[Report of the Medical Officer of Health for Camberwell,

Metropolitan Borough of Camberwell

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1957

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

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

June, 1958.

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

MR. MAYOR, ALDERMEN AND COUNCILLORS,

I have pleasure in presenting my Annual Report for 1957. This has once again been produced in "magazine" form with a statistical appendix which I feel sure makes it more interesting to read and more useful for reference.

The population of the Borough according to the Registrar-General's estimate was 177,700 at mid-year; this is only 100 less than the previous year's estimate. The death rate fell from 10.8 to 10.6 and the birth rate rose from 15.4 to 16.8. These are crude rates; the adjusted rates, which are computed by using the area comparability factors provided by the Registrar-General, appear on page 40.

It is parodoxical that Annual Reports of Medical Officers of Health purport to be reports on the health of the population when, in fact, the information they contain relates largely to the incidence of illness and disease; they are strictly speaking "reports on the ill-health of the Borough." How much more positive it would be if an index could be devised which would indicate for example the number of persons in the Borough who did *not* suffer from tuberculosis during the year. Even more important would it be to know something about the state of well-being of the community or, better still, an indication of the contentment and happiness of the population. It may be a long time before we could produce tables of this sort but it is hoped that statisticians will soon be able to provide us with health indices as opposed to mortality and morbidity rates.

During the latter part of 1957 and the beginning of 1958 there was a sharp rise in the incidence of respiratory infection in very young children, many of whom were admitted to hospital. This was undoubtedly a virus condition. Unfortunately, very little is known as yet about the aetiology of these diseases and herein lies a fruitful field for research. It is gratifying to know that the Research Department of the College of General Practitioners is obtaining a good deal of information on this

matter. This is another example of the value of close collaboration between the three branches of the National Health Service.

The number of notifications of infectious diseases was 3,677 as compared with 1,124 the previous year, but this increase was due to the biennial measles epidemic which accounted for 2,866 of the notifications. There was a reduction in the number of notifications of nearly all the other infectious diseases as compared with 1956. No cases of diphtheria were reported during the year.

In the early summer, information was received from the Ministry of Health of the occurrence of smallpox in a Borough in North London, and as a precautionary measure every medical practitioner in this Borough was warned of the danger. Two cases of suspected smallpox were seen in this Borough, but were found not to be suffering from this disease. It became necessary to keep under surveillance a contact living in this Borough of a German business man who visited this country for a few days and on returning to the Continent became ill and was diagnosed as suffering from smallpox. Fortunately, there were no developments.

Health education was intensified during the year, particular attention being given to Clean Air, Food Hygiene and the Prevention of Home Accidents. Many talks, demonstrations and film shows were given to various organisations, posters were displayed, pamphlets, leaflets and bookmarks were distributed, and personal propaganda was carried out as a routine by the Council's Inspectors during the course of their visits to homes, factories, shops, etc.

In conclusion may I once again thank the members of the Council and the other Chief Officers for their continued assistance and co-operation, and record my sincere appreciation for the competent and enthusiastic service rendered by the Staff of the Public Health Department throughout the year.

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 1957.

Chairman :
Councillor H. G. Lamborn

Vice-Chairman :
Councillor Mrs. M. V. Goldwin

Members:

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

Ex-Officio:

Councillor A. C. Clark, 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 31.12.57)

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 Inspectors :
F. Dray. *a, c*
A. G. O'Gilvie. *a, c*

Public Health Inspectors :

H. Attwater. *a*
F. Duggins. *a*
G. A. Fraser. *a*
A Gartside, D.P.A. *a*
E. C. George. *a*
H. M. Hough. *a*
C. H. Medland. *a*
J. E. Millway. *a*
H. F. Williams. *a*
(Four vacancies)

Student Public Health Inspectors :
M. McSweeney.
R. Sheppard.

Senior Clerk :
A. J. Carly.

Clerical Staff:

C. Burgess.
D. Danter.
P. A. S. Kirrage.
Miss E. M. Lawrence.
Mrs. M. Findlay.
Mrs. A. D. Dormer.
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 Disinfector	A. Thomas.
Stoker/Disinfector 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 Assistant Medical Officer, 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.

ACCIDENTS IN THE HOME

Home accidents are responsible not only for a large number of deaths, but also for a very considerable amount of major and minor disability. This often necessitates treatment in hospital and absence from work.

In order to try and assess the extent of the problem of the less serious home accidents, arrangements were made (thanks to the co-operation of the Camberwell Hospitals Management Committee) for details of all accidents treated in the out-patients' departments of St. Giles' and Dulwich Hospitals to be reported to me.

This scheme has been in operation since July, 1957, and up to the end of the year 245 accidents had been reported. The majority were not sufficiently serious to need detention of the patient in hospital although, naturally, the numbers were highest in old people and young children with burns. The information has proved extremely interesting and has been of value not only as a means of finding out the facts, but also as a health educational measure. It has been possible in a number of cases for health visitors or health inspectors to visit the homes concerned to talk to the parents or to investigate and arrange for the remedying of any structural defects predisposing to the accidents.

The investigation is still continuing and the facts have not yet been fully analysed or correlated, but the results up to the 31st December, 1957, can be briefly summarised as follows :

	Age Group				Total
	Under 5 yrs.	5-14 yrs.	15-59 yrs.	60 and over	
Number ...	81	35	86	43	245

This age grouping has some interesting factors. Among those under five years, there were twice as many accidents due to burns, scalds and falls among boys as among girls ; no doubt an indication of the more adventurous spirit of the young male. The same sex difference was also apparent in the 5-14 age group. Fortunately, there was only one case of an electric burn, in an infant, due to the removal of the insulation tape.

The dangers of the unguarded open fire have clearly not yet been learned, for six young children received burns because of this omission. Fat from upset frying pans resulted in burns in

four teenage children and in this group there were also two accidents caused by defective electric wires.

In the middle age group the numbers were reversed and there were more than twice as many females as males. This difference is accounted for by accidents to housewives such as falling downstairs (often over a pail or child's toy left there), slipping on floors or by a window falling on the hands. Cutting bread or meat was responsible for a relatively large number of cut hands and opening tins for an equal number. The usual domestic hazards such as using the sewing machine, electric iron, or the mangle, accounted for a few of the accidents ; the pet dog bit the hand that fed it in two instances. Chopping wood is not without its risks at any age and one unfortunate child lost a finger in this manner.

In those over 60, nearly all the accidents occurred in females, the main reason for which must be the preponderance of older women over men in the community and their increasing frailty, but this does not give the complete answer to the differences. Most of the injuries were due to falls, particularly falling down the stairs, and falling out of bed (alcohol was responsible in one case). Falling over a kitten was responsible for two quite serious accidents. It is surprising and gratifying to note that only three people over 60 received burns. As in the previous age group, a broken window cord was sometimes to blame.

In young children there were 16 cases of burns and 14 instances of swallowing tablets or other foreign bodies ; these included nails, glass, coal, methylated spirit, bleach, rat poison, Dettol, perfume and aspirin tablets. As is usually the case, where medicaments were concerned, these were not locked away or otherwise made inaccessible to the infants. The burns were generally caused by knocking over the tea-pot or kettle or a cup of tea, and this confirms the accepted view that tea-making is a considerable domestic hazard for the young.

The high death rate from accidents occurring in the home is already known. These preliminary results show that for every death there is a very considerable number of other accidents—minor or serious—which may cause varying degrees of disability. It is particularly significant that so many accidents occurred in housewives, the majority of which were due to carelessness and could have been avoided. In relatively few cases could defects in the home such as broken window cords, defective floorboards or stair treads be held responsible.

Health Inspectors, Health Visitors, Social Workers and others have an increasingly important part to play in the education of the public in the prevention of a growing and adverse factor in the health of the community.

SMOKE

What is smoke? The dictionary says that it is " any volatile and especially any carbonaceous matter escaping from a burning substance " : in simple language, what this means is that the substance is not being burned properly—it is smouldering rather than burning. When combustion takes place, the material, whether it is coal, wood or paper, if its temperature is raised sufficiently, combines with the oxygen in the atmosphere, and heat is given off. The carbon in the fuel unites with oxygen to form carbonic acid gas—a harmless product ; the hydrogen becomes water vapour. If there is not enough air-supply a good deal of the carbon and other constituents are only partly burned or not burned at all : the amount of dark smoke which is produced is a measure of the degree of combustion.

Coal is a very complex substance. It has been evolved from the carboniferous forests of millions of years ago, which decayed, were buried and compressed, and which have given us a priceless storehouse of energy and a rich source of chemicals for use in industry and medicine. It is sad to think that we allow so much of this treasure to be dissipated up the chimney. The value of coal as a source of heat is due to the large amount of hydrogen and carbon it contains. Peat, which is the half-way stage between the forest and the coal-seam, contains about 50 per cent. of carbon ; bituminous coal which is a later phase in evolution contains a little more ; while anthracite, the final step, has more than 90 per cent. Coal is made up of many more substances, which are given off as sulphur gases, oils and tars, when combustion takes place. It is clear that the greater the proportion of carbon (as in anthracite and coke) and the less the amount of organic substances, the better will be the chance of preventing unnecessary smoke and decreasing the amount of pollution of the atmosphere.

How can we prevent smoke?

It will be seen then that there are two fundamental principles in the prevention of undue smoke when combustion takes place : a suitable fuel, and a correctly designed appliance in which enough oxygen is available to ensure complete burning. It is evident, therefore, that the open (bituminous) coal fire has all the disadvantages. It is wasteful, expensive, dirty and causes unnecessary work for the housewife. It *must* produce a great deal of smoke and grit. It is a natural law that when air gets warm it rises, and the air above the coal fire is no exception. Up the chimney it goes, carrying with it fine particles of dust

and grit, sticky tar and sulphur dioxide gas. It also takes with it warm air from the room. When the fire is being lit or being replenished with coal—especially small coal—it is obvious that the smoke will be at its maximum.

Fuel

The fuels with a high carbon content are anthracite, hard cokes, certain proprietary fuels and so on. Some of them have the disadvantage of being more difficult to light when the fire is being started than the bituminous coals, but this objection is readily overcome by gas or electric ignition.

Fuel in the Home

Solid fuels vary in their bulkiness. Broken bituminous coal occupies approximately 2 cubic yards per ton ; gas coke 4 cubic yards per ton ; semi-coke (low temperature carbonized) is slightly less bulky than gas coke. It will be seen, therefore, that on the weight-for-bulk basis the volume of smokeless solid fuel is twice that of coal. A strong point in its favour is its greater efficiency which results in more radiant heat and a saving in fuel. It is, of course, a cleaner fuel in every respect ; it can be more readily stored indoors ; it keeps the chimney flue clean for longer periods and money is saved in chimney sweeping ; it assists in reducing atmospheric pollution, which apart from improving health, saves money for cleaning materials, reduces the cost of cleaning clothing, linen, curtains, fabrics etc., and of painting and repairing buildings.

It may be that if fuel storage accommodation is limited, an increase in the number of deliveries of smokeless solid fuel will be necessary, but this should present no difficulty because the fuel distributors have expressed their readiness to co-operate to the full.

Grates

The modern solid smokeless fuel burning appliances are designed to ensure effective combustion and to produce the maximum heat from the fuel used. An essential principle in domestic fires or industrial furnaces is the supply of sufficient air both below and above the burning fuel—the amount of this air must be controlled as necessary.

The air coming in from below (primary air) is controlled by adjustable apertures in the fret ; that which passes over the fire is known as secondary air ; it is about 15 times the volume of the primary air and may be regulated by an adjustable

"throat" in the chimney. When the air passing over the fire is warm enough, combustion of the volatile products is assisted. By controlling the air passing up the flue, the amount of heat drawn from the room is also regulated.

Are Coke Fumes dangerous to Health?

The answer is that there is definitely no more danger from coke fumes than from those from coal; risks to health are even less than when gas or electricity are used ; and there are fewer home accidents due to them; but whatever the fuel, the room must be properly ventilated. Burning coke does not increase the down-draught—in fact, with proper fireplaces and suitable air intake it can be diminished.

However well-designed the fireplace may be, and even with the ideal fuel, smoke will be produced unless the householder attends to the fire properly.

Atmospheric Pollution

What happens to the smoke and fumes when they leave the chimney? The heavier particles of ash fall nearby, the lighter ones travel a long way. Gases such as sulphur dioxide rise to great heights in the atmosphere and later on they descend with rain as sulphuric acid. In the absence of smoke these gases are dispersed more quickly. Winds, rain, air currents and gravity play their part in disseminating the pollution.

Mists and fogs are caused by changes in the atmospheric temperature and pressure and they occur when the water vapour in the air is deposited. The very circumstances that combine to produce fog also tend to increase atmospheric pollution because smoke is not dispersed. Generally, the atmosphere gets colder the higher up we go: sometimes, however, there is what is called a "temperature inversion" in which a layer of air is formed at ground level which is at a lower temperature than that of the air above it. In this lower layer in which there is little or no air movement smoke from chimneys accummulates and until atmospheric conditions alter it cannot disperse. This is SMOG—the killer.

The main factor in the successful establishment of clean air zones, which it is hoped one day will join together to create a smokeless Britain, is the co-operation of the public. There can be no success without it.

The tradition of the glowing coal fire is deep-rooted in most of us, but like many traditions it is now known to be illogical and dangerous.

The suggestion that older people and children with chest affections, such as chronic bronchitis, are adversely affected by coke or other smokeless fuel fumes is quite without foundation. It must not be forgotten that what does affect them is a polluted atmosphere caused by industrial and domestic smoke. A defective fireplace or a dirty chimney will produce fumes whatever the fuel.

Bronchitis and Lung Cancer.

Most people now know of the number of deaths for which the two severe "SMOGS" in London during the last seven years were responsible, but it is the continuous pollution of the atmosphere, day in and day out, which causes the greatest damage—the "smogs" merely serve to draw attention to it in a dramatic and tragic manner Those who are most affected are the very young and very old.

Sickness and deaths from bronchitis in this Country are far greater than in many countries in Western Europe and the U.S.A., in fact, bronchitis is now coming to be known as "the British disease". This notoriety should stimulate everyone to work together to remove the outstanding cause of this condition—atmospheric pollution.

There is strong evidence also that those who live in industrial areas and breathe impure air are far more liable to cancer of the lung than the more fortunate ones who can breathe the air of the countryside.

Whilst there is no doubt that cigarette smoking contributes to the increasing amount of cancer of the lung in the population of this Country, the smoke from the domestic fire and the industrial furnace appears to be playing its part also. No-one should doubt therefore that the cleansing of the air in our towns is a matter of urgent importance to the health and well-being of the nation.

CLEAN AIR

On the 31st December, 1956, certain of the provisions of the Clean Air Act, 1956 came into operation. These include :

Section 3 (1) which requires that new furnaces shall, so far as practicable, be smokeless.

Section 3 (2) which provides for prior approval to be obtained from the local authority for the installation of new furnaces.

Section 3 (3) which requires the local authority to be notified of a proposal to install a new furnace.

Sections 11-15 which empowers a local authority to establish Smoke Control Areas.

Section 25 which empowers a local authority to undertake or contribute towards the cost of research and publicity.

New Furnaces.

During the year notices of proposal to install new furnaces were received in respect of the following premises :

Collingwood Secondary School for Girls	3 furnaces
Crawford Road Infants and Junior Schools	3 furnaces
William Penn Secondary School	3 furnaces
Borough Council Nursery, Honor Oak Park	2 furnaces

In addition, an application was received and granted for prior approval to the installation of two new furnaces on the Council's Housing site at Camberwell House (Sceaux Estate).

The number of new furnaces actually installed during the year was 23. Twenty of these are mechanically oil fired and the other three are handfired with coke. In 15 instances, agreement to purchase or install was entered into before Section 3 of the Act came into operation, and consequently prior notice was not required. Two new incinerators were also installed during the year.

Factory Furnaces.

The survey of all fuel burning plant from which smoke or grit may be emitted was continued throughout the year in order to estimate problems which may arise in securing compliance with the provisions of the Clean Air Act. During these visits the Smoke Inspector has informed both management and stokers of the requirements of the Act, given advice on how difficulties may be overcome and endeavoured to secure their co-operation

in every respect. This personal approach is most valuable ; the Inspector will have a record of the plant and will know the attitude of the management and their staff to the prevention of atmospheric pollution. Every industrialist, commercial manager and stoker will become aware that the local authority is clean air conscious and that the Council's Smoke Inspector is prepared to give any possible advice and assistance. The following is a summary of the survey up to the end of December 1957 :

Industrial Visits	237
Domestic Visits (Boilers and furnaces with an output of 55,000 B.T.U.s and over)	332
Other visits, including re-visits and complaints, etc.	851
Total No. of visits since 1st November, 1956 ...	1,420
No. of Boilers inspected	677
No. of furnaces	909
No. of incinerators	125

Fuel consumption for boilers and furnaces as above :

	Tons per annum			Number using		
	Coal	Coke	Oil	Gas	Electricity	Waste
Industrial	14,454	9,799	4,911	39	2	8
Domestic	4,914	8,852	5,332	37	—	4
Totals	19,368	18,651	10,243	76	2	12

Grand Total Fuel Tonnage ... 48,262

	Coal	Coke	Oil	Gas	Electricity	Waste
Furnaces Fired Mechanically	49	—	170	89	2	4

Total number of Furnaces Mechanically Fired	314
Total number of Furnaces Fired by Hand	589

Other Information:

Smoke Density Meters provided...	1
Smoke Density Meter/Recorders provided	3
Grit Arresters Provided, old	4
Grit Arresters Provided, new	3
Smoke stats (mechanical) on oil fired furnaces	38
$C.O._2$ Recorders provided	9
Draught gauges provided	9
Cupolas inspected (Metal smelting works)	1
Diesel Generators (Booster)	1
Diesel Engined Pumps (M.W.B.)	4

Stokers—Certificated	3
Ex Royal Navy	4
Ex Merchant Marine	3
Engineers, in charge of	7
Fishmongers, Smoke holes or smoking cabinets	8
Sausage Manufacturers, ditto	1
Gas fired stoves or stoving ovens	5

In only one instance was it necessary to take legal proceedings against a firm for causing black smoke to be emitted from the chimney of their factory in excess of the period allowed by the Byelaws made under the Public Health (Smoke Abatement) Act, 1926, when a fine of £5 and £2 2s. costs was imposed. Of seven observations made on the chimney stack in question, the byelaw was infringed on six occasions. This same firm has since been advised to take steps to prevent the emission of ash from the chimney stack.

Smoke Control Area.

At the beginning of the year the Council decided to take steps to establish a Smoke Control Area in that part of the Borough south of a line drawn through Turney Road, Court Lane and Lordship Lane, and authorised a preliminary survey of the area to be carried out in order to obtain estimates of the number and classes of buildings, costs of adaptation, fuel consumption etc. To enable this work to be carried out as expeditiously as possible without interfering with the survey of factory furnaces already in progress, the Council appointed another Smoke Inspector to undertake these duties. This "sample" survey was completed in November and revealed the following information :

1. Size of Area :
   1,025 acres (including 360 acres of open space—parks, playing fields, etc.).
2. Estimated number and classes of buildings in the area :

Private dwellings	3,056
Commercial premises (shops and offices)	60
Industrial premises (furniture factory)	1
Other premises (schools, clubs, churches, etc.)	72

3. Estimated present fuel consumption :

Bituminous coal (to be replaced)	4,400 tons
Solid Smokeless fuel	4,600 tons
Oil fuel	96,000 gallons

A meeting was held at the Town Hall on Thursday, 28th November, 1957 between officers of the Council and members of the Regional Smokeless Fuels Advisory Committee which was presided over by the Chairman of the Public Health Committee. After general discussion it was agreed that adequate supplies of authorised fuels of one kind or another would be available for

the proposed Smoke Control area if, and when, the Order becomes operative and that there would be no difficulty in arranging for distribution.

In January 1958 the Council made an application to the Minister of Housing and Local Government for approval in principle to the making of a Smoke Control Order in respect of this area to come into operation on the 1st October, 1960.

Publicity.

Public opinion is, perhaps, the most important factor in the campaign for Clean Air and every opportunity has been taken by the Medical Officer of Health and his staff to disseminate information on this matter.

Letters were addressed to the occupiers of every house in the proposed Smoke Control Area explaining the Council's intentions and seeking active co-operation. Each letter was accompanied by a leaflet explaining the provisions of Section 11 of the Clean Air Act.

Five thousand copies of a booklet entitled " Clean Air " were obtained for distribution throughout the Borough. This booklet which was published by " The Family Doctor " under the auspices of the British Medical Association gives most valuable and comprehensive advice on the prevention of atmospheric pollution and is of particular interest to residents in smoke control areas. It contains particulars and photographs of approved smokeless fuel burning appliances, estimated costs of heating with various types of fuel, advice on insulating premises to prevent loss of heat by conduction etc. A final article also gives advice on the disposal of garden refuse by composting so as to avoid the production of smoke by bonfires.

In addition, posters have been displayed, pamphlets of various kinds have been distributed and talks, demonstrations and film shows have been given to various organisations in the Borough. The Public Health Committee entered a float in the Borough Carnival Procession leaving the choice of subject and display material to the discretion of the Medical Officer of Health. The subject chosen was " Clean Air " and an excellent float was prepared which emphasised the benefits to health and property which would result from the increased use of smokeless fuel by householders.

This intensive health education activity appears to be creating a growing interest and enthusiasm among residents in this matter and generally it has been found that the public is anxious to co-operate in ensuring that the emission of smoke shall be reduced to a minimum.

Measurement of Atmospheric Pollution.

This Council has continued to co-operate with the Department of Industrial and Scientific Research by providing information on atmospheric pollution which is obtained from the Deposit Gauge and Lead Peroxide instrument on the roof of the Queens Road Centre and from the Volumetric apparatus in the Town Hall. The Council authorised the setting up of an additional volumetric apparatus in the Dulwich Area and by arrangement with the London County Council this was brought into operation at Lordship Lane Child Welfare Centre, 475 Lordship Lane, on June 1st.

Details of the readings obtained from these instruments are shown in graph form on pages 44-47.

HOUSING

New Houses

The Council completed 255 new dwellings during the year and at the end of December there were 791 new houses and flats in course of erection.

Housing Applications

In 1957, 299 housing applications were referred to the Medical Officer of Health for consideration as to the award of priority points for medical reasons. An analysis of these cases showing the medical conditions and degrees of priority recommended appear in the following table :

Medical Condition	Category		
	(a) Immediate and urgent	(b) Less Urgent	(c) No Recommendation
Tuberculosis	20	17	5
Bronchitis and/or Asthma ...	20	6	7
Other respiratory conditions ...	6	12	5
Rheumatic conditions	12	5	3
Heart conditions	14	4	2
Physical disabilities (bad legs, etc.)	15	2	—
Nervous disorders	21	19	16
Other medical conditions	47	22	19
Totals	155	87	57

In 14 of these cases it was reported that there was friction between the respective tenants in the house, and in six instances enquiries revealed incompatibility with coloured landlords. The latter problem is becoming more frequent as an increasing number of coloured immigrants enter this country and purchase partly vacant houses with white tenants already in occupation. Sometimes a desire on the part of the new owner to secure possession of the white tenant's rooms so that he can re-let them to a fellow countryman leads to disagreement and ill-feeling between tenant and landlord. In other cases friction is brought about by a marked difference in the standard of living of the two families, or occasionally by colour-prejudice on the part of the white family. Whatever the cause, the result is an increase in the housing waiting list as these cases are usually supported by medical practitioners certifying neurotic disorders which it is alleged are caused or aggravated by the trying conditions

under which the patient is living. On the other hand, it is a pleasure to record that many coloured and white families are known to be living in the same houses in the Borough quite harmoniously. Even among British-born families, however, applications for re-housing on medical grounds are often based on lack of harmony between occupants of shared accommodation —not infrequently between married couples and their parents-in-law. In some cases, severe nervous disability is reported.

During the year 40 applicants were provided with alternative accommodation following recommendations for priority on medical grounds ; 8 of these were rehoused within 3 months of the recommendation, 8 within six months, 9 within nine months and 15 within one year.

Certificates of Disrepair

The Rent Act, 1957 which came into operation on the 6th July, 1957, replaced many of the provisions of the Housing Repairs and Rents Act, 1954 and made provision, *inter alia*, for further increases in rents. The Public Health Department, however, was more directly concerned with those sections of the Act which amended the procedure for the issue of Certificates of Disrepair ; this is now rather lengthy and complex and provides in the first place, for the service of a notice on the landlord by the tenant drawing attention to the defects of repair. In the event of the landlord's failure to remedy these defects or to give an Undertaking to do so within a prescribed period, the tenant may then apply to the local authority for a Certificate of Disrepair. The Council must first, however, serve a Notice of Intention to issue a Certificate of Disrepair on the landlord who is then allowed three weeks in which to carry out the repairs or give an Undertaking to do so ; if he fails to do either, the Council may then issue a Certificate of Disrepair and the tenant may withold the increase in the rent whilst such Certificate is in force.

When the works have been carried out the landlord may apply to the Council for the cancellation of the Certificate, but the tenant must then be given a Notice of Intention to cancel the Certificate and allowed three weeks in which to object to its cancellation stating the grounds for such objection (if any). If an objection is raised the Council must consider whether it is justified and cancel or refuse to cancel the Certificate as the case may be. Either party may also apply to the Council for a Certificate as to the Remedying of Defects which formed the subject of an Undertaking given by the landlord.

The following table gives details of the action taken from the date of operation of the Act until the end of the year :

No. of Applications for Certificates of Disrepair	414
No. of Undertakings received from landlords	220
No. of Certificates of Disrepair issued	105
No. of Certificates refused	3
No. of Certificates cancelled	16

In addition to the above 5 Certificates of Disrepair were issued under the Housing Repairs and Rents Act (i.e. from 1st January to 5th July 1957), and 1 application for a Certificate was refused.

Housing Act, 1957

This Act, which came into operation on the 1st September, 1957, did not introduce anything new but consolidated the enactments relating to housing with the exception of certain provisions relating to financial matters.

Individual Unfit Houses

Details of the action taken in relation to individual unfit houses and parts of buildings appear on pages 52-53 in the statistical appendix to this report. Little difficulty has been experienced in dealing with those dwellings that are capable of being rendered fit for human habitation at a reasonable expense, but, in those instances where Closing Orders are indicated, the problem arises as to the rehousing of the occupants. There is no statutory obligation on the part of the local authority to provide alternative accommodation for the persons so displaced, but the Council has always given special consideration to this matter and a Sub-Committee has been formed comprising representatives of both the Public Health and Housing Management Committees to deal with each case on its merits to ensure on the one hand that no unnecessary strain is put on an already overloaded housing list and on the other, that no undue hardship is imposed on the occupants of dwellings which become the subject of Closing Orders.

This problem is further complicated by the fact that when a Closing Order has been made and the occupants rehoused by the Council, there is nothing to prevent the owner from repairing the premises and applying for the determination of the Closing Order with a view to either selling the property with vacant possession (which greatly enhances its market value) or reletting it at a considerably higher rent. In either case, it would seem that making a Closing Order and rehousing the occupants might often prove to be of some benefit to the owner, but if the Council

failed to take action under the Housing Act it would impose severe hardship and endanger the health of the occupants of the unfit dwelling.

Slum Clearance

The five year programme (1956-1960) of slum clearance agreed with the London County Council was continued during the year and the following 13 areas were declared.

Area	Date of declaration	No. of dwelling Houses	No. of persons to be displaced
Gervase Street	13. 3.57	12	46
Lettsom Street (No. 1) ...	3. 7.57	2	2
,, ,, (No. 2) ...	3. 7.57	8	20
New James Street	31. 7.57	9	32
Havil Street	31. 7.57	5	18
Hornby Road	31. 7.57	3	8
Elmington Road (No. 1) ...	23.10.57	4	10
,, ,, (No. 2) ...	23.10.57	2	7
,, ,, (No. 3) ...	23.10.57	2	6
,, ,, (No. 4) ...	23.10.57	6	22
Nunhead Green (No. 1) ...	23.10.57	3	10
,, ,, (No. 2) ...	23.10.57	2	4
May's Place	23.10.57	6	20

Overcrowding

Seventy-four cases of overcrowding came to the notice of the Public Health Department during the year and in 67 instances certificates of overcrowding were sent to the Housing Departments of both the Borough Council and the County Council in support of applications by the families concerned for the provision of alternative accommodation.

At a block of flats in Camberwell Grove several cases of overcrowding were reported. On investigation it appeared that these dwellings had changed ownership and as flats became vacant the new owner was letting each room separately with communal use of the kitchen. Some of the rooms had been let to married couples with children with the result that serious infringements of the overcrowding provisions of the Housing Act had arisen. The owner's attention was drawn to these contraventions, but as no steps were taken to abate the overcrowding, the matter was reported to the Public Health Committee, who directed that the owner be warned that statutory action would be taken in respect of any future lettings that

result in overcrowding. It was subsequently reported that further cases of overcrowding had occurred and the Committee authorised the service of Notices and if necessary legal proceedings against the owner.

SANITARY CIRCUMSTANCES

Water Supply.

No complaints were received during the year concerning the purity of the water supply. Every dwelling house in the Borough is served by a direct water supply from the mains of the Metropolitan Water Board.

Ventilation of New Buildings.

A number of multiple storey blocks of flats have been erected in this Borough and this form of housing development is increasing. It is the practice for buildings of this type to be provided with mechanical ventilation systems which require to be tested by the officers of the Public Health Department before the dwellings can be approved as fit for human habitation. The testing of these ventilation systems is often a difficult and complex operation and in order that it should be effectively and efficiently carried out, the Council authorised the purchase of appropriate apparatus for the use of the officers responsible for these duties.

Artificial Lighting of Common Staircases.

The Housing Repairs and Rents Act, 1954, repealed Section 6 of the Housing Act, 1936 by which local authorities were empowered to make byelaws, *inter alia*, for the artificial lighting of common staircases in houses in multiple occupation. Following representations on the matter the Metropolitan Boroughs' Standing Joint Committee expressed the opinion that these powers should be replaced and at their request the London County Council included an appropriate clause for this purpose in the London County Council (General Powers) Act, 1956. Draft model byelaws which had been approved in principle by the Minister of Housing and Local Government were submitted to the Public Health Committee for consideration in November 1957. Although it was reported that little difficulty had been experienced in obtaining adequate artificial lighting of such staircases in this Borough, the Council was of the opinion that it would be advisable to have the powers contained in these Byelaws and they were therefore adopted.

Water Closet Byelaws.

The London County Council Byelaw relating to the provision of water closets was superseded by Section 11 of the Housing Repairs and Rents Act, 1954, which gave local authorities direct

jurisdiction to secure fitness for occupation of houses let in lodgings or occupied by more than one family. This meant that the standard for the provision of water closets laid down in the byelaw was no longer applicable, and in order to secure uniformity in the administration of Section 11 the Advisory Body of Medical Officers of Health recommended to the Metropolitan Boroughs' Standing Joint Committee that the following standard should be applied by the constituent councils, viz., one water closet for each household where practicable ; and where premises are let in lodgings at least one water closet for every 8 persons or one water closet for every four rooms whichever is the higher standard. This Council accordingly adopted this recommended standard.

Slaughterhouses

The Proprietors of the two licensed slaughterhouses in the Borough applied to the Council for the renewal of their annual licences, although the slaughterhouses had not been used for some years. It was pointed out to the applicants that fresh legislation concerning slaughterhouses was anticipated in the near future which might involve considerable expenditure in bringing their premises up to the required standard, and they may desire to consider whether they wished to proceed with their application, particularly as their slaughterhouses had been disused for some considerable time. In both instances, the proprietors withdrew their applications and there are no longer any licensed slaughterhouses in Camberwell.

Bombed Sites and Static Water Tanks.

The problem arising from the deposit of rubbish on bombed sites has steadily diminished as more and more of these sites have been utilised for the purpose of providing new housing. Nevertheless, there are a number of smaller sites still remaining which from time to time are the subject of complaints of nuisances caused by accumulations of refuse which give rise to offensive smells and the harbourage of rats. Where such nuisances have occurred the Borough Engineer and Surveyor has been requested to arrange for the removal of the offensive matter and where necessary rodent control treatment has been carried out.

A rather more important problem, and indeed a more irritating one, is presented by the static water tanks in the Borough. These tanks collect rain water which in time becomes infested with mosquito larvae. During the warmer weather, these tanks were regularly inspected and sprayed to prevent the breeding of mosquitoes, and when necessary the London Fire Brigade were requested to arrange for the stagnant water to be

pumped out. Such was the vigilance and prompt action of the Council's Officers during the year that no complaints or evidence of nuisance from mosquitoes came to the notice of the Public Health Department.

Rodent Control

Early in the year a communication was received from the Ministry of Agriculture, Fisheries and Food requesting a meeting with the appropriate Officers of this Council to review briefly the present system of sewer treatment ; to suggest that the use of Warfarin blocks should be discontinued, and to submit detailed recommendations for future treatments. At this meeting the Ministry's representatives put forward an alternative scheme recommending the use of a new substance (paranitrophenol) as a preservative for rat baits in sewers.

It was pointed out that Camberwell had been carrying out experiments with Warfarin block at the Ministry's request for some considerable time and that the results obtained had been most encouraging and justified the continued use of this method. It was also indicated that the method now suggested by the Ministry was in the nature of a further experiment and was likely to prove more costly. It was therefore agreed that an alternative scheme should be submitted to the Ministry with estimated costs of both methods for purposes of comparison.

The cost of the method recommended by the Ministry was estimated at £1,300 annually as compared with £615 a year for the alternative scheme submitted by the Rodent Officer which was as follows :

" All sewer manholes to be treated four times a year with ¾lb. block bait containing Warfarin, each treatment being spread over five weeks."

It was pointed out that this method of treating sewers for rat infestation would be most economical and would provide maximum cover throughout the year with only four visits to each manhole. It would ensure that bait is available in the sewers to cope with residual rat populations, movement of rats in sewers and re-invasion. It would also provide a more easily controlled method of working and would comply with the Ministry's recommendation that the same baiting material should be used for both surface and sewer treatments.

Following further representations the Ministry subsequently approved the scheme suggested by this Authority's Officers for a trial period of one year. This scheme was put into operation in July 1957. Details of the work of the Rodent Control section appear in the statistical appendix to this report.

FACTORIES

There is considerable industrial activity in Camberwell, mainly in the northern half of the Borough. At the end of the year the factories register contained the addresses of 1,342 such premises and the following table shows the principal industries in which they were engaged :

Cabinet making, joinery and other woodwork	89
Engineering, motor and cycle repairs, coach building, etc.	236
Wearing apparel	204
Laundries, dyers and cleaners	45
Printing and sundries, photographic processes, bookbinding etc. ...	86
Metalwork	72
Furniture, upholstery, perambulators, etc.	31
Instruments and instrument cases	13
Preparation and storage of food	37
Paper making and sorting, stationery, cardboard boxes, etc.	31
Miscellaneous	498
Total	1,342

Briefly, the expression " factory " includes any premises in which persons are employed in manual labour in any process for or incidental to the making of any article or any part thereof, the altering, repairing, ornamenting, finishing, cleaning, washing or breaking up of any article, or for the adapting for sale of any article etc. It will be appreciated that a large number of premises in the above table, although falling within this definition, are small businesses employing only one or two people.

The local sanitary authority is responsible for enforcing the legislation relating to sanitary accommodation in all the factories in its area and in those factories where mechanical power is not used it is also their duty to ensure the maintenance of a satisfactory standard of cleanliness, temperature and ventilation, the effective drainage of floors and the prevention of overcrowding. At the end of the year there were 270 factories in the Borough where mechanical power is not used.

The Public Health Inspectors made 330 visits of inspection to these premises during 1957 and 9 notices were served to remedy contraventions of the Factories Acts.

On the whole conditions in factories in this Borough are satisfactory. Indeed, in most of the larger industrial undertakings the managements are very mindful of the well-being of their employees and take steps to ensure that the circumstances in which they work are as comfortable as is reasonably possible.

It is inevitable that where large factories are situated in or near residential areas complaints arise from time to time of nuisances caused by the emission of smoke from the factory chimneys, noise or vibration caused by machinery (particularly where night shifts are operated) or adverse conditions resulting from the processes carried on.

The emission of smoke is a major problem in the larger factories and in a few of the smaller ones, particularly where waste products such as sawdust and wood shavings are burnt, and this is extremely difficult to deal with satisfactorily.

There is close co-operation between the Public Health Department and the office of H.M. Inspector of Factories whereby information is exchanged concerning the establishment of new factories, the discontinuance of old ones, change of user of factory premises and any contravention of the Act found during inspection. Details of the action taken during the year are set out in the tables on page 49 in the form required by the Minister of Labour and National Service.

FOOD POISONING

It is too soon yet to endeavour to assess the effect, if any, of the operation of the Food Hygiene Regulations 1955 on the incidence of food poisoning. There is no doubt, however that they have brought about an improvement in the general management of the catering and food trades. It is, of course, impossible to control by legislation the human element in the handling of food ; this can only be brought about by unremitting efforts in health education to eliminate the possibility of carelessness, thoughtlessness and bad personal habits giving rise to the contamination of food, not only by those engaged in the food trades but also by the housewife in her own home.

Food poisoning is a notifiable disease and information of its incidence often comes to the notice of the Medical Officer of Health in this way, but there are very many more cases which are not notified because the sufferers do not seek medical advice. Some of the latter are discovered when investigating notified cases in the larger outbreaks, but there is no doubt that many single cases and small " family " outbreaks of a mild character never come to our notice.

In Camberwell last year only 56 notifications of food poisoning were received in the Public Health Department, but the total number ascertained was 235. Thirty-one of these were single notified cases, and the remainder were associated with six outbreaks. Two of these were small " family " outbreaks involving only seven persons ; two involved schools, one occurred at a hospital and another at a large industrial undertaking in the Borough.

Of the two school outbreaks, one affected eight children in a cookery class who had consumed a meal they had themselves prepared. In the other instance the school concerned is on the border of the Borough and meals prepared in the canteen there, were also supplied to two schools outside Camberwell. No cases were discovered at the school in this area, but it was reported that 38 persons at the other two schools had been ill with symptoms of food poisoning. Both outbreaks were closely investigated, but it was not possible to isolate the causative organisms.

The hospital outbreak, which affected 50 patients was, as is so often the case, due to the consumption of twice-cooked meat.

One hundred and one employees at a large industrial undertaking in the Borough were reported by the Medical Officer at the works to have suffered from symptoms suggesting food

poisoning. Investigation revealed that this outbreak was probably caused by veal and ham pie, prepared in the Works Canteen, being contaminated. The food was prepared the day before it was consumed.

It will be seen from the foregoing that it is usually difficult to identify the organisms responsible even with prompt enquiry, especially if re-cooked food is implicated ; the suspected article has generally been thrown away and is not available for bacteriological examination.

The investigation of cases of food poisoning presents great difficulties. Notifications are frequently received too late owing to delay on the part of the patients to seek medical attention promptly, with the result that samples of the suspected food are rarely available for bacteriological examination. In many cases, it is difficult even to obtain clear information as to what food the patient had consumed prior to the onset of the illness. Sometimes, the malady is alleged to be due to a meal or snack consumed at a restaurant or cafe and the patient is unable to remember the name or exact location of such establishment.

It would seem that in most cases food poisoning results not so much from failure to comply with the legislation governing the storage, preparation or sale of food, but from such human failures as are referred to in the opening remarks of this article. It is a matter for surprise, not that food poisoning is so prevalent, but that its incidence is not a great deal higher than it is.

WINTER EPIDEMICS

In the early part of the year the usual publicity campaign was carried out for the prevention of the spread of influenza, coughs, colds, etc. Films were shown at local cinemas, posters were displayed and leaflets distributed giving advice on general personal hygiene and such slogans as "Coughs and sneezes spread diseases" and "Trap the germs in your handkerchief" have become very familiar.

Towards the end of the year, however, some concern was occasioned by the spread to this country of influenza, which originated in the Far East, and a close watch was kept on its incidence. Influenza is not a notifiable infectious disease and therefore certain general medical practitioners in the Borough with large practices were asked to act as "spotters" and to inform the Medical Officer of Health in the event of any unusual increase in the seasonal incidence of influenza occurring among their patients. In addition, close liaison was kept with the school medical service, and the hospitals in the Borough were warned.

The epidemic did not, fortunately, become a serious menace to the health of the public in this area. Cases were most numerous among school-children and inmates of institutions, military establishments and colleges. Absenteeism among school-children was highest during October, reaching over 50 per cent. in one or two schools. However, the disease was quite mild. Complications were exceptional and the mortality negligible. The epidemic subsided fairly rapidly, but precautionary measures were continued and towards the end of the year, limited supplies of vaccine became available for certain classes of persons such as general practitioners, nurses, midwives, home helps, ambulance staffs and others who may be called upon to visit the sick at home.

IMMIGRANTS AND TUBERCULOSIS

No restrictions are placed on any persons arriving in this Country with a British passport (which can be issued in Commonwealth countries and from the Republic of Ireland), and it is evident that tuberculous persons, unless they are obviously ill on arrival, can enter any port without action other than notification to the Medical Officer of Health of their declared destination.

The immigration authorities of Canada, United States of America, Australia, New Zealand and South Africa require from "assisted immigrants" a first class X-ray and radiologist's report before any permit to travel is granted. As a result a number of persons of various nationalities are debarred from entering these countries. As there is no bar to the entry of these rejected persons into the United Kingdom, it is probable that many have taken advantage of this.

The tuberculosis incidence in some of the Colonial territories is very much higher than that of Great Britain, and the proportion of infected and infectious cases amongst these immigrants will in all probability be considerably higher than in our own population. On the other hand, immigrants from countries such as the Republic of Ireland contain a large proportion of persons, especially in the younger and more susceptible age groups, who are not yet infected and are therefore exposed to considerable risk of contracting the disease in a new urban environment. It would be a great step forward if these susceptibles were given B.C.G. before leaving their country.

Health educational levels and hygiene standards among immigrants generally are frequently lower than those of people born in this country. There is a tendency to live in overcrowded and unsatisfactory housing conditions, and with frequent change of employment and movement from place to place, opportunities of infecting others and of being infected are, therefore, considerable.

During 1956, 330 fresh cases of tuberculosis were notified in Camberwell, and an examination of these revealed that over 10 per cent. were immigrants (mostly Irish). The Council expressed some concern at this position and decided to ask the Metropolitan Boroughs' Standing Joint Committee to press for legislation requiring the medical examination (including chest X-ray) of immigrants before or immediately upon their arrival in the United Kingdom.

The Standing Joint Committee decided to obtain the views of the London County Council who replied that the figures which

they had been able to obtain gave no reliably precise measure of the extent of the problem either in Camberwell, the county or the country. They found it difficult to draw a clear conclusion from the facts known and deferred consideration of the matter for six months as it was anticipated that further information may shortly become available.

The Council had this matter before them again in December of the year under review and decided to inform the Standing Joint Committee that they remained of the same opinion. The reason why such legislation is advocated is to protect the people concerned from the hazards of infection in a new country and a strange environment, as well as to protect ourselves ; it should not in any way be regarded as suggestive of undue discrimination of certain nationalities. This would also ensure that the necessary medical treatment could be provided and the immigrants be made aware of the medical and other social services available.

The Standing Joint Committee concurred with the Council's views and decided to make representations to the Minister of Health for the introduction of legislation to require all intending immigrants to submit to a medical examination (including chest X-ray) before or immediately after their arrival in this country.

MASS RADIOGRAPHY

The Mass Radiography Service continues to play a great part in the discovery of cases of tuberculosis and is helping considerably in draining the unknown pool of infection. It is unfortunate that the proportion of males over the age of 60 who volunteer for examination is so small, for this age group is the most important source of the spread of infection today.

The South East London Mass Radiography Service has produced an excellent report of the findings of the three mass radiography units operating in South East London and North Kent during 1956, which includes tables showing numbers examined in different age groups together with the incidence of significant tuberculosis found. These tables show quite clearly that, as expected, the highest incidence of cases is in males over 60, whilst the numbers examined in this age group are far lower than at any other adult age.

The importance of concentrating on groups which are liable to give the highest yield is well demonstrated in another table which shows that the incidence amongst cases referred to the Units by doctors is more than four times that of those found among the general public.

The following figures which have been extracted from the report are of considerable interest :

Age Group	15—24		25—44		45—59		60 and over	
Sex	M.	F.	M.	F.	M.	F.	M.	F.
No. examined... ...	15,180	19,250	34,780	26,140	18,600	12,530	5,590	3,980
No of significant cases found	32	40	124	86	127	38	64	18
Incidence of significant tuberculosis per 1000 examined	2·1	2·1	3·6	3·3	6·8	3·0	11·4	4·5

REPORT OF CONSULTANT PHYSICIAN,

CAMBERWELL CHEST CLINIC

The most important happening during the year has been the transfer of the Chest Clinic to St. Giles' Hospital. We now have our own X-ray apparatus for taking all types of X-rays and also a miniature camera somewhat similar to that used in the Mass X-ray Centres. As a result of this transfer the X-ray work previously done at St. Giles' and St. Francis' Hospitals on our patients can now be carried out in this department, with a corresponding increase in the amount of out-patient time available in the X-ray departments of these two hospitals. The patient referred by the general practitioner for a chest X-ray has a miniature X-ray unless a specific request has been made for some other form of examination. Both the doctor and patient are notified within 48 hours of the result of the X-ray, and in cases where this is abnormal the patient is sent an appointment for a full clinical examination and further X-ray investigations. Although the patient may have to wait as in ordinary medical out-patients for the second series of chest X-rays, the total time elapsed between being seen by his own general practitioner and the physician in the chest department has now been very greatly reduced.

With the aid of the miniature camera it has proved possible to X-ray rapidly such groups as schoolchildren, pregnant mothers and residents in various local institutions. It is expected that as this service becomes better known among the general practitioners and the local health authorities progressively more X-rays will be taken. It is also expected that as more X-rays are taken on the miniature camera, instead of as hitherto on the large apparatus in the two aforementioned hospitals, the cost of this work will be reduced considerably, since a miniature film costs approximately 6d. and a large film approximately 3s. 6d.

During 1957, 6,164 new out-patients attended and 11,763 chest X-rays were taken for the department. A recent analysis of the work done during one month shows that the following number of new cases were seen :

(a)	Respiratory Tuberculosis	20
(b)	Cardiovascular disease	9
(c)	Neoplasm	5
(d)	Acute Respiratory Disease	52
(e)	Chronic Respiratory Disease	48
(f)	Other Chest Conditions	12

It is obvious from these figures that as the incidence of tuberculosis among the population falls, so more and more non-tuberculous cases are referred to us for investigation.

At the beginning of the year there were 1,802 cases on the register and at the end of 1957 the figure was 1,686. One hundred and ninety-two cases of respiratory disease were sputum negative and 36 were sputum positive among the new cases notified in this department. There were 15 new cases of non-respiratory disease, making a total of new cases of 343 compared with 324 last year. Thirty-seven cases came in from other areas, but 85 cases on the register left Camberwell. Only 15 deaths attributable directly to tuberculosis occurred during the year compared with 24 in the previous year.

The shift in the emphasis of the treatment of tuberculosis is clearly seen in the decline in the number of refills given for collapse therapy. Only 420 refills were given compared with 1,214 in 1956, and since October, 1957, no new refill cases were taken on: by December no refills at all were being given.

On the preventive side the number of B.C.G. vaccinations was 695 and, in addition, 186 babies born in the maternity department of this hospital were vaccinated.

Mantoux testing of schoolchildren continues and in this way a number of new cases among schoolchildren and among the parents and close contacts have been found. It is a great pity that Mantoux testing is not carried out on all school entrants and, furthermore, that those children who are found to be Mantoux negative are not offered B.C.G. vaccination. Under the present system a child has to wait until he is at least 10 before he can receive protection by B.C.G. vaccination.

During the year the Health Visitors have been kept fully occupied and in all they made 4,306 successful home visits, many of these visits involving a considerable amount of work, especially those in which the Health Visitor was endeavouring to find the contacts of Mantoux positive children.

We are indebted to the Divisional Medical Officer of the London County Council and her staff for their willing assistance and also to Dr. Chalke and his staff of the Borough Health Offices. The District Nursing Organisations and the London County Council Ambulance Service have, as always, been extremely helpful.

KENNETH MARSH,
Consultant Physician.

Chest Department,
St. Giles' Hospital, S.E.5.

ANNUAL REPORT OF THE CAMBERWELL TUBERCULOSIS CARE COMMITTEE FOR THE YEAR 1957.

The Committee again reviewed its constitution and the following additional Bodies accepted invitations and appointed representatives as shown below :

Family Welfare Association	Miss B. Dickeson
Men's Disablement Resettlement Officer (Ministry of Labour)	Mr. J. P. Hill
National Assistance Board, Camberwell (North) ...	Mr. T. Clark
Parish church of St. Giles	Mrs. E. R. Reed
Camberwell War Pensions Committee and Joint Committee of St. John and British Red Cross— Ex-Service War Disabled Help Department ...	Mrs. M. E. Quinnell
Women's Voluntary Services for Civil Defence ...	Miss D. G. Crombie, M.B.E.

Changes in the personnel of the Committee have taken place. On appointment as Medical Officer of Health to the Camberwell Borough Council, Dr. H. D. Chalke, O.B.E. ceased to represent the Public Health Committee, London County Council, Division 7, but was elected as an ex-officio member in place of Dr. H. W. Barnes.

Dr. Ann Mower-White, Medical Officer, London County Council, Division 7, was elected to fill the vacancy created.

Mr. L. Perry, Area Officer, National Assistance Board for Camberwell (South) resigned on his appointment as the Lewisham Area Officer and his place was taken by Mr. W. Henderson.

In September, the Chest Clinic moved to more suitable accommodation in St. Giles' Hospital. As a result of this move No. 23 Brunswick Park was taken over by the Camberwell Borough Council for conversion into housing accommodation, but the Committee was offered and gratefully accepted the use of the basement for storage purposes, for meetings of the handicraft class and for work arising out of the Christmas Seal Sale. Pending the conversion work the Committee are in occupation of their original accommodation on a caretaker basis, and no rent is charged. When the conversion work is completed, however, the Committee will transfer to the basement and a rent will be fixed. Thanks are due to the Camberwell Borough Council for their co-operation and assistance.

The Committee are pleased to report that their work has continued with the same success as in former years despite rising costs. That they are able to do this is due mainly to the generosity

of those who subscribe to the Christmas Seal Sale Fund and to the support and advice of the many public bodies in the Borough. The work of the Committee makes a valuable contribution to the local health services and the assistance given to patients makes recovery so much easier. No official body, however sympathetic, can give help as quickly as can the Care Committee and this means that patients are relieved of at least some of their worries and are able (as is set out in the Committee's terms of reference) to derive the fullest possible advantage from the medical treatment.

The following list shows the type of aid given and the number of patients assisted from the Committee's funds since the last Annual Report :

Clothing	55
Pocket money while in hospital	30
Pyjamas for those confined to bed or on admission to hospital	23
Supply of towels	10
Loan of dressing gowns	10
Wireless (repairs and licences)	4
Taxi fares	7
Household removals and help with furnishings	9
Loan of bedside comforts	21
Loan of beds	12
Supply of sheets, blankets and other bedding	16
Fares of relatives to distant sanatoria	30
Settlement of hire purchase arrears, payment of electricity and other outstanding accounts	6
Escort expenses	2
Lodgings and meals	16

In the matter of financial assistance and other helpful guidance the National Assistance Board have been extremely co-operative and the patients have benefited accordingly. Following investigation by the Secretary into the circumstances of new patients reference was made to the Board in 125 cases. Most of these received assistance in one way or another. Assistance was also given by the Board to 158 old patients in need, making a total of 283 cases.

The number of cases investigated by the Secretary during the year was 1,632.

The gathering of information regarding the needs of patients requires much team work among the medical and social workers, i.e. Medical staff, Health Visitors, Almoners of Hospitals, and other public and voluntary organisations. Special mention must be made of the Chest Physicians of the Chest Clinic and the Doctors under whose care the patients may be. Their help—

which is readily given—is vital if the work of the Committee is to be of real use to patients and it is pleasing to record that such an amicable relationship exists.

For many years Mrs. Greenwell has been the Honorary Organising Secretary to the Christmas Seal Sale. Mrs. Greenwell felt she could no longer continue this work and the Committee regretfully received her resignation. We place on record our grateful thanks to Mrs. Greenwell for her valuable services. The Committee appointed Mrs. Lilian Reddeford as Honorary Organising Secretary to the Seal Sale and we know that this vital facet of the Committee's work will be in good hands.

We have again participated in the National Christmas Seal Sale. In view of the number of other charitable organisations who have adopted this method of raising money the task becomes increasingly difficult each year. However, the amount received from the Seal Sale which closed on 31st March, 1957, was £1,214 11s. 10d. This is indeed a good result and no praise can be too high for those who made it possible.

The Handicraft Class continued to meet as in previous years. The maximum number on the Roll was 20. The work is of an extremely high standard and because of this a steady market was maintained throughout the year. The most popular items have been cane work of all kinds, seagrass stools and needlework.

The Committee arranged for the students of the Class and some other patients to have a day's outing at the seaside during the summer and just before Christmas a theatre visit followed by a meal in Town was organised.

On the recommendation of the Chest Physician the Committee purchased two sets of portable breathing apparatus to enable recovered patients to follow employment at an earlier date than they would otherwise have been able to do. This not only assists the medical treatment but helps patients to rehabilitate themselves.

The Committee are fortunate in having friends who are able to make gifts of bedding, clothing, books and jig-saw puzzles, together with useful articles which aid occupational therapy.

At Christmas the Secretary again assisted in the distribution to children of patients of a number of toys which were kindly given by the Worshipful Mayor of Camberwell (Councillor A. C. Clark, J.P.).

We are also indebted to the Rotary Club's "Wireless for the Bedridden" for supplying radio receivers for those of our patients in need and confined to bed.

In concluding this report the Committee wish to thank 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 for their close co-operation. We gladly acknowledge their help and that of the official bodies and know that they will continue to assist us.

Finally we place on record our thanks to the Worshipful Mayor of Camberwell (Councillor A. C. Clark, J.P.), Patron of the Christmas Seal Sale; Mrs. Lilian Reddeford, Organiser of the Seal Sale; Mr. H. Smith, Borough Treasurer, who is our Honorary Treasurer; and Mr. A. W. Lamb, our Honorary Auditor; and the Camberwell Borough Council for affording us accommodation for our meetings.

We also thank Dr. H. D. Chalke, Medical Officer of Health of Camberwell, for including the Care Committee's Annual Report for 1956 in his Annual Report for the same year.

AMY CROSSMAN, *Chairman.*

J. M. LEONARD, *Secretary.*

STATISTICAL APPENDIX.

Summary of Statistics.
for the year 1957.

Area of the Borough	4,480 acres
Greatest length	4¾ miles
,, breadth	2½ miles
,, height above Ordnance Datum (Sydenham Hill)	365 feet
Population (Census April 1951)	179,777
,, (estimated by Registrar-General mid-1957)	177,700
Number of inhabitated houses (April 1957) ...	43,298
Rateable value (April 1957)	£2,318,502
Sum represented by a penny rate (estimated) ...	£9,200
Number of live births	2,989
Birth rate	16·8
Number of deaths	1,887
Death rate	10·6
Infantile Mortality :—	
Deaths under 1 year	70
Infant deaths per 1,000 live births	23·4
Maternal Mortality :—	
Deaths of women from diseases or accidents associated with childbirth	3
Maternal death rate per 1,000 total births ...	0·98
Deaths from Phthisis	22
Phthisis death rate	0·12
Deaths from all forms of Tuberculosis	26
Tuberculosis death rate	0·14

TABLE SHOWING CLASSIFIED CAUSES OF DEATHS IN AGE GROUPS IN CAMBERWELL DURING 1957

Causes of death.	Sex.	All Ages.	0–	1–	5–	15–	25–	45–	65–	75–
All causes	M.	969	43	8	4	9	38	273	300	294
	F.	918	27	5	6	1	36	170	262	411
Tuberculosis, respiratory ...	M.	18	—	—	—	—	1	8	4	5
	F.	4	—	—	—	—	2	—	—	2
Tuberculosis, other	M.	2	—	1	—	—	—	1	—	—
	F.	2	—	1	—	—	1	—	—	—
Syphilitic disease	M.	4	—	—	—	—	—	2	1	1
	F.	1	—	—	—	—	—	—	1	—
Diphtheria	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Whooping Cough	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Measles	M.	1	—	1	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	M.	1	—	—	—	—	1	—	—	—
	F.	1	—	—	—	—	—	1	—	—
Malignant neoplasm, stomach	M.	30	—	—	—	—	2	10	10	8
	F.	20	—	—	—	—	—	2	10	8
Malignant neoplasm, lung, bronchus	M.	81	—	—	—	—	4	42	27	8
	F.	15	—	—	—	—	—	8	4	3
Malignant neoplasm, breast...	M.	1	—	—	—	—	—	1	—	—
	F.	39	—	—	—	—	1	22	9	7
Malignant neoplasm, uterus...	F.	16	—	—	—	—	3	7	3	3
Other malignant and lymphatic neoplasms	M.	89	—	1	—	1	4	21	29	33
	F.	88	—	1	—	—	7	32	29	19
Leukaemia, aleukemia ...	M.	1	—	—	—	—	—	1	—	—
	F.	2	—	—	1	—	1	—	—	—
Diabetes	M.	2	—	—	—	—	—	1	1	—
	F.	4	—	—	—	—	—	—	2	2
Vascular lesions of nervous system	M.	74	—	—	—	—	2	18	26	28
	F.	127	—	—	—	—	—	25	35	67
Coronary disease, angina ...	M.	153	—	—	—	—	3	61	48	41
	F.	110	—	—	—	—	—	16	42	52
Hypertension with heart disease	M.	28	—	—	—	—	—	4	14	10
	F.	44	—	—	—	—	—	4	11	29
Other heart disease	M.	90	—	—	—	2	3	10	25	50
	F.	134	—	—	—	—	4	14	27	89
Other circulatory disease ...	M.	48	—	—	—	—	—	9	17	22
	F.	54	—	—	—	—	1	7	17	29
Influenza	M.	11	—	—	—	—	1	6	3	1
	F.	13	—	—	2	—	2	6	1	2
Pneumonia	M.	56	6	—	—	—	—	11	15	24
	F.	65	2	1	—	—	2	4	18	38

Causes of death	Sex.	All Ages	0–	1–	5–	15–	25–	45–	65–	75–
Bronchitis	M.	91	1	—	—	—	—	22	37	31
	F.	42	—	—	—	—	—	2	14	26
Other diseases of respiratory system	M.	12	—	1	—	—	1	5	3	2
	F.	5	—	—	—	—	2	—	—	3
Ulcer of stomach and duodenum	M.	22	—	—	—	—	2	7	10	3
	F.	8	—	—	—	—	—	2	3	3
Gastritis, enteritis and diarrhoea	M.	5	1	—	—	—	—	2	1	1
	F.	5	—	—	1	—	—	—	2	2
Nephritis and nephrosis ...	M.	9	—	—	—	1	2	4	2	—
	F.	4	—	—	—	—	—	1	2	1
Hyperplasia of prostate ...	M.	12	—	—	—	—	—	—	6	6
Pregnancy, childbirth, abortion	F.	3	—	—	—	1	2	—	—	—
Congenital malformations ...	M.	13	6	2	1	—	1	—	2	1
	F.	11	5	1	—	—	2	1	2	—
Other defined and ill-defined diseases	M.	82	28	1	1	—	8	14	16	14
	F.	82	19	1	2	—	4	11	24	21
Motor vehicle accidents ...	M.	11	—	—	2	2	—	3	2	2
	F.	1	—	—	—	—	—	—	—	1
All other accidents ...	M.	10	1	1	—	2	1	2	—	3
	F.	8	1	—	—	—	—	1	2	4
Suicide	M.	12	—	—	—	—	1	5	5	1
	F.	10	—	—	—	—	2	4	4	—
Homicide and operations of war	M.	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—

Births.

	Live Births		Still Births		Total	
	M.	F.	M.	F.	M.	F.
Legitimate	1417	1359	27	28	1444	1387
Illegitimate	99	114	3	2	102	116
TOTAL	1516	1473	30	30	1546	1503
	2989		60		3049	

BIRTH AND DEATH RATES FOR ENGLAND AND WALES, LONDON, AND CAMBERWELL, 1957.

	Birth rate		Death rate	
CAMBERWELL	Crude	16·8	Crude	10·6
	Adjusted	15·4	Adjusted	10·9
London		16·2		11·4
England and Wales		16·1		11·5

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

Officers for admission to the Permanent Establishment	42
Officers for admission to the Unestablished Staff	8
Employees for admission to Sick Pay Scheme...	194
Employees for admission to Permanent Establishment	47
Employees absent from duty owing to sickness	466

Cremation Certificates.

No. of cremations authorised during the year by the Medical Referee or his Deputy	1,866

Water Certificates.

No. of Water Certificates issued...	126
No. of dwellings concerned	963

Drainage and Sewerage.

No. of drainage applications received	199	
Length of new sewers constructed	89	yards
Length of sewers reconstructed	1,209	yards
No. of brick gullies replaced by pot gullies	111	
No. of defective pot gullies renewed	19	

Public Cleansing.

Amount of house refuse collected	46,593	tons
Amount of trade refuse collected	680	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	14	14	14	14
Dulwich First Class Swimming Bath	5	5	5	5
Dulwich Second Class Swimming Bath	12	12	12	12
Total	36	36	36	36

In addition, water from the Swimming Bath at Mary Datchelor Girls' School, Camberwell Grove, was chemically and bacteriologically examined on three occasions. All the samples were satisfactory.

Rag Flock and Other Filling Materials Act, 1951.

Type of Material	No. of Samples examined	No. Satisfactory
Rag flock (loose)	5	4
Rag flock (layered)	6	6
Woollen mixture felt	3	2
Sized cotton felt	1	1
Cotton felt	3	2
Fibre (loose)	3	3
Fibre (pad)	1	1
Cotton millpuffs	2	2
Hair...	1	1
Rayon Mixture (layered)... ...	1	1
Totals	26	23

One sample of washed loose flock failed to meet the requirements of the Regulations in respect of the soluble matter; the permitted maximum being 1.8 per cent. and the average soluble impurities for the sample being 1.9 per cent. The Public Health Committee directed that cautionary letters be sent to the manufacturers and to the occupier of the premises where the sample was taken. In addition, the Medical Officer of Health for the area in which the flock was manufactured was informed. The person from whom the sample was obtained has since discontinued business.

One sample of cotton felt failed to meet the requirements in respect of trash content; the permitted maximum being 7.5 per cent and the average trash content of the sample being 7.6 per cent. On the instructions of the Public Health Committee cautionary letters were sent to the occupier of the premises where the sample was obtained and to the manufacturer. Further samples were taken and found to be satisfactory.

One sample of woollen mixture felt failed to conform in respect of oil and soap content; the permitted maximum being 5 per cent. and the figures for the sample being oil content 4.5 per cent., soap content 1.5 per cent. In addition, the sample exceeded the permitted maximum of soluble impurities by 0.3 per cent. The matter was reported to the Public Health Committee who directed that cautionary letters be sent to both the manufacturer and the occupier of the premises where the sample was procured. Samples taken subsequently were found to be satisfactory.

Offensive Trades.

Type of business.	*No. on Register.*
Skin dressers	4
Soap boilers	1
Total	5

Pet Animals Act, 1952.

No. of licences issued	...	Nil
No. of licences renewed	...	15
Total No. of pet shops licensed		15

Pharmacy and Poisons Act, 1933.

No. of applications received for registration	10
No. of applications received for renewal of registration	174

London County Council (General Powers) Act, 1954..

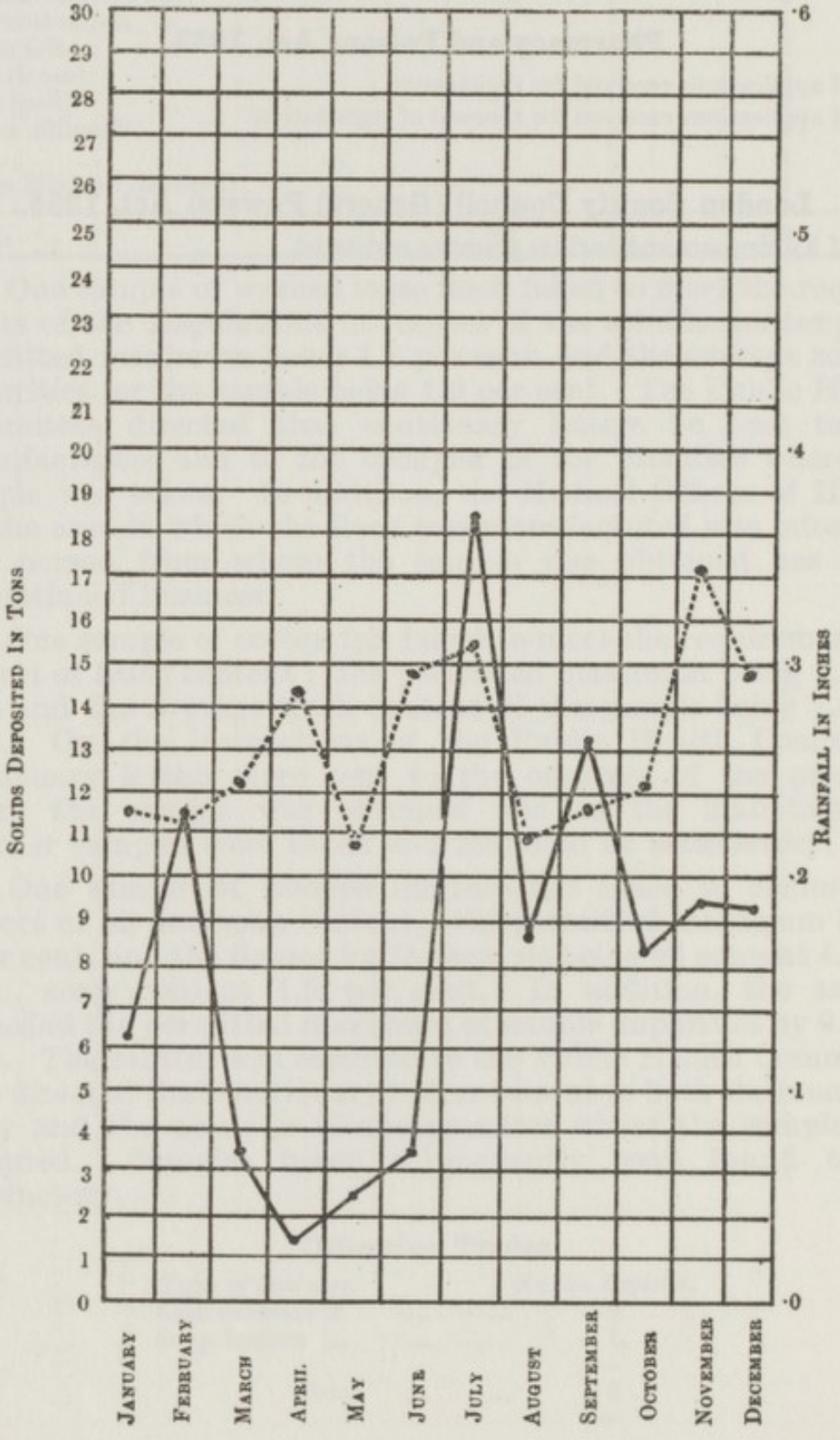
No. of hairdressers and barbers premises registered	125

ATMOSPHERIC POLLUTION 1957

Total Solids Deposited—Tons per Square Mile.

..... = Solids Deposited ——— = Rainfall

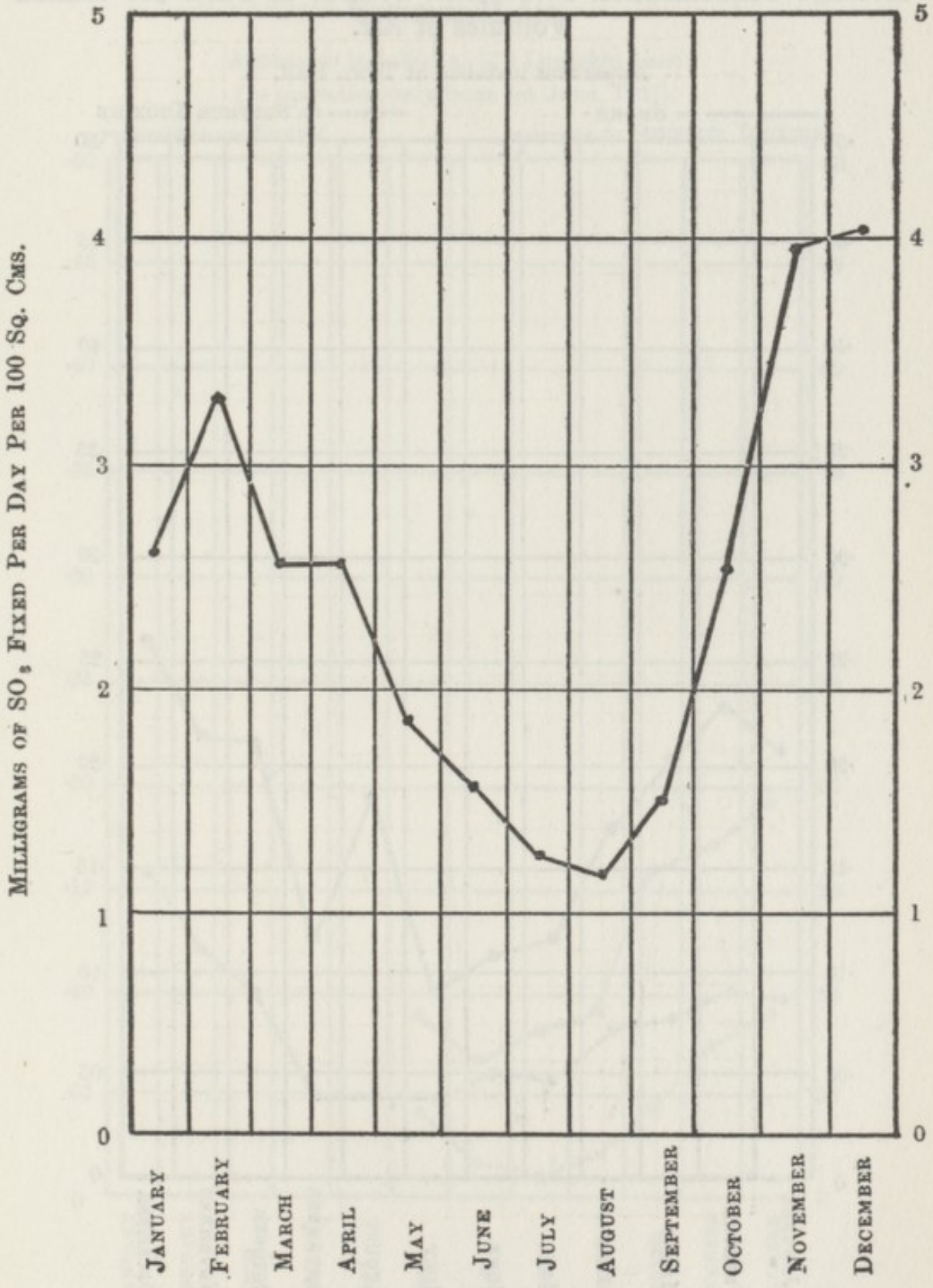
Apparatus installed at Queen's Road Health Centre.



ATMOSPHERIC POLLUTION 1957

Estimation of Sulphur by Lead Peroxide Method.

Apparatus installed at Queen's Road Health Centre.

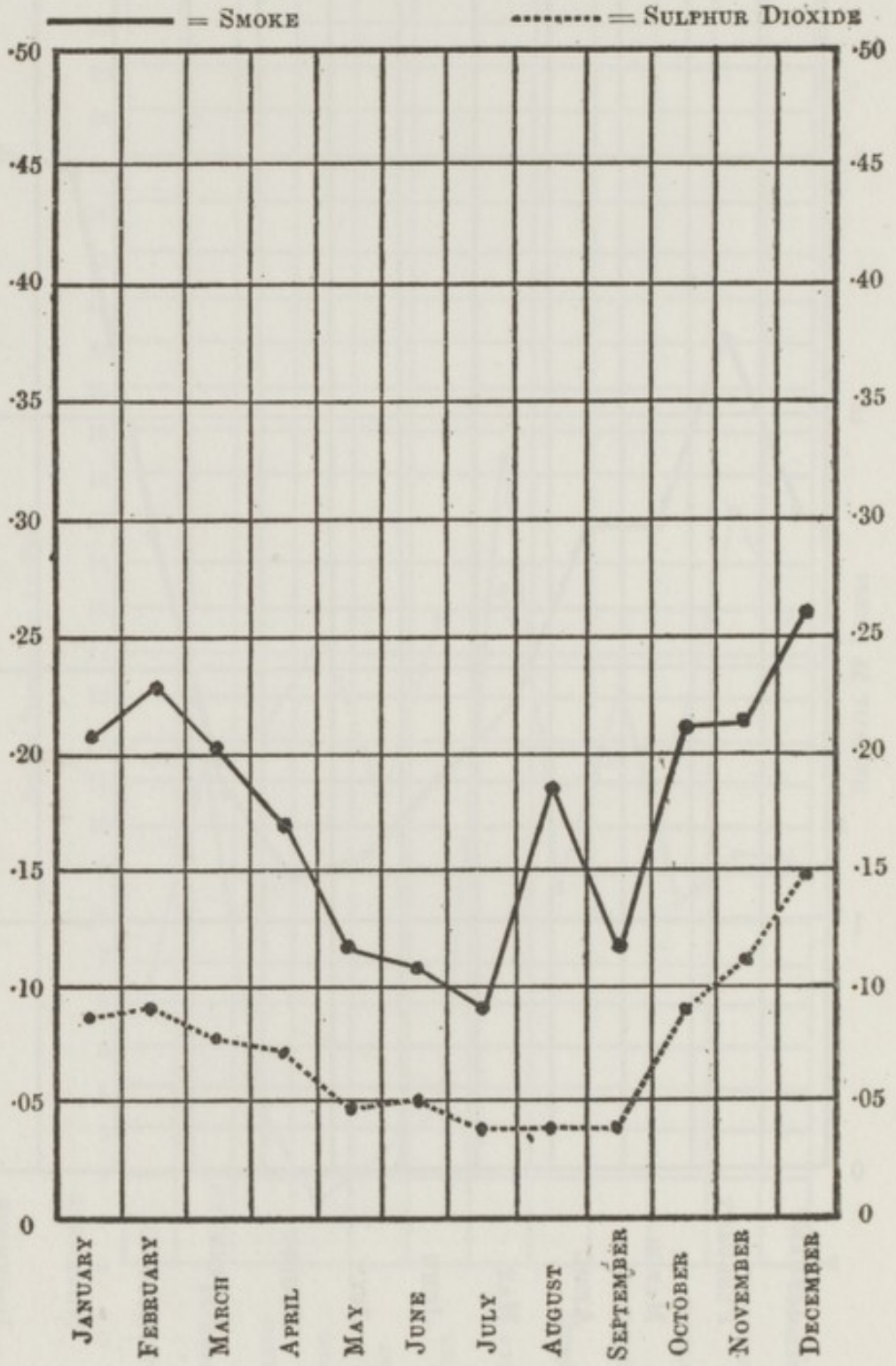


ATMOSPHERIC POLLUTION 1957

Average Concentration of Smoke in Milligrams per Cubic Metre.

Average Concentration of Sulphur Dioxide in Parts per Million Volumes of Air.

Apparatus installed at Town Hall.

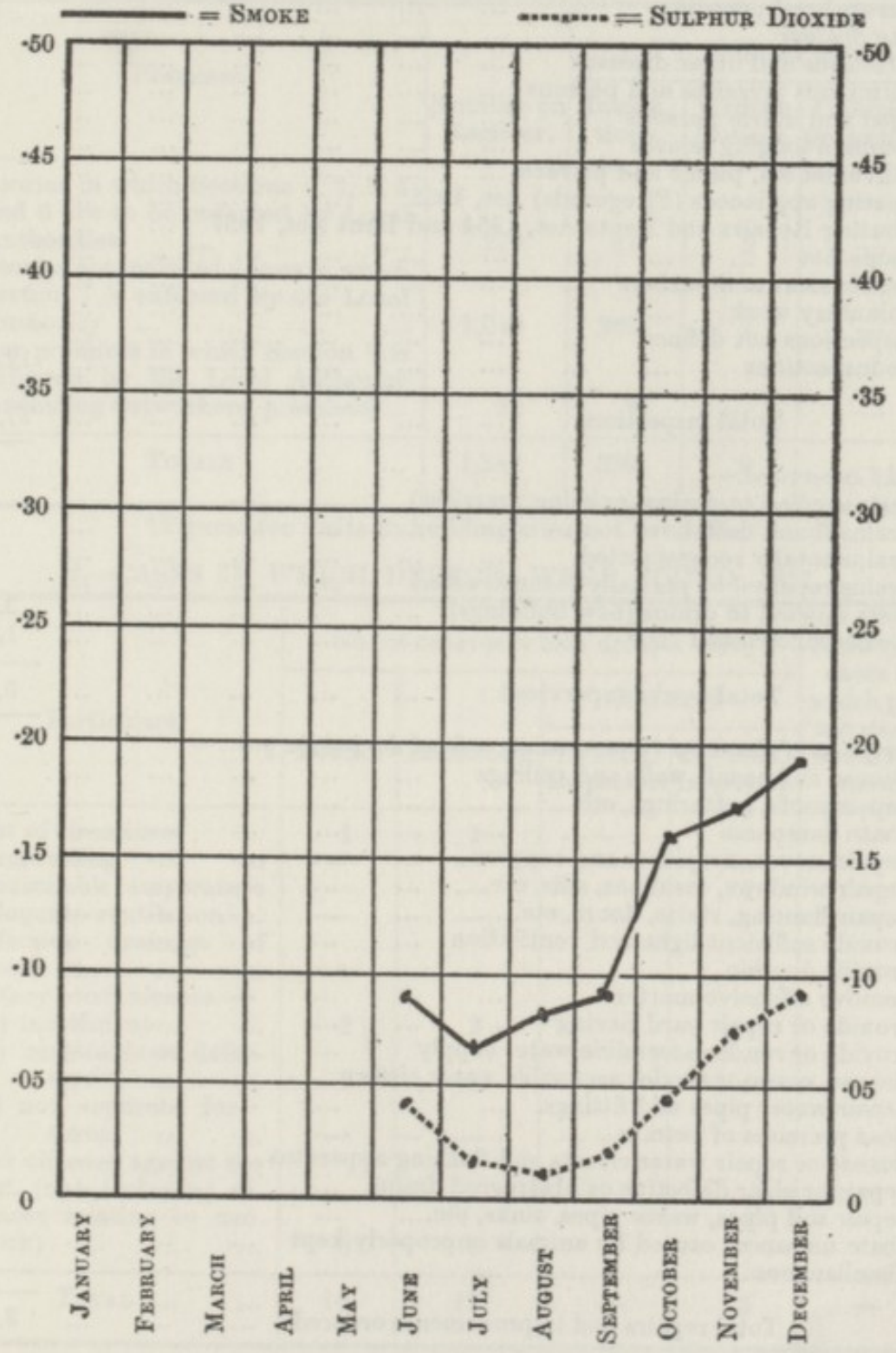


ATMOSPHERIC POLLUTION 1957

Average Concentration of Smoke in Milligrams per Cubic Metre.

Average Concentration of Sulphur Dioxide in parts per Million Volumes of Air.

Apparatus installed at 475 Lordship Lane
(In operation only from 1st June, 1957).



Sanitary Inspection of the Area.

No. of complaints received	3,214

Summary of Work carried out during the year 1957.

Inspections:—	
Nuisance inspections	3,475
Offensive trades	34
Smoke observations	83
Drainage, new and existing	6,439
Overcrowding	594
Factories and workplaces	1,287
Outworkers' premises	426
Rag dealers	119
Infectious and other diseases	314
Verminous premises and persons	59
Aged and infirm persons	182
Common lodging houses	16
Conveniences, public and private	174
Heating appliances (Fireguards) Act, 1952	3
Housing Repairs and Rents Act, 1954 and Rent Act, 1957	598
Shops Act	974
Hairdressers and barbers	33
Voluntary work	103
Inspections not defined	807
Re-inspections	12,081
Total inspections	27,801
Works supervised:—	
Tests applied to drains (existing premises)	471
Drains found defective	156
Drains totally reconstructed	27
Drains repaired or partially reconstructed	243
Tests applied to drains (new buildings)	3,374
Drains constructed	1,410
Total works supervised	5,681
Description of Sanitary Improvements ordered during the year:—	
Cleanse and repair walls and ceilings	342
Repair roofs, gutterings, etc.	674
Abate dampness	901
Repair stoves, fireplaces and coppers	169
Repair windows, sashlines, sills, etc.	310
Repair flooring, stairs, doors, etc.	234
Provide sufficient light and ventilation	8
Provide dustbin	110
Remove offensive matter	23
Provide or repair yard paving	34
Provide or render accessible water supply	7
Cleanse, cover or render accessible water cistern	1
Repair water pipes and fittings	35
Clear premises of vermin	—
Cleanse or repair water closets and flushing apparatus	221
Repair or clear defective or obstructed drains	61
Repair soil pipes, waste pipes, sinks, etc.	74
Abate nuisances caused by animals improperly kept	1
Miscellaneous	42
Total repairs and improvements ordered	3,247

SUMMARY OF NOTICES SERVED, 1957.

Intimations, Public Health (London) Act, 1936. Byelaws, etc. ...	1,429
Statutory notices, Public Health (London) Act, 1936. Byelaws, etc. ...	771
London County Council (General Powers) Act, 1955	93
Public Health (London) Act, 1936 (Part II)	18
Section 4, Housing Act, 1936 and Sec. 8, Housing Act, 1957. ...	19
No. of Summonses issued	75

Factories Acts, 1937-1948.

1.—INSPECTIONS, 1957.

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	270	61	2	—
Factories not included above in which Section 7 is enforced by the Local Authority	1,040	269	7	—
Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	32	*	—	—
TOTALS	1,342	330	9	—

*Figures for visits to building sites not available.

2.—CASES IN WHICH DEFECTS WERE FOUND, 1957.

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 ...	1	1	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	1	—
Inadequate ventilation ...	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary conveniences—					
(*a*) insufficient	2	2	—	—	—
(*b*) unsuitable or defective	7	5	—	4	—
(*c*) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	6	5	—	—	—
TOTAL	16	13	—	5	—

Summary of Outworkers classified by trades.

Artificial flowers	2	Paper bags	2
Brushes	1	Pea picking	22
Cardboard boxes	71	Toys	13
Card lacing	75	Umbrellas	1
Curtains, etc.	1	Wearing apparel	535
Lampshades	118		
Novelties	25	Total	846

Summary of work of the Rodent Control Staff.

No. of complaints received	1,205
No. of inspections	5,335
No. of operators' calls	9,952
No. of private premises baited	1,415
No. of business premises baited	135
No. of baits laid	7,017
No. of drains tested	53
No. of positive drain test results	28

Vermin and Scabies.

ATTENDANCES AT CLEANSING STATION.

	Vermin.			Scabies.		
	Male.	Female.	Total.	Male.	Female.	Total.
Adults	61	8	69	40	19	59
Children	122	308	430	35	26	61
Total	183	316	499	75	45	120

Disinfection.

RETURN OF WORK CARRIED OUT BY DISINFECTING STAFF.

	Notified Infectious Diseases.	Other Diseases.	Miscel-laneous.	Vermin.	Total All Cases.
Rooms disinfected	200	33	9	1,549	1,791
Lots of bedding disinfected	63	29	211	447	750
Total visits	273	58	1,776	752	2,859

Number of articles disinfected by steam	3,464
Number of articles disinfected by formalin	498
Number of books disinfected	79
Number of towels washed	4,154

Number of soiled articles washed	3,097
Number of overalls washed	443
Number of covering sheets washed	401
Beds and mattresses destroyed	466
Miscellaneous articles destroyed	1,541

Weight of :—	*Tons*	*Cwts.*	*Qtrs.*	*Lbs.*
Unsound foods destroyed	20	3	2	14
Hospital bedding, etc., disinfected ...	3	13	2	0
Old clothing, lino, paper destroyed etc.,	7	0	0	0
Furniture and effects destroyed	11	13	0	0
Dead animals destroyed	1	4	1	0

HOUSING.

Record of work of Housing Inspectors, 1957.

	Inspections	Re-inspections	Total
Clearance areas	82	273	355
Individual unfit houses—			
Section 9...	22	514	536
Section 11 or 16	29	227	256
Underground rooms and parts of premises			
Section 12 or 18	30	663	693
Requisitioned Property	14	—	14
Total	177	1,677	1,854

Housing Statistics, 1957.

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

(*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 4,060

(*b*) Number of inspections made for the purpose 17,770

(*c*) Number of dwelling-houses found not to be in all respects reasonably fit for human habitation 3,097

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 313

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 ... 789

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

(*a*) By owners 1,753

(*b*) By local Authority in default of owners 4

(*b*) Proceedings under Housing Acts, 1936 and 1957:—

(1) Number of houses made fit after service of formal notices (Sections 9, 10, 11 (12) and 16)

(*a*) By owners 22

(*b*) By local Authority in default of owners 19

(2) Houses demolished as a result of formal or informal procedure under Section 11 (or Section 17) 5

(3) Houses closed in pursuance of an undertaking given by the owners under Sections 11 or 16 and still in force ... —

(4) Parts of buildings closed by Closing Orders (Sections 12 or 18:—

(*a*) Underground rooms ... ... —

(*b*) Other rooms 42

(5) Undertakings not to use parts of buildings for human habitation accepted:—

(*a*) Underground rooms	3
(*b*) Other rooms	4
(6) Houses demolished under Sections 25 or 42	—

(*c*) Proceedings under Housing Act, 1957:—

(1) Closing Orders made under Section 17 (3)	nil
(2) Demolition Orders determined and Closing Orders substituted under Section 26	nil

(*d*) Proceedings under Local Government (Miscellaneous Provisions) Act, 1953 and Housing Act, 1957:—

(1) Closing Orders made under Sections 10 (1) or 17 (1) ...	32
(2) Closing Orders determined	1
(3) Closing Order revoked and Demolition Orders made ...	nil

Certificates of Disrepair

No. of applications for Certificates of Disrepair	414
No of Undertakings received from landlords	220
No. of Certificates of Disrepair issued	105
No. of Certificates of Disrepair refused	3
No. of Certificates of Disrepair cancelled	16

Overcrowding.

No. of cases of overcrowding found	74
No. of overcrowded families rehoused:—	
By Borough Council	9
By London County Council	15

Food Poisoning.

Annual Return of Cases of Food Poisoning 1957.

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

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
13	7	30	6	56

2. OUTBREAKS DUE TO IDENTIFIED AGENTS.
Total Outbreaks: 2. Total cases: 151*.
Outbreaks due to:—

(a) Chemical poisons	nil.
(b) Salmonella organisms	1
(c) Staphylococci (including toxin) ...	nil.
(d) Cl. Botulinum	nil.
(e) Other bacteria	1 (Cl. Welchii).

3. OUTBREAKS OF UNDISCOVERED CAUSE.
Total Outbreaks: 4. Total cases: 53†.

4. SINGLE CASES.
Agent identified: 13. Unknown cause: 18. Total: 31.

* 137 of these cases were not notified.

† 38 of these cases were of non-residents, and 4 others were not notified.

INFECTIOUS DISEASES, 1957.

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	133	15	2	—	1	3	4	15	17	71	17	2	2	1	—	—
Whooping Cough	334	15	—	—	24	42	48	49	27	129	6	3	3	3	—	—
(1) Poliomyelitis & Polio-encephalitis	11	10	2	—	—	1	—	—	1	4	2	—	2	1	—	—
Measles	2,866	31	—	1	73	287	355	360	430	1,312	32	4	13	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia { Acute Influenzal ...	18	8	—	—	—	2	—	1	—	—	—	1	2	—	8	4
Pneumonia { Acute Primary ...	59	9	—	—	2	2	4	4	—	1	2	—	10	5	18	11
(2) Dysentery	79	5	2	—	3	8	6	8	4	22	5	—	9	6	6	2
Typhoid and Paratyphoid Fever	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Erysipelas	8	—	—	—	—	—	—	—	—	—	—	—	—	1	5	2
(3) Meningococcal Infection ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(4) Puerperal Pyrexia	141	136	—	—	—	—	—	—	—	—	—	25	101	15	—	—
Ophthalmia Neonatorum	5	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—
Scabies	21	1	—	—	—	—	—	1	—	4	3	1	6	1	4	1
Malaria	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Totals	3,677	232	6	1	108	345	417	438	479	1,543	67	36	150	33	41	20

(1) In addition, 7 cases of Camberwell residents occurred 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, 2 cases of Camberwell residents were diagnosed in hospitals outside the Borough.
(3) One case of a Camberwell resident with Meningococcal Infection was diagnosed in hospital outside the Borough.
(4) Includes 46 cases of non-residents occurring in hospitals in this Borough, and in addition 19 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 1957.

Age Periods.	Notifications				Deaths.†			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0– 1 yr.	—	—	—	1	—	—	—	—
1– 5 ,,	3	2	2	—	—	—	1	1
5–15 ,,	4	6	—	1	—	—	—	—
15–25 ,,	16	16	1	2	—	—	—	—
25–35 ,,	19	17	—	4	—	1	—	1
35–45 ,,	21	8	1	3	1	1	—	—
45–55 ,,	34	6	—	—	4	—	—	—
55–65 ,,	37	10	—	1	4	—	1	—
65 and over	21	2	—	2	9	2	—	—
Totals	155	67	4	14	18	4	2	2

† 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.
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	0·13
1957 ...	177,700	240	1·3	26	0·14

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.
401	496	897	6	5	11	1·5	1·01

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

Registered Purveyors of Milk.

Dairies	24
Distributors of milk in the Borough	203
Distributors of milk dealing from premises outside the Borough	15

Special Designated Milk.

Summary of Licences issued.

Type of Licence	Sterilised.	Pasteurised.	Tuberculin Tested.
Dealers	218	190	87
Supplementary	25	23	23
	243	213	110

Results of Tests.

Designation	Methylene Blue Test		Phosphatase Test		Turbidity Test	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	109	1	114	—	—	—
Tuberculin tested pasteurised	47	—	48	—	—	—
Sterilised	—	—	—	—	40	—

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

	Methylene Blue Test	Phosphatase Test	Chemical Test
Hospitals	31	33	37
Schools	59	60	60

All the above samples proved to be satisfactory.

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
47	Nil.	56	30	11	18

Ice Lollies.

Summary of samples submitted for examination.

	Bacteriological Examination		Chemical Analysis	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Ice Lollies ...	25	1	—	—
Cream Lollies ...	29	1	—	—
Assorted Lollies ...	—	—	43	1

Margarine.

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

Serial No.	Article	Whether Formal or Informal	Nature of Adulteration or Irregularity
25	Cough Mixture ...	Informal...	Not labelled with ingredients.
27	Canned Sardines	Informal...	Lead 150 parts per million.
33	Canned Sardines	Formal ...	Lead 9 parts per million.
39	Canned Sardines	Formal ...	Lead 10 parts per million.
40	Canned Sardines	Formal ...	Lead 8 parts per million.
41	Canned Sardines	Formal ...	Lead 8 parts per million.
186	Sulphur and Cream of Tartar Tablets.	Formal ...	Incorrectly labelled.
255	Sulphur and Cream of Tartar Tablets.	Informal...	Incorrectly labelled.
289	Beef Sausages ...	Formal ...	Sulphur dioxide 70 parts per million (undeclared). ...
300	Ice Lolly ...	Informal...	Lead 5 parts per million.
388	Pork Sausages ...	Informal...	Sulphur dioxide 340 parts per million (undeclared).

Adulterated Samples.

Observations	Result of Proceedings or other action taken
Contravention of Section 11 of the Pharmacy and Medicines Act, 1941.	Letter sent to chemist by the Medical Officer of Health : action approved by the Public Health Committee.
—	Reported to Public Health Committee : cautionary letter sent to importers : correspondence received from exporters regarding matter.
—	
—	
—	Reported to Public Health Committee : cautionary letters sent to manufacturer and retail chemist.
See formal sample No. 186.	—
—	Reported to Public Health Committee : cautionary letter sent.
—	Reported to Public Health Committee : lollies made by a local ice cream manufacturer : mould immediately withdrawn from use pending re-tinning.
See formal sample No. 289	—

REGISTRATION OF FOOD PREMISES.

Premises registered under the provisions of Section 16 of the Food and Drugs Act, 1955, as at December 31st, 1957.

Sale, manufacture and storage of ice cream	503
Preparation or manufacture of :—	
Potted, pressed, pickled or preserved meat	203
Potted, pickled or preserved fish	62
Potted, pickled or preserved other foods	35

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	151
Bakers and Confectioners	251
Butchers	564
Cooked and Preserved Meat Shops	386
Dairies and Milkshops	386
Fishmongers and Shell Fish Vendors	253
Fish Fryers	187
Fish Curers	100
Food Factories	123
Ice Cream Vendors	363
Public Houses	243
Restaurants and Eating Houses	529
Slaughterhouses	8
Street Markets	1,584
Street Traders Food Stores	331
Other food premises	859
Total	6,318

Unsound Food.

No. of condemnation Certificates issued ... 1,937

Particulars of Unsound Food Destroyed.

Description	Weight Tons	cwts.	qtrs.	lbs.	Total Weight Tons	cwts.	qtrs.	lbs.
MEAT								
Beef	—	3	1	13				
Pork	—	19	3	17½				
Lamb	—	2	1	7				
Sausages	—	—	—	24				
Ham (Sliced)	—	—	1	0¼				
Lambs' Liver	—	—	—	8				
Pigs' pluck	—	—	1	18				
Ox kidneys	—	—	1	0				
Tripe	—	1	3	4				
Bacon	—	1	0	3				
					1	9	2	10¾
POULTRY								
Chickens (29)	—	—	3	19¼				
Turkeys (4)	—	—	1	26				
					—	1	1	17¼
FISH								
Rock Salmon	—	3	2	0				
Skate	—	1	1	21				
Plaice	—	1	0	2				
Cod	—	1	0	0				
Cod (fillets)	—	—	1	14				
Whiting	—	—	3	14				
Hake	—	—	1	0				
Herring roes	—	—	—	10				
					—	8	2	5
VEGETABLES								
Potatoes	1	0	3	22				
					1	0	3	22
FRUIT								
Figs	—	2	0	0				
Prunes	—	—	—	9				
Currants	—	—	—	7				
					—	2	0	16
CANNED FOODS								
Meat, 2,617 tins	1	18	2	27¼				
Ham, 668 tins	3	8	3	24				
Vegetables, 4,030 tins	1	13	1	5¾				
Fruit, 6,401 tins	4	17	1	3¾				
Milk (evaporated and condensed), 3,620 tins	1	8	0	27½				
Cream, 10 tins	—	—	—	3¾				
Fish, 1,597 tins	—	4	0	7				
Jam, 2 tins	—	—	—	2				
Marmalade, 8 tins	—	—	—	16				
					13	10	3	5

Description	Weight Tons	cwts.	qtrs.	lbs.	Total Weight Tons	cwts.	qtrs.	lbs.
MISCELLANEOUS								
Frozen foods (various), biscuits, confectionery, flour, liquid eggs, cheese, cereals, jams, marmalade, bottles of salad cream, preserved fruits, sauces, pickles, meat and fish paste, and other foods	3	10	0	22	3	10	0	22
GROSS WEIGHT					20	3	2	14

Summary of Work of Food Inspector.

Complaints received	33
Complaints found to be justified	25
Visits :—	
Bakehouses	1
Bakers and Confectioners	7
Butchers	161
Fish curers	2
Fish fryers	13
Ice cream premises	2
Restaurants and eating houses	29
Slaughterhouses	8
Street markets	1,416
Other food premises	446
Merchandise Marks Act	8
Inspections not defined	227
Re-inspections	27
Food surrendered	337
Foodstuffs certified for export	7
Food condemnation certificates issued	1,937

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INDEX TO STATISTICAL APPENDIX

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