

[Report of the Medical Officer of Health for Camberwell,

Contributors

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Metropolitan Borough of Camberwell

REPORT
OF THE
MEDICAL OFFICER
OF HEALTH



FOR THE YEAR

1956



H. D. CHALKE,
O.B.E. (Mil.) T.D., M.A., M.R.C.P., D.P.H.

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Ans



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

September, 1957.

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

MR. MAYOR, ALDERMEN AND COUNCILLORS,

It gives me great pleasure to present my Annual Report for the year 1956. This report has been prepared on similar lines to that for the previous year, which was favourably received, and will, I hope, be no less informative and interesting.

There were no exceptional occurrences during the year affecting the health of the population which was, on the whole, maintained satisfactorily. The vital statistics show little variation. The Registrar-General's estimate of the population of the Borough at mid-year was 177,800 which is 600 lower than the previous year's estimate. Whilst there was an increase of three points in the death rate (10.8), the birth rate rose by seven points to 15.4.

The area comparability factors provided by the Registrar-General for this Borough are 0.92 for births and 1.04 for deaths; these factors have been used in computing the adjusted birth and death rates for Camberwell for comparison with those for London and England and Wales (see table on page 40).

There was only one maternal death and although the infantile death rate increased from 21.3 in 1955 to 23.7 last year, it should be remembered that the former figure was the lowest ever recorded in this Borough. The Tuberculosis death rate showed a further reduction from 0.16 to 0.13.

One confirmed case of diphtheria was notified during the year—the first since 1950. The patient was an unimmunised child aged $2\frac{1}{2}$ years and was treated in hospital where it made a good recovery. The organism proved to be avirulent and nose and throat swabs taken from other members of the family were negative.

Although catarrhal jaundice is not a notifiable infectious disease, my attention was drawn to the occurrence of several cases in the early part of the year by local general medical practitioners. No serious complications were reported.

At the request of a consultant at a local hospital investigations were conducted in two cases of children with an affection of the skin alleged to be due to "bites." In neither case was there any evidence of infestation of the homes by fleas, or other insect pests, but both cases appeared to be associated with birds—one with pigeons and the other with budgerigars. It was thought possible that the responsible agent could have been the "red bird mite" a very small blood-sucking insect which inhabits the cages of captive birds and is only just visible to the naked eye. No specimens of these insects were found, but the public health inspectors were instructed to advise any owners of caged birds they might encounter during their normal visits, as to the regular cleansing and sterilization of the bottoms of the cages.

One of the most important responsibilities of the Public Health Department which calls for comment was the Food Hygiene Regulations 1955 (made under the Food and Drugs Act, 1955) which became operative during the year under review. An appraisal of the administration of these Regulations is contained in the article headed "Food Hygiene" on page 23.

I should like to take this opportunity of expressing my appreciation for the consideration and co-operation which were extended to me during the year by the members of the Council and the other chief officers. I also wish to record my grateful thanks to the Staff of the Public Health Department for the assistance they have at all times so willingly and loyally given to me.

I am, Mr. Mayor, Aldermen and Councillors,

Your obedient Servant,

H. D. CHALKE,

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE.

Constitution at the end of 1956.

Chairman :

Councillor H. G. Lamborn

Vice-Chairman :

Councillor Mrs. M. V. Goldwin

Members :

Alderman	Mrs. J. Burgess.	Councillor	Mrs. B. E. Knight.
„	E. W. Easdown.	„	A. T. Lambert.
„	W. D. Hackett.	„	H. S. Noyes.
Councillor	D. H. Bowyer, B.Sc., F.A.C.C.A.	„	Mrs. A. E. Pritchard.
„	G. Brown.	„	E. W. T. Preece.
„	R. W. Brown, A.M.I.E.D.	„	L. J. Ritchie.
	Grad.I.E.E.	„	F. Robbins.
„	Mrs. E. S. Daymond.	„	Mrs. F. E. Sampson.
„	S. H. Gilbert.	„	Mrs. E. Thorne.
„	H. H. Guichard.	„	Miss D. M. Walker.
„	K. C. Harland.	„	E. A. Wright.

Ex-Officio :

Alderman J. V. L. Evans, M.Sc., Ph.D., J.P. ...	... Mayor of Camberwell.
Alderman G. S. Burden, B.Sc. (Econ.) ...	... Leader of the Council.
Alderman C. W. Baker, J.P., F.C.I.S. ...	... Leader of the Opposition.

Staff of the Public Health Department.

(As at 31.12.56)

Medical Officer of Health :

*H. D. Chalke, O.B.E.(Mil.), T.D., M.A., M.R.C.P.,
M.R.C.S., D.P.H.

Deputy Medical Officer of Health :

*J. A. Linden, M.R.C.S., L.R.C.P., D.P.H.

Public Analyst :

D. F. H. Button, A.R.C.S., F.R.I.C.

Chief Administrative Assistant :

S. A. Cranfield.

Chief Public Health Inspector :

L. W. Burrell. *a*

Housing Inspectors :

H. W. Leonard. *a*

M. L. Malins. *a*

Sampling Officer—Food and Drugs Act, etc.:

H. R. Weaver. *a*

Food Inspector :

D. V. Watkins. *a*

Smoke Inspector :

F. Dray. *a, c*

Public Health Inspectors :

H. Attwater. *a*

R. C. Charlton. *a*

A. Gartside, D.P.A. *a*

E. C. George. *a*

H. M. Hough. *a*

F. Maughan. *a*

C. H. Medland. *a*

J. E. Millway. *a*

A. G. O'Gilvie. *a, c*

F. Russell. *a*

H. F. Williams. *a*

(one vacancy)

Student Public Health Inspectors :

M. McSweeney.

R. Sheppard.

Senior Clerk :

A. J. Carly.

Clerks :

D. Danter.

C. Burgess.

Miss E. M. Lawrence.

Mrs. M. Findlay.

Mrs. A. D. Dormer.

P. A. S. Kirrage.

A. Beare.

(one vacancy)

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.

Bait Preparer Mrs. A. Grice.

Disinfecting and Cleansing Station :

Superintendent Disinfecter A. Thomas.

Disinfecter Apparatus Attendant B. Russell.

Disinfectors R. T. J. Hodgson, E. Manning, A. E.
Kenny, J. Butterfield (Temp.).

Motor Driver H. King.

Cleansing Station Attendant Mrs. E. E. Doe.

* Also Divisional Medical Officer and Assistant Divisional Medical Officer respectively, London
County Council, Division 7.

(a) Certificate Sanitary Inspectors Examination Joint Board and Meat and Other Foods
Certificate.

(b) Certificate Sanitary Inspectors Examination Joint Board.

(c) Royal Society of Health Smoke Inspectors Certificate.

SANITARY CIRCUMSTANCES.

Water Supply.

Every house in Camberwell is provided with a water supply direct from the mains of the Metropolitan Water Board and no complaints were received during the year concerning its purity.

The water from the seven wells in operation in the Borough is used for industrial purposes only.

London County Council (General Powers) Act, 1955.

This Act contains provisions which enable the Council to deal more expeditiously with obstructed or defective drains (Section 25), premises without water supply (Section 26) and the remedying of defects in dwelling houses (Section 27).

Briefly, this legislation authorises the service of notices and the execution by the local authority of works in default in cases of urgency much more quickly than is permissible under the Public Health (London) Act, 1936. It does not, however, supersede the provisions of the latter Act and can only be used in cases of such urgency that the Council could, if necessary, justify their action if it were challenged in legal proceedings.

This new procedure has proved to be most useful and during the year under review, 11 notices were served under Section 25(1), three under Section 25(2), one under Section 26 and 11 under Section 27. In 12 instances it was necessary for the Council to execute the works in default and take steps to recover the cost from the owners of the properties.

Caravans on bombed sites.

Complaints were received from local residents of a nuisance from six caravans and their occupants on some land at the corner of Elmington Road and Lomond Grove. The site was kept under observation but no public health nuisance nor any contravention of the byelaws relating to movable dwellings could be discovered. Letters were sent to persons believed to be the owners of parts of the site drawing attention to their responsibilities under the byelaws if the caravans remained on the land. As a result, all the caravans were removed, but two of them established themselves on another bombed site in Southampton Way. Although no complaints were received concerning these two vehicles efforts were made to trace the owners of the land in order that pressure might similarly be brought to bear to secure their

removal. Unfortunately it was not possible to ascertain who owned the land, but as the caravans were subsequently removed no further action became necessary.

Coloured Immigrants.

At the request of the Public Health Committee a report was submitted at their meeting in October, 1956, on the question of coloured immigrants in the Borough, particularly West Indians. Although there were no reliable up-to-date statistics available there were 137 premises in the Borough known to the public health inspectors to house coloured people, whereas at the time of the last census in 1951, West Indians in Camberwell numbered only 66.

Although there were a few complaints of overcrowding involving West Indians, no public health problem of any magnitude arose.

Sanitary Inspectors (Change of Designation) Act, 1956.

This Act which received the Royal Assent on 2nd August, 1956, provides that Sanitary Inspectors appointed under the Local Government Act, 1933, or the London Government Act, 1939, shall be designated public health inspectors.

The term "sanitary inspector" has for long been considered to be out of date and the new designation, it is felt, reflects more comprehensively the ever widening scope of the duties of these officers.

Student Public Health Inspectors Training Scheme.

The shortage of public health inspectors has for some time been a matter of increasing concern to local authorities throughout the country, and in the early part of the year the Public Health Committee asked for a report on a scheme for the recruitment and training of such officers. This report was approved and referred to the Establishment Committee who agreed to operate a scheme on the lines suggested. It was decided initially to appoint two students although it is hoped that after experience of the working of the scheme and when additional office accommodation becomes available for the staff of the Public Health Department, it will be possible to increase this number to four students.

Advertisements were accordingly issued and 26 applications were received. Two of the applicants were duly appointed in accordance with the Qualified General Division scale of salaries, and commenced their training in September, 1956. It is one of

the conditions of the scheme that after qualifying, the trainee shall be considered for appointment as a public health inspector if a vacancy exists and in the event of such appointment shall undertake to remain in the Council's service for at least two years.

RODENT CONTROL.

In May, 1955, the Council agreed to a request by the Ministry of Agriculture, Fisheries and Food to conduct an experiment by using Warfarin blocks for rodent control in a section of the Council's sewers for a period of 12 months. At the end of this period a letter was received from the Ministry stating that this preliminary trial had shown some promise and that it might be an advantage if the Council would agree to a further trial of the material to enable a comparable assessment of the two treatments to be made. It was suggested that 500 selected manholes should be treated at three-monthly intervals during the ensuing 12 months using one block per manhole for the first treatment and thereafter half a block per manhole. The Council agreed to this suggestion and the trial was still in progress at the end of the year.

Since these trials began the number of complaints of rat infestations in the Northern Part of the Borough where they were conducted has shown a reduction of more than 50 per cent. and since the larger scale trial was put into operation the reduction in the number of complaints has been even more marked.

In the remainder of the Council's sewers the usual twice-yearly maintenance treatment was carried out with the normal poison baits in May/June and November/December. In addition, vertical block maintenance treatment was carried out throughout the year.

Treatment for all surface infestations was carried out with Warfarin baits which expedited the work very considerably and enabled many more infestations to be treated each week with less staff.

Particulars of the work of the Rodent Control Staff appear on page 45.

CLEAN AIR.

Although the Clean Air Act, 1956, came on to the Statute Book in July it was not until 31st December, 1956, that certain of its provisions became operative. One of these was Section 11 of the Act which enables local authorities to establish smoke control areas.

In order to give publicity to the prevention of smoke, a public meeting was held in the Council Chamber at the Town Hall on the 31st October, 1956, on the subject of "The Air We Breathe". This meeting was organised by arrangement with the Gas Council who provided a lecturer and speakers and the Mayor kindly presided. Invitations to attend were sent to the proprietors of a number of local industries and posters were displayed throughout the Borough advertising the event. The meeting was fairly well attended and after a most interesting session of questions and discussion followed by light refreshments, a film entitled "Guilty Chimneys" was shown.

Early in December a letter was received from the National Smoke Abatement Society drawing attention to the following resolution which was passed unanimously at the Society's Annual Conference and asking to be informed of the Council's views thereon or any action taken :

"That this Conference of the National Smoke Abatement Society welcomes the Clean Air Act and reaffirms its determination vigorously to pursue its policy of securing clean air. It urges :

- (1) That since the effective implementation of the provisions of the Act largely depends on an informed public opinion, all local authorities should without delay, initiate a well directed plan of publicity and education.
- (2) That local authorities should now take immediate action in order to be prepared to administer and implement the Clean Air Act.
- (3) That the Minister of Health and the Local Authorities should take all necessary steps to augment the Public Health Inspectorate so that the provisions of the Act may be effectively implemented.
- (4) That H.M. Government should take all necessary steps to make generally available supplies of smokeless fuels at prices which will favour their use."

At the request of the Public Health Committee a report on this Resolution was submitted.

1. Publicity and Education.

The Act is very welcome to all concerned with the effects of atmospheric pollution, and although it is recognised that it by no means gives the complete answer, it is a definite step forward. Whilst it is difficult to foresee that a substantial decrease in atmospheric smoke will be made in a short time, it gives many opportunities for improvement. Nevertheless, the most important factor still remains the education of public opinion, both as regards the industrialist and the domestic consumer.

Efforts are being made continuously by the Officers of the Public Health Department to disseminate information and knowledge on this subject by means of posters, leaflets, lectures, public meetings etc., and also by personal talks to stokers by Public Health Inspectors when visiting industrial premises.

It is of the greatest importance that persons responsible for tending and stoking boilers should be properly trained, and it may be that the implementation of the Clean Air Act will stimulate a greater interest by those concerned in the proper training of their employees who are engaged in the fuelling of furnaces, boiler maintenance, etc.

2. Preparation for the administration of the Act.

This Act is to come into operation on the "appointed day" to be fixed by the Minister, but a considerable amount of preparation is necessary in order that the Council may be in a position to implement the provisions of the Act as soon as it becomes operative.

On the 1st November, a survey was commenced of all the industrial and domestic heating plants in Camberwell with an output of 55,000 B.T.U. or over, for the purpose of compiling a record which will include details of the number, type and rating of furnaces, the type of fuel and fuel consumption, method of firing, instrumentation (smoke density recorders, draught gauges, etc.) grit and dust arresting plants, number and position of chimneys etc. At the time of inspection, advice was offered to the management, where necessary, with regard to any improvements or alterations in the plant, fuel or method of use which it was considered would be helpful in reducing to a minimum any atmospheric pollution.

It is estimated that there are 500 such plants in the Borough, and up to the end of December, 79 of them had been fully dealt with by the Smoke Inspector. By the time the Clean Air Act comes into operation, it would be desirable for the Public Health

Department to have complete information of all industrial premises so that attention can be directed immediately to those where the heating plant is considered to be least satisfactory.

With regard to those provisions of the Act which empower a local authority to make an order declaring the whole or any part of its district as a smoke control area, the Committee had already given some consideration to this matter and had provisionally designated an area in the north west part of the Borough bounded by Camberwell Road, Camberwell Church Street, Peckham Road, Southampton Way and New Church Road.

This area contains the L.C.C. Picton Street housing site and also the Borough Council's Camberwell House site, so that a large proportion of it will consist of newly-built flats owned and controlled by a local authority. As, however, much of this area may be developed within the next few years, expenditure may not be justified in adapting or installing firegrates to burn smokeless fuel in properties with a very limited life.

Two other areas were therefore brought to the Committee's attention for consideration as Smoke Control Areas, viz :—

- (a) The southern tip of the Borough bounded by Lordship Lane, Court Lane, Turney Road and the Borough boundary. There is no heavy industry in this area, and it contains a considerable number of local authority-owned properties (Kingswood, Lordship Lane, Croxted Road and Sydenham Hill Estates); moreover, little or none of it is likely to be developed in the near future.
- (b) An area bounded by Evelina Road, Nunhead Lane, Peckham Rye West, Forest Hill Road and the Borough boundary. This contains a considerable expanse of open space (two Cemeteries, Peckham Rye and Park, Golf Course, One Tree Hill and the Waterworks grounds).

The Memorandum on Smoke Control Areas issued by the Ministry of Housing and Local Government states—"the establishment of smoke control areas will necessarily be gradual; it will need to be undertaken in stages, over a period of years in the larger towns. Progress will be governed by the supply of smokeless fuels, the rate at which appliances can be converted or replaced and the rate at which local authorities are able to formulate and carry through their smoke control plans".

The procedure for establishing a Smoke Control Area is a very lengthy one; the application to the Minister for confirmation of the order would involve a detailed survey of every property in the area to ascertain the number of appliances which would require to be converted or replaced and the preparation of an estimate of the cost of such work.

The Public Health Committee in their consideration of this matter decided that it would be more appropriate and convenient to deal with area (a) as a first step in the establishment of smoke control areas.

3. Adequacy of a Public Health Inspectorate.

The Council had already appointed one of its Public Health Inspectors as Smoke Inspector and this Officer was devoting the whole of his time to the survey referred to, the number of districts having been reduced to permit of this arrangement. It was apparent that this Survey could not be completed by one Smoke Inspector within 12 months. Although it may be many months before the provisions of the Act will take effect, it is during this period that the most important work should be carried out. This will have a great effect on obviating the necessity for serving notices and invoking penalties after the "appointed day". It was decided therefore, that another District Inspector should be seconded to these duties in order that the survey may be completed as speedily as possible.

4. Supplies of Smokeless Fuels.

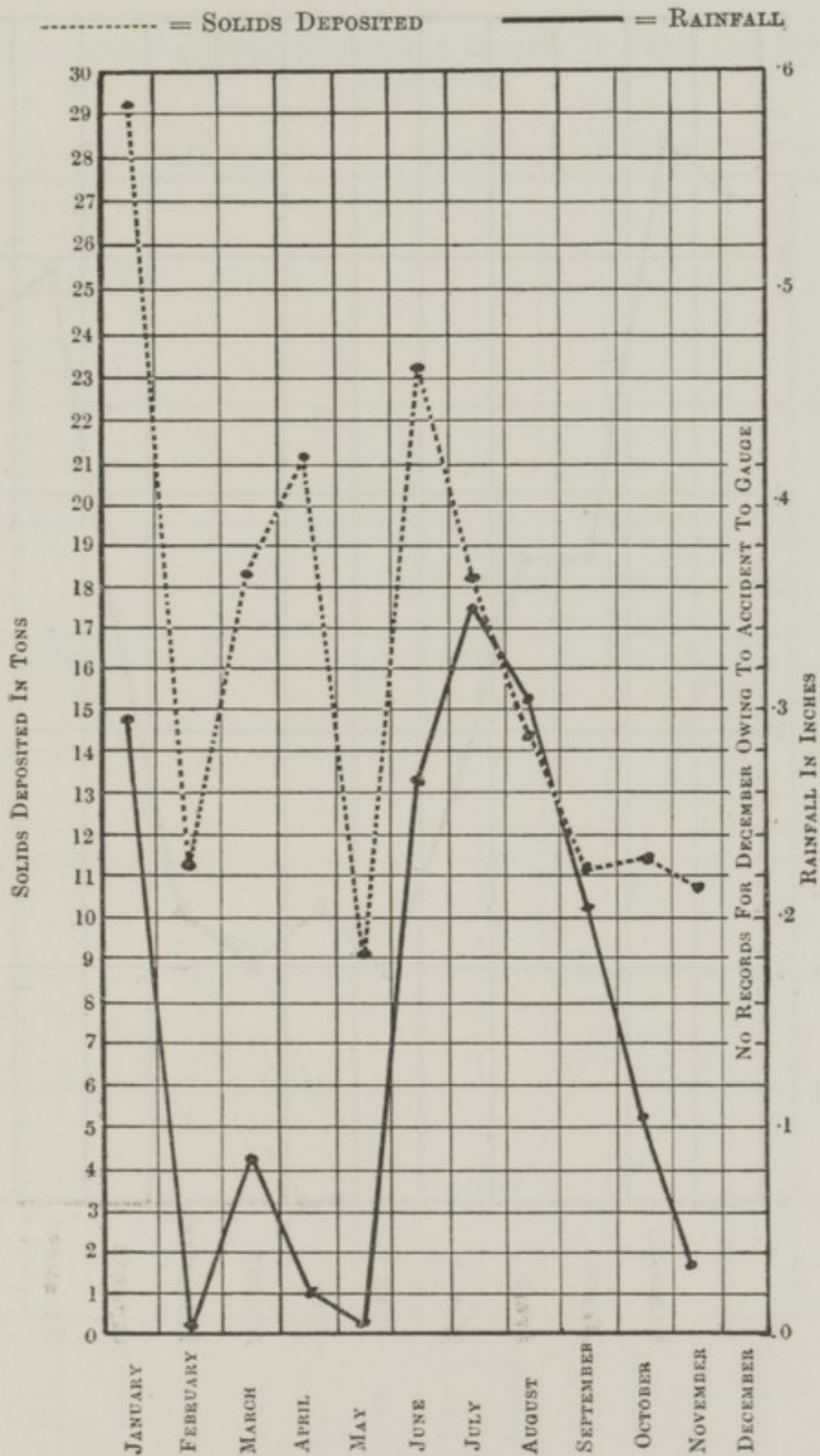
In December, 1954, the Committee had before them a letter from the Society of Coal Merchants referring to the possibility of local authorities establishing smokeless zones as proposed in the report of the Committee on Air Pollution and stating that they would be glad to help in advising on the availability of suitable solid fuel and the storage and delivery facilities in the locality. It has been understood that in the event of a smoke control area being declared by the Council, every possible endeavour would be made by fuel suppliers to ensure that sufficient suitable fuel was made available for the needs of that area.

Measurement of Atmospheric Pollution.

The instruments provided by the Council for measuring the degree of pollution of the atmosphere in the Town Hall and on the roof of the Queen's Road Health Centre, St. Mary's Road, were maintained throughout the year and the results obtained are shown in graph form on the following pages.

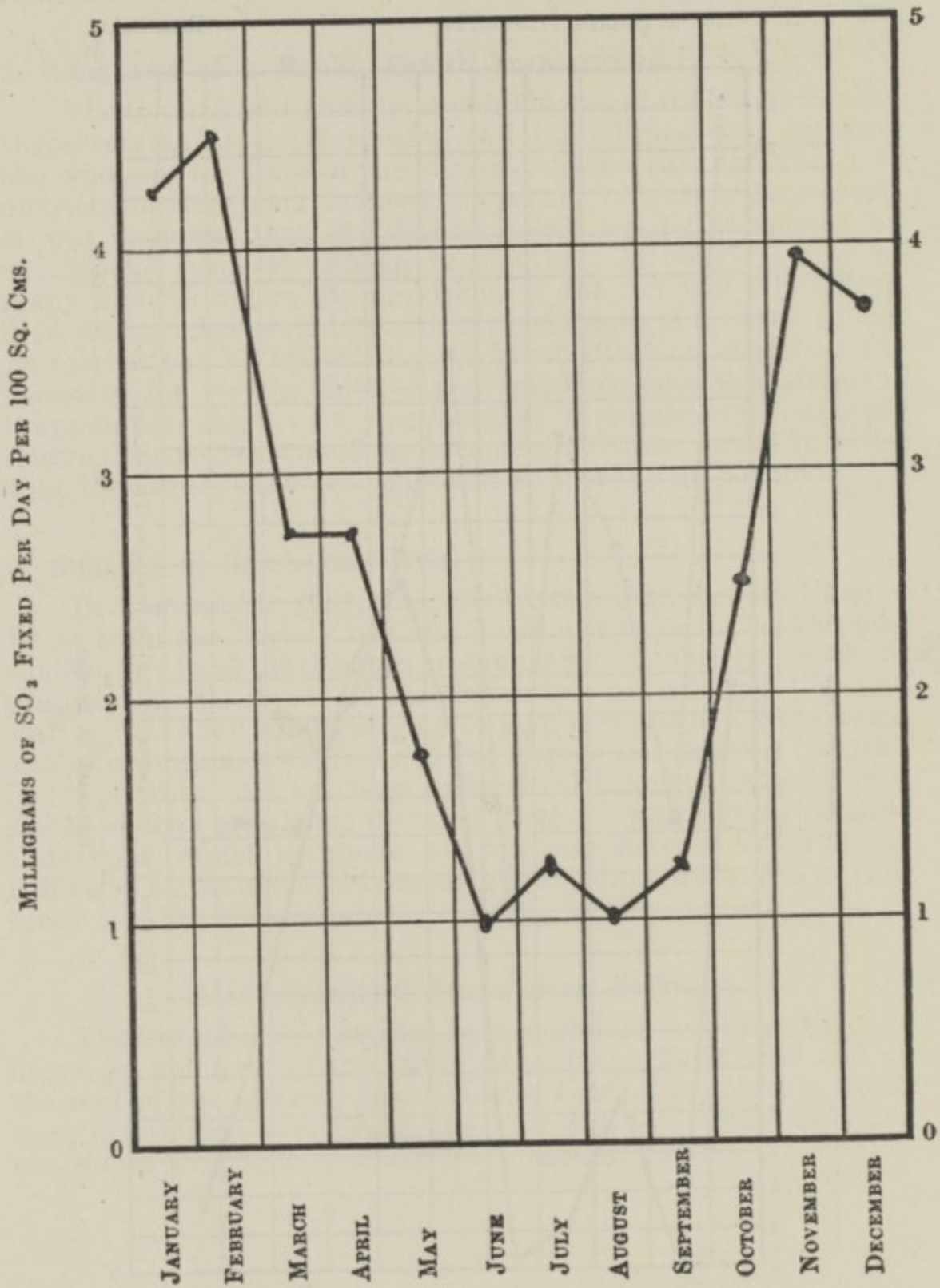
ATMOSPHERIC POLLUTION 1956

Total Solids Deposited—Tons Per Square Mile



ATMOSPHERIC POLLUTION 1956

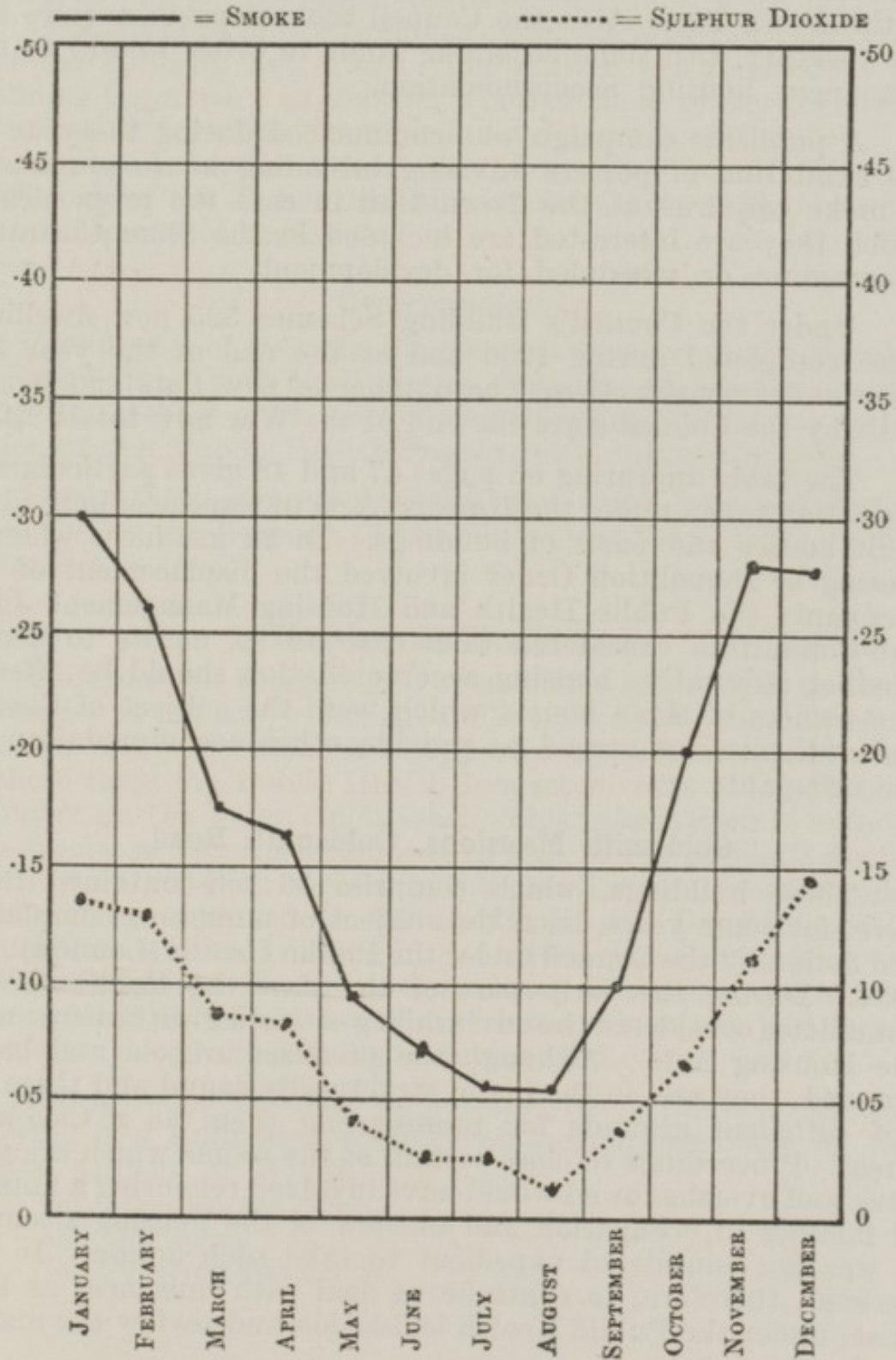
Estimation of Sulphur by Lead Peroxide Method



ATMOSPHERIC POLLUTION 1956

Average Concentration of Smoke in Milligrams Per Cubic Metre

Average Concentration of Sulphur Dioxide in Parts Per Million Volumes of Air



HOUSING AND SLUM CLEARANCE.

Two Clearance Areas were represented during the year under the Council's Slum Clearance Programme for 1956/60 ; these were the Mawbey Place Area (2 houses) and the Acorn Place Area (12 houses). The first named area is too small to allow for the provision of new dwellings on the same site, but in the Acorn Place Area the Council took steps to acquire the site together with some adjoining lands in order to add to the permanent housing accommodation.

A publicity campaign was commenced during the year by the exhibition of posters advising intending house purchasers to make enquiries at the Town Hall in case the properties in which they are interested are included in the Slum Clearance Programme or scheduled for development.

Under the Council's Building Schemes 325 new dwellings were completed during 1956 and at the end of the year 306 were under construction. The number of new flats and houses built by the Council since the end of the War now totals 2,101.

The table appearing on pages 47 and 48 gives particulars of the action taken under the Housing Acts in respect of individual unfit houses and parts of buildings. In 22 instances where a Closing or Demolition Order involved the displacement of the occupants the Public Health and Housing Management Joint Sub-Committee considered each case on its merits to decide whether alternative housing accommodation should be offered. The owners of three houses which were the subject of Closing Orders themselves agreed to provide other accommodation for the occupants.

Goldsmith Mansions, Goldsmith Road.

These buildings, which comprise 36 self-contained flats, have, for some years, been the subject of numerous complaints and action by the Council under the Public Health (London) Act, 1936. During the early part of the year the Public Health Committee considered the advisability of dealing with them under the Housing Acts. Although the premises are old and badly planned, they are, in the main, structurally sound and there are not sufficient grounds for representing them as a Clearance Area. Proceedings to close certain of the rooms which are very dark and overshadowed would have involved rehousing a number of families in occupation and in view of the housing situation it was not considered expedient to take such action. It was decided, therefore, to continue to deal with nuisances as they arise, under the Public Health legislation and review the matter

at a later date. In the meanwhile, the owner was asked to carry out works of improvement pending further action with regard to the acquisition of this property.

Sydney Square, Albert and Derwent Buildings, Latona Road.

These blocks of flats presented somewhat similar difficulties to those at Goldsmith Mansions, and following the receipt of numerous complaints from residents, schedules were prepared for the repair of 81 of the dwellings under the provisions of Section 9 of the Housing Act, 1936. The matter was referred to the Planning Committee to consider whether these properties should be acquired for demolition and development of the site. In the meanwhile, action was continued by this Council under the provisions of the Public Health (London) Act, 1936, to secure the abatement of nuisances.

Overcrowding.

Certificates of overcrowding were forwarded to the Housing Departments of both the Borough Council and London County Council in respect of 81 cases of overcrowding which came to the notice of the Public Health Department during the year.

Thirty-three overcrowded families were rehoused during 1956 ; 20 by the Borough Council and 13 by the London County Council.

Housing Applications.

A scheme was brought into operation in May, 1955, to assess the degree of priority which should be awarded to those applications for rehousing which are supported by medical certificates. In these cases the Public Health Inspector visits the applicants to report on the home conditions. This information is entered on a special *pro forma* which is then sent to the patient's doctor with a request to enter thereon his observations and recommendations. When returned to the Public Health Department the circumstances are considered by a medical panel comprising the Medical Officer of Health, a Consultant Physician and a local General Medical Practitioner who consider the appropriate degree of priority which should be recommended.

During 1956, 515 cases were dealt with in this way and the following is a summary of the recommendations made by the Medical Officer of Health :

(a) Immediate and Urgent	...	...	...	...	173
(b) Less Urgent	...	...	...	...	149
(c) No recommendation	...	...	...	...	193
Total	...	...	...	...	515

The following table provides an analysis of the cases dealt with from the inauguration of the scheme to the end of 1956, showing the various medical conditions and the degrees of priority recommended.

Medical Condition	(a)	(b)	(c)
Tuberculosis	57	51	80
Bronchitis and/or Asthma	58	46	36
Other Respiratory conditions	13	10	6
Rheumatic conditions	18	15	10
Heart conditions	15	7	4
Physical disabilities (bad legs, etc.)	11	9	5
Nervous disorders	47	74	72
Other medical conditions	59	60	71
Totals	278	272	284

Of the above cases, 85 were rehoused within 12 months of the date of the recommendation.

HOME SAFETY.

Six thousand fatal accidents occur annually in homes in England and Wales which is about one-third of the total number of accidental deaths.

The following tables indicate the number of deaths from traffic accidents and other accidents which have occurred in Camberwell during the past five years classified by sex and age groups.

TABLE I DEATHS FROM MOTOR VEHICLE ACCIDENTS.

Year	Sex	0-5	5-15	15-65	65 and up	Total
1952	M.	—	1	4	1	6
	F.	—	—	3	2	5
1953	M.	—	2	11	2	15
	F.	—	—	5	4	9
1954	M.	—	—	6	2	8
	F.	1	—	1	3	5
1955	M.	1	—	9	6	16
	F.	—	1	1	3	5
1956	M.	1	1	5	4	11
	F.	—	—	2	5	7

TABLE II DEATHS FROM ALL OTHER ACCIDENTS.

Year	Sex	0-5	5-15	15-65	65 and up	Total
1952	M.	2	1	9	3	15
	F.	1	—	5	4	10
1953	M.	2	2	8	2	14
	F.	—	—	2	6	8
1954	M.	4	1	11	5	21
	F.	1	—	7	9	17
1955	M.	1	1	8	4	14
	F.	—	—	6	14	20
1956	M.	2	1	10	6	19
	F.	1	1	3	17	22

Although it has not been possible to obtain a "breakdown" of the figures in Table II into injuries occurring in the home, in industry etc., it will be noted that about 50 per cent. occurred in the very young and the very old, the greatest number of which must be presumed to be at home. There is a similar pattern in the country as a whole and it is clear that it is at the extremes of age that home accidents are more prevalent.

The following is a distribution of the causes of accidents as a result of which 45 people in Britain lose their lives on the average every day :

TRAVEL.							
On the road ...	...	...	...	...	...	...	14
On the railways ...	...	...	...	...	...	...	1
In air or water transport ...	...	...	...	...	...	...	1
Total ...	...	...	...	...	...	...	16

PLACE OF WORK.							
In factories ...	...	...	...	...	...	...	2
In coal mines...	...	...	...	...	...	...	1
In farms, quarries and other places of work ...	...	...	...	...	...	...	2
Total ...	...	...	...	...	...	...	5

IN AND AROUND THE HOME.							
Inside the home ...	...	...	...	...	...	...	17
In ordinary pursuits around the home ...	...	...	...	...	...	...	7
Total ...	...	...	...	...	...	...	24

In pre-school children the number of deaths resulting from accidents is three times as high as that from common infectious diseases. Of the 20,000 deaths of "under fives" which occur in this country every year 1,000 are due to misadventure. The loss of life from home accidents is greater than that on the roads.

About three quarters of home accidents fall into two groups of injury :

- (1) Falls, which account for about 60 per cent. of the fatalities—chiefly among the elderly.
- (2) Burns and scalds which account for 15 per cent.—mostly children in the 1-5 age range.

The pre-disposing causes of falls are defective hearing, poor eyesight and attacks of giddiness: here, safe stairs, proper lighting, non-slippery floors and adequate hand rails are among the important factors in prevention.

In the second group, the greatest source of danger is the unprotected coal fire. The Heating Appliances (Fireguards) Act, 1952, prohibits the sale of gas fires, electric fires and oil heaters which are not fitted with proper guards, but there are still many inadequately protected appliances in use which were manufactured and sold before the Act became operative and these remain a serious danger. Scalds most commonly result from tea making.

Deaths from suffocation in children are increasing. The present view leads to the belief that these are often due to associated disease, but precautionary measures are nevertheless of great importance.

Accidental poisoning often occurs through children eating pills or tablets which resemble sweets. This type of accident is easily preventable if parents ensure that all medicinal tablets and liquids are made inaccessible to children.

Coal gas poisoning still accounts for a large number of accidental deaths, especially among old people. An investigation was undertaken recently to assess the ability of persons over 65 years of age to detect the odour of coal gas and the following preliminary conclusions were reached :

- (a) About a third could not recognise the smell at concentrations below 50 parts per ten thousand parts of air (and probably not at any concentration).
- (b) Of those old persons who could smell gas, it appeared probable that 95 per cent. could recognise it at a concentration of 45 parts per ten thousand parts.
- (c) For younger persons (under 65) the proportion who could not smell gas was probably less than 5 per cent.
- (d) Of younger persons who can smell gas, probably 95 per cent can recognise 20 parts per ten thousand and 50 per cent. would be expected to smell 8 parts.

It may well be, therefore, that a diminished sense of smell is a factor of importance in the occurrence of accidental coal gas poisoning in older persons. Further research into this question is indicated.

The prevention of accidents in the home is an urgent matter. Some preventive measures are summarised below :

- (a) Education, especially in the schools, and by Health Visitors, District Nurses, Public Health Inspectors, Home Help Organisers, Social Workers, Group Leaders, Youth Clubs, etc.
- (b) Propaganda—pamphlets, posters, public lectures, exhibitions, film shows, broadcasting, etc.
- (c) Provision of efficient fireguards—(i) the installation of fireguard fittings in all new houses and flats; (ii) the loan of fireguards by local authorities.
- (d) Clothing—the manufacture for sale of night-dresses, etc., made of non-inflammable materials. The cost of these may be little more than similar garments of ordinary material.

- (e) The manufacture of attractive pills which resemble sweets should be prohibited. The use of "kiddi-proof" tins for dangerous drugs, and an increased parental responsibility will be the most effective factor in prevention.
- (f) Notification of accidents to the Medical Officer of Health by hospitals and general practitioners in order that the circumstances may be investigated and any predisposing causes eliminated, if possible. It is hoped that a scheme of this nature will be in operation soon in this Borough.
- (g) Alteration and adaptations in the homes of the aged and disabled (guard rails, ramps, adequate stair lighting, elimination of slippery floors, etc.) under the National Assistance Act.

Following a report to the Public Health Committee on this subject, consideration was given to the possibility of this Council establishing a scheme for hiring out fireguards to residents in appropriate cases, but legislation permitting expenditure of this nature applies only to local health authorities and the Council accordingly decided to ask the London County Council to make appropriate arrangements for the provision of fireguards under the powers conferred upon them under Section 28 of the National Health Service Act, 1946.

Throughout the year the Staffs of the Public Health Department and the L.C.C. Divisional Office collaborated in the intensification of education to prevent home accidents. Great assistance was given by the Staff of the South Eastern Gas Board in discovering and dealing with defective or potentially defective gas apparatus in the homes.

FOOD HYGIENE.

Outbreaks of food poisoning in this country have increased in recent years. In Camberwell, the number of notifications received has risen from 43 in 1954 to 88 in 1956 (see return of notifications on page 48). It is believed that these do not give a complete picture of the incidence of food poisoning as many cases are mild and medical advice is not sought.

Emphasis has been laid on obtaining the co-operation of the shopkeeper and food supplier and such points as the unnecessary handling of food, the prevention of contamination and unsatisfactory storage have been stressed. Every effort has also been made to educate the public with regard to the prevention of infection in the home and insistence on hygienic conditions in the shops where they purchase food.

During the year some anxiety was caused by the presence in the Borough of imported egg products in some cases of which information had been received from other Boroughs of adverse bacteriological reports. In one or two instances, bakers had already used the products in the preparation of cakes with apparently no untoward effects amongst the consumers. The largest consignments were fortunately used for industrial purposes and not for food preparation.

On the 1st January, 1956, a new Food and Drugs Act came into operation under which Food Hygiene Regulations have been made, the aims of which are to reduce the risk of food poisoning. Most of these Regulations became operative on the same day as the main Act and the remainder (with one minor exception) became enforceable on the 1st July, 1956. They apply not only to premises and stalls but also to persons engaged in the handling of food, and lay down requirements in respect of:

- (i) the cleanliness of food premises and stalls, etc., and of apparatus and equipment.
- (ii) the hygienic handling of food.
- (iii) the cleanliness of persons engaged in the handling of food and of their clothing and the action to be taken where they suffer from, or are carriers of, certain infections.
- (iv) the construction of food premises, the repair and maintenance of food premises, stalls, vehicles, etc., and the facilities to be provided, and

- (v) the temperature at which certain foods that are particularly liable to transmit disease are to be kept in food premises.

So far as food traders are concerned, many of them have been required to effect considerable improvements to their premises, apparatus and equipment, not the least of which has been the provision, where necessary, of wash-hand basins and hot and cold water supply for the personal hygiene of persons employed in the business, in addition to separate facilities for washing food and equipment. It was anticipated that there would be a good deal of opposition to this requirement but it is gratifying to record that the food traders in Camberwell have responded remarkably well and on repeated occasions Inspectors have been told "we do not know how we have done without it all these years." In only one or two instances was difficulty experienced in securing compliance with the Regulations and in no case was it necessary to resort to legal proceedings.

Wide publicity was given to the new Regulations through the medium of the local Press and the distribution of a pamphlet entitled "Your Guide to the Food Regulations 1955" to the managements of all food premises in the Borough. This pamphlet summarises the requirements of the Regulations in simple terms and many of the recipients expressed their appreciation of the great assistance it had afforded them.

By arrangement with the Camberwell, Peckham and Dulwich Chamber of Commerce, a meeting was held in the Council Chamber at the Town Hall on 2nd May which all food traders in the Borough were invited to attend. Unfortunately, the response was extremely poor, but those present displayed a keen interest in the interpretation of the Regulations and raised several matters which were carefully explained and clarified by the Council's Officers.

The meeting was presided over by the Chairman of the Public Health Committee and concluded with the showing of two films—"Another Case of Poisoning" and "A Fly about the House".

Co-operation of this kind is of the utmost value in establishing rapport between the Council's Officers and the Food Traders in the Borough, and although this meeting was poorly attended it is hoped that it will prove to be one of many which will encourage close liaison between all concerned in the promotion of food hygiene.

The reputable food trader is, of course, well aware of the advantages to his business in providing a clean and wholesome service to his customers. He is, nevertheless, dependent to a

large extent upon his employees to maintain such service, and a health education policy is being vigorously pursued among such persons. They must be made to appreciate fully the important part they play in the prevention of food poisoning and the dangers incumbent upon failure to observe elementary rules of hygiene.

The members of the public also have a responsibility in this matter ; the new legislation does not apply to them and many food traders are concerned and embarrassed by the thoughtlessness of some of their customers. For example, the shopkeeper and his assistants are forbidden by the Regulations to smoke whilst engaged in the handling of open food, but such restriction is not statutorily imposed upon his customers. The public, therefore, can do much to assist in the clean food campaign by refraining from such undesirable practices as smoking in a food shop, coughing and sneezing over the counter or over food displayed thereon, from placing dirty shopping bags on the counter, and from taking dogs into food shops.

The public can also help by insisting on a hygienic service in the food shops at which they deal and particularly in restaurants and eating houses which they may patronise. Their collaboration is an essential complement to the Regulations in the national endeavour to reduce the large number of cases of food poisoning which is giving cause for such concern in this country.

THE AGED IN THEIR OWN HOMES

In my Annual Report for 1955 I referred to a number of surveys which have been carried out of old people living alone and the valuable information they had revealed of the prevalence of sickness and disablement among them. In 1956 a further survey was undertaken in Camberwell and Lewisham of a systematic sample (1 in 5) of all households containing persons over the age of 65 years and assisted by the Domestic Help Service.

There were 413 households in the sample containing 483 people aged 65 or more ; 12 were aged over 90, the oldest being 98. Half of the people were concentrated in the age group 75-84 and about 75 per cent. were women. The excess of women arises from their greater longevity.

Disabilities sufficiently severe to require treatment and those which were not being treated were recorded (Table 1). As was to be expected, most of the complaints, whether treated or not, related to heart or other circulatory disease, high blood pressure, cerebral vascular lesions, and chronic bronchitis. There were cases of diabetes, a few advanced cases of cancer and a few elderly tuberculous. There were larger numbers with rheumatism or "senility". Only one was on the waiting list of a hospital, and two had recently been discharged from hospital treatment. Treatment in hospital is only a very small part of the problem ; the familiar picture is that of chronic sickness—the lesser illness but major worry of restricted movement, pain and discomfort—requiring some regular nursing and medical care, but most of all constant companionship and encouragement.

Only two males and nine females (3 per cent. of the total) were permanently bedridden ; 10 per cent. were bedridden intermittently, while 87 per cent. were ambulant. Of the men 18 per cent. and of the women 33 per cent. were confined to the house by restriction of movement ; this included a third of those who were ambulant at home (Table 2). Cases of incontinence were rare—only one man and two women.

It was found that 8 per cent. of the men and 12 per cent. of the women were receiving foot treatment and a further 4 per cent. of the men and 2 per cent. of the women were in need of such treatment though not yet receiving it. Many of those who had received chiropody had obtained it privately.

Social and Recreational Life.

A tenth of the men and a quarter of the women were alone at night. It was discovered that some two-thirds received

visits from near relatives; friends as visitors were fewer in number—rather less than half of both sexes (Table 3).

Few of the old people appeared to have any contact with outside social organisations such as old people's clubs. About three-quarters of both sexes had no such link and, since the majority of these people were ambulant, there appears to be virtually no diminution in the need for further development of clubs which must be an integral part of any scheme for the care and welfare of the aged (Table 4).

It was found that reading and radio were the main forms of recreation (Table 5). The proportion of women who engaged in needlework or knitting was small, partly, perhaps, because of failing eyesight (5 per cent. of both sexes were blind or nearly so, 70 per cent. sought advice for failing sight and 4 per cent. could not read). There was little mention of home activity and, though possibly there was some understatement due to indifference, there is an indication that many of these people have become apathetic and need stimulation of interest. Cinema-goers were few, but television sets were more common than in previous surveys (11 per cent. of men and 13 per cent. of women compared with 3 per cent. for both sexes in 1951) (Table 6).

Assistance and Meals.

The amount of domestic assistance given either by home helps or by relatives and friends was assessed. The home helps do general cleaning in all cases, some shopping, a little cooking and some light washing: carrying coals and lighting fires form an important duty. The average period of service was 4.8 hours weekly, but assistance from relatives and friends was limited mainly to shopping and companionship.

In those instances where relatives gave no assistance, nearly one-half lived too far away; one-third were too preoccupied with their own affairs, and one tenth were ill or too old. Only one relative could, but would not help.

An attempt was made to assess the additional services which were most badly needed. Most of the complaints had an economic background—higher pensions; cheaper fuel, milk and transport. Only a few requested more home help hours or week-end service. Some wanted to be visited or to be taken out, and it was clear that many of those who were confined to the house would have been most grateful for an occasional car outing or a visit to a club. Complaints about housing were few: they related mainly to the inconvenience of living upstairs. Two-thirds of the old people had no "grumble" at all.

TABLE 1. DISABILITIES AND EXTENT OF TREATMENT.

Cause. (Includes post-operative effects associated with the disease specified.)	Under Treatment (Males)					Not under treatment	Under Treatment (Females)					Not under treatment
	Total	Visited by District Nurse		Visited by General Practitioner			Total	Visited by District Nurse		Visited by General Practitioner		
		Weekly or more often	Less often than weekly	Weekly or more often	Less often than weekly			Weekly or more often	Less often than weekly	Weekly or more often	Less often than weekly	
Pulmonary T.B.	—	—	—	—	—	1	4	—	—	1	1	1
Asthma	1	—	—	—	1	1	6	—	—	3	3	4
Bronchitis	17	2	—	5	7	12	38	—	—	11	20	37
Pneumonia	—	—	—	—	—	—	2	—	—	—	1	—
Other respiratory diseases ...	1	—	—	—	—	—	—	—	—	—	—	—
Mental and psychoneurotic disorders	—	—	—	—	—	—	—	—	—	—	—	—
Heart disease including blood pressure	18	4	—	7	11	16	80	10	2	15	44	63
Diseases of arteries	—	—	—	—	—	—	4	—	—	—	—	2
Diseases of veins	2	—	—	—	1	1	10	—	1	1	6	7
Cerebral vascular lesions ...	6	1	—	—	3	2	10	4	—	1	9	9
Other diseases of C.N.S. ...	2	—	—	—	—	3	7	—	—	1	3	9
Blindness and diseases of the eye	—	—	—	—	—	9	16	2	—	—	3	29
Deafness	—	—	—	—	—	2	—	—	—	—	—	1
Cancer	2	—	1	—	1	3	7	2	—	3	4	5
Anaemia	2	—	—	—	—	2	6	2	—	—	6	3
Diabetes	4	—	1	—	2	3	10	9	—	3	7	7
Peptic Ulcer	1	—	—	1	—	1	10	1	—	—	5	7
Hernia	—	—	—	—	—	—	—	—	—	—	—	2
Other diseases of digestive system	3	—	—	3	—	2	11	1	1	1	6	6
Diseases of genito-urinary system	4	1	—	1	2	2	4	—	—	1	1	—
Diseases of skin	—	—	—	—	—	3	1	—	—	—	—	6
Diseases of bone and organs of movement	10	—	—	—	4	10	75	5	—	8	41	77
Injury	2	—	—	—	2	2	3	—	—	—	2	3
Senility	5	1	—	3	2	41	18	2	—	7	11	51
Other	1	—	—	—	—	4	2	—	—	2	—	3
Total disabilities	81	9	2	20	36	120	324	38	4	58	173	332
Total No. of persons												
(i) with disability	66					45	239					107
(ii) without disability	—					8	—					18
Grand total	66					53	239					125

TABLE 2. DEGREE OF INFIRMITY.

	TOTAL PERSONS	AMBULANT		BEDRIDDEN INTERMITTENT		BEDRIDDEN PERMANENT
		Not confined to house	Confined to house	Not confined to house	Confined to house	
MALES :						
Number	119	94	9	2	12	2
Per cent.	100.0	79.0	7.6	1.7	10.0	1.7
FEMALES :						
Number	364	229	89	8	30	8
Per cent.	100.0	62.9	24.4	2.2	8.3	2.2

The dietary of older persons is very important. Meals were prepared with some assistance by the home help in 48 per cent. of the cases. Fortunately, in only 36 of these would withdrawal of the home help have resulted in a failure to obtain any meals.

Housing, Money and Cost.

Twenty-three per cent. of the households were in houses, 36 per cent. in flats and 41 per cent. in rooms in divided accommodation. In only nine cases were sanitary defects reported. A more important feature was that in 29 households (7 per cent.) there was difficulty of access, i.e., the old person was living on the upper floor of a building and negotiation of the stairs was a deterrent to going out.

It should be noted that about half had been living in their present homes for more than 10 years, and 18 per cent. for more than 30 years. These old associations and obvious affection for the existing environment complicate the problem of rehousing. It appears, however, that more could be done with regard to exchanging accommodation.

In only 15 per cent. of households was there a shortage of money. For the domestic help service 27 per cent. paid the charges in full; 7 per cent. made part payment; and in 66 per cent. of households the cost was borne by public funds.

Conclusion.

The general position of the old people seems to have improved somewhat since the survey in 1951. Contributory factors may be better liaison with hospital geriatric departments, a greater emphasis on rehabilitation, an expansion of the home help service and closer co-ordination of effort between the statutory and voluntary agencies.

This progress is gratifying, but a great deal remains to be done. Rehousing problems are difficult to solve; more long-stay accommodation is required, and there are not enough clubs, especially for the frail and less mobile. Inertia in the home has to be combatted and disabilities detected early—there is ample evidence that “examinations-in-health” clinics can fulfil an important function. The home help service is playing a part which cannot be measured in terms of hours of work or domestic duties performed—it goes far beyond that, and no statistical survey can give a complete picture of the assistance and companionship it provides both during and after official hours.

In general, however, the survey reaffirms the value, financial and otherwise, of a domiciliary service for old people, and suggests ways in which it should be expanded.

TABLE 3. SOCIAL LIFE.

		Males							Females					
Age group (years)	Total Males	Visited by				No Visitors	Total Females	Visited by				No Visitors		
		Relatives	Friends	Church	Other Voluntary			Relatives	Friends	Church	Other Voluntary			
65-74	33	28	21	9	2	4	130	106	73	30	7	14		
75-84	71	39	26	10	4	28	188	107	69	25	9	73		
85 and over	15	15	6	3	—	—	46	31	19	10	1	8		
Total No.	119	82	53	22	6	32	364	244	161	65	17	95		
Per cent.... ..	100.0	68.9	44.5	18.5	5.0	26.9	100.0	67.0	44.2	17.9	4.7	26.1		

TABLE 4. OUTSIDE SOCIAL ACTIVITIES

Age group (years)	Total Male Patients	MALES Member of			None	Total Female Patients	FEMALES Member of			None
		Old people's Club	Church Organisations	Other Organisations			Old people's Club	Church Organisations	Other Organisations	
65-74	33	5	4	1	24	130	21	24	1	88
75-84	71	6	9	1	59	188	20	24	—	152
85 and over	15	4	3	—	8	46	5	5	—	39
Total No.	119	15	16	2	91	364	46	53	1	279
Per cent.	100.0	12.6	13.4	1.7	76.5	100.0	12.6	14.6	0.3	76.6

Note—Some multiple answers in some cases and hence per cent. totals add to more than 100.

TABLE 5. INDIVIDUAL ACTIVITIES.

Age Group (years)	ACTIVITIES									
	Total patients	Reading	Needlework	Knitting	Crochet	Rug making	Cards Jigsaws or Dominoes	Gardening	Carpentry	Music (Instrument or singing)
MALES :										
65-74	33	26	—	1	—	—	—	5	1	—
75-84	71	38	1	1	—	—	—	2	1	1
85 and over ...	15	13	—	—	—	—	1	—	—	—
Total No.	119	77	1	2	—	—	1	7	2	1
Per cent.	100.0	64.7	0.8	1.7	—	—	0.8	5.9	1.7	0.8
FEMALES :										
65-74	130	97	19	44	—	2	—	1	—	1
75-84	188	102	26	35	1	—	—	—	—	—
85 and over ...	46	28	7	5	1	—	—	—	—	—
Total No.	364	227	52	84	2	2	—	1	—	1
Per cent.	100.0	62.4	14.3	23.1	0.5	0.5	—	0.3	—	0.3

TABLE 6. ENTERTAINMENTS.

Age group (years)	Total Male Patients	MALES Entertainments				Total Female Patients	FEMALES Entertainments			
		Cinema	Concert	Wireless	Television		Cinema	Concert	Wireless	Television
65-74	33	5	—	31	4	130	17	—	121	22
75-84	71	8	—	47	9	188	7	—	112	21
85 and over ...	15	3	—	13	—	46	—	—	31	3
Total No.	119	16	—	91	13	364	24	—	264	46
Per cent.	100.0	13.4	—	76.5	10.9	100.0	6.6	—	72.5	12.6

REPORT OF CONSULTANT PHYSICIAN, CAMBERWELL CHEST CLINIC.

The work of the Chest Clinic has shown no appreciable falling off during 1956. New cases examined during the year, numbered 5,836, only 217 less than the previous year. The tuberculosis register now stands at 1,886 due to the removal of 455 cases whose disease was considered to be arrested. However, during the same period 324 new cases have been added which is only 10 less than in the previous year. There has been very little evidence to suggest that the new cases added to the register have been significantly different from both the clinical and pathological points of view than those cases added during the previous five years. The majority of new cases have been among the older age groups, especially among males.

The mortality rate continues to show a satisfactory fall—21 deaths of males, 19 of whom were over the age of 44; there were only three female deaths from this cause.

In previous reports attention has been called to the very high prevalence of tuberculosis among the inmates of a Reception Centre. In conjunction with Dr. Morgan of the South East Metropolitan Mass Radiography Unit, quarterly visits have been paid to the Centre. It has been found that the prevalence rate of new cases varies between 50 and 57 per 1,000 which compares most unfavourably with the prevalence rates for South East England and London which is 1.39 per 1,000 for the 45-64 age group. During the past year a register of men with tuberculosis who visit reception centres, common lodging houses and similar institutions, has been compiled, and it has been of considerable assistance to chest physicians in other parts of the country in tracking down the records of men in social class V who, although they know they have tuberculosis, neither take treatment nor remain under the observation of any particular clinic.

Another aspect of the change in the treatment of tuberculosis is shown in the fall from 2,562 to 1,215 in the number of refills for collapse therapy given to patients with the disease. Collapse therapy is considerably less popular than hitherto, due in great part to the introduction of various chemotherapeutic substances and the large number of patients who are considered suitable for surgical treatment. At any one time there are still over 100 patients receiving ambulatory chemotherapy. As experience accumulates so it is likely that the most commonly used form of treatment involving the taking of two separate lots of tablets

(P.A.S. and I.N.A.H.) is likely to give way to "rotating therapy" in which streptomycin is also used; each pair of drugs is given for one month. There have been considerable difficulties in arranging for such a large number of patients to receive this treatment despite the enthusiastic co-operation of the Queen's and Ranyard Nurses. There is some evidence that long-term treatment with only P.A.S. and I.N.A.H. may result in new cases being discovered with an infection that is resistant to both these drugs.

Contact examination of schoolchildren by means of the Mantoux (tuberculin) test continues and in addition a number of children, who, when they come for their examination at school for B.C.G. vaccination, are found to have already had a tuberculous infection are referred for further examination and chest X-rays. B.C.G. vaccination has been given to 306 persons.

The number of cases of chronic bronchitis referred to the clinic increases annually as this condition is noted more and more frequently, especially among males. Deaths from bronchitis totalled 196 compared with 226 from coronary disease. There was a fall in deaths from carcinoma of the bronchus from 114 to 91 but no particular significance need be attached to this fall in view of the ever increasing cases that are diagnosed. It is interesting that deaths from carcinoma of the bronchus are nearly four times those from pulmonary tuberculosis.

During the year there was the fullest co-operation from both departments under the control of Dr. Chalke in his capacity as Medical Officer of Health for Camberwell and Divisional Medical Officer for the London County Council. We also received considerable assistance from the various voluntary and nursing organisations in the district and the London County Council Ambulance Service.

KENNETH MARSH,
Consultant Physician.

ANNUAL REPORT OF THE CAMBERWELL TUBERCULOSIS CARE COMMITTEE FOR THE YEAR 1956.

During the year Councillor Mrs. Elizabeth Thorne was appointed by the Borough Council as a member of the Committee in place of Mr. C. T. Boothby.

The Committee again has pleasure in reporting on its work during the past year. The number of cases interviewed by the Secretary was 1,834, and the following summary shows the type of assistance given and the number of patients assisted from our Funds :—

Clothing	...	...	...	...	...	...	69
Pocket money while in hospital	...	...	...	...	...	...	20
Wireless (repairs and licences)	...	...	...	...	...	...	5
Taxi fares	...	...	...	...	...	...	10
Holidays	...	...	...	...	...	...	2
Household removals, and help with furnishings	...	...	...	...	...	...	5
Loan of bedside comforts	...	...	...	...	...	...	12
Loan of beds	...	...	...	...	...	...	11
Supply of bedding	...	...	...	...	...	...	30
Supply of towels	...	...	...	...	...	...	10
Purchase of secondhand pram	...	...	...	...	...	...	2
Fares of relatives to distant sanatoria	...	...	...	...	...	...	31
Loan of jig-saw puzzles and books...	...	...	...	...	...	...	56
Settlement of hire-purchase arrears, coal and other out- standing accounts	...	...	...	...	...	...	7
Lodgings and meals	...	...	...	...	...	...	6
Settlement of insurance arrears	...	...	...	...	...	...	1

In addition to the above 250 patients were referred to the National Assistance Board for financial or other help.

A great deal of time has been spent in discussing with patients the problems that arise in home matters and every endeavour has been made to smooth out some of their difficulties. Such advice is often as beneficial as practical assistance and conveys to patients a sense of relief and confidence. Sympathy and understanding of patients' problems are essential if their confidence is to be maintained.

The Medical staff and Health Visitors of the Chest Clinic, Almoners of Hospitals or Sanatoria, local Voluntary Organisations and Public Bodies in the Borough were most helpful in bringing cases needing help or advice to the notice of the Committee. All cases were carefully considered and help given where possible.

The amount received from the Christmas Seal Sale which closed on 31st March, 1956, was £1,370 18s. 11d., an increase of £61 5s. 8d. over the previous year.

It is interesting to record that the Annual Seal Sale commenced in Camberwell in November, 1933, when the sum of £168 17s. 4d. was collected. The growth of this income—which is the Committee's main source of funds—has come about by the generosity of the citizens of Camberwell year after year, and assures us of the interest taken in the valuable work of the Care Committee. The kind messages received with the donations are a great encouragement.

It is with pride that once again we record the fact that Camberwell's collection in the Christmas Seal Sale for 1956 exceeded the sum collected by any other Metropolitan Borough.

The Handicraft Class continued to meet each Friday from 2-4 p.m. At the end of the year the number on the Roll was 16 with an average attendance of 11.2. Of the students who left the class five became fit for work and two rejoined after leaving for a period of medical treatment.

Leatherwork, cane-work and all kinds of needlework, were very popular and all the goods made in the class were sold during the year. Our senior leather worker entered an exhibit in the "Popular Handicrafts" and "Do it Yourself" exhibition held at Olympia during October. He was awarded a Certificate of Merit. This entry was also exhibited at the Lord Robert's Workshops, was highly commended and later sold through the services of the War Pensioners Welfare Organisation.

Miss Crossingham, who instructed the students in the early part of the year, resigned owing to ill-health. The London County Council appointed Mrs. M. Smith to fill the vacancy.

The Committee continued its social events for the patients attending the handicraft class. During July they had a day's outing to Brighton and just prior to Christmas a visit was arranged to a theatre followed by a supper.

The summer outing was extended to include an additional 30 patients and many expressions of thanks and appreciation were received.

The Committee's typewriter was loaned to eight patients during 1956, seven of whom are now full-time typists. The other patient is training as a shorthand-typist under a Government Training Scheme.

Many gifts were received from friends, including a new weaving machine from a former patient for the use of the handicraft class. Other gifts included good secondhand clothing, books and many other useful articles.

At Christmas time the Secretary again had the pleasure of receiving and distributing to children of patients, toys and books kindly given by the Mayoress of Camberwell (Mrs. Hilda Evans). A former patient of the Clinic presented toys and cigarettes and a large hamper containing Christmas fare. We are much indebted to the donors of these gifts.

Close co-operation has been maintained with the voluntary associations in the Borough, the British Red Cross Society, Family Welfare Association, Nursing Associations, Invalid Children's Aid Association, Soldiers, Sailors and Air Force Families' Association, and the Women's Voluntary Services. We gladly acknowledge their help and that of the official bodies and know that they will continue to assist our efforts on behalf of the tuberculous people of the Borough.

Finally we place on record our thanks to the Honorary Officers: The Worshipful the Mayor of Camberwell (Alderman J. V. I. Evans, J.P.), Patron of the Christmas Seal Sale; Mrs. Cecilia Greenwell, Organiser of the Seal Sale; Mr. H. Smith, Borough Treasurer, who is our Honorary Treasurer; and Mr. A. W. J. Lamb, our Honorary Auditor; and to the Camberwell Borough Council for affording us accommodation for our meetings.

We also thank Dr. H. D. Chalke (Divisional Medical Officer, London County Council, Division 7, and Medical Officer of Health of Camberwell), for including the Care Committee's Annual Report for 1955 in his Annual Report for the same year.

AMY CROSSMAN, *Chairman.*

J. M. LEONARD, *Secretary.*

STATISTICAL APPENDIX.

Summary of Statistics. for the year 1956.

Area of the Borough	...	...	...	...	4,480 acres
Greatest length	...	...	...	...	4 $\frac{3}{4}$ miles
„ breadth	...	...	...	...	2 $\frac{1}{2}$ miles
„ height above Ordnance Datum (Sydenham Hill)	...	...	...	...	365 feet
Population (Census April 1951)	...	...	...	...	179,777
„ (estimated by Registrar-General mid-1956)	...	...	...	...	177,800
Number of inhabited houses (April 1956)	...	...	...	...	43,636
Rateable value (April 1956)	...	...	...	...	£2,467,129
Sum represented by a penny rate (estimated)	...	...	...	...	£9,710
Number of live births	...	...	...	...	2,742
Birth rate	...	...	...	...	15.4
Number of deaths	...	...	...	...	1,920
Death rate	...	...	...	...	10.8
Infantile Mortality :—					
Deaths under 1 year	...	...	...	...	65
Infant deaths per 1,000 live births	...	...	...	...	23.7
Maternal Mortality :—					
Deaths of women from diseases or accidents associated with childbirth	...	...	...	...	1
Maternal death rate per 1,000 total births	...	...	...	...	0.36
Deaths from Phthisis	...	...	...	...	24
Phthisis death rate	...	...	...	...	0.13
Deaths from all forms of Tuberculosis	...	...	...	...	25
Tuberculosis death rate	...	...	...	...	0.13

TABLE SHOWING CLASSIFIED CAUSES OF DEATHS IN AGE GROUPS
IN CAMBERWELL DURING 1956

Causes of death.	Sex.	All Ages.	0-	1-	5-	15-	25-	45-	65-	75-
All causes	M.	991	34	2	6	8	42	291	272	336
	F.	929	31	3	1	6	33	150	215	490
Tuberculosis, respiratory ...	M.	21	—	—	—	—	2	6	10	3
	F.	3	—	—	—	—	1	1	1	—
Tuberculosis, other	M.	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	1	—	—
Syphilitic disease	M.	2	—	—	—	—	—	1	1	—
	F.	4	—	—	—	—	1	—	2	1
Diphtheria	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Whooping Cough	M.	—	—	—	—	—	—	—	—	—
	F.	1	—	1	—	—	—	—	—	—
Meningococcal infections ...	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Measles	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	M.	2	—	—	—	—	2	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach	M.	29	—	—	—	—	3	8	8	10
	F.	25	—	—	—	—	—	9	7	9
Malignant neoplasm, lung, bronchus	M.	77	—	—	—	—	1	40	23	13
	F.	14	—	—	—	1	2	5	4	2
Malignant neoplasm, breast...	M.	2	—	—	—	—	—	2	—	—
	F.	44	—	—	—	—	5	17	9	13
Malignant neoplasm, uterus...	F.	12	—	—	—	—	2	2	3	5
Other malignant and lymphatic neoplasms	M.	98	—	—	2	2	3	39	29	23
	F.	92	—	1	—	1	9	25	22	34
Leukaemia, aleukemia	M.	3	—	—	—	—	1	2	—	—
	F.	5	—	—	—	1	—	1	1	2
Diabetes	M.	5	—	—	—	—	1	2	2	—
	F.	4	—	—	—	—	—	—	2	2
Vascular lesions of nervous system	M.	88	—	—	—	1	1	18	36	32
	F.	124	—	—	—	1	3	24	31	65
Coronary disease, angina ...	M.	140	—	—	—	—	5	52	44	39
	F.	86	—	—	—	—	2	9	27	48
Hypertension with heart disease	M.	30	—	—	—	—	—	3	15	12
	F.	34	—	—	—	—	—	2	12	20
Other heart disease	M.	103	—	—	—	—	6	16	16	65
	F.	137	—	—	—	—	1	17	22	97
Other circulatory disease ...	M.	42	—	—	—	—	2	7	8	25
	F.	72	—	—	—	—	—	7	19	46
Influenza	M.	4	—	—	—	—	—	1	2	1
	F.	6	—	—	—	—	—	2	—	4
Pneumonia	M.	39	3	1	—	—	—	9	8	18
	F.	52	1	—	—	—	1	2	9	39

Causes of death	Sex.	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
Bronchitis	M.	132	2	—	—	—	—	36	47	47
	F.	64	2	—	—	—	—	5	13	44
Other diseases of respiratory system	M.	10	1	—	—	—	—	3	5	1
	F.	3	—	—	—	—	—	—	—	3
Ulcer of stomach and duodenum	M.	21	—	—	—	—	1	11	5	4
	F.	13	—	—	—	—	—	3	2	8
Gastritis, enteritis and diarrhoea	M.	4	—	—	—	—	—	1	1	2
	F.	5	—	—	—	—	—	1	3	1
Nephritis and nephrosis ...	M.	5	—	—	—	—	—	4	1	—
	F.	5	—	—	—	—	1	1	2	1
Hyperplasia of prostate ...	M.	13	—	—	—	—	—	—	1	12
Pregnancy, childbirth, abortion	F.	1	—	—	—	—	1	—	—	—
Congenital malformations ...	M.	7	5	—	1	—	—	1	—	—
	F.	7	5	1	—	—	—	—	—	1
Other defined and ill-defined diseases	M.	67	21	—	1	2	5	13	5	20
	F.	79	22	—	—	—	1	12	14	30
Motor vehicle accidents ...	M.	11	—	1	1	1	3	1	1	3
	F.	7	—	—	—	1	—	1	3	2
All other accidents ...	M.	19	2	—	1	2	5	3	2	4
	F.	22	1	—	1	1	1	1	4	13
Suicide	M.	17	—	—	—	—	1	12	2	2
	F.	7	—	—	—	—	2	2	3	—
Homicide and operations of war	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—

Births.

	Live Births		Still Births		Total	
	M.	F.	M.	F.	M.	F.
Legitimate	1326	1234	26	20	1352	1254
Illegitimate	82	100	3	2	85	102
TOTAL	1408	1334	29	22	1437	1356
	2742		51		2793	

BIRTH AND DEATH RATES FOR ENGLAND AND WALES, LONDON, AND CAMBERWELL, 1956.

					Birth rate		Death rate	
CAMBERWELL ... ..	...	...	...	...	Crude	15.4	Crude	10.8
					Adjusted	14.2	Adjusted	11.2
London ... ..	...	...	...	...		15.9		11.7
England and Wales ... ..	...	...	...	...		15.7		11.7

Medical Examinations carried out by the Medical Officer of Health or his Deputy.

Officers for admission to the Permanent Establishment	...	...	60
Officers for admission to the Unestablished Staff	...	...	9
Employees for admission to Sick Pay Scheme...	...	...	185
Employees for admission to Permanent Establishment	...	...	123
Employees absent from duty owing to sickness	...	...	524

Cremation Certificates.

No. of cremations authorised during the year by the Medical Referee or his Deputy	2,922
---	-----	-----	-----	-----	-----	-----	-----	-------

Water Certificates.

No. of Water Certificates issued...	...	...	...	...	...	119
No. of dwellings concerned	...	...	...	...	...	825

Drainage and Sewerage.

No. of drainage applications received	...	...	...	...	...	172
Length of sewers reconstructed	...	...	...	...	...	1,241 yards
No. of brick gullies replaced by pot gullies	...	...	...	...	...	106
No. of defective pot gullies renewed	...	...	...	...	...	15

Public Cleansing.

Amount of house refuse collected	...	...	...	...	...	45,317 tons
Amount of trade refuse collected	...	...	...	...	...	635 tons

Examination of Water from the Council's Swimming Baths.

	Bacteriological examination		Chemical examination	
	No. of Samples	No. Satis.	No. of Samples	No. Satis.
Camberwell Front Swimming Bath	5	5	5	5
Camberwell Rear Swimming Bath	12	12	12	12
Dulwich First Class Swimming Bath	6	6	6	6
Dulwich Second Class Swimming Bath	11	11	11	11
Total	34	34	34	34

In addition, water from the Swimming Bath at Mary Datchelor Girls' School, Camberwell Grove, was chemically and bacteriologically examined on four occasions. One of the chemical samples was adversely reported upon by the Analyst, but as this occurred at the end of the season, the bath was closed and no further action was necessary.

Rag Flock and Other Filling Materials Act, 1951.

Type of Material	No. of Samples examined	No. Satisfactory
Rag flock (Loose)	4	4
Rag flock (layered)	5	5
Woollen mixture felt	2	2
Sized cotton felt	2	2
Cotton felt	6	5
Fibre (loose)	4	4
Fibre (pad)	1	1
Cotton millpuffs	2	2
Hair... ..	1	1
Totals	27	26

One sample of cotton felt failed to meet the requirements of the Regulations in respect of the trash content ; the permitted maximum being 7·5 per cent. and the average true trash content of the sample being 8·1 per cent.

The matter was reported to the Public Health Committee who authorised a cautionary letter to be sent to the manufacturer.

Further samples were later taken from the same source and found to be satisfactory.

Offensive Trades.

<i>Type of business.</i>	<i>No. on Register.</i>
Skin dressers	4
Soap boilers	1
Total	5

Pet Animals Act, 1952.

No. of licences issued	2
No. of licences renewed	13
Total No. of pet shops licensed	15

Pharmacy and Poisons Act, 1933.

No. of applications received for registration	11
No. of applications received for renewal of registration	180

London County Council (General Powers) Act, 1954.

No. of hairdressers and barbers premises registered	121
--	-----

Sanitary Inspection of the Area.

No. of complaints received ... 4,283

Summary of Work carried out during the year 1956.

Inspections:—

Nuisance inspections	...	...	...	...	...	...	4,374
Offensive trades	...	...	...	...	...	...	29
Smoke observations	...	...	...	...	...	...	319
Drainage, new and existing	...	...	...	...	...	...	6,718
Overcrowding	...	...	...	...	...	...	1,090
Factories and workplaces	...	...	...	...	...	...	999
Outworkers' premises	...	...	...	...	...	...	645
Rag dealers	...	...	...	...	...	...	35
Infectious and other diseases	...	...	...	...	...	...	663
Verminous premises and persons	...	...	...	...	...	...	77
Aged and infirm persons	...	...	...	...	...	...	137
Common lodging houses	...	...	...	...	...	...	13
Conveniences, public and private	...	...	...	...	...	...	186
Heating appliances (Fireguards) Act, 1952	...	...	...	...	...	...	47
Housing Repairs and Rents Act	...	...	...	...	...	...	163
Shops Act	...	...	...	...	...	...	1,205
Hairdressers and barbers	...	...	...	...	...	...	95
Voluntary work	...	...	...	...	...	...	79
Inspections not defined	...	...	...	...	...	...	1,484
Re-inspections	...	...	...	...	...	...	13,848
Total inspections	...	...	...	...	...	...	32,206

Works supervised:—

Tests applied to drains (existing premises)	...	...	...	...	...	231
Drains found defective	...	...	...	...	...	143
Drains totally reconstructed	...	...	...	...	...	36
Drains repaired or partially reconstructed	...	...	...	...	...	200
Tests applied to drains (new buildings)	...	...	...	...	...	3,652
Drains constructed	...	...	...	...	...	1,556
Total works supervised	...	...	...	...	...	5,818

Description of Sanitary Improvements ordered during the year:—

Cleanse and repair walls and ceilings	...	...	...	...	...	598
Repair roofs, gutterings, etc.	...	...	...	...	...	888
Abate dampness	...	...	...	...	...	1,235
Repair stoves, fireplaces and coppers	...	...	...	...	...	217
Repair windows, sashlines, sills, etc.	...	...	...	...	...	448
Repair flooring, stairs, doors, etc.	...	...	...	...	...	333
Provide sufficient light and ventilation	...	...	...	...	...	30
Provide dustbin	...	...	...	...	...	106
Remove offensive matter	...	...	...	...	...	32
Provide or repair yard paving	...	...	...	...	...	37
Provide or render accessible water supply	...	...	...	...	...	202
Cleanse, cover or render accessible water cistern...	...	...	...	...	...	2
Repair water pipes and fittings	...	...	...	...	...	269
Clear premises of vermin	...	...	...	...	...	4
Cleanse or repair water closets and flushing apparatus	...	...	...	...	...	449
Repair or clear defective or obstructed drains	...	...	...	...	...	162
Repair soil pipes, waste pipes, sinks, etc....	...	...	...	...	...	110
Abate nuisances caused by animals improperly kept	...	...	...	...	...	2
Miscellaneous	...	...	...	...	...	242
Total repairs and improvements ordered	...	...	...	...	...	5,366

SUMMARY OF NOTICES SERVED, 1956.

Intimations, Public Health (London) Act, 1936. Byelaws, etc. ...	2,151
Statutory notices, Public Health (London) Act, 1936. Byelaws, etc. ...	1,306
London County Council (General Powers) Act, 1955 ...	26
Public Health (London) Act, 1936 (Part II) ...	46
Section 4, Housing Act, 1936 ...	26
No. of Summonses issued ...	193

Factories Acts, 1937-1948.

1.—INSPECTIONS, 1956.

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 ...	285	69	—	—
Factories not included above in which Section 7 is enforced by the Local Authority ...	1,063	303	24	—
Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	24	2	—	—
TOTALS ...	1,372	374	24	—

2.—CASES IN WHICH DEFECTS WERE FOUND, 1956.

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 ...	5	4	—	—	—
Overcrowding ...	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors ...	—	—	—	—	—
Sanitary conveniences—					
(a) insufficient...	1	—	—	1	—
(b) unsuitable or defective ...	17	14	—	7	—
(c) not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work) ...	12	12	—	—	—
TOTAL ...	35	30	—	8	—

Summary of Outworkers classified by trades.

Artificial flowers	...	...	3	Novelties	...	...	...	23
Brushes...	...	...	1	Paper bags	...	...	...	6
Cardboard boxes	...	...	49	Toys	...	...	...	13
Card lacing	...	...	76	Umbrellas	...	...	...	1
Curtains, etc.	...	...	1	Wearing apparel	...	...	...	481
Feather sorting	...	...	2					
Lampshades	...	...	34	Total	...	...	...	690

Summary of work of the Rodent Control Staff.

No. of complaints received	...	...	1,208
No. of inspections	...	...	4,309
No. of operators' calls	...	...	9,913
No. of private premises baited	...	...	1,257
No. of business premises baited	...	...	185
No. of baits laid	...	...	7,106
No. of drains tested	...	...	47
No. of positive drain test results	...	...	16

Vermin and Scabies.

ATTENDANCES AT CLEANSING STATION.

	Vermin.			Scabies.		
	Male.	Female.	Total.	Male.	Female.	Total.
Adults...	30	12	42	41	15	56
Children	131	288	419	21	33	54
Total	161	300	461	62	48	110

Disinfection.

RETURN OF WORK CARRIED OUT BY DISINFECTING STAFF.

	Notified Infectious Diseases.	Other Diseases.	Miscel- laneous.	Vermin.	Total All Cases.
Rooms disinfected...	346	19	9	1,273	1,647
Lots of bedding disinfected	197	10	318	106	631
Total visits...	406	31	2,600	710	3,747

Number of articles disinfected by steam	...	...	...	...	2,052
Number of articles disinfected by formalin	...	...	...	...	567
Number of books disinfected	...	...	...	...	92
Number of towels washed	...	...	...	...	4,356

Number of soiled articles washed	...	...	...	...	...	6,734
Number of overalls washed	...	...	...	...	...	541
Number of covering sheets washed	...	...	...	...	...	463
Beds and mattresses destroyed	...	...	...	...	...	399
Miscellaneous articles destroyed	...	...	...	...	...	1,006

Weight of :—

		<i>Tons</i>	<i>Cwts.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Unsound foods destroyed	...	21	6	0	22½
Hospital bedding, etc., disinfected	...	4	14	0	0
Hospital soiled dressings, etc., destroyed	...	16	1	0	0
Furniture and effects destroyed	...	23	10	3	0
Dead animals destroyed	...	—	9	3	0
Old paper, etc., destroyed	...	1	14	3	0

HOUSING.

Record of work of Housing Inspectors, 1956.

	Inspections	Re-inspections	Total
Clearance areas	117	131	248
Individual unfit houses—			
Section 9... ..	123	807	930
Section 11	66	227	293
Underground rooms and parts of premises			
Section 12	80	560	640
Requisitioned Property	24	—	24
Total	410	1,725	2,135

Housing Statistics, 1956.

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

- (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 5,830
- (b) Number of inspections made for the purpose 21,342
- (c) Number of dwelling-houses found not to be in all respects reasonably fit for human habitation 3,540

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 and Housing Acts 327

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 ... 1,352
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices:—
- (a) By owners 2,507
- (b) By local Authority in default of owners 9

(b) *Proceedings under Housing Act, 1936:—*

- (1) Number of houses made fit after service of formal notices (Sections 9, 10, 11 and 16):—
- (a) By owners 25
- (b) By local Authority in default of owners 10
- (2) Houses demolished as a result of formal or informal procedure under Section 11 24
- (3) Houses closed in pursuance of an undertaking given by the owners under Section 11 and still in force 1
- (4) Parts of buildings closed by Closing Orders (Section 12):—
- (a) Underground rooms 11
- (b) Other rooms 41

(5) Undertakings not to use parts of buildings for human habitation accepted:—						
(a) Underground rooms	...	...	...	...	...	3
(b) Other rooms	...	...	...	...	...	4
(6) Houses demolished under Section 25	...	...	...	...	...	18
(c) Proceedings under Housing Act, 1949:—						
(1) Closing Orders made under Section 3(1)	...	...	...	...	...	nil
(2) Demolition Orders determined and Closing Orders substituted under Section 3 (2)	...	...	...	...	...	nil
(d) Proceedings under Local Government (Miscellaneous Provisions) Act, 1953:—						
(1) Closing Orders made under Section 10 (1)	...	...	...	...	...	12
(2) Closing Orders determined	...	...	...	...	...	1
(3) Closing Order revoked and Demolition Orders made	...	...	...	...	...	nil

Certificates of Disrepair.

			1954 Act	1920 Act
No. of Certificates of Disrepair issued	...	...	29	9
No. of Revocation Certificates issued	...	...	34	3

Overcrowding.

No. of cases of overcrowding found	...	...	...	...	81
No. of overcrowded families rehoused:—					
By Borough Council	...	...	...	...	20
By London County Council	...	...	...	...	13

Food Poisoning.

Annual Return of Cases of Food Poisoning 1956.

- FOOD POISONING NOTIFICATIONS (CORRECTED) RETURNED TO R.G.

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
5	45	22	16	88
- OUTBREAKS DUE TO IDENTIFIED AGENTS.

Total Outbreaks: 1. Total cases: 13.

Outbreaks due to:—

(a) Chemical poisons	...	...	...	nil.
(b) Salmonella organisms	...	...	...	nil.
(c) Staphylococci (including toxin)	...	...	1	
(d) Cl. Botulinum	...	...	...	nil.
(e) Other bacteria	...	...	...	nil.
- OUTBREAKS OF UNDISCOVERED CAUSE.

Total Outbreaks: 9. Total cases: 22.
- SINGLE CASES.

Agent identified: 7. Unknown cause: 46. Total: 53.

INFECTIOUS DISEASES, 1956.

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	155	7	1	—	3	2	11	13	18	87	17	—	4	—	—	—
Whooping Cough	353	7	—	—	34	40	36	39	40	149	10	—	4	1	—	—
(1) Poliomyelitis & Polio-encepha- litis	18	16	7	—	—	—	3	—	2	6	2	1	3	1	—	—
Measles	146	2	—	—	8	17	22	21	26	47	—	—	5	—	—	—
Diphtheria	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Pneumonia { Acute Influenzal	10	1	—	—	—	1	—	—	—	—	—	1	2	1	3	2
Acute Primary ...	44	3	—	—	—	—	1	3	1	3	—	—	7	6	9	14
(2) Dysentery	256	25	4	—	16	26	21	27	14	67	18	6	38	8	10	5
Typhoid and Paratyphoid Fever	2	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Erysipelas	12	3	—	—	—	—	—	—	—	—	—	—	—	1	6	5
Meningococcal Infection	3	3	—	—	2	1	—	—	—	—	—	—	—	—	—	—
(3) Puerperal Pyrexia	90	79	—	—	—	—	—	—	—	—	—	13	71	6	—	—
Ophthalmia Neonatorum	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Scabies	32	—	—	—	1	1	—	—	2	5	6	—	6	5	4	2
Totals	1124	149	12	—	66	88	95	103	103	364	53	21	142	29	32	28

- (1) Includes 6 cases of Camberwell residents occurring in hospitals outside the Borough and were notified to the Medical Officer of Health for the area in which the hospitals were situated.
- (2) In addition, 4 cases of Camberwell residents were diagnosed in hospitals outside the Borough.
- (3) Includes 32 cases of non-residents occurring in hospitals in this Borough, and in addition 5 cases of Camberwell residents were diagnosed in hospitals outside the Borough.

Tuberculosis.

TABLE SHOWING SEX AND AGE DISTRIBUTION OF ALL PRIMARY NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS DURING 1956.

Age Periods.	Notifications				Deaths.†			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0- 1 yr.	—	—	—	—	—	—	—	—
1- 5 „	4	3	1	1	—	—	—	—
5-15 „	4	2	3	3	—	—	—	—
15-25 „	22	27	1	—	—	—	—	—
25-35 „	31	17	—	4	2	—	—	—
35-45 „	45	12	1	3	—	1	—	—
45-55 „	43	6	2	2	2	—	—	1
55-65 „	51	5	—	1	4	1	—	—
65 and over	27	8	—	1	13	1	—	—
TOTALS	227	80	8	15	21	3	—	1

† After correction for inward and outward transfers.

TABLE SHOWING NOTIFICATIONS 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.
1952 ...	181,200	400	2.2	52	0.29
1953 ...	180,200	306	1.7	49	0.27
1954 ...	179,500	364	2.0	26	0.14
1955 ...	178,400	318	1.8	30	0.16
1956 ...	177,800	330	1.8	25	0.14

MASS RADIOGRAPHY.

Analysis of results of surveys carried out by the South East London Mass Radiography Units :—

Friend's Meeting House, Highshore Road, S.E.15.

6th January to 9th February, 1956.

Part I. General Analysis.

	Men	Women	Total
(a) Total X-rayed	2,490	2,751	5,241
(b) Total previously X-rayed	1,204	1,452	2,656
(c) Total recalled for large film	133	137	270
(d) Number normal on large film	29	39	68
(e) Number abnormal on large film	104	98	202

Part II. Analysis of abnormal large films.

(1) Cases considered tuberculous and referred elsewhere:				
(a) Occasional supervision only	8	5	13	
(b) Requiring treatment	17	7	24	
(2) Non-tuberculous cases investigated	10	8	18	
(3) Cardio vascular lesions	7	9	16	
(4) Previously known tuberculous cases	4	3	7	
(5) Abnormalities requiring no action	58	66	124	

Comments :

The incidence of tuberculosis requiring treatment is somewhat higher than average in this survey and 18 out of the 24 cases shown were found among private residents in the area; the remaining six were divided among the employees of five firms.

Congregational Church Hall, Tell Grove, S.E.22.

9th to 21st February, 1956.

Part I. General Analysis.

	<i>Men</i>	<i>Women</i>	<i>Total</i>
(a) Total X-rayed	1,204	902	2,106
(b) Total previously X-rayed	629	400	1,029
(c) Total recalled for large film	48	44	92
(d) Number normal on large film	20	23	43
(e) Number abnormal on large film	28	21	49

Part II. Analysis of abnormal large films.

(1) Cases considered tuberculous and referred elsewhere:			
(a) No further action required	1	—	1
(b) Occasional supervision only	2	—	2
(c) Requiring treatment	4	1	5
(2) Non-tuberculous cases investigated	2	2	4
(3) Cardio vascular lesions	1	—	1
(4) Previously known tuberculous cases	2	2	4
(5) Abnormalities requiring no action	16	16	32

Wren Road Congregational Church, S.E.5.

4th to 27th April, 1956.

Part I. General Analysis.

	<i>Men</i>	<i>Women</i>	<i>Total</i>
(a) Total X-rayed	2,536	2,756	5,292
(b) Total previously X-rayed	1,209	1,069	2,278
(c) Total recalled for large film	108	109	217
(d) Number normal on large film	23	31	54
(e) Number abnormal on large film	83	76	159
(f) Did not attend for large film	2	2	4

Part II. Analysis of abnormal large films.

(1) Cases considered tuberculous and referred elsewhere:			
(a) No further action required	3	1	4
(b) Occasional supervision only	3	5	8
(c) Requiring treatment	13	12	25
(d) Still under investigation	1	3	4

(2) Non-tuberculous cases investigated	...	...	8	4	12
(3) Cardio vascular lesions	...	...	2	5	7
(4) Previously known tuberculous cases	...	...	3	2	5
(5) Abnormalities requiring no action	...	...	49	44	93

Street Survey (Grenard Road).

18th September, 1956.

Part I. General Analysis.

	Men	Women	Total
(a) Total X-rayed	86	103	189
(b) Total previously X-rayed	23	26	49
(c) Total recalled for large film	5	7	12
(d) Number normal on large film	1	4	5
(e) Number abnormal on large film	4	3	7

Part II. Analysis of abnormal large films.

(1) Cases considered tuberculous and referred elsewhere:			
(a) Occasional supervision only	1	—	1
(b) Requiring treatment	2	1	3
(2) Cardio vascular lesions	1	—	1
(3) Abnormalities requiring no treatment	—	2	2

(The above figures were kindly furnished by Dr. J. M. Morgan, Medical Director of the South East London Mass Radiography Units.)

Food and Drugs Adulteration.

Summary of Samples obtained for examination.

Number examined.			Number adulterated, etc.			Percentage of adulteration.	
Formal.	Informal.	Total.	Formal.	Informal.	Total.	Formal.	Informal.
386	504	890	5	9	14	1.29	1.78

Particulars of the adulterated samples and the action taken are set out on pages 54 and 55.

Registered Purveyors of Milk.

Dairies	...	...	...	...	...	24
Distributors of milk in the Borough	...	...	...	...	...	199
Distributors of milk dealing from premises outside the Borough	...	...	...	...	...	14

Special Designated Milk.*Summary of Licences issued.*

Type of Licence	Sterilised.	Pasteurised.	Tuberculin Tested.
Dealers	223	187	96
Supplementary	23	21	21
	246	208	117

Results of Tests.

Designation	Methylene Blue Test		Phosphatase Test		Turbidity Test	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	114	1	118	—	—	—
Tuberculin tested pasteurised	48	—	48	—	—	—
Sterilised	—	—	—	—	48	—

Samples of milk taken in course of delivery to Hospitals and Schools.

	Methylene Blue Test	Phosphatase Test	Chemical Test
Hospitals	29	30	33
Schools	65	66	66

All the above samples proved to be satisfactory.

Biological Examination of Milk.

Eight samples of tuberculin tested raw milk were submitted for examination with negative results.

Ice Cream.

Summary of samples submitted for Methylene Blue Test and Chemical Examination.

Chemical Examination		Methylene Blue Test			
Satisfactory	Unsatisfactory	Grade I	Grade II	Grade III	Grade IV
44	Nil.	52	19	16	19

Particulars Of

Serial No.	Article	Whether Formal or Informal	Nature of Adulteration or Irregularity
128	Pork Sausages ...	Informal ...	50 per cent. meat.
131	Minced meat ...	Informal ...	Sulphur dioxide 220 parts per million.
181	Ice Lolly... ...	Informal...	Lead 1.5 parts per million.
209	Ice Lolly... ...	Informal...	Lead 1.1 parts per million. }
210	Ice Lolly... ...	Informal...	Lead 1.7 parts per million. }
257	Margarine ...	Informal ...	17.1 per cent. water.
185	Margarine ...	Formal ...	17.1 per cent. water.
258	Margarine containing 10 per cent. butter.	Informal ...	Contained only 7 per cent. butter.
186	Margarine containing 10 per cent. butter.	Formal ...	25 per cent. deficient in butter.
282	Minced meat ...	Informal...	Sulphur dioxide 80 parts per million.
254	Minced meat ...	Formal ...	Sulphur dioxide 35 parts per million.
412	Halibut Liver Oil Capsules.	Informal...	53 per cent. deficient in Vitamin A.
302	Halibut Liver Oil Capsules.	Formal ...	53 per cent. deficient in Vitamin A.
303	Halibut Liver Oil Capsules.	Formal ...	53 per cent. deficient in Vitamin A.

Adulterated Samples.

Observations	Result of Proceedings or other action taken
Formal samples taken and found to be satisfactory.	—
Formal samples taken and found to be satisfactory.	—
Product manufactured outside Camberwell. Local M.O.H. informed. Further samples taken and found to be satisfactory.	—
Lollies made by local Shopkeeper.	Cautionary letter sent by the Medical Officer of Health. Manufacture discontinued.
See formal sample No. 185.	—
—	Summons: Defendant received an absolute discharge; Council awarded 7 gns. costs.
See formal sample No. 186.	—
—	Reported to Public Health Committee and cautionary letter sent.
See formal sample No. 254.	—
—	Reported to Public Health Committee and cautionary letter sent. In addition, circular letter sent to all butchers in the Borough drawing their attention to this matter.
See formal samples Nos. 302 and 303.	—
—	Summons. £5 fine: 7 gns. costs.
—	Summons. Offence proved. No separate costs or fine.

Ice Lollies.

Summary of samples submitted for examination.

	Bacteriological Examination		Chemical Analysis	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Ice lollies ...	29	1	—	—
Water ices ...	1	—	—	—
Cream Lollies ...	23	8	—	—
Assorted Lollies ...	—	—	50	3

Margarine.

Five samples were examined for vitamin content and found to comply with the requirements of the Food Standards (Margarine) Order, 1954.

REGISTRATION OF FOOD PREMISES.

Premises registered under the provisions of Section 16 of the Food and Drugs Act, 1955, as at December 31st, 1956.

Sale, manufacture and storage of ice cream	...	...	493
Preparation or manufacture of :—			
Potted, pressed, pickled or preserved meat	...	...	209
Potted, pickled or preserved fish	...	...	68
Potted, pickled or preserved other foods	...	...	34

Supervision of Food Premises.

Number of visits paid to each type of food premises by the Council's Public Health Inspectors.

Type of Premises							No. of Inspections
Bakehouses	...	...	...	...	...	...	107
Bakers and Confectioners	...	...	...	...	...	...	394
Butchers	...	...	...	...	...	...	484
Cooked and Preserved Meat Shops	...	...	...	...	...	...	408
Dairies and Milkshops	...	...	...	...	...	...	398
Fishmongers and Shell Fish Vendors	...	...	...	...	...	...	230
Fish Fryers	...	...	...	...	...	...	180
Fish Curers	...	...	...	...	...	...	86
Food Factories	...	...	...	...	...	...	122
Ice Cream Vendors	...	...	...	...	...	...	452
Public Houses	...	...	...	...	...	...	303
Restaurants and Eating Houses	...	...	...	...	...	...	580
Slaughterhouses	...	...	...	...	...	...	1
Street Markets	...	...	...	...	...	...	1,519
Street Traders Food Stores	...	...	...	...	...	...	236
Other food premises	1,011
Total	6,511

Unsound Food.

No. of condemnation Certificates issued	...	2,330
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Particulars of Unsound Food Destroyed.

Description	Weight			Total Weight		
	Tons	cwts.	qtrs. lbs.	Tons	cwts.	qtrs. lbs.
MEAT						
Beef...	—	9	3	23½		
Liver (Pigs)	—	3	0	4		
Liver	—	—	—	16		
Pork kidneys	—	—	1	24		
Kidneys	—	—	—	22		
Pork	—	2	3	22		
Sausages (Pork)	—	—	—	3		
Sausages	—	—	—	8		
Bacon	—	—	—	20		
Ham (Sliced)	—	—	—	8½		
				—	17	0 10½
POULTRY						
Chickens (423)	—	4	2	27		
Turkey (1)	—	—	—	11		
				—	4	3 10
FISH						
Rock Salmon	—	1	0	14		
Skate	—	—	3	14		
Plaice	—	—	3	0		
Whiting	—	—	1	21		
Cod (fillets)...	—	—	—	9		
				—	3	1 2
FRUIT						
Bananas	1	18	0	0		
Grapes	—	—	—	10		
Apricots	—	—	—	27		
Sultanas	—	—	2	4		
Currants	—	1	3	11½		
Ground nuts	—	3	1	25		
				—	2	4 0 21½
TINNED FOODS						
Meat (various) 1,720 tins...	1	14	1	3½		
Ham, 54 tins	—	3	1	24½		
Vegetables (assorted), 3,785 tins...	1	13	0	16½		
Fruit (various), 23,082 tins	6	6	1	1½		
Milk (evaporated and condensed), 7,357 tins	2	12	1	21½		
Cream, 43 tins	—	—	—	17½		
Fish (various), 5,509 tins...	—	15	3	23½		
Jam (assorted), 867 tins	—	7	3	16		
Marmalade, 5 tins	—	—	—	10		
				—	13	13 2 23

Description	Weight				Total Weight			
	Tons	cwts.	qtrs.	lbs.	Tons	cwts.	qtrs.	lbs.
MISCELLANEOUS								
Jars of fish and meat paste, preserved fruits, caviar, dried milk powder, peanut butter, tea, sugar, coffee, biscuits, cakes, cheese, jars of pickles (assorted), dried onions, sauces, jams (various), liquid eggs, frozen foods (assorted), confectionery, custard powders, jellies, cereals, potatoes, margarine, drugs and pills and other foods...	4	3	0	11 $\frac{3}{4}$	4	3	0	11 $\frac{3}{4}$
GROSS WEIGHT ...	21	6	0	22 $\frac{1}{2}$				

Summary of Work of Food Inspector.

Complaints received	...	...	...	...	48
Complaints found to be justified	...	...	...	...	27
Visits :—					
Bakehouses	...	...	...	...	15
Bakers and Confectioners	...	...	...	...	14
Butchers	...	...	...	...	134
Fish curers	...	...	...	...	4
Fish fryers	...	...	...	...	4
Ice cream premises	...	...	...	...	3
Restaurants and eating houses	...	...	...	...	32
Slaughterhouses	...	...	...	...	1
Street markets	...	...	...	...	1,392
Other food premises	...	...	...	...	406
Merchandise Marks Act	...	...	...	...	27
Inspections not defined	...	...	...	...	213
Re-inspections	...	...	...	...	23
Food surrendered	...	...	...	...	310
Foodstuffs certified for export	...	...	...	...	7
Food condemnation certificates issued	...	...	...	...	2,330

Slaughterhouses.

There are only two licensed slaughterhouses in the Borough, but no slaughtering was carried out at either of them during the year.

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