is being paid to sampling for bacteriological examination.

In an area so large as Camberwell, the employment of a whole-time Sampling Officer is essential. Close co-operation and personal contact with the Public Analyst has enabled the Sampling Officer to select which samples should be purchased. Experience over a number of years has shown that the number of prosecutions of offenders against the Food and Drugs Act and other relevant legislation is not a satisfactory way of judging the administration which has for its purpose the prevention of substitutions which may be fraudulent or injurious to health. Cautions to vendors have been proved to be extremely useful, especially in relation to retailers who have committed technical offences. On the other hand, prosecutions for fraudulent adulteration, such as the addition of water to milk, are always necessary and are the result of consideration by the Public Health Committee.

Approximately 55 samples are examined annually for each 10,000 of the population. In 1922, 1,069 samples were examined by the Analyst. Of these, 665 were milk and the percentage not genuine was 1.95. In samples other than milk, the percentage not genuine was 4.58. In 1951, 1,000 samples were examined, including 341 of milk. The percentage of milk samples reported against was 1.17 and samples other than milk 6.2.

The following table summarises the results of the examination of samples taken during 1951 :—

Number examined.			Number adulterated, etc.			Percentage of adulteration.	
Formal.	Informal.	Total.	Formal.	Informal.	Total.	Formal.	Informal.
400	600	1,000	18	27	45	4·5	4·5

Details of the adulterated samples, action taken and results of legal proceedings will be found on pages 72-75.

Serial No.	Article.	Whether Formal or Informal.	Nature of Adulteration or Irregularity.
10	Beef sausages ...	Formal ...	14 per cent. deficient in meat.
—	Bread	Complaint sample	Loaf contained flour bag label.
24	White pepper ...	Formal ...	Contained 2 per cent. maize starch.
—	Bread	Complaint sample	Loaf contained portion of glass.
26	Milk	Formal ...	Contained *mycelium* and spores of a mould.
—	Bread	Complaint sample	Loaf contained a cigarette end.
49	White pepper ...	Formal ...	Contained 5 per cent. starch foreign to pepper.
51	White pepper ...	Informal ...	Contained 30 per cent. starch foreign to pepper.
125	White pepper ...	Informal ...	Contained 50 per cent. starch foreign to pepper.
156	Lincoln Cream Biscuits	Informal ...	Biscuits had an objectionable taste and showed evidence of rancidity.
171	Canned corned beef	Informal ...	Unpleasant odour, contained 7 parts per million lead.
173	Ice cream ...	Informal ...	Contained 2.1 per cent. fat.
175	Pork sausages ...	Informal ...	23 per cent. deficient in meat.
179	Ice cream ...	Formal ...	Contained only 0.1 per cent. fat.
180	Ice cream ...	Formal ...	Contained only 0.1 per cent. fat.
187	Milk	Formal ...	Bottle contained moulds.
188	Pork sausages ...	Formal ...	13 per cent. deficient in meat.
189	Pork sausage meat	Formal ...	15 per cent. deficient in meat.
190	Pork sausages ...	Formal ...	Contained 200 parts sulphur dioxide per million.
—	Milk	Complaint Sample	Milk sold in a dirty bottle.
210	Milk	Formal ...	3.3 per cent. deficient in fat.
214	Milk	Formal ...	Contained mould *mycelium* and spores.
220	White pepper ...	Formal ...	Contained 80 per cent. wheat flour.
233	White pepper ...	Formal ...	Contained 75 per cent. wheat flour.

Observations.	Result of Proceedings or other Action taken.
—	Summons :—£3 fine, £1 1s. costs.
—	Reported to Public Health Committee and cautionary letter sent.
—	Summons :—£4 fine, £2 2s. costs.
—	Reported to Public Health Committee ; no action taken.
—	Summons :—£7 fine, £6 6s. costs.
—	Reported to Public Health Committee and cautionary letter sent.
—	Summons :—£5 fine, £7 7s. costs.
See formal sample No. 49.	—
—	This informal sample followed formal sample No. 49 ; on further formal visits all pepper in stock was found to be on sale as Pepper Compound.
—	Remainder of stock surrendered and destroyed.
—	Remainder of stock surrendered and destroyed.
—	Formal samples taken and found to be satisfactory.
—	Formal samples taken and found to be satisfactory.
Purchased from shop	Reported to Public Health Committee and cautionary letter sent.
Purchased from same vendor as No. 179 from barrow in public park.	
—	Reported to Public Heatlh Committee and cautionary letter sent.
—	Summons :—£2 fine, £2 2s. costs.
—	Summons :—£2 fine, £2 2s. costs.
Sausages sold with no notice that they contained preservatives.	Reported to Public Health Committee and cautionary letter sent.
—	Reported to Public Health Committee and cautionary letter sent.
—	Reported to Public Health Committee and cautionary letter sent.
—	Reported to Public Health Committee and cautionary letter sent.
—	Summons :—£10 10s. fine, £5 5s. costs.
—	Summons :—£6 6s. fine, £2 2s. costs.

Serial No.	Article.	Whether Formal. or Informal.	Nature of Adulteration or Irregularity.
239	Pork sausages ...	Informal...	22 per cent. deficient in meat.
241	Pork sausages ...	Informal...	40 per cent. deficient in meat.
241	Ice cream ...	Formal ...	Contained only 3.4 per cent. fat.
243	Preserved beef sausages.	Formal ...	Contained 540 parts per million of sulphur dioxide.
257	Ice cream ...	Informal...	Contained only 0.2 per cent. fat.
265	Pork sausages ...	Informal...	20 per cent. deficient in meat.
268	Pork sausages ...	Informal...	20 per cent. deficient in meat.
286	Ammoniated tincture of quinine.	Formal ...	22 per cent. deficient in ammonia.
291	Ice cream ...	Informal...	Contained only 1.5 per cent. fat.
312	Ice cream ...	Informal...	Contained only 1.5 per cent. fat.
312	Ammoniated tincture of ammonia.	Formal ...	80 per cent. deficient in ammonia.
319	Pork sausages ...	Informal...	10 per cent. deficient in meat.
322	White pepper ...	Informal...	Contained 75 per cent. wheat flour.
339	Pork sausages ...	Informal...	Contained 840 parts per million of sulphur dioxide.
341	Pork sausages ...	Informal...	Contained 800 parts per million of sulphur dioxide.
353	White pepper ...	Informal...	Contained 75 per cent. wheat flour.
406	Ammoniated tincture of quinine.	Informal...	22 per cent. deficient in ammonia.
419	Pearl barley ...	Informal...	Contained acari.
434	Pearl barley ...	Informal...	Contained acari and a beetle.
441	Pearl barley ...	Informal...	Contained acari.
451	Ammoniated tincture of quinine.	Informal...	28 per cent. deficient in ammonia.
520	Pork sausages ...	Informal...	23 per cent. deficient in meat.
552	Pearl barley ...	Informal...	Contained acari.
558	Quinine	Informal...	Consisted of ammoniated tincture of quinine.
578	Tapioca	Informal...	Contained mouse droppings.

Observations.	Result of Proceedings or other Action taken.
—	Formal samples taken and found to be satisfactory.
—	Formal samples taken and found to be satisfactory.
—	Reported to Public Health Committee and cautionary letter sent.
—	Reported to Public Health Committee and cautionary letter sent.
See formal samples Nos. 179 and 180.	—
See formal samples Nos. 188 and 189.	—
See formal sample No. 190.	—
—	Reported to Public Health Committee and cautionary letter sent.
See formal sample No. 241.	—
—	Formal sample taken and found to be satisfactory.
—	Summons :—£3 5s. fine, £3 3s. costs.
—	Formal samples taken and found to be satisfactory.
See formal sample No. 210.	—
See formal sample No. 243.	—
—	Formal samples taken and found to be satisfactory.
See formal sample No. 233.	—
See formal sample No. 286.	—
—	Remainder of stock surrendered and destroyed.
—	Remainder of stock sold as chicken food.
—	Remainder of stock surrendered and destroyed.
See formal sample No. 312.	—
—	Formal samples taken and found to be satisfactory.
—	Remainder of stock withdrawn from sale.
Due to error on part of chemist's assistant in labelling.	Chemist interviewed, and steps taken to prevent similar occurrence.
—	Reported to Public Health Committee and cautionary letter sent.

Milk.

The following table shows the number of premises on the Dairies and Milkshops Register at the end of the year :—

Dairies	27
Distributors of Milk in the Borough	170
Distributors of Milk dealing from premises outside the Borough	12

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

No pasteurising or sterilising of milk is carried on in the Borough, but the numbers of licences issued during the year in respect of the sale of designated milk were as follows :—

Type of Licence.	Sterilised.	Pasteurised.	Tuberculin Tested.
Dealers	132	103	64
Supplementary	20	22	20
TOTAL	152	125	84

The following table gives details of the various tests carried out during 1951 on samples of special designated milk :—

Designation.	Methylene Blue Test.		Phosphatase Test.		Turbidity Test.	
	Satisfactory.	Unsatisfactory.	Satisfactory.	Unsatisfactory.	Satisfactory.	Unsatisfactory.
Pasteurised	114	5	115	1	—	—
Tuberculin tested pasteurised	35	1	31	—	—	—
Sterilised	—	—	—	—	33	—

Supply of Milk to Schools and Hospitals.

During the year 36 samples of milk were taken from hospitals and 39 from schools in the Borough. These were submitted both to the Methylene Blue and Phosphatase Tests. All were satisfactory, with the exception of one school sample that failed to comply with the Methylene Blue test.

Biological Examination of Milk.

Seven samples of Tuberculin Tested (Raw) Milk and 10 samples of Tuberculin Tested (Pasteurised) Milk were taken during the year for biological examination. In no case was tubercle bacilli found on direct examination and the guinea-pig inoculation tests all proved negative.

Bacteriological Examination of Food.

During the year 12 samples of fish cakes were taken, some at the factory where they were manufactured and some from shops where they were exposed for sale. All were examined for the presence of *Cl. Welchii* but in no case was this isolated. Samples of canned corned beef (1), cream substitute (3), synthetic cream (3), jellied veal (1), luncheon meat (2), custard (1), gravy powder (1), stewed apples (1), veal (raw) (1), flour (1) and drinking water (1) were examined and found to be satisfactory.

Following a case of food poisoning, two samples of canned corned beef were obtained for examination. One sample produced cultures of coagulase positive *staphylococcus aureus*; the other sample gave a growth of coagulase-positive *staphylococcus aureus*, and anaerobic cultures produced non-haemolytic *Cl. Welchii*. Coagulase-positive *staphylococci* are a not uncommon cause of food poisoning, and *Cl. Welchii* is also sometimes thus incriminated. Small pieces of rather dirty-looking fibrous material were embedded in the surface of the second sample: this appeared to be some kind of cloth wrapping, presumably used before the meat was canned.

As these samples had been taken from corned beef which had been removed from tins and handled by the butcher, it was decided to obtain an unopened tin of the same brand. A 6-lb. tin was submitted for examination, but all cultures from this sample, both aerobic and anaerobic, remained sterile after prolonged incubation.

Particulars of the results of these examinations were forwarded to the Ministry of Food.

Ice Cream.

During 1951, the Sampling Officer obtained 79 samples of ice cream and 10 samples of water ices for submission to the Methylene Blue Test. In addition, 39 samples of ice cream and 2 of water ices were sent to the Public Analyst for chemical analysis. Details of the results of these examinations are as follows:—

Methylene Blue Test.

Grade.	Ice Cream.	Water Ice Lollies.
1	53	8
2	13	—
3	10	—
4	2	—
Test not carried out owing to colour of sample	1	2
TOTAL SAMPLES	79	10

In addition to the above one sample of a " Milk Lolly " was taken, but owing to the colour of the sample it was not possible to carry out the test.

Chemical Analysis.

	Formal Samples.	No. adulterated, etc.	Informal Samples.	No. adulterated, etc.
Ice cream	6	3	26	4
Water ices	—	—	2	—

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES.

Registration of Food Premises.

The premises in Camberwell at the end of the year which were registered with the local authority in accordance with the requirements of Section 14 of the Food and Drugs Act, 1938, were as follows :—

Sale, manufacture or storage of ice cream	388
Manufacture of sausages	143
Preparation or manufacture of :—	
Potted, pressed, pickled or preserved meat	222
Potted, pickled or preserved fish	101
Potted, pickled or preserved other foods	36

Supervision of Food Premises.

The following table shows the numbers of visits of inspections paid during the year by the district sanitary inspectors to premises where food is manufactured, stored or sold :—

Type of Premises.	No. of Inspections.
Bakehouses	77
Bakers and Confectioners	80
Butchers	141
Cooked and Preserved Meat Shops	39
Dairies and Milkshops	111
Fishmongers and Shell Fish Vendors	58
Fish Fryers	67
Fish Curers	184
Food Factories	32
Ice Cream vendors	438
Public Houses	46
Restaurants and Eating Houses	477
Slaughterhouses	16
Street Markets	1,152
Street Traders Food Stores	19
Other Food Premises	1,909
TOTAL	4,846

Unsound Food.

The services of the Food Inspector are available for any trader who has any food which is suspected to be unfit for human

consumption. If the food concerned is condemned by the Food Inspector, it is surrendered and a condemnation certificate is issued. The number of certificates of condemnation issued by the Food Inspector during 1951 numbered 3,052 and involved the following foods :—

Description.	Weight. Tons	cwt.	qrs.	lbs.	Total Weight. Tons	cwt.	qrs.	lbs.
Meat.								
Butcher's meat	0	7	2	1½				
Corned beef	0	6	0	1½				
Pig's carcases	0	5	3	6				
Sheep's heads	0	5	3	9				
Pork (sides)	0	5	1	15				
Ox cheeks	0	1	0	13				
Bacon	0	0	1	14½				
Calf	0	0	1	9½				
Offal	0	0	1	8¼				
Pork	0	0	1	7¼				
Sausages	0	0	0	10				
					1	13	0	11½
Poultry.								
Chickens (28)	0	0	2	20				
Turkey (1)	0	0	0	7½				
					0	0	2	27½
Rabbits					0	0	0	6¾
Fish.								
Rock Salmon	0	4	2	7				
Skate	0	2	3	4				
Kippers	0	1	0	14				
Cuttings	0	1	2	0				
Cod roes	0	1	1	1½				
Plaice	0	0	3	14				
Haddocks (Smoked)	0	0	3	0				
Cod fillets	0	0	2	14				
Cod	0	0	2	0				
Shrimps (frosted)	0	0	2	0				
Lobster (frosted)	0	0	2	0				
Herrings (Fresh)	0	0	1	14				
Dover soles	0	0	1	0				
Prawns	0	0	0	15½				
					0	15	3	0
Fruit.								
Fruits (frosted)	0	2	2	25				
Apples	0	7	0	16				
Raisins	0	5	2	15				
Coconut (desiccated)	0	5	0	20				
Figs	0	3	0	10				
Dates	0	0	1	12½				
Prunes	0	0	1	2				
					1	4	1	16½
Canned Foods.								
Ham	2	2	1	11				
Ham (cut)	0	0	3	7½				

Description.	Weight. Tons	cwt.	qrs.	lbs.	Total Weight. Tons	cwt.	qrs.	lbs
Meat (various)	1	4	2	19¼				
Vegetables	2	14	1	15¼				
Fruit	6	4	1	24				
Milk (evaporated and condensed) ...	1	8	2	3				
Fish	1	0	3	5½				
Jam (various)	0	1	2	26½				
Marmalade	0	1	0	23¾				
					14	18	3	23¾
MISCELLANEOUS.								
Milk powder, preserved fruits, biscuits (asstd.), cooking powders, sauces, flour, cheese, eggs, liquid eggs, dripping, salad cream, confectionery, jams (various), pickles, margarine, coconut butter, butter beans, pearl barley, macaroni and various other foods					6	10	1	17½
GROSS WEIGHT					25	3	1	19½

Food Inspection.

The following is a summary of the work of the Food Inspector during the year :—

Complaints received	30
Complaints found to be justified	18
Visits :—	
Fish curers	149
Fish fryers	13
Ice cream premises	194
Restaurants and eating houses	134
Slaughterhouses	16
Street markets	1,121
Food control	311
Other food premises	1,418
Merchandise Marks Act	100
Inspections not defined	218
Re-inspections	17
Slaughterhouses :—	
Carcases inspected	27
Carcases condemned	8
Organs inspected	154
Organs condemned	48
Food surrendered	652
Foodstuffs certified for export	3
Food condemnation certificates issued	3,052

Slaughterhouses.

There are three licensed slaughterhouses in the Borough, only one of which was in use during the year. Details of the animals slaughtered are set out in the following table which is in the form laid down in Ministry of Health Circular 42/51 :—

Carcases Inspected and Condemned.

	Cattle, excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	Nil	Nil	Nil	Nil	27
Number inspected ...	—	—	—	—	27
All diseases except Tuberculosis. Whole carcases condemned	—	—	—	—	2
Carcases of which some part or organ was condemned	—	—	—	—	Nil.
Percentage of the number inspected affected with disease other than tuberculosis	—	—	—	—	7·4
Tuberculosis only. Whole carcases condemned	—	—	—	—	5
Carcases of which some part or organ was condemned	—	—	—	—	1
Percentage of the number inspected affected with tuberculosis ...	—	—	—	—	22·2

Merchandise Marks Act, 1926.

The Orders in Council made under the provisions of the above Act require that all imported food sold or exposed for sale should bear an indication of the country of origin. It did not become necessary to take action against any trader during the year for contravention of this legislation.

Bakehouses.

There were 79 bakehouses in the Borough at 31st December, 1951, and of these 12 were underground bakehouses. The district sanitary inspectors supervised these premises and where necessary, action was taken to ensure that they were kept in a satisfactory condition.

Restaurants and Eating Houses.

At the end of the year, the register of eating houses com prised 322 premises. These were visited by the district sanitary inspectors to ensure that they were kept in a clean condition

and that hygienic practices were being observed in the preparation, cooking and serving of the food.

The number of such establishments has increased considerably during the past few years and in order that the register may be kept up to date the district office of the Ministry of Food sends information to the Public Health Department of all premises for which catering licences are issued. In any instance where the premises have not been previously used as an eating house a report is forwarded to the Ministry as to their suitability for this purpose, prior to the issue of a licence.

Street Traders.

The Council issued 80 street trading licences during the year in respect of the sale of foodstuffs from barrows and stalls. Frequent inspections were made of the street markets and the premises used by the traders for storage purposes were also kept under supervision.

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