

## **[Report of the Medical Officer of Health for Camberwell,**

### **Contributors**

Camberwell (London, England). Metropolitan Borough.  
Chalke, H. D.

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METROPOLITAN BOROUGH OF CAMBERWELL



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# REPORT

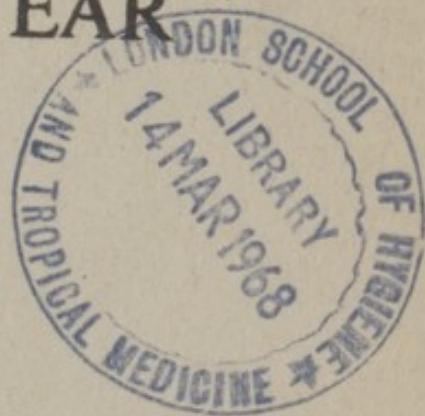
OF THE

# MEDICAL OFFICER

# OF HEALTH

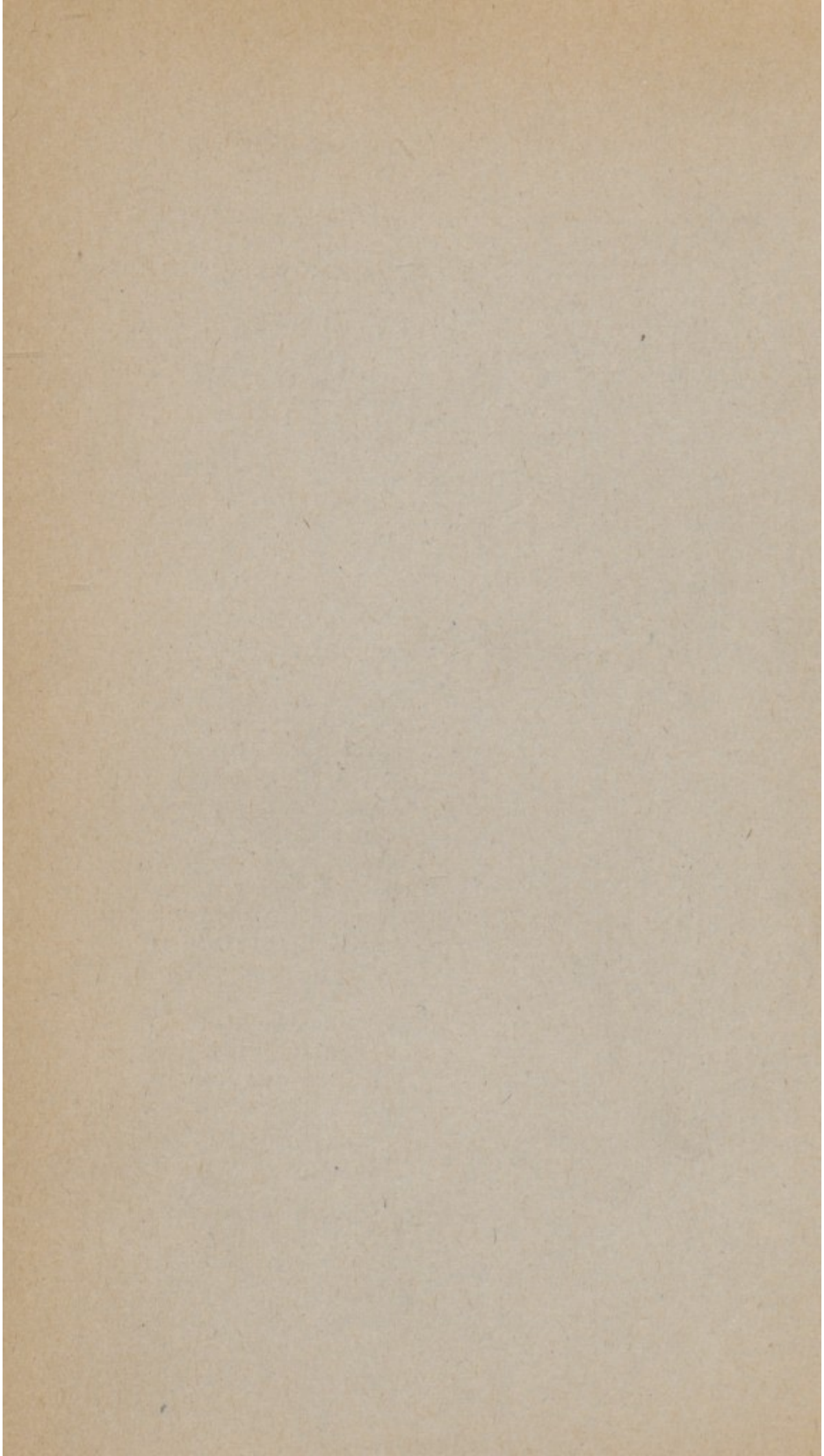
FOR THE YEAR

**1963**



**H. D. CHALKE**

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



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

August, 1964

to the Mayor, Aldermen and Councillors,  
of the Metropolitan Borough of Camberwell

MR. MAYOR, ALDERMEN AND COUNCILLORS,

It gives me great pleasure to present my Annual Report  
for the year 1963.

There were no noteworthy variations in the vital statistics; both the birth and death rates increased slightly, but the infant mortality rate fell from 23.9 in 1962 to 20.2 last year. The low tuberculosis death rate of 1962 was maintained, but the number of deaths from lung cancer again increased (132 compared with 126) and special attention is drawn to this matter in the body of this Report. Infectious diseases did not present any serious problems other than the expected biennial outbreak of measles and the unsatisfactory position in relation to venereal diseases.

Additional responsibilities devolved upon the staff of the Public Health Department in connection with the distribution of 'Meals on Wheels'. This service, which fulfils such a great need among old people, has continued to expand and each of the four vans is used to its maximum capacity daily.

Particular attention was given during the year to a survey of houses in multiple occupation. Details are given in the statistical section of this report of the action taken by the Council under the Housing Act, 1961, and the Regulations made thereunder in respect of premises where squalid conditions were found to exist.

The Anti-Smoking Clinic continued to operate throughout the year, and there is evidence that a substantial proportion of those who attended have benefitted thereby. Propaganda against cigarette smoking was intensified, particularly in schools where the campaign appears to be achieving considerable success.

Health education activities continued to expand especially in co-ordinating work with outside bodies including churches, and opportunities were given for speaking on public health matters to numbers of audiences of different types: the Camberwell Council on Alcoholism and the St. Giles' Centre (formerly the Camberwell Samaritans) were active and co-operative.

It is unfortunate that the Smoke Control programme which had been proceeding so smoothly and efficiently, was disrupted by changes in the availability of smokeless fuels, but it is hoped that these difficulties will soon be overcome and the Council's efforts to reduce atmospheric pollution will again successfully progress.

The work of the Department was again bedevilled by staff shortages; the public health inspectors have been below full establishment for several years now, and this has rendered more difficult the proper training of student inspectors. Nevertheless, Camberwell has maintained its good record for training inspectors and it is hoped that this and similar schemes in other boroughs will in time resolve the acute shortage of these technical officers in the London area.

In conclusion, I should like to express my appreciation for the encouragement and assistance I have at all times received from the members of the Council, the other Chief Officers and their staffs. I would also like to say thank you to the staff of the Public Health Department whose hard work and devotion to duty, often in very difficult circumstances, have played such an outstanding part in maintaining the health of the Borough.

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 1963

*Chairman:*

Councillor F.J. Francis

*Vice-Chairman:*

Councillor Mrs. R.E. Pritchard

*Members:*

Alderman G.S. Burden, B.Sc. (Econ.)

Alderman Mrs. J. Burgess, J.P.

Councillor Mrs. A. Blosse

" Mrs. E.S. Daymond

" G.A. Gilbert

" S.H. Gilbert

" Mrs. A. Inman

" Mrs. B.E. Knight

" F.E. Lee

" Mrs. M.U. Nelson

" F.E. Rehder

" C.T. Robinson

" Mrs. F.E. Sampson

" Mrs. M.M. Tarrant

" Miss D.M. Walker

*Ex-Officio:*

Councillor H.G. Lamborn, J.P., L.C.C., M.R.S.H.,  
Mayor of Camberwell

Councillor R.W. Brown, J.P., A.M.I.E.D., GRAD.I.E.E.,  
Leader of the Council

Councillor J.F. Cullingham, J.P., F.C.A., F.C.I.S.,  
Leader of the Opposition

Councillor A.T.R. Robinson, M.A., LL.B.,  
Vice-Chairman, Finance Committee

**Staff of the Public Health Department**  
(as at 31.12.63)

*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:*

\*Marjorie E. Watts, M.B., P.S., D.R.C.O.G., D.P.H.

*Public Analyst:*

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

*Chief Administrative Assistant:*

S.A. Cranfield

*Chief Public Health Inspector:*

H. Attwater, a.c.

*Deputy Chief Public Health Inspector:*

C.H. Medland, a.

*Sampling Officer:*

H.R. Weaver, a.

*Food Inspector:*

D.V. Watkins, a.

*Housing Inspector:*

(vacant)

*Smoke Control:*

*Inspector:*

A.G. O'Gilvie, a.c. J. Paillie,

*Technical Assistants:*

R. Hewston,

W. Cumbers

*Public Health Inspectors:*

F. Dray, a.c.

Miss J. Harris, a.

F. Duggins, a.

H.M. Hough, a.

G.A. Fraser, a.

J.E. Millway, a.

P. Frost, a.

M. Stevenson, b.

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

H.F. Williams, a.

E.C. George, a.c.

(3 vacancies)

*Student Public Health Inspectors:*

F. Grace

E. Pain

M. Lawson

W.E. Samuel

*Infectious Diseases and Old People's Visitors:*

Mrs. E.L.M. Falloon, S.R.N.

Miss E.E. Brooks, S.R.N., R.F.N.

Miss E.B. Collins, S.R.N.

*Senior Clerk:*

C. Burgess

*Clerical Staff:*

P.A.S. Kirrage, D.M.A.	Mrs. A.D. Dormer
D. Danter	A. Peare
W. Everett	Miss J. Jakes
Miss E.M. Lawrence	Miss E. Ponder
Mrs. M. Findlay	Miss B. Aslett (temp.)
I. Elliott (temp.)	

*Rodent Control:*

Rodent Officer .. ..	W.H.G. Saunders, b.
Rodent Investigator ..	Mrs. M.J. Kenny
Rodent Operators.. ..	F.G. Hulbert, R. Humphreys, G. Marshall Mrs. E.M. Lloyd (part-time) Mrs. A. Grice (part-time)

*Meals-on-Wheels Service:*

Escorts (part-time) ..	Mrs. D.D. Scam, Mrs. W.A. Eottomley Mrs. D. Smetham, Mrs. L.A. Morris
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*Disinfecting and Cleansing Station:*

Foreman Disinfector ..	Vacant
Stoker/Disinfector	
Apparatus Attendant ..	E. Manning
Disinfectors .. ..	M. Concannon, A.E. Kenny, T.W. Whitfield J.E. Higgott, M. Dauguet (temp.)
Motor driver .. ..	E.W. Bowden
Cleansing Station and Home Bathing Attendants	Mrs. E.M. Norman, (one vacancy)

\* 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.



## SANITARY CIRCUMSTANCES

### *Water Supply*

The water supply to every dwelling house in the Borough is provided direct from the mains of the Metropolitan Water Board, and at no time during the year was it found to be unsatisfactory either in quality or quantity.

### *Drainage and Sewerage*

Applications for approval in respect of the drainage of new buildings or the reconstruction of existing drains numbered 210 during the year. These works were carried out under the supervision of the Council's Public Health Inspectors.

The programme of sewer reconstruction, which is under the control of the Borough Engineer and Surveyor, proceeded with the relaying of 3,477 lineal feet of sewers during the year.

### *Vacant Sites*

Nuisances arising from the 'dumping' of refuse on vacant sites continued to present considerable problems. Although the Borough Engineer and Surveyor arranged for the prompt removal of offensive material from these sites on a number of occasions at the request of the Medical Officer of Health, deposits of refuse of all kinds rapidly accumulated again on many of them. Despite the vigilance of the Council's Officers it was not possible to discover the identity of any of the persons responsible.

### *Nuisances from Noise*

There were several complaints during the year of a nuisance of noise from industrial premises. In every case representations were made to the management who proved to be most co-operative, and undertook all reasonable steps to reduce noise to a minimum.

It is inevitable that where factories are situated in close proximity to dwelling houses complaints will continue to be received from time to time. The full solution to this problem is linked with wise town planning for tomorrow. In the meanwhile, the present policy of

seeking the co-operation of the factory management in making their processes and activities as noiseless as possible must be continued.

Above all, the prevention of nuisances from noise demands a greater realisation by the members of the public of their responsibilities as good citizens. The promotion of proper attitudes is a part of health education. This will also bring about a better understanding of the problems of noise prevention in this Age.

In July, 1963, the Committee on the Problem of Noise (The Wilson Committee) published its report which contained suggestions and recommendations for further research, for reduction and for statutory control of noise. Arising from this the Council decided to support a recommendation from the Kensington Borough Council that the Metropolitan Boroughs' Standing Joint Committee be asked to make representations to the Minister of Housing and Local Government for the provision of legislation to deal with noise from industry, from construction and demolition sites and from road works.

#### *Radioactive Substances Act 1960*

This Act, which came into operation on 1st December 1963, requires persons who keep or use radioactive material to register with the Minister of Housing and Local Government and to obtain authorisation from him for the accumulation or disposal of radioactive waste. Copies of any certificates issued in this respect are furnished to the Local Authority concerned. Copies of six such certificates were received up to the end of the year in respect of premises in Camberwell.

## HOUSING

### *Houses in Multiple Occupation*

In spite of the shortage of inspectorial staff, intensive efforts were made to take advantage of the new legislation to deal with squalid conditions in houses in multiple occupation.

It is gratifying to report that in 139 such premises unsatisfactory conditions were remedied as a result of informal approaches to the owners. The tact and diplomacy exercised by the Officers in bringing this about is a matter for congratulation.

In 40 instances, however, it was necessary to report to the Public Health Committee with a view of statutory action being taken, and in 28 cases a Management Order was made under the provisions of Section 12 of the Housing Act 1961. In addition, Directions were made in respect of 28 of these houses under Section 19 of the same act, limiting the number of persons permitted to occupy the premises in their existing condition.

### *Slum Clearance*

No representations were made for slum clearance purposes during the year, but these activities were resumed early in 1964. Half of the houses in the Council's five year slum clearance programme for 1961/5 had already been dealt with, leaving only 64 houses to be represented during 1964 and 1965.

### *Priorities for Rehousing*

The number of applications for alternative housing accommodation supported by medical certificates which were referred to the Medical Officer of Health was 263 compared with 232 the previous year. Each case was investigated in consultation with the family doctor in accordance with the scheme of Medical Priorities which has been operating so successfully in this Borough for the past few years. The following table shows the medical conditions and the recommendations made in each category.

Medical Condition	* Category 1	Category 2	Category 3	Category 4
Tuberculosis	2	5	9	-
Bronchitis and/ or Asthma	15	20	14	2
Other Respiratory conditions	1	1	1	-
Heart Conditions	4	9	4	-
Physical dis- abilities (bad legs, etc.)	1	1	3	-
Nervous disorders	2	19	27	7
Rheumatic conditions	2	14	15	3
Other Medical conditions	14	19	40	7

\* Category 1 = 'Most Urgent'; 2 = 'Urgent'; 3 = 'Soon' and 4 = 'No Priority'

Included in the above table were 74 recommendations for the provision of ground floor accommodation or accommodation with a lift. This represents 28% of the total recommendations and is an indication of the high demand for accommodation of this type. Most of these recommendations were for aged persons who find difficulty in negotiating stairs.

One hundred and two families, whose applications had been recommended for priority on medical grounds were rehoused during the year.

It is a pleasure to record the close co-operation given by general practitioners and hospital staffs in the successful working of this scheme.

### Immigrants

There has been considerable improvement in the immigrants' way of living in this Borough, and now few matters of public health importance are brought to the notice of the Public Health Department. The majority of immigrants are West Indians.

Housing problems are, however, still considerable and a good deal of overcrowding is known to be present. Frequent change of residence is common among coloured immigrants and it is sometimes difficult to ascertain the relationship between occupants of their houses. The question of the shared lavatory where there is joint occupation by white and coloured people still gives rise to some difficulties but apparently to a diminishing extent.

## SMOKE CONTROL

### *Smoke Control Areas*

The Council's arrangements for the establishment of smoke control areas proceeded according to the approved programme. Orders in respect of Areas 4 and 4A came into operation on 1st October 1963, bringing the total smoke-controlled acreage to 1683 and involving 11,347 premises.

On the 29th October, the Public Health Committee approved proposals for making a Smoke Control Order in respect of Area No.5 which comprises 3,745 premises in 146 acres. It was estimated that 5,400 tons of solid smokeless fuel would be required for this area, but the estimates for adaptations were based on those suitable for burning open fire coke (soft coke) which it was understood would be available in sufficient quantities.

The Ministry of Housing and Local Government, however, subsequently referred back the order as they had since been advised by the Ministry of Power that adequate supplies of open fire coke would not be available and suggested that the Council might wish to reconsider the matter in the light of Ministry of Housing and Local Government Circular 69/63.

This Circular (dated 17th December 1963) drew attention to the changes in the availability of smokeless fuels which are anticipated as a result of rapid technological changes in the gas industry. It emphasised that sufficient supplies of solid smokeless fuels for use in 'improved' open grates will continue to be available to meet the needs of areas already subject to smoke control orders or where the orders have been confirmed but are not yet operative and that there are in most areas abundant supplies of hard coke suitable for use in openable stoves and with under floor draught open fires. It follows that in future smoke control areas will have to be planned on a different basis and that where little or no open fire gas coke is available it will be necessary to ensure that only appliances capable of using other smokeless fuels are installed. It was pointed out that gas, oil and electricity are becoming increasingly competitive in running costs with solid open fire fuels.

Where electricity is chosen the installation of thermal storage space heaters should be encouraged and

because of the possible strain on the load, other forms of direct heating by electricity should for the present be discouraged.

In view of this information, it became necessary to review the estimates for Smoke Control Area No. 5, on the basis of providing appliances capable of burning hard coke, which are more costly. This has brought about a considerable delay, for reasons outside the control of the Council, in the progress of the Clean Air Programme, the benefits of which were shown during the fogs of last winter, but it is hoped that this will be no more than a temporary setback.

### *Atmospheric Pollution*

There are two volumetric instruments for measuring atmospheric pollution - one at the Town Hall and the other at 475 Lordship Lane. The Department of Scientific and Industrial Research selected both these stations to participate in the national survey of atmospheric pollution and a research project involving studies in smoke and sulphur dioxide pollution. For the latter project, three-hourly samples of smoke and  $\text{SO}_2$  are recorded during periods of persistent fog and the results are forwarded to the D.S.I.R. at Warren Spring Laboratory. Certain changes in the apparatus and techniques were necessary for this purpose in order to ensure greater accuracy and uniformity in the assessment of smoke and  $\text{SO}_2$  concentrations. For example, prior to 1963, all 'smoke stains' were recorded on filter papers held in one-inch diameter clamps by means of a five pound weight. These have now been replaced as follows:-

- (1) For normal week-day recordings - two inch diameter clamps.
- (2) For week-end recordings (two days) - four inch diameter clamps.

In addition, all filter papers are now secured in screw-down, air tight clamps.

On pages & of the statistical appendix there are graphs showing the readings obtained from these instruments during 1963, and for comparative purposes during 1959 - the year before the first smoke control order came into operation in the Borough. It will be noted that the concentration of smoke shows a marked improvement.

In the last ten years emissions of smoke over the whole country are reported to have fallen by 35%. In London during the same period smoke has decreased by 60%, and this reduction is attributed mainly to the establishment of smoke control areas.

### *Industrial Smoke*

In recent years, a marked reduction in the emission of smoke from industrial establishments has been evident throughout the Borough. This has been brought about largely by the cordial spirit of co-operation which has been established between the Public Health Department and local industry. Many requests have been received for advice on combustion or smoke problems. There is now a successful tripartite association between the Department, local industry and the National Industrial Fuel Efficiency Service.

### *Smoke Nuisances*

Complaints of nuisances from smoke other than from the chimney of a dwelling have resulted from open or closed incineration. Open incineration usually takes the form of an ordinary garden bonfire, or the burning of material in the open for the reclamation of mineral matter as is often practised in car-breakers' and 'totters' yards. Closed incineration sometimes results in smoke being emitted through a chimney (but not of a dwelling). These complaints at times involve not only smoke but also partly burned or charred material.

These nuisances may be dealt with under Section 16 of the Clean Air Act, 1956, but it has not been necessary to take legal proceedings in any instance so far. A visit and a warning letter to the offender has always had the effect of securing co-operation in the Council's efforts to clear the air of impurities.

## INSECTS AND VERMIN

During the year there were 115 attendances at the Disinfecting Station by persons requiring treatment for louse infestation. Apart from 7 cases of body-louse infestation (in males), the head louse was responsible, and as usual the majority of those affected were children - 24 boys and 66 girls. Although there has been a marked fall in cases of pediculosis during the past ten years (from 694 in 1954 to 115 in 1963) it is to be deplored that this condition continues to exist at all in present day society in this country. Not only should standards of personal cleanliness and health knowledge make it impossible for any but occasional cases to occur, but unlike the old days when methods of treatment were not always satisfactory, the modern insecticides of which D.D.T. was the first, are fully effective. They have the particular advantage of being persistent in their action. The head louse very soon spreads in families with poor health habits, and adults may reinfest children who have been detected at school and treated. Sharing of brushes and combs and, of course, infrequent washing of the hair contribute to this. It is hoped that there will be a rapid fall in cases in the near future. Body louse infestation, formerly a common complaint among vagrants, is fortunately seldom met with nowadays, but those affected are still those of no fixed abode. For these, the method of dusting with a persistent insecticide powder is efficacious.

The need to treat a small number of cases of scabies each year continues and there is nothing to suggest that the incidence is decreasing. During the five years, 1959 to 1963 the average was 119; in the period 1954 to 1958 the average was 118. Scabies is another 'family complaint' with half the cases occurring in children. This is another condition which should have been eliminated ere now. Early diagnosis and prompt treatment are essential.

### *Other Infestations*

An important part of the work of a public health department is concerned with the investigation and abatement of complaints of household nuisances from insects and other pests. During the year 557 rooms were disinfected following complaints of this nature. Apart from bugs and fleas (which thanks to the modern insecticides are now far less frequent causes of annoyance than



formerly), the staff were called upon to deal with flies, mosquitoes, beetles of many varieties, cockroaches, ants, fruit flies, clover mites and wasp's nests. Investigations were also carried out at the request of hospitals in connection with patients suffering from skin eruptions. In one such case a tiny blood-sucking mite found on budgerigars was found to be the culprit. With the removal of static water tanks, which in the early post-war years provided a ready breeding ground, the mosquito nuisance has much diminished. Fly breeding is also not as conspicuous as it was in the previous quinquennium. In 1954 the number of rooms disinfested was 1507; this may be compared with the figure of 557 during the current year.

### *Rats and Mice*

The work carried out by the rodent control staff is shown on page . The number of complaints received has averaged about 1,200 over the past twelve years: there is little variation each year. About 1,000 of the complaints relate to dwelling houses. During the past three years two thirds of the complaints relate to infestation by rats; one third by mice. The fact that the numbers show no evidence of falling, despite energetic treatment using modern techniques (one of which has been developed in the department by the Rodent Officer), may be accounted for by a combination of the following circumstances:-

An increase in building land development and demolition of properties which causes a disturbance and scattering of rats and mice, e.g. from old drainage systems. The construction of modern buildings can provide harbourage for rodents possibly allowing them to explore the buildings. As a result of health education, householders are becoming more conscious of the need for prompt reference to the rodent control staff when there is evidence of infestation. There are topographical considerations in an area with many large open spaces, hilly country, allotments and large gardens with rockeries and bankings. Cemeteries, railway embankments and disused railways can readily harbour rats. (During the year rats in and around a disused railway embankment furnished a particularly difficult problem of control.)

In a certain type of house and family, the usual pattern is reversed and two thirds of the complaints are of mice. Inadequate facilities for the preparation and

storage of food and less satisfactory standards of hygiene may be contributory factors.

Despite the considerable problems which rodent control still poses, associated as they are with many factors some of which are mentioned above, the staff undertaking this work are tackling them energetically, making full use of up-to-date techniques. The co-operation of the public in this matter is also a valuable part of the system of control.

### *Disinfection*

Not so long ago the principal work of a cleansing and disinfecting station was directed towards the control of infectious diseases. This entailed the disinfection of rooms at the termination of a notifiable disease, and the sterilisation of bedding, articles of clothing, books and so on. That the position has now changed will be evident from the following figures:-

	<u>1963</u>	<u>1954</u>
Rooms disinfected	14	586
Lots of bedding disinfected	21	369

As the major infections have been brought under control terminal disinfection has been reduced to a minimum, but it has taken a little time for the public to understand that of far greater importance in any infectious condition is concurrent disinfection - the carrying out of simple precautionary measures during an illness. Afterwards, people are encouraged to ventilate the rooms thoroughly, to cleanse with soap and water and to hang bedclothes in the open air. But for those who wish, the facilities of the disinfecting station are always available.

The washing of soiled articles is now a major part of the work of the station. The 10,500 articles washed were almost entirely from the homes of the elderly. A significant item - peculiar to 1963, fortunately - is the drying of 720 articles from homes in which the pipes had burst. Finally, the incinerator destroyed 128 tons 13 cwt. of unsound food, furniture and other material, a proportion of it from other organisations.

## CARE OF THE ELDERLY

Camberwell was one of the first local authorities to take an active interest in the growing problems of the welfare of old people. From the start, the emphasis has been laid on the need for a co-ordination of the efforts of the many statutory and voluntary bodies who have a part to play.

Surveys of the home circumstances and the unmet needs of the elderly conducted by the department and published, (1950, 1957 & 1959) provided essential information. This knowledge enabled a progressive scheme to be built up which has aroused interest in other parts of the country and abroad. It has been a pleasure to exchange information on this subject with many visitors from other authorities and countries.

The results of investigations of home accidents among old folk (also published) gave a guide to preventive measures. The finding that a third of old people had lost their sense of smell, and that another third had a marked impairment of this sense led to special efforts to prevent accidental coal-gas poisoning. These matters were the subject of a paper read by the Medical Officer of Health at the Convention on Accidents held by the Royal College of Surgeons during the year. The suggestion that local health authorities should provide fireguards on loan was made by this Council some years ago.

The appointment of state registered nurses to undertake, *inter alia*, the visiting of old people, has proved of inestimable value. The care and welfare of the aged is becoming more demanding, imposing a steadily increasing responsibility on the local authority. In 1961, the number of visits made to old people by the Council's visitors was 837, whereas in 1962, this had increased to 1,409, and during the year under review the figure rose to 1,751. It will be appreciated that the amount of time spent on such visits varies very considerably according to the circumstances of the old person concerned and the duties are not limited to a purely domiciliary social visit. There are many occasions when help is needed which falls outside the normal scope of duty. For example, handicapped old people have been collected from their homes and taken by the Visitors in their own cars to the U.G.S. Settlement to enable them to be taken away for a holiday. On one occasion an old man dying of cancer expressed a wish to see

the rhododendrons in Dulwich Park; the Visitor took him in her car. This was his first and last outing in many months and he was still speaking of it a few hours before he died which was only two weeks later. There are many other examples of the human approach to their duties which is such a commendable aspect of the visitors' work.

The Visitors have close liaison with general practitioners, hospitals, the L.C.C., district nursing associations, the Camberwell Old People's Welfare Committee, and numerous other voluntary organisations, which involve them in various kinds of assistance to old people such as obtaining bedding and clothing, distributing food parcels, taking them to hospital for out-patient treatment, introducing them to old people's clubs and so on. These activities fulfil a very real need and are often instrumental in preventing, or at least delaying, the ultimate necessity for action under Section 47 of the National Assistance Act, 1948, to secure their compulsory removal to hospital. It was not necessary to take such steps in any instance during 1963.

About the middle of the year the Council decided to increase the staff of Visitors from two to three. At this time the Council took over the 'Meals on Wheels' service from the Camberwell Old Peoples' Welfare Association. The service is expanding and is working efficiently.

### *Meals on Wheels*

Following discussions between the London County Council and the Metropolitan Borough's Standing Joint Committee, it was agreed that with effect from the 1st April 1963, responsibility for exercising the powers contained in the National Assistance Act 1948 (Amendment) Act, 1962, should rest with the Metropolitan Borough Councils, and that the subvention paid by the County Council towards the cost of meals for old people should cease as from that date.

The meals kitchen at the U.G.S. Settlement, Staffordshire Street, was therefore taken over by the Town Clerk's Department, whilst responsibility for the distribution of the meals was vested in the Medical Officer of Health. This involved taking on to the staff of the Public Health Department, the part-time escorts and the appointment of an officer to deal with the clerical and administrative aspects of the service.

In part of the Borough, the meals-on-wheels service is provided by the Women's Voluntary Service, and there has been a close liaison between that organisation and the Public Health Department to ensure that there is no overlapping, nor on the other hand, that any old people in need of this service should be overlooked.

An additional van purchased by the Council for this service was brought into use in September; this made it possible to re-organise the 'rounds' and reduce the demands on the other three vans. This service expanded so rapidly, however, that in a very short time all four vans were working to full capacity. The number of meals taken to old people in their own homes during the year was 32,242.

Meals-on-wheels are provided by the Council on five days each week - Monday to Friday. At Easter, however, in an attempt to bridge the gap of the long week-end, a number of special packs of frozen foods was obtained and distributed to those who had indicated they would like them, on the Thursday preceding Good Friday. Most of the recipients were delighted with them and expressed their gratitude. Unfortunately, these packs of frozen foods are no longer obtainable and for the Christmas holiday period it was only possible to provide tinned food. Nevertheless, this was very well received.

### *Home Bathing*

The visiting of housebound old people to assist them to have a bath in their own homes is of the utmost value in helping to keep them clean, healthy and happy. The service is greatly appreciated by the recipients and, like the meals service, is increasing rapidly. Towards the end of the year the Council authorised the appointment of an additional bathing attendant to assist in this work, but it has not yet been possible to fill the vacancy. During 1963, homebathing visits numbered 529 and involved 21 old persons.

### *Cleansing of Soiled Linen*

Arrangements were continued for the cleansing of the soiled bedding and personal clothing of incontinent old people who have nobody to do this for them. The Council's disinfecting van usually calls twice weekly delivering clean linen and collecting the soiled articles at each

visit. During the year, 60 persons received this service and 10,523 articles of bedding and clothing were cleansed at the Council's Disinfecting Station.

The very essence of work in connection with old people is a ready spirit of co-operation by the large number of agencies concerned. There has been a marked tightening of the links between these bodies within the past year, which has led to a much smoother functioning of the complex machine. In acknowledging, with gratitude, the help that the Council's officers have received it must be said, nevertheless, that even greater effort is needed in future if all the available sources of help and care are to be deployed to the fullest advantage. It must not be forgotten that there are still far too many old folk who are without visitors or friends.

## HEALTH EDUCATION

Health education - the broad thread running through the whole fabric of public health work - must move with the times, adapting itself quickly to the needs of a changing world, and making use of a variety of modern techniques. Investigations in the Borough have given many clues to the methods of health promotion which are likely to have the biggest impact on the public mind; during the year, special emphasis has been laid on these. Thus, the long lecture has been replaced by the short talk followed by group discussions; films, film strips and tape recordings are used increasingly; visits to the Public Health Department by groups of school children and others are being made with greater frequency; there has been closer liaison with other bodies. Invitations are sent periodically to organisations in the Borough suggesting talks and demonstrations to their members. Many have accepted; too many have not yet taken advantage of the offer. Visits to a number of youth clubs, women's organisations, church groups and old people's clubs have proved to be evenings well spent. It has been a pleasure also to speak at rotary clubs and parents' association meetings. Opportunities to take part in sound and television programmes have been welcomed; they have resulted in many enquiries for further information. The local press has also been most helpful: the value of the newspaper as a mass medium for disseminating health information throughout the community cannot be overstressed.

The exhibition of posters on the Council's notice boards throughout the Borough, the distribution of pamphlets and booklets through various agencies, the issue of bookmarks bearing information on health subjects at the public libraries and the publication of articles in 'Camberwell Calling' all play a useful part in informing the public.

The personal side of health education is probably the most rewarding, and special emphasis is laid on it. This is part of the daily work of the doctors, public health inspectors and old people's visitors when they call at homes, shops or factories in connection with public health or housing matters, infectious diseases, infestation or home accidents. In this way contact is made with a large section of the population which is unapproachable by direct methods. Enquiries at the Public Health office also provide many opportunities for the giving of health

information and advice. In fact, each single member of the staff of the department is a component of the health team. These activities, in combination, are of tremendous value in counteracting the increasing amount of 'anti-health' propaganda to which members of the public are being subjected today in print and on the air.

The word 'health' must be interpreted in the widest possible way. It connotes much more than the absence of physical or mental illness. A scrutiny of the tables at the end of this report gives some indication of the amount of ill-health which falls on the citizens of Camberwell but it gives no index of their *health*. Records of minor sickness, unhappiness, emotional disturbances, family friction, delinquency, excessive smoking and drinking are among the details that are wanting. As yet no formula has been devised which allows health to be recorded as a rate per thousand of the population. It is not easy, therefore, for the health educationist to make more than a subjective appraisal of the results of his endeavours, and those who sometimes cast doubts on the value of the health promotive efforts of the Public Health Department, can seldom be refuted by statistical evidence. There are many indications, nevertheless, that considerable progress is being made not only, for example, in the reduction of cases of infection or home accidents, but in improving the standards of health consciousness generally. The schools give particular evidence of this.

It is emphasised that health education is not the monopoly of the Public Health Department. It is being realised more and more that all branches of the health service have a part to play, as well as the schools, the churches and statutory and voluntary agencies. Special efforts have been made to enlist help from all these sources, and to approach the subject jointly. This has met with a good measure of success. Reference has been made already to the part that the churches are able to play in the promotion of health. The clergy have been most ready to co-operate - indeed, approaches have been made by them for assistance in health education, especially in such matters as alcoholism, smoking and delinquency. A parents' group in one church, begun two years ago, continues to flourish with great benefit. Meetings have taken place with members of the Anglican and Free Churches, one of the results of which is the formation of a working party to explore ways of improving the doctor/clergy relationship in these matters. A pilot scheme has been



drawn up and joint meetings arranged to discuss matters of mutual interest: and there are many. A whole day meeting for clergymen, at which the problems of alcoholism were discussed was so successful that further such talks are being arranged at the South East London General Practitioners' Centre, St. Mary's Road. The St. Giles Centre (formerly the Camberwell Samaritans), of which the Medical Officer of Health is Vice-Chairman, is filling a long felt need, not only in providing care, help and guidance for those in trouble who do not appear to have been able to obtain help elsewhere, but also as an ancillary to the health promotional work in the Borough. Not least, it is helping doctors, clergy, social workers and others to work in collusion.

A communication sent to all the churches in Camberwell is summarised below:-

'There never has been a greater need for close co-operation by people in all works of life in the preservation of health and for the more effective care of the sick and handicapped. It is of special importance that doctors and social workers, on the one hand, and the clergy and members of their congregations, on the other, should have a real and harmonious partnership.

With this object in mind, and with the knowledge - regrettable though it is - that, generally speaking, there is little effective liaison between the two, a working party of doctors, clergy and church members, has been meeting in Camberwell, to discuss these matters and to suggest lines of action. The working party is in process of inaugurating a pilot scheme in an area in the Borough, details of which will be made available in due course.

Account has been taken by the working party of the remarkable progress in recent years in the means of preventing and curing sickness, which a comprehensive health service in the welfare state enables all to share. But this service does not necessarily supply all wants: there are many gaps, and many unmet needs in the realms of physical, mental, emotional, moral and spiritual care and guidance. Voluntary effort is as needful as ever. The tremendous social changes now taking place - not all of which are beneficial to health - highlight these needs. Among the pressing problems which confront us are those related to alcoholism, cigarette smoking, promiscuity, delinquency, the aged, and community care of the mentally ill.

The Medical Officer of Health, if he has to work in isolation, finds his tasks of preventing illness and safeguarding the public health beset with many difficulties; the physician and surgeon can diagnose and treat expertly, but only the community can restore health.

The emphasis nowadays on mental health, rehabilitation, and the welfare of the aged and handicapped, cries out for team work, not only by doctors and professional workers, but by family members, friends and colleagues and the man in the street. Here lies the church's great opportunity.'

#### ACKNOWLEDGEMENTS

The following extract is of considerable interest:

Summary and Conclusions

At an anti-smoking clinic set up by the Public Health Department of the Cambridge Hospital, Council of the City of Cambridge, a study was made of the factors of long-term abstinence by light smokers and by tobacco addicts. The study followed up inquiry was made at one, two and three months after the end of treatment. There were 50 men in each group.

(1) At the first visit, the doctor filled in a questionnaire on the patient's smoking habits and on his reasons given for wanting to stop smoking and the patient completed the Maudsley Personality Inventory.

(2) Chronic patients showed a higher mean N (neuroticism) and lower mean Extraversion (E) scores than the normal population.

(3) Comparison of treatment results with the 50 group showed significant differences during the first four weeks of follow-up. Approximately 40 per cent of patients stopped smoking, and 30 per cent considerably decreased their smoking, and 30 per cent showed no or little change. At the end of three months there was a slight tendency toward relapse but results over this period of follow-up were not transient.

(4) The personality in treatment was similar to the two groups. On the present data response to treatment is probably determined by the same factors, correlation of various factors with success in treatment outcome was analysed for the group of 50 patients taken as a whole. No correlations

## ANTI-SMOKING CLINIC

The Anti-smoking Clinic which was set up in November 1962 was referred to briefly in the Annual Report for that year. Its activities continued under the guidance of Dr. Griffith Edwards of the Maudsley Hospital until the beginning of August 1963. Up to that time sessions had been conducted for individual patients, but since then courses of group therapy have been held on Tuesday evenings, first under the guidance of Dr. Poole, a local general practitioner, and subsequently Dr. Griffith Edwards. I am much indebted to both of them for their valuable assistance

Dr. Edwards has now made a detailed analysis of the first forty male patients who attended the Clinic which was published in 'The Medical Officer' on 24th April 1964. The following extract is of considerable interest:-

### 'Summary and Conclusions

- (1) At an anti-smoking clinic set up by the Public Health Department of the Camberwell Borough Council a comparison was made of the results of four weeks treatment by light hypnosis and by lobeline sulphate (2 mg. t.d.s.). Postal follow-up inquiry was made at one, two and three months after the end of treatment. There were 20 men in each group.
- (2) At the first visit, the doctor filled in a questionnaire on the patient's smoking habits and on reasons given for wanting to stop smoking and the patient completed the Maudsley Personality Inventory.
- (3) Clinic patients showed a higher mean N (neuroticism) and lower mean E (extroversion) score than a 'normal' population.
- (4) Comparison of treatment results with the two groups showed no significant difference during the first four weeks or during subsequent follow-up. Approximately 30 per cent of patients stopped smoking, 40 per cent considerably decreased their smoking, and 30 per cent showed no or little change. At the end of three months there was a slight tendency toward relapse but results (over this period of follow-up) were not transient. Co-operation in treatment was similar in the two groups.
- (5) On the premise that response to treatment by hypnosis and by lobeline is probably determined by the same factors, correlation of various factors with success in treatment outcome was analysed for the group of 40 patients taken as a whole. No correlations

were found which were significant at the 5 per cent level, but there is some trend towards greater difficulty in giving up smoking being found with greater age, heavier initial smoking, and higher N (neuroticism) score.

(6) Of motivating factors investigated 'other health hazards' (32/40) was given significantly more often than 'fear of cancer' (22/40) or 'financial reasons' (25/40). No one of these motives was strongly associated with a greater likelihood of giving up smoking.

(7) It was concluded that hypnosis and lobeline in the particular manner in which they were each used were equally effective and that they both probably produced the same level of result as would be expected with a placebo.

#### ACKNOWLEDGEMENTS

I would like to thank Dr. H.D. Chalke, Medical Officer of Health for the Metropolitan Borough of Camberwell, under whose auspices this clinic was set up. I would also like to thank Mr. Cranfield and the staff of Dr. Chalke's department for their great helpfulness in the running of the clinic. Mrs. Frances Parsons has given me most helpful advice and criticism in the preparation of this paper.'

#### *'Cancer of the Lung'*

The figures showing the number of deaths from malignant neoplasms of the lung and bronchus since 1954 are:-

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Men	80	92	77	81	95	105	95	105	112	106
Women	13	22	14	15	9	16	25	16	14	26

Total males 425                      Total males 523

Total females 73                      Total females 97

498

620

The increase in the number of both male and female deaths during the last five year period is of particular significance in relation to the anti-smoking campaign.

## A SCHOOL ANTI-SMOKING SOCIETY

*(Adapted from a pamphlet written for 'Family Doctor')*

When anti-smoking propaganda was intensified following the publication of the report of the Royal College of Physicians, special attention was directed towards the school child. It was felt that no effort should be spared to prevent children from starting to smoke and to induce those who had begun to give it up.

Following a visit by the newly formed anti-smoking unit of the Central Council for Health Education in October 1962, the pupils in a comprehensive school in Camberwell were asked how they thought they could best contribute to the campaign. One or two suggested that they might form an anti-smoking club. They elected a committee of six - three boys and three girls - which was encouraged to conduct its own plan of campaign.

Their activities consist of regular talks to different groups in the school, broadcasts to the whole school on the public address system, the use of posters and films and group discussions. Everything depends, in a venture such as this, on stimulating and maintaining interest. This is no easy matter, yet, thanks to the energy and enthusiasm of the chairman of the committee - a boy of 16 - and the full support of the headmaster and his staff, obstacles have been overcome.

The Medical Officer of Health keeps in close touch with the school, and makes available audio-visual aids. He also arranges panels of speakers to take part in discussions and answer questions. Those who contribute include well known personalities in the field of sport, physical education experts and beauty culturists. The different branches of medicine are represented and so are dentists. The Editor of 'Family Doctor' and the Director of the Central Council for Health Education are regular participants. It is believed that a basic principle in this aspect of health education must be to present young people with all the facts, so that they may discuss them amongst themselves and form their own conclusions. A pontifical approach achieves no lasting conviction of the importance of this facet of health preservation.

Sound and television broadcasts at home and recordings made for broadcasts over the Canadian and American systems

have proved a great stimulus to the pupils of this school, and press publicity, although more limited, has also helped. The chairman has received many letters from other schools, requesting details of organisation and reports on results achieved. He also visits schools in the neighbourhood and advises them on how to start clubs on their own. Pupils from a school in Wales, in which a club on similar lines has been started, visited the Camberwell school and exchanged ideas. The discussion was recorded and broadcast.

Members of the anti-smoking society (all of whom promise they will not smoke until they are 21) are given a lapel badge. Many designs were considered but there was a general agreement that the choice should rest on a simple design without lettering. This consists of a kidney-shaped object, in red, with a black dot at one end (a cancer cell). This token design has had the desired effect - that of inviting the question 'what badge are you wearing?'

It is not possible to assess the results of an experiment of this nature except over a period of years. Surveys made in the school, however, show a marked decrease in the number of pupils who smoke, and a large membership of the anti-smoking society - more than one third of the 2,000 children. Of special significance is the effect on the new entrants to the school, almost all of whom have joined the society.

Following a meeting at the Schoolboys' and Schoolgirls' Exhibition at Olympia, at which Lord Newton, the then Parliamentary Secretary to the Ministry of Health, was present, a Junior League of Non-Smokers was inaugurated. (Lord Newton became the first honorary member and was presented with a badge). There was considerable enthusiasm among the children and very many requests for details as to how a branch should be established. The Medical Officer of Health was elected the first President of the League.

This re-emphasises the need for good habit formation at an early age, in order to prevent the transmission of infection by unwashed hands which contaminate books, toys and other articles.

There were no cases of scallips in Camberwell during 1943, but the Medical Officer of Health was consulted on

## ALCOHOLISM

Considerable concern has been expressed in many quarters about the incidence of alcoholism, particularly the extent and effects of crude spirit drinking. During the year this Council supported the Southwark Borough Council in their request to the Metropolitan Boroughs' Standing Joint Committee to make representations to the Home Secretary on the subject.

About a year previously a number of persons interested in this problem set up the Camberwell Council on Alcoholism. This is a voluntary body comprised of doctors, clergymen, probation officers, social workers and others, and the Medical Officer of Health was appointed as its Chairman. Its objects are to find out more about the impact of alcohol on the community, and by joint effort to help in the solution of some of its problems. During its first year it concentrated its efforts on a study of the homeless alcoholic - the man who 'sleeps rough' and drinks surgical spirit. A detailed scheme was drawn up for a Halfway House where such men can be cared for and treated. Thanks to the generosity of the Helping Hand Organisation this scheme is now about to be put into operation, suitable premises having already been acquired in Grove Park.

The Camberwell Council on Alcoholism also publishes a quarterly Bulletin, the first issue of which was produced in June 1963. This has a very wide distribution amongst doctors, clergymen, social workers and others, and many copies go abroad. It has been commended as an interesting and informative publication.

## INFECTIOUS DISEASES

### *Measles*

As expected, the incidence of measles was much higher in 1963 than in the previous year - there were 1,962 cases (337 in 1962) and of these 39.8% were children in the 5-10 age group.

Respiratory complications of this disease are often high during the first year of life, but seldom give rise to concern after the age of three years. There were no deaths from measles in this borough in 1963. Complications of measles are not only dependent on the age of the patient, but also on the general environment and nutrition, hence they are more common in the urban population, but they do not appear to have been unduly prevalent in Camberwell. A National Inquiry was carried out during the first four months of 1963, to discover the frequency of complications in measles. It was then discovered that one in fifteen persons developed potentially serious complications and, of these twelve died. Severe bronchitis, ear infections and disorders of the nervous system were reported in this order of frequency. One per cent of all cases required admission to hospital and these patients were usually infants or adults.

A live vaccine is now available for protection against measles, but it may not be free from side effects, and is not yet obtainable for large scale immunisation. It is doubtful, however, whether its general use would be justified in this country as it may be in countries abroad where the disease remains an important cause of deaths in infancy and childhood.

*Bacillary Dysentery (Sonne)* gave rise to 220 sporadic cases. In accordance with the present trend the main incidence was during the early months of the year, particularly in children in the first years of school life. This re-emphasises the need for good habit formation at an early age, in order to prevent the transmission of infection by unwashed hands which contaminate books, pencils and other articles.

### *Smallpox*

There were no cases of smallpox in Camberwell during 1963, but the Medical Officer of Health was consulted on



several occasions by local general practitioners who had patients with unusual manifestations of other diseases which could have been smallpox.

### *Diphtheria and Poliomyelitis*

There were no cases of diphtheria within the Borough during 1963, but there were three cases of poliomyelitis - all in patients under twenty years of age. The patients were one infant under one year, one child in the 5-10 year age group and one young person in the 15-20 year age group.

### *Food Poisoning*

There were 15 cases of food poisoning notified in the Borough (26 cases in 1962), but in only two cases was the infection confirmed bacteriologically (12 cases confirmed in 1962).

Officers from the Department continue to give talks to local groups on the importance of food hygiene and personal hygiene in preventing the spread of these intestinal infections. The Visitors who investigate these cases have splendid opportunities for health education in this connection.

### *Whooping Cough*

Of the 173 cases of whooping cough about one third occurred in children aged 5-10. There were 18 cases under one year and 24 between one and two years. There were no deaths.

### *Scarlet Fever*

The majority of the cases of scarlet fever also occurred between the ages of 5/10 years. There were no deaths.

### VENEREAL DISEASES

The disquieting rise in the incidence of Venereal Disease continues locally and nationally, and indeed in most countries in which records are kept a similar trend has been reported.

The Public Health Department receives information on the numbers of first attenders at two Venereal Disease Clinics which serve the Borough, but these figures are necessarily incomplete and take no account of patients treated privately and in other hospitals. The pattern of figures obtained follows that noticed in previous years, i.e. the number of persons born outside Britain attending the Clinics is higher than the number of indigenous first attenders. In 1962 - 64.7% new cases. In 1963 - 62.5%.

Month	Immigrants		Others		Total	
	Male	Female	Male	Female	Male	Female
1963						
January	21	14	16	7	37	21
February	25	10	12	4	37	14
March	14	7	3	7	17	14
April	11	13	10	10	21	23
May	16	8	10	15	26	23
June	19	9	14	10	33	19
July	30	18	17	7	47	25
August	23	14	12	6	35	20
September	20	15	13	9	33	24
October	29	18	7	13	36	31
November	16	16	12	12	28	28
December	20	12	8	5	28	17
Totals	244	154	134	105	378	259

It appears that disease is contracted generally in this country. It is anticipated that, as those from abroad settle down and adapt themselves to life in this country, the incidence of venereal disease among them will diminish.

Two related factors affect the spread of venereal disease, i.e. promiscuity and the size of the infector pool. If promiscuity ceased, these diseases would disappear, likewise if all infected persons could be fully treated simultaneously venereal disease would become of historical interest only.

Unfortunately, one of the serious venereal diseases is becoming resistant to treatment, but, due to the high standard of ante-natal care in this country, congenital syphilis has almost disappeared.

The extent of promiscuity is a sign of personal behaviour and morals. It is vitally important that young people shall be well supplied with accurate information on the dangers of careless behaviour and the role played by alcohol and drugs in spoiling chances of happiness in their personal relationship.

The Medical Officer of Health and his Deputy have talked *with* young people on this subject several times during the year - it is found that formal lectures are of little value, but that adolescents welcome the opportunity to form discussion groups and are soon pouring out all the questions which have perplexed them and about which they have been unable to obtain answers elsewhere. Here again, a close link with church organisations is essential.

Year	1937	1938	1939	1940	1941	1942	Total
1937	27	9	11	12	20	10	109
1938	26	13	7	18	23	10	107
1939	28	12	12	16	16	16	100
1940	28	2	8	12	20	10	100
1941	28	10	14	12	24	10	108
1942	28	10	14	12	24	10	108
Total	204	56	62	74	124	60	680

**REPORT OF CONSULTANT PHYSICIAN  
CHEST DEPARTMENT, ST. GILES' HOSPITAL**

As a result of a change of policy by the South-East Metropolitan Regional Board, the X-ray apparatus, together with the Odelca camera for the taking of miniature chest films, was transferred from the department, the large set going to the General Practitioner Centre in Queen's Road and the camera to the main X-ray department of the hospital. There was therefore an alteration in function of the department with a concurrent further falling-off of the number of patients seen. Total attendances, 8,604, showed a fall of 1,205, but there was only a slight fall of 91 in the number of new patients who had clinical examinations, the figures being 1,658 in 1962 and 1,567 in 1963. One hundred and seventeen patients were admitted to St. Giles' Hospital and 34 to other hospitals in the region for treatment of their non-tuberculous conditions. One hundred and six patients, compared with 101 in 1962, were admitted to sanatoria for investigation and treatment of tuberculous disease. There was a further reduction in numbers on the tuberculosis register, there being 899 cases of pulmonary tuberculosis in 1962 and 845 in 1963. Cases of non-pulmonary disease showed only a very slight fall from 46 to 43.

The very low death rate for tuberculosis experienced in 1962 of 6 men and 2 women was maintained, the corresponding figures in 1963 being 6 men and 3 women.

Six hundred and fifty four babies born in the wards of St. Giles' Hospital received B.C.G. vaccination compared with 458. This latter figure was low in 1962 because of the smallpox scare from January to May. Two hundred and fourteen contacts and schoolchildren were vaccinated with B.C.G. bacillus.

The mild winter undoubtedly made a difference to the number of patients referred to the department, but unfortunately the number of patients with cancer of the lung shows no signs of decreasing. More cases have to be referred for radiotherapy, or to Grove Park Hospital for treatment with special drugs because the condition is too far advanced for surgical excision. There has also been a steady increase in the number of women patients with cancer of the lung. Bronchitis was not as great a problem as during the previous winter.

The Health Visitors continue to play a valuable part in the socio-medical work of the department, but the promotion of the Almoner to another hospital was certainly the department's loss.

Dr. Chalke, Medical Officer of Health for Camberwell, has, as always, given help and advice and it is a pleasure to thank him and his staff. Dr. Mower White and her staff at L.C.C. Divisional Office have been ready to give assistance whenever possible.

Without the Camberwell District Nursing and Ranyard Nursing organisations, a number of patients would have had to be admitted to hospital. The London County Council Ambulance Service has done well under trying circumstances.

KENNETH MARSH,  
Consultant Physician.

Chest Department,  
St. Giles' Hospital.

## STATISTICAL APPENDIX

## Summary of Statistics for the year 1963.

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 1961) .. .. .	175,304
" (Estimated by Registrar-General mid/1963) .. .. .	174,220
Number of inhabited houses (April 1963) ..	45,511
Rateable value (April 1963) .. .. .	£7,269,737
Sum represented by a penny rate (Estimated) ..	£28,975
Number of live births .. .. .	3,714
Birth rate .. .. .	21.3
Number of deaths .. .. .	2,197
Death rate .. .. .	12.6
Infantile Mortality:-	
Deaths under 1 year .. .. .	75
Infant deaths per 1,000 live births .. .. .	20.2
Maternal Mortality:-	
Deaths of women from diseases or accidents associated with childbirth ..	NIL
Maternal death rate per 1,000 total births .. .. .	NIL
Deaths from Pulmonary Tuberculosis .. .. .	9
Death rate .. .. .	0.05
Deaths from cancer of lung and bronchus ..	132
Death rate .. .. .	0.7
Deaths from all forms of cancer .. .. .	393
Death rate .. .. .	2.2

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1963 IN CAMBERWELL

Cause of Death	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	Age in Years									
					1-	5-	15-	25-	35-	45-	55-	65-	75-	
1. TUBERCULOSIS, RESPIRATORY	M	5	-	-	-	-	-	1	-	2	1	2	-	
	F	3	-	-	-	-	-	1	-	-	2	-		
2. TUBERCULOSIS, OTHER	M	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	1	-	-	-		
3. SYPHILITIC DISEASE	M	2	-	-	-	-	-	-	-	-	-	1		
	F	2	-	-	-	-	-	-	-	-	-	1		
4. DIPHTHERIA	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
5. WHOOPING COUGH	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
6. MENINGOCOCCAL INFECTIONS	M	1	-	-	-	-	1	-	-	-	-	-		
	F	1	-	-	-	-	1	-	-	-	-	-		
7. ACUTE POLIOMYELITIS	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
8. MEASLES	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
9. OTHER INFECTIVE AND PARASITIC DISEASES	M	1	-	-	-	1	-	-	-	-	-	-		
	F	2	-	-	-	-	-	-	-	2	-	-		
10. MALIGNANT NEOPLASM, STOMACH	M	32	-	-	-	-	-	3	3	9	10	7		
	F	14	-	-	-	-	-	-	-	2	3	9		
11. MALIGNANT NEOPLASM, LUNG, BRONCHUS	M	106	-	-	-	-	-	1	13	35	34	22		
	F	25	-	-	-	-	-	-	5	6	10	5		
12. MALIGNANT NEOPLASM, BREAST	M	-	-	-	-	-	-	-	-	-	-	-		
	F	37	-	-	-	-	-	7	4	5	9	12		
13. MALIGNANT NEOPLASM, UTERUS	M	13	-	-	-	-	-	1	1	4	3	4		
	F	13	-	-	-	-	-	1	1	4	3	4		
14. OTHER MALIGNANT AND LYMPHATIC NEOPLASMS	M	97	-	1	1	1	5	9	29	30	21	21		
	F	68	-	1	1	2	3	11	14	19	18	18		
15. LEUKAEMIA, ALEUKAEMIA	M	8	-	-	-	1	-	-	3	1	2	2		
	F	5	-	-	-	-	1	1	-	-	1	2		
16. DIABETES	M	3	-	-	-	-	-	1	-	1	1	-		
	F	6	-	-	-	-	-	-	-	1	1	4		
17. VASCULAR LESIONS OF NERVOUS SYSTEM	M	93	-	-	-	-	-	-	5	17	22	49		
	F	152	-	-	-	-	-	1	3	13	44	91		
18. CORONARY DISEASE, ANGINA	M	270	-	-	-	-	-	4	23	57	80	106		
	F	184	-	-	-	-	1	1	7	14	44	117		
19. HYPERTENSION WITH HEART DISEASE	M	15	-	-	-	-	-	-	-	2	5	8		
	F	35	-	-	-	-	-	-	-	1	7	27		
20. OTHER HEART DISEASE	M	58	-	-	-	3	-	-	6	9	12	27		
	F	127	-	-	1	-	5	4	6	8	18	85		
21. OTHER CIRCULATORY DISEASE	M	49	-	-	-	-	2	1	2	5	14	25		
	F	61	-	-	-	-	-	1	1	6	12	41		
22. INFLUENZA	M	5	-	-	-	-	-	-	-	1	3	-		
	F	3	-	-	-	-	-	-	-	1	1	-		
23. PNEUMONIA	M	75	-	5	1	-	-	1	2	11	22	32		
	F	96	-	6	1	-	1	1	1	2	13	72		
24. BRONCHITIS	M	136	-	2	1	-	-	7	24	33	39	63		
	F	58	-	5	1	-	-	4	3	6	6	39		
25. OTHER DISEASES OF RESPIRATORY SYSTEM	M	14	-	-	1	-	-	-	1	2	5	5		
	F	9	-	-	-	-	-	-	1	1	3	4		
26. ULCER OF STOMACH AND DUODENUM	M	15	-	-	-	-	-	-	1	2	4	8		
	F	2	-	-	-	-	-	-	1	-	-	-		
27. GASTRITIS, ENTERITIS AND DIARRHOEA	M	4	-	-	-	-	-	-	-	1	-	3		
	F	9	-	1	-	-	-	-	-	-	4	4		
28. NEPHRITIS AND NEPHROSIS	M	6	-	-	-	-	-	-	1	1	1	3		
	F	5	-	-	-	1	1	-	-	1	-	3		
29. HYPERPLASIA OF PROSTATE	M	5	-	-	-	-	-	-	1	-	1	4		
	F	-	-	-	-	-	-	-	-	-	-	-		
30. PREGNANCY, CHILDBIRTH, ABORTION	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
31. CONGENITAL MALFORMATIONS	M	18	7	5	1	1	1	-	1	1	-	1		
	F	8	2	3	-	-	-	-	2	-	1	-		
32. OTHER DEFINED AND ILL-DEFINED DISEASES	M	79	22	-	1	1	3	2	7	12	10	19		
	F	87	13	1	-	-	-	11	2	5	20	33		
33. MOTOR VEHICLE ACCIDENTS	M	10	-	-	-	1	4	-	1	-	-	2		
	F	10	-	-	-	1	1	-	-	2	3	3		
34. ALL OTHER ACCIDENTS	M	19	-	-	1	3	-	2	1	5	1	6		
	F	15	-	-	1	-	-	1	-	-	3	10		
35. SUICIDE	M	12	-	-	-	-	3	2	1	2	1	-		
	F	13	-	-	-	-	1	3	3	1	2	1		

Cause of Death	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	Age in Years									
					1-	5-	15-	25-	35-	45-	55-	65-	75-	
36. HOMICIDE AND OPERATIONS OF WAR	M	1	1	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	1	-	1	-	-	-	-	-	-	-
TOTAL ALL CAUSES	M	1,141	30	13	5	5	20	9	23	87	234	299	414	
	F	1,056	15	17	3	3	4	16	36	55	94	227	586	

#### Births

	Live Births		Still Births		Total	
	M	F	M	F	M	F
Legitimate	1,606	1,607	33	20	1,639	1,627
Illegitimate	259	242	5	4	264	246
Total	1,865	1,849	38	24	1,903	1,873
	3,714		62		3,776	

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

Officers for admission to the Permanent Establishment ..	39
Officers for admission to the Unestablished Staff ..	7
Employees for admission to Sick Pay Scheme ..	148
Employees for admission to Permanent Establishment ..	75
Employees absent from duty owing to sickness ..	652*

\* In addition, 551 who were requested to attend failed to do so.



### Cremation Certificates

No. of cremations authorised during the year by the  
Medical Referee or his Deputy .. .. . 2,442

### Water Certificates

No. of Water Certificates issued .. .. . 191  
No. of dwellings concerned .. .. . \*1,372  
\*Includes 41 mobile homes

### Drainage and Sewerage

No. of drainage applications received .. .. . 210  
Length of sewers reconstructed .. .. . 3,477 ft.  
No. of brick gullies replaced by pot gullies .. 59  
No. of defective pot gullies renewed .. .. . 2  
No. of new pot gullies installed .. .. . 3

### Public Cleansing

Amount of house refuse collected .. .. . 43,936 tons  
Amount of trade refuse collected .. .. . 1,353 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 Path .. .. .	6	6	6	6
Camberwell Rear Swimming Path	12	12	12	12
Dulwich First Class Swimming Path .. .. .	6	6	6	6
Dulwich Second Class Swimming Path .. .. .	12	12	12	12
	36	36	36	36

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

**Rag Flock and Other Filling Materials Act, 1951**

Type of Material	No. of Samples examined	No. Satisfactory
Woollen mixture felt .. ..	7	7
Used jute wadding .. ..	1	1
New cotton felt .. ..	7	7
Sized cotton wadding .. ..	3	3
Rag flock .. ..	1	1
Coir fibre .. ..	2	2
Coir fibre pad .. ..	3	3
<b>Totals</b>	<b>24</b>	<b>24</b>

**Offensive Trades**

<i>Type of Business</i>	<i>No. on Register</i>
Skin dressers	3
Soap boilers	1
<b>Total</b>	<b>4</b>

**Pet Animals Act, 1952**

No. of licences issued	1
No. of licences renewed	11
<b>Total No. of pet shops licensed</b>	<b>12</b>

**Pharmacy and Poisons Act, 1933**

No. of applications received for registration.. ..	6
No. of applications received for renewal of registration	134

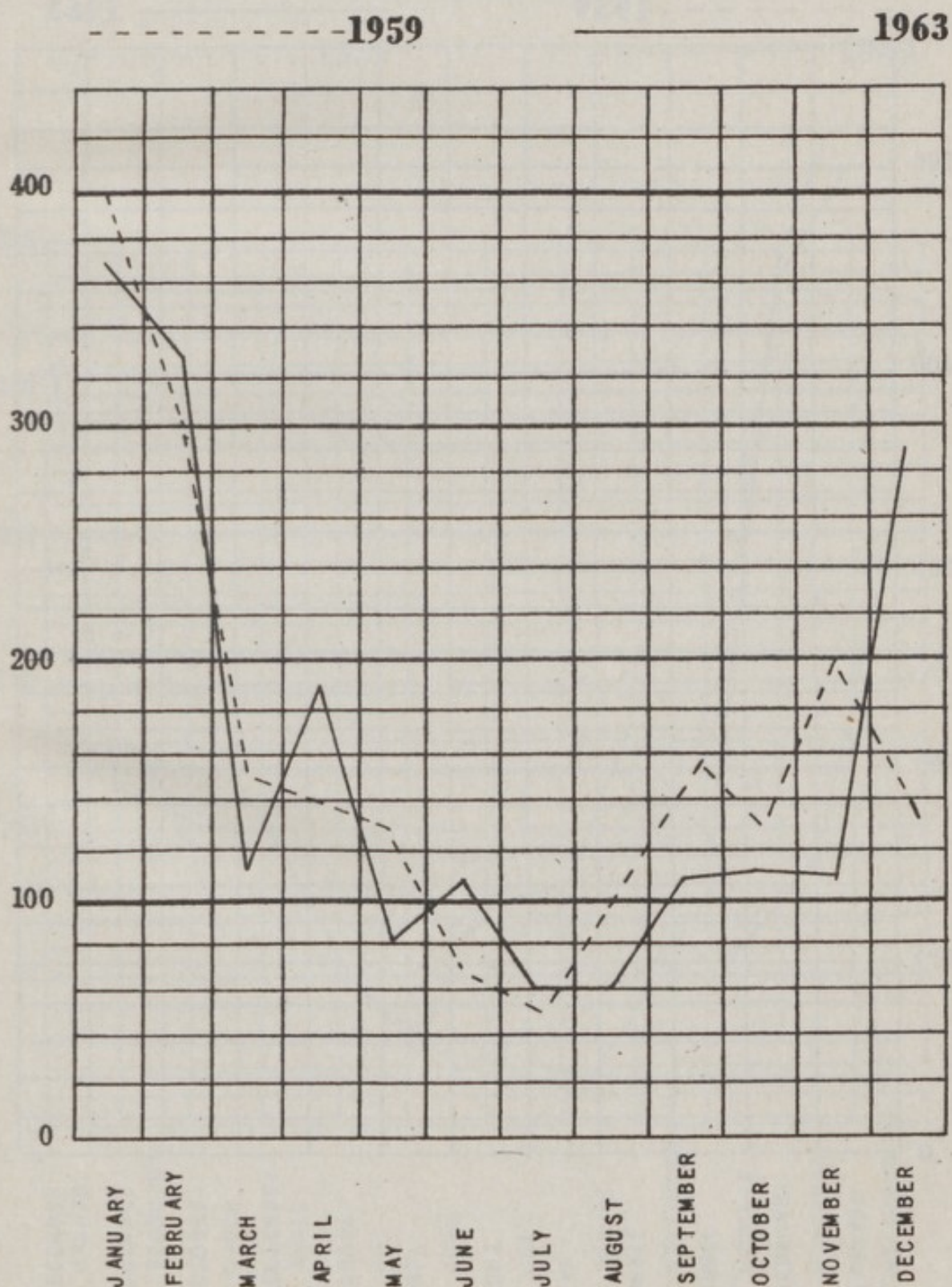
**London County Council****(General Powers) Act, 1954**

No. of hairdressers and barbers premises registered ..	149
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## ATMOSPHERIC POLLUTION

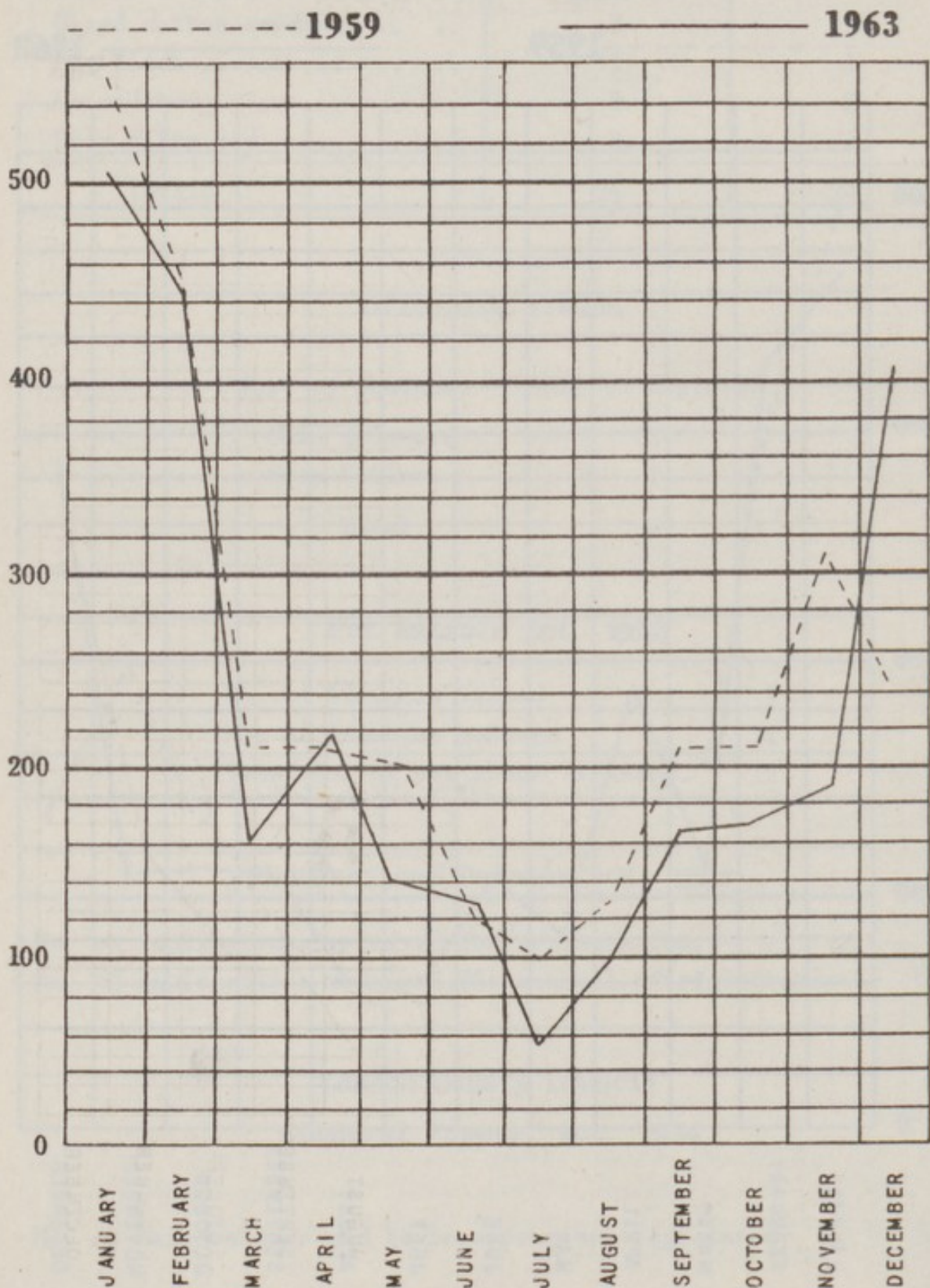
Comparison of Years, 1959 &amp; 1963

At 475, Lordship Lane.

Average Concentration of Sulphur Dioxide in  
Micrograms Per Cubic Metre

**ATMOSPHERIC POLLUTION**  
**Comparison of Years, 1959 & 1963**  
**At Town Hall**

**Average Concentration of Sulphur Dioxide in  
Micrograms Per Cubic Metre**



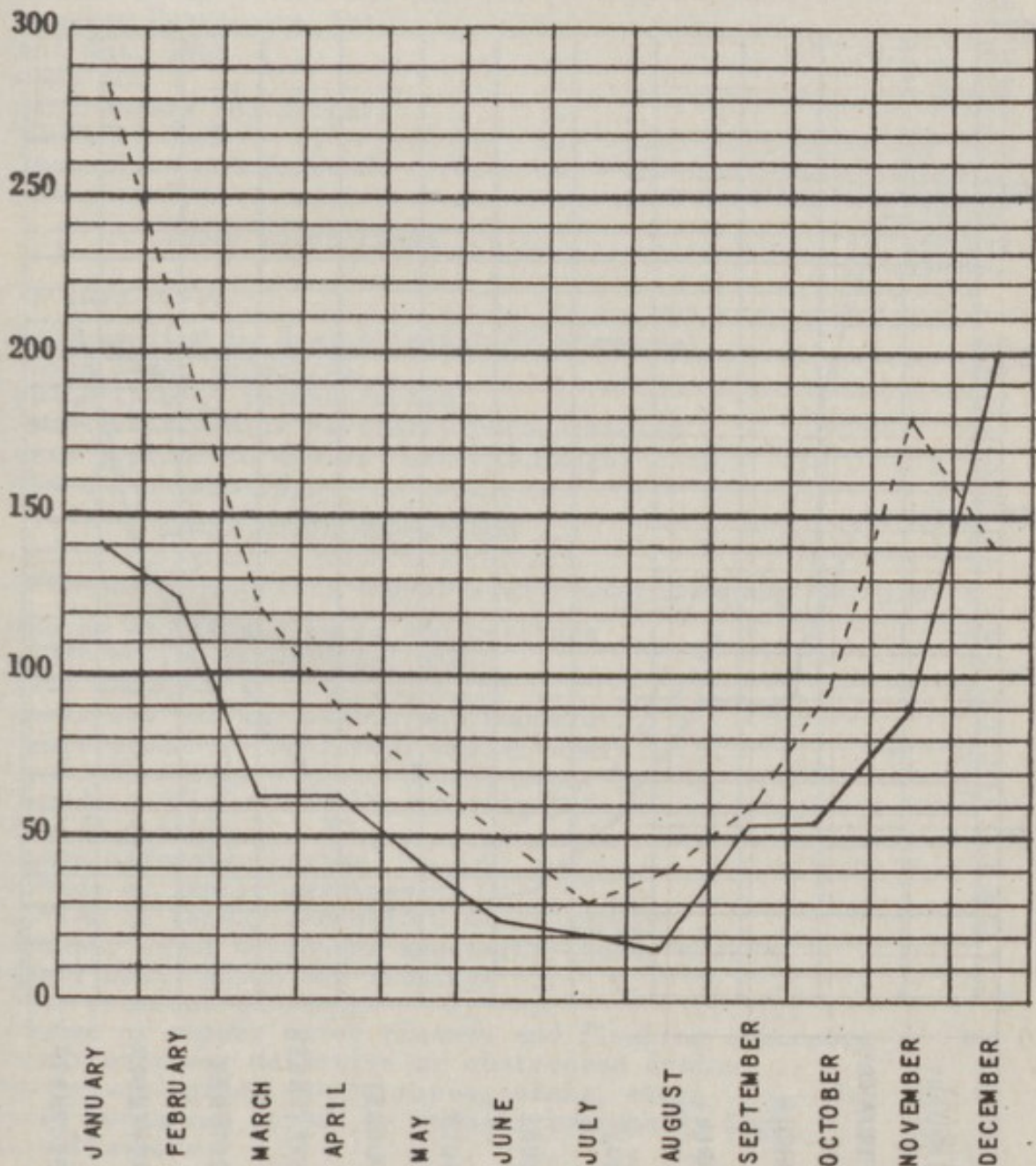
# ATMOSPHERIC POLLUTION

## Comparison of Years, 1959 & 1963

At 475, Lordship Lane

### Average Concentration of Smoke in Micrograms Per Cubic Metre

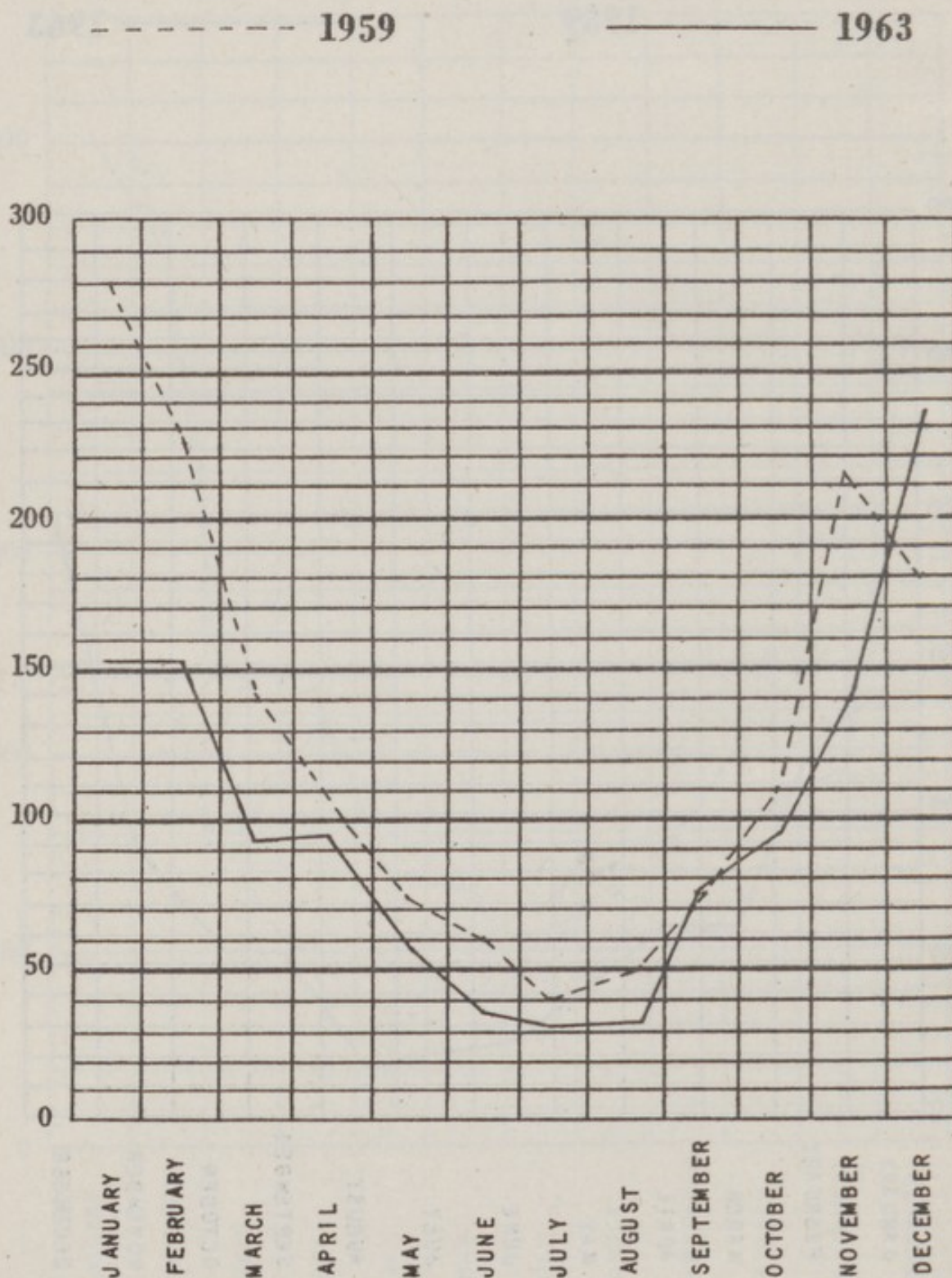
----- 1959                          \_\_\_\_\_ 1963



**ATMOSPHERIC POLLUTION**

Comparison of Years, 1959 &amp; 1963

At Town Hall

**Average Concentration of Smoke in Micrograms  
Per Cubic Metre**

## Sanitary Inspection of the Area

No. of complaints received .. .. . 3,337

## Summary of work carried out during the year 1963

## Inspections:-

Nuisance inspections .. .. .	3,631
Offensive trades .. .. .	23
Smoke observations .. .. .	215
Drainage, new and existing .. .. .	10,702
Overcrowding .. .. .	500
Factories and workplaces .. .. .	962
Outworkers' premises .. .. .	320
Rag dealers .. .. .	40
Infectious and other diseases .. .. .	19
Verminous premises and persons .. .. .	240
Aged and infirm persons .. .. .	57
Common lodging houses .. .. .	27
Conveniences, public and private .. .. .	168
Consumer Protection Act .. .. .	126
Rent Act, 1957 .. .. .	73
Shops Act .. .. .	1,418
Hairdressers and barbers .. .. .	276
Voluntary work .. .. .	85
Inspections not defined .. .. .	2,098
Re-inspections .. .. .	11,859
Total inspections .. .. .	<u>32,939</u>

## Works supervised:-

Tests applied to drains (existing premises) .. .. .	499
Drains found defective .. .. .	328
Drains totally reconstructed .. .. .	17
Drains repaired or partially reconstructed .. .. .	287
Tests applied to drains (new buildings) .. .. .	2,515
Drains constructed.. .. .	2,550
Total works supervised .. .. .	<u>6,196</u>

## Description of sanitary improvements ordered during the year:-

Cleanse and repair walls and ceilings .. .. .	298
Repair roofs, gutterings, etc. .. .. .	351
Abate dampness .. .. .	514
Repair stoves, fireplaces and coppers .. .. .	48
Repair windows, sashlines, sills, etc. .. .. .	255
Repair flooring, stairs, doors, etc. .. .. .	254
Provide sufficient light and ventilation .. .. .	1
Provide dustbin .. .. .	36
Remove offensive matter .. .. .	56
Provide or repair yard paving .. .. .	37
Provide or render accessible water supply .. .. .	19
Cleanse, cover or render accessible water cistern .. .. .	4
Repair water pipes and fittings .. .. .	51
Clear premises of vermin .. .. .	-
Cleanse or repair water closets and flushing apparatus .. .. .	200
Repair or clear defective or obstructed drains .. .. .	38
Repair soil pipes, waste pipes, sinks, etc. .. .. .	62
Abate nuisances caused by animals improperly kept .. .. .	2
Miscellaneous .. .. .	80
Total repairs and improvements ordered .. .. .	<u>2,416</u>

## Smoke Control - Return of Work

Visits in connection with smoke complaints .. .. .	492
Smoke observations.. .. .	215
Atmospheric pollution readings .. .. .	703
Smoke Control Areas - Inspections .. .. .	3,592
Other Visits .. .. .	1,209
Industrial premises inspections .. .. .	545
Total .. .. .	<u>5,756</u>

## SUMMARY OF NOTICES SERVED, 1963

Intimations, Public Health (London) Act, 1936	
Byelaws, etc. .. .. .	1,014
Statutory Notices, Public Health (London) Act, 1936	
Byelaws, etc. .. .. .	416
London County Council (General Powers) Act, 1955 ..	617
Public Health (London) Act, 1936 (Part II) .. .. .	130
No. of Summonses issued .. .. .	19

## Factories Act, 1961

## 1. INSPECTIONS, 1963

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities ..	342	159	-	-
Factories not included above in which Section 7 is enforced by the Local Authority ..	927	508	18	-
Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .. .. .	21	21	-	-
Totals .. .. .	1,290	688	18	-



## 2. CASES IN WHICH DEFECTS WERE FOUND, 1963

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 .. ..	3	2	-	-	-
Overcrowding .. ..	-	-	-	-	-
Unreasonable temperature ..	-	-	-	-	-
Inadequate ventilation ..	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary conveniences -					
(a) insufficient .. ..	-	-	-	-	-
(b) unsuitable or defective	11	4	-	-	-
(c) not separate for sexes	3	1	-	-	-
Other offences against the Act (not including offences relating to outwork)	23	9	-	-	-
Total .. ..	40	16	-	-	-

## Summary of Outworkers classified by Trades

Artificial flowers .. ..	3
Prass & brass articles .. ..	5
Cardboard boxes .. ..	17
Carding .. ..	6
Christmas stockings & crackers	2
Household linen .. ..	5
Lampshades .. ..	38
Wearing apparel .. ..	126
<b>Total .. ..</b>	<b>202</b>

## Summary of work of the Rodent Control Staff

No. of complaints received .. ..	1,223
No. of inspections .. ..	1,308
No. of Operators' calls .. ..	9,335
No. of private premises baited .. ..	1,489
No. of business premises baited .. ..	154
No. of baits laid .. ..	7,173

## Vermin and Scabies

## ATTENDANCES AT CLEANSING STATION

	Vermin			Scabies		
	Male	Female	Total	Male	Female	Total
Adults .. .. .	17	8	25	29	16	45
Children .. .. .	24	66	90	32	49	81
Total .. .. .	41	74	115	61	65	126

## Disinfection

## RETURN OF WORK CARRIED OUT BY DISINFECTING STAFF

	Notified In- fectious Diseases	Other Diseases	Miscel- laneous	Vermin	Total all Cases
Rooms disinfected	14	2	51	557	624
Lots of bedding disinfected	21	18	5	31	75
Total visits	59	11	750	397	1,217

Number of articles disinfected by steam .. .. .	720
Number of articles disinfected by formalin .. .. .	23
Number of books disinfected .. .. .	88
Number of towels washed .. .. .	5,552
Number of soiled articles washed .. .. .	10,523
Number of overalls washed .. .. .	96
Number of covering sheets washed .. .. .	96
Peds and mattresses destroyed .. .. .	55
Miscellaneous articles destroyed .. .. .	131
Number of articles dried (burst pipes) .. .. .	720
Weight of:-	tons cwt. qtrs. lbs.
Unsound foods destroyed .. .. .	53 14 0 6
Unsound foods destroyed for Lambeth B.C.	15 8 3 11
Furniture and effects destroyed .. .. .	43 2 3 0
Official documents destroyed .. .. .	34 12 0 0
Dead animals destroyed .. .. .	- 3 2 0
Hospital dressings etc. destroyed .. .. .	3 18 0 0
Hospital bedding etc. disinfected .. .. .	1 12 3 23
Total .. .. .	152 12 0 12

**Bacteriological Reports on Samples of  
Swimming Bath Waters taken throughout the Year.**

**Dulwich Baths**

	First Class Bath		Second Class Bath	
	Plate count yeastrel agar 24 hrs. 37°C. aerobically colonies per ml.	Probable No. of coliform bacilli MacConkey 48 hrs. 37°C colonies per 100 ml.	Plate count yeastrel agar 24 hrs. 37°C. aerobically colonies per ml.	Probable No. of coliform bacilli MacConkey 48 hrs. 37°C colonies per 100 ml.
January	-	-	1	0
February	-	-	4	0
March	-	-	2	0
April	1	0	0	0
May	1	0	2	0
June	2	0	1	3
July	0	0	1	0
August	7	0	3	0
September	24	0	15	0
October	-	-	6	0
November	-	-	0	1
December	-	-	1	0

**Camberwell Baths**

	Front Bath		Rear Bath	
	Plate count yeastrel agar 24 hrs. 37°C aerobically colonies per ml.	Probable No. of coliform bacilli MacConkey 48 hrs. 37°C colonies per 100 ml.	Plate count yeastrel agar 24 hrs. 37°C aerobically colonies per ml.	Probable No. of coliform bacilli MacConkey 48 hrs. 37°C colonies per 100 ml.
January	-	-	10	0
February	-	-	0	0
March	-	-	1	0
April	0	0	0	0
May	7	0	2	0
June	1	0	0	0
July	12	0	1	0
August	0	0	> 300	0
September	14	0	3	0
October	-	-	5	3
November	-	-	0	0
December	-	-	3	0

**HOUSING**  
**Record of work of Housing Inspector, 1963**

	In- spections	Re-in- spections	Total
Clearance areas .. .. .	579	67	646
Individual unfit houses -			
Section 9 .. .. .	117	141	258
Section 16 .. .. .	32	22	54
Underground rooms and parts of premises			
Section 18 .. .. .	115	103	219
<b>Total .. .. .</b>	<b>844</b>	<b>333</b>	<b>1,177</b>

**Housing Statistics, 1963**

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

(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Act) .. .. .	4,006
(b) Number of inspections made for the purpose	15,698
(c) Number of dwelling-houses found not to be in all respects reasonably fit for human habitation .. .. .	2,750

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 Act .. .. .	561
--	-----

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 ..	416
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:-	

(a) By owners .. .. .	1,207
(b) By Local Authority in default of owners	1

(b) *Proceedings under Housing Act, 1957:-*

(1) *Number of houses made fit after service of formal notices (Sections 9, 16 and 18):-*

(a) By owners .. .. .	11
(b) By Local Authority in default of owners	Nil

(2) Houses demolished as a result of formal or informal procedure under Section 17 ..	Nil
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(3) Houses closed in pursuance of an undertaking given by the owners under Section 16 and still in force .. .. .	Nil
--	-----

(4) Parts of buildings closed by Closing Orders (Section 18):-					
(a) Underground rooms .. .. .	..	..	..	..	2
(b) Other rooms .. .. .	..	..	..	..	19
(5) Undertakings not to use parts of buildings for human habitation accepted:-					
(a) Underground rooms .. .. .	..	..	..	..	Nil
(b) Other rooms .. .. .	..	..	..	..	Nil
(6) Houses demolished under Section 42 .. .. .	..	..	..	..	25
(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
(3) Closing Orders made under Section 17(1) .. ..	..	..	..	..	3
(4) Closing Orders determined .. .. .	..	..	..	..	Nil
(5) Closing Orders revoked and Demolition Orders made .. .. .	..	..	..	..	Nil
(d) Houses in Multiple Occupation:-					
(1) No. of inspections and re-inspections .. ..	..	..	..	..	862
(2) No. of premises found to require action .. ..	..	..	..	..	242
(3) No. of premises at which conditions were remedied as a result of informal action .. .. .	..	..	..	..	139
(4) No. of premises requiring formal action .. .. .	..	..	..	..	40
(5) No. of Direction Orders made .. .. .	..	..	..	..	28
(6) No. of Management Orders made .. .. .	..	..	..	..	28

### Certificates of Disrepair

No. of applications for Certificates of Disrepair .. ..	..	..	..	..	15
No. of Undertakings received from landlords .. ..	..	..	..	..	8
No. of Certificates of Disrepair issued .. .. .	..	..	..	..	9
No. of Certificates of Disrepair refused .. .. .	..	..	..	..	Nil
No. of Certificates of Disrepair cancelled .. .. .	..	..	..	..	6

INFECTIOUS DISEASES 1963. 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 .. .. .	57	-	-	-	-	3	5	5	4	41	5	1	2	-	-	-
Whooping Cough	173	-	-	-	18	24	19	24	19	50	8	-	1	-	-	-
Poliomyelitis & Poli-encephalitis .. .. .	3	3	3	-	1	-	-	-	-	1	-	1	-	-	-	-
Measles .. .. .	1962	-	-	-	93	233	298	270	252	781	15	1	7	-	-	-
Diphtheria .. .. .	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia (Acute Influenzal)	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(Acute Primary)	32	1	-	-	1	-	1	-	-	-	1	4	3	2	13	7
(1) Dysentery .. .. .	220	5	117	-	14	16	21	23	11	38	15	10	40	16	10	6
Typhoid & Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas .. .. .	5	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3
(2) Meningococcal Infection	3	2	-	-	1	1	-	-	-	1	-	-	-	-	-	-
(3) Puerperal Pyrexia ..	163	145	-	-	-	-	-	-	-	-	1	28	121	13	-	-
Ophthalmia Neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scabies .. .. .	15	-	-	-	-	-	1	1	1	3	1	2	4	-	1	1
Malaria .. .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Totals</b>	<b>2545</b>	<b>155</b>	<b>120</b>	<b>-</b>	<b>128</b>	<b>277</b>	<b>345</b>	<b>323</b>	<b>297</b>	<b>925</b>	<b>48</b>	<b>47</b>	<b>178</b>	<b>32</b>	<b>29</b>	<b>16</b>

- (1) Includes 4 cases of Camberwell residents which occurred in hospitals outside the Borough.  
 (2) Includes 1 case of a Camberwell resident which was diagnosed in a hospital outside the Borough.  
 (3) Includes 59 cases of non-residents occurring in hospitals in Camberwell, also 6 cases of Camberwell residents that occurred in hospitals outside the Borough.

## FOOD POISONING

Annual Return of cases of Food Poisoning, 1963

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
(a) Food poisoning notifications (corrected) as returned to R.G.	1	3	2	8	14
(b) Cases otherwise ascertained ..	-	-	1	-	1
(c) Symptomless excreters .. ..	-	-	-	-	-
(d) Fatal cases .. .. .	-	-	-	-	-

### 2. Particulars of outbreaks

Agent	No. of outbreaks				Total No. of cases
	Family out- breaks	Other out- breaks	Noti- fied	Other- wise ascertained	
Agent identified:					
(a) Chemical poisons ..	-	-	-	-	-
(b) Salmonella .. ..	-	-	-	-	-
(c) Staphylococci (inc. toxin) ..	-	-	-	-	-
(d) Cl. Botulinum ..	-	-	-	-	-
(e) Cl. Welchii .. ..	-	-	-	-	-
(f) Other bacteria ..	-	-	-	-	-
Agent not identified ..	2	-	5	-	5
Totals .. .. .	2	-	5	-	5

### 3. Single cases

Agent	No. of Cases		Total No. of cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical poisons .. ..	-	-	-
(b) Salmonella: Typhimurium .. ..	1	1	2
(c) Staphylococci (inc. toxin)	-	-	-
(d) Cl. Botulinum .. ..	-	-	-
(e) Cl. Welchii .. .. .	-	-	-
(f) Other bacteria .. ..	-	-	-
Agent not identified .. ..	7	-	7
Totals .. .. .	8	1	9

### Tuberculosis

TABLE SHOWING SEX AND AGE DISTRIBUTION OF ALL PRIMARY NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS DURING 1963

Age Periods	Notifications				Deaths*								
	Pulmonary		Non-Pulmonary		Pulmonary				Non-Pulmonary				
	Male	Female	Male	Female	Male		Female		Male		Female		
					Notified	Not Notified	Notified	Not Notified	Notified	Not Notified	Notified	Not Notified	
0 - 1 yr.	1	-	-	-	-	-	-	-	-	-	-	-	-
1 - 5 yr.	8	2	-	-	-	-	-	-	-	-	-	-	-
5 - 15 yr.	5	3	1	-	-	-	-	-	-	-	-	-	-
15 - 25 yr.	4	7	1	1	-	-	-	-	-	-	-	-	-
25 - 35 yr.	12	9	-	1	1	-	-	-	-	-	-	-	-
35 - 45 yr.	10	6	-	-	-	-	-	1	-	-	-	-	-
45 - 50 yr.	14	4	3	1	1	1	-	-	-	-	1	-	-
55 - 65 yr.	12	5	-	-	1	-	2	-	-	-	-	-	-
65 and Over	5	3	-	-	-	2	-	-	-	-	-	-	-
<b>Totals</b>	<b>71</b>	<b>39</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>

\* 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
1959	176,100	162	0.9	14	0.08
1960	175,020	183	1.0	18	0.10
1961	173,980	165	0.9	20	0.12
1962	173,720	152	0.8	8	0.05
1963	174,220	118	0.6	10	0.06

RETURN OF VISITS -  
INFECTIOUS DISEASES AND OLD PERSONS

Cases	Contacts	Food Poisoning		Dysentery		Polio-myelitis		Scarlet Fever		Scabies		Smallpox		Other Diseases		Aged and Infirm Persons	Miscellaneous	Total Visits
		Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts			
34	7	584	83	4	-	55	-	20	-	-	-	10	59	22	1,761	358	3,097	

## Food and Drugs Adulteration

### Summary of Samples obtained for examination

Number examined			Number adulterated etc.			Percentage of adulteration	
Formal	In-formal	Total	Formal	In-formal	Total	Formal	In-formal
401	503	904	-	15	15	-	2.98

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

### Registered Purveyors of Milk

Distributors of milk in the Borough	220
No. of pre-packed licences issued	220

### Results of Tests

Designation	Methylene Blue Test		Phosphatase Test		Turbidity Test	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	82	4	86	-	-	-
Tuberculin tested pasteurised	59	5	65	-	-	-
Sterilised	-	-	-	-	22	-

Samples of milk taken in course of delivery to Hospitals and Schools:-

	Methylene Blue Test	Phosphatase Test	Chemical Test
Hospitals .. ..	*37	37	38
Schools .. ..	47	47	51

\*Four of these failed to satisfy the Methylene Blue Test.

## 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
62	-	51	16	10	18

## Ice Lollies and Water Ices

Summary of samples submitted for examination.

	Bacteriological Examination		Chemical Analysis	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Ice Lollies .. ..	18	-	-	-
Cream Lollies .. ..	17	-	-	-
Assorted Lollies ..	-	-	38	-
Water (Lemon) Ices ..	5	-	-	-

PARTICULARS OF ADULTERATED SAMPLES

Serial No.	Article	Whether Formal or Informal	Nature of Adulteration or Irregularity	Observations	Result of Proceedings or other action taken
59	Coffee and Chicory essence	Informal	Fermented	Old stock; remainder of stock in retailers' possession surrendered and destroyed.	
84	Instant Coffee	Informal	Incorrect label	Matter taken up with manufacturer label amended to satisfaction of Council.	
105	Garlic Powder	Informal	Incorrect label	Newly imported product: claim proposed to be made that the contents of each container were 'Equivalent of two pounds of fresh garlic'. Claim not substantiated and consequently not used.	
115	Sterilised milk	Informal	90% extraneous water	Adulteration due to defective bottle and consequent faulty crown-cap	Letter sent to Dairy Company
159	Ice Cream	Informal	Incorrect label	Matter taken up with manufacturer wording on cartons amended to satisfaction of Council.	
162	Ice Cream	Informal	6% deficient in fat	Formal sample taken and found to be satisfactory. Better quality mix now used.	
166	Canned Tomatoes	Informal	Lead - 2.1 p.p.m.	950 tins surrendered	
167		Informal	Lead - 3.8 p.p.m.	) and destroyed	
192	French mustard	Informal	Incorrect label	Matter taken up with manufacturer sale discontinued	
193	French mustard	Informal	Incorrect label	Letter sent by Town Clerk to manufacturer.	
196	Milk food	Informal	Solubility unsatisfactory.	Old stock; remainder of chemists stock withdrawn from sale.	

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239	Cream Lolly	Informal	Incorrect label	)Matter taken up with manufacturers; new labels printed to satisfaction of Council	
240	Cream Lolly	Informal	Incorrect label		
255	Saccharin Tablets	Informal	Incorrect label	Matter taken up with manufacturer label on dispenser amended to satisfaction of Council	
275	Juniper Pills	Informal	Deficient in potassium nitrate	Matter taken up with manufacturing chemist. Steps taken by manufacturers to prevent repetition of deficiency.	

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## REGISTRATION OF FOOD PREMISES

Premises registered under the provisions of Section 16 of the Food and Drugs Act, 1955, as at December 31st, 1963

Sale, manufacture and storage of ice cream .. ..	531
Preparation or manufacture of:-	
Potted, pressed, pickled or preserved meat .. ..	223
Potted, pickled or preserved fish .. ..	58
Potted, pickled or preserved other foods .. ..	36

### 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 .. .. .	150
Bakers and Confectioners .. .. .	421
Butchers .. .. .	591
Cooked and Preserved Meat Shops .. .. .	430
Dairies and Milkshops .. .. .	338
Fishmongers and Shell Fish Vendors .. .. .	264
Fish Fryers .. .. .	131
Fish Curers .. .. .	77
Food Factories .. .. .	253
Ice Cream Vendors .. .. .	332
Public Houses .. .. .	273
Restaurants and Eating Houses .. .. .	597
Street Markets .. .. .	1,028
Street Traders Food Stores .. .. .	35
Other Food Premises .. .. .	2,020
<b>Total .. .. .</b>	<b>6,940</b>

### Unsound Food

No. of condemnation Certificates issued .. .. . 3,077

PARTICULARS OF UNSOUND FOOD DESTROYED 1963

Type of Food	Weight			
	Tons	Cwts.	Qrs.	lbs.
Meat .. .. .	9	18	1	13½
Fish .. .. .	2	2	2	5
Poultry .. .. .	-	-	1	7½
Fruit .. .. .	-	-	1	18
Canned foods .. .. .	35	13	1	27½
Miscellaneous foods ..	5	18	3	17¾
	53	14	0	5

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