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Contributors

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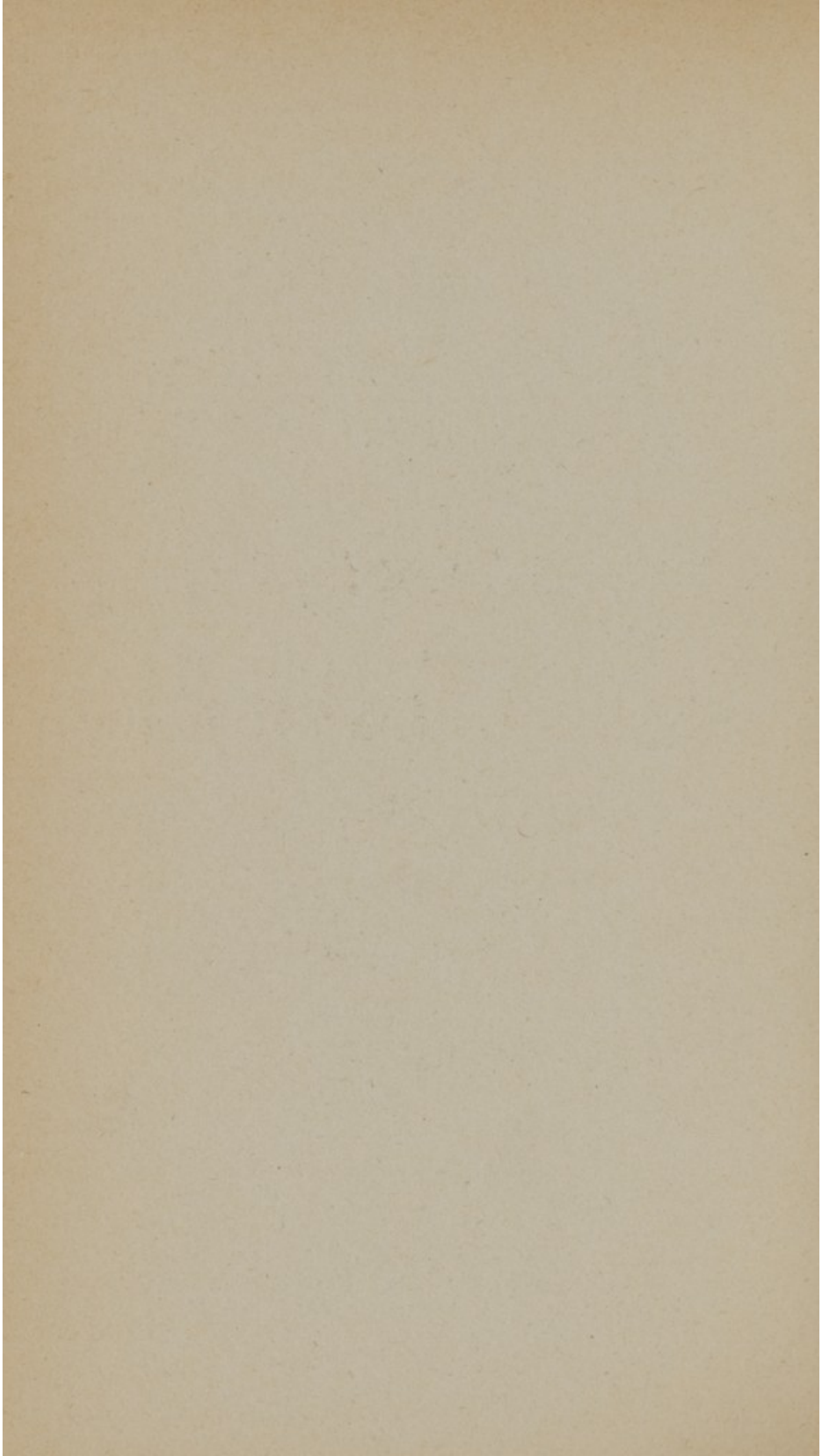


METROPOLITAN BOROUGH OF CAMBERWELL

REPORT
OF THE
MEDICAL OFFICER
OF HEALTH
FOR THE YEAR
1964



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

March, 1965

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

Mr. Mayor, Aldermen and Councillors,

I have the honour to present my Annual Report for the year 1964, which is the last Annual Report for the Metropolitan Borough of Camberwell prior to the re-organisation of local government in London under the London Government Act, 1963. On the 1st April, 1965 the Borough of Camberwell will be merged with the Boroughs of Southwark and Bermondsey into the new London Borough of Southwark.

It is 109 years since the first medical officer of health was appointed to what was then the Camberwell Vestry and reference to his report on the health of the area which was included in the Vestry's Annual Report for 1857 reveals some very interesting data.

The population then was 61,227 as compared with 175,740 in 1964, although it has been much higher. The death rate in 1857 was 20 whereas in 1964 it was 10.3. The real significance of the improvement brought about in the health of the community is, however, spot-lighted in the following table which shows the percentage of total deaths by age groups:

1857		1964	
<u>Age Group</u>	<u>% of total deaths</u>	<u>Age Group</u>	<u>% of total deaths</u>
Under 5 years	34	Under 5 years	4
5 - 50 years	30	5 - 55 years	13
Over 50 years	36	Over 55 years	83

Mortality from notifiable infectious diseases has been almost eliminated; diphtheria, scarlet fever, whooping cough, measles and smallpox were responsible for 142 deaths in 1857, but in 1964 no deaths were recorded from these causes. Indeed the incidence of the diseases themselves has been dramatically reduced.

There is no record of the deaths from malignant disease in 1857; such causes were presumably included under the heading 'other diseases chiefly chronic' which totalled 596. It would have been interesting if comparison could have been made of the prevalence of malignant disease of the lung, coronary thrombosis, and bronchitis in 1857 and today when they are the major causes of invalidism and death.

The Anti-Smoking Clinic which was set up in November, 1962 was discontinued during the year owing to lack of support, but the Junior League of Non-Smokers, which originated at a large comprehensive school in the Borough, continued to grow and it is hoped that it will have an impact on future generations by inculcating in children the dangers of cigarette smoking.

Every effort was made to further the campaign for clean air. The programme for the establishment of smoke control areas continued and prompt action was taken to secure the abatement of smoke nuisances from whatever source they arose. The problem of the pollution of the atmosphere by diesel fumes, although not falling within the scope of the Clean Air Act, was not ignored. Whenever the Department's Officers observed black smoke being emitted from the exhausts of diesel-engined vehicles, a letter was sent to the owners drawing attention to the occurrence and seeking their co-operation in the prevention of such pollution. In many instances, replies were received assuring the Council that remedial action was being taken and expressing thanks and appreciation of the Officer's action in bringing the matter to their notice.

Most of the provisions of the Offices, Shops and Railway Premises Act, 1963, came into operation during the year. This imposed considerable additional duties upon the staff of the Public Health Department, and will necessitate the appointment of specialist officers to devote their whole time to the enforcement of this legislation. The new London Borough of Southwark have in fact already made provision for such officers on their proposed establishment.

The Public Health Department played an active part in many research projects which included an investigation into the smoking habits of the population (including an assessment of the results of propaganda); the impact of drinking and alcoholism in the community (this was a survey carried out by a group of social science students from Cambridge University); and a survey of the diet of old people.

Health education activities were continued and many lectures, talks, film shows, and demonstrations were given to members of clubs, churches, schools etc. The Medical Officer of Health broadcast on several occasions both on radio and television.

The Department was visited by a number of people during the year including doctors from Canada, Chile, United States, Japan and Yugoslavia as well as several army health officers.

During the year, activities under the provisions of the Housing Acts was intensified, particularly in relation to houses in multiple occupation. In two extreme instances it was necessary to invoke the powers vested in the Council under the provisions of Section 73 of the Housing Act, 1964 to make Control Orders.

Since this is my last Annual Report for the Borough of Camberwell, I would like to take this opportunity of expressing my thanks and appreciation to the members of the Council who have always given me such support and encouragement in my efforts for the promotion of health in the Borough. I wish to thank, also, the other Chief Officers and their staffs for their assistance and co-operation, and finally, to pay tribute to the staff of the Public Health Department who have worked so well and conscientiously, often during their own leisure time, in the interests of the inhabitants of Camberwell - I am grateful to them and proud of their achievements.

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 1964***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. Blossie

" Mrs. E.S. Daymond

" G.A. Gilbert

" S.H. Gilbert

" Mrs. A. Inman

" Mrs. B.E. Knight

" F.E. Lee

" Mrs. M.E. Nelson

" F.E. Rehder

" C.T. Robinson

" Mrs. F.E. Sampson

" Mrs. M.M. Tarrant

" Miss D.M. Walker

Ex-Officio:

Alderman W.R. Allen, M.B.E., J.P., L.C.C.,

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 H.G. Lamborn, M.R.S.H.; L.C.C.;

Vice-Chairman, Finance Committee

**Staff of the Public Health Department
(as at 31. 12. 64)**

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., B.S., D.R.C.O.G., 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:

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.

Technical Assistants:

R. Hewston,

W. Cumbers

B. Pye

Public Health Inspectors:

F. Dray, a.c.

H.M. Hough, a.

F. Duggins, a.

J.E. Millway, a.

G.A. Fraser, a.

M. Stevenson, a.

P. Frost, a.

H.F. Williams, a.

A. Cartside, D.P.A. a.

G. Matthews, a.

E.C. George, a.c.

A.D. Melvin, a.

(2 vacancies)

Student Public Health Inspectors:

F. Grace

E. Pain

M. Lawson

W.E. Samuel

Infectious Diseases and Old People's Visitors:

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

Mrs. N. Roberts, S.R.N.

Miss T. Riches, S.R.N.

Senior Clerk:

C. Burgess

Clerical Staff

A. Beare	Mrs. E. Cooper
D. Danter	Miss E. Ponder
W. Everett	I. Elliott
Mrs. M. Findlay	G.V. Ward
Mrs. A.D. Dormer	Miss B. Aslett (unest.)
	Mrs. P. Wingate (temp.)

Rodent Control

<i>Rodent Officer</i>	W.H.G. Saunders, b.
<i>Rodent Investigator</i> ..	Mrs. M.J. Kenny
<i>Rodent Operators</i>	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. N.M. Mendham
Mrs. D. Smetham, Mrs. F.C. Skudder
Mrs. L.A. Morris

Disinfecting and Cleansing Station:

<i>Foreman Disinfector</i> ..	Vacant
<i>Stoker/Disinfector</i> ..	
<i>Apparatus Attendant</i> ..	E. Manning
<i>Disinfectors</i>	T.W. Whitfield
	M. Concannon (temp.), J.E. Higgott
	R. Gillings (temp.), R. Wainwright (temp.)
<i>Motor driver</i>	E.W. Bowden
<i>Cleansing Station and</i>	
<i>Home Bathing Attendants</i>	Mrs. E.M. Norman, Mrs. V. Balls (temp.)

*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

There were no complaints received during the year concerning the purity of the water supply. Every dwelling in the Borough is provided with water direct from the mains of the Metropolitan Water Board.

Drainage and Sewerage

There were 307 applications for the approval of plans submitted in respect of the drainage of new buildings or the reconstruction of existing drains. The Council's Public Health Inspectors supervised the carrying out of all these works.

The relaying of 5,219 lineal feet of sewers was carried out in accordance with the Council's sewers reconstruction programme which is under the control of the Borough Engineer and Surveyor.

Nuisances from pigeons

Where pigeons or house doves congregate in such numbers as to cause any nuisance, annoyance or damage the Council is empowered by section 121 of the Public Health (London) Act, 1936, to seize and destroy, or sell or otherwise dispose of, or cause to be seized and destroyed or sold or otherwise disposed of, any such house doves or pigeons in excess of such number as the sanitary authority consider reasonable...

Nuisances by pigeons frequently do occur and it has been the practice for many years for the Council to authorise an approved person to act as pigeon catcher and arrange for him to deal with any nuisances. Considerable difficulty was experienced during the year in securing the services of a suitable person to act in this capacity following the death of the Council's official pigeon catcher.

It would seem that other Boroughs have experienced similar difficulties and in June consideration was given to the matter by the Metropolitan Boroughs' Standing Joint Committee who informed constituent Councils that the Ministry of Agriculture, Fisheries and Food had recently organised a course for public health inspectors

and pest operators in the control of feral pigeons and house sparrows. It was suggested that Boroughs who have a pigeon problem might approach the Ministry to organise another course. This Council did so, and was informed that the Ministry would be glad to arrange such a course in the autumn if there was sufficient demand. Up to the end of the year, however, no further information had been received.

A serious problem arose in Burbage Road where pigeons were nesting on the girders of the railway bridge and had become so numerous as to give rise to a considerable nuisance, not only as a result of the damage they were causing to surrounding buildings, but also from the droppings under the bridge which rendered the footways and roadway foul and dangerous.

It became necessary to invite tenders from pest control contractors to deal with this matter, and the Public Health Committee authorised one of these firms to secure a reduction in the number of pigeons by shooting. This work was in progress at the end of the year, by which time a large number of pigeons had already been destroyed.

Underground Bakehouses

There is only one underground bakehouse in Camberwell and following the quinquennial review as required by the Factories Act, the Council extended the Certificate of Suitability for a further five years.

Animal Boarding Establishments

The Animal Boarding Establishments Act, 1963 which came into operation on 1st January 1964, provides for the licensing of such premises by local authorities, who shall specify conditions in the licence for securing the provision of suitable accommodation; adequate food, drink, bedding and exercise; reasonable precautions to prevent and control infectious or contagious diseases; appropriate measures for the protection of the animals in case of fire or other emergency; and the keeping of a register of animals received into the establishment.

The Medical Advisory Body of the Metropolitan Boroughs' Standing Joint Committee considered this matter

and in order to attain uniformity throughout London standard conditions were suggested for inserting in licences issued under the Act. These conditions were adopted by the Council, but as there are no such establishments in Camberwell at present it has not been necessary to invoke the new legislation.

Offices, Shops and Railway Premises Act, 1963

This comprehensive legislation, designed to control working conditions in offices, shops and railway premises, requires that all such premises shall be registered with the local authority. This provision came into operation on 1st May 1964 and most of the remaining provisions on the 1st August 1964. The 'local authority' for certain classes of premises such as those occupied by Government departments, local authorities and the railways is the Factory Inspectorate, but in respect of all other offices and shops the London County Council is the enforcement authority in relation to fire precautions and the Borough Council is the enforcement authority for all other requirements.

The Council is required to maintain a register of the offices and shops in respect of which they are the enforcement authority. Occupants of such premises were required to register them with the local authority between 1st May and 31st July 1964, and the Medical Officer of Health was made responsible for this matter; the public health inspectors were appointed as inspectors for the purposes of the Act. One thousand, one hundred and eleven premises were registered during the year.

Compulsory Removal of aged persons

It was necessary on two occasions during the year to obtain a court order for the compulsory removal of an aged, infirm person under the provisions of the National Assistance (Amendment) Act, 1951. In one case an application had to be made for an extension order under Section 47 of the National Assistance Act, 1948 in order to prevent the elderly lady concerned returning home after only three weeks in Part III accommodation. She subsequently settled down comfortably in her new surroundings and voluntarily gave up her flat.

INFECTIOUS DISEASES

The infectious diseases about which we can collect information are those which are notifiable to the Medical Officer of Health. It is becoming increasingly evident that this information about diseases occurring in the Borough is inadequate for our present needs and it is necessary to consider the collection of accurate statistics about diseases which are not infectious, but which are of considerable epidemiological importance to the community.

The major 'killing diseases' today are coronary thrombosis, bronchitis and malignant conditions, notably carcinoma of the lung. Much research has been carried out and some of the causes of these diseases are now known to us. However, we still lack accurate data on the occupations, family histories and various habits of the victims of these and other non-fatal conditions. For example, it was believed that coronary thrombosis was essentially a disease of the sedentary worker, but medical practitioners find that an increasing number of manual workers are suffering from this condition. It is important to know the reason for such trends and this we cannot discover unless we can collect information about every patient who suffers from the disease.

Scarlet Fever

There were 109 notified cases of scarlet fever (67 cases notified in 1963). This disease has become much less serious during the past 15 years or so, due to a change in the activity of the infecting organism and to the use of new drugs to lessen the danger of the complications which led to chronic conditions in later life.

Whooping Cough

There were 45 cases of whooping cough in 1964 (173 during 1963). The Health Department of the London County Council continued its intensive efforts to ensure that all infants who are fit for immunisation receive full protection at the minimum advisable age.

Diphtheria and Poliomyelitis

These diseases did not occur in the Borough during 1964. As in the case of whooping cough, efforts are made to ensure that all children receive protection at an early age.

Measles

The incidence of measles fell during 1964 - 791 cases were notified (1962 during the previous year). The majority of cases occurred in children under the age of 10 years, mainly in the 5-10 year group.

Efforts continue to produce a vaccine which will be effective in preventing measles without also causing unpleasant side effects in the recipients. However, many still doubt whether the general use of such a vaccine would be justifiable in Western Countries, although there is the argument that measles is a more serious disease than is usually believed.

The trial of measles vaccine during a year of expected high incidence of the disease should yield interesting information.

Basillary Dysentery- (Some)

There were 38 notified cases of dysentery during 1964 (apparently a considerable improvement on the 220 cases notified during 1963). The word 'apparently' is used with deliberation since many people appear to be conditioned to the fact that a 'tummy upset' is not an unusual occurrence in their relatives and friends and can be regarded quite casually. Such 'upsets' may never reach the family doctor (and hence undergo bacteriological investigation) since many are mild and can be easily treated by simple home remedies.

However, these digestive disturbances can be the cause of much discomfort and distress, as well as loss of working time. They are a disgrace in a civilised community where almost everyone has access to the health education which explains frankly that such digestive troubles are caused by dirty habits in food handlers or consumers and that with care and commonsense these infections would not occur in this country.

Food Poisoning

Notifications of these illnesses numbered 33 during 1964 (there were 14 during 1963) with no noticeable seasonal variation.

In the majority of cases (22), the responsible agent could not be identified, but the fact remains that, as in the case of Dysentery, these are preventable diseases, information on their mode of spread can be widely disseminated, but if some members of the community do not cooperate we must expect needless illness to continue.

PROBLEMS OF A TYPHOID CARRIER

On January 29th, 1964, a Jamaican child, aged 10 months, who had been admitted to a children's hospital a week earlier, was notified as a case of typhoid fever.

The child lived in a house in which there were thirteen people, all Jamaicans. The front room on the first floor was occupied by a man and his wife (Mrs. A) and their daughter aged 10 years. The back room was occupied by a woman, her daughter, aged $2\frac{1}{2}$ years, and her son who was the sick child admitted to hospital. The other occupants were spread over rooms on the ground and second floors. They were interrelated and, generally speaking, lived as one family, Mrs. A doing most of the food preparation.

There was a kitchen on the ground floor which was the one mainly used, and another on the second floor which was used occasionally by some of the occupants of the upper rooms. There were also two W.C's - one on the ground floor and one on the second floor - both of which were used in common by all members of the household. The house had no bathroom and there were no wash basins. Personal ablutions were carried out in the two kitchens, each of which had a sink and water supply.

The occupants were clean in their habits, and their standards were above average. They had all been living in this house since September, 1963, and in this country for 3 or more years. None of them gave a history of recent illness and all were well at the time of the first and subsequent visits. The sick child had been in the care of a registered daily minder; another child in the house went to a day-nursery, and another attended school. All the contacts of these children were well, and faecal examinations on three occasions revealed no pathogenic organisms.

Examination of the house contacts gave two positive results (Feb. 5) Mrs. A and her daughter, aged 10. They lived in the room next to the mother and sister of the boy who had been taken ill, and took meals with them. Both were symptomless, and gave no history of recent illness. Mrs. A. and another woman living in the house had been employed in a local pickle factory for more than a year.

The sick child was transferred from the Belgrave Hospital to St. George's Hospital, Tooting, and recovered from typhoid fever. He received chloramphenicol for 14 days, and nine stool and urine cultures were negative after treatment had ended. His Widal reaction remained negative throughout the illness.

Mrs. A. and her daughter were also admitted to St. George's Hospital. Mrs. A. came to this country in 1956, and in 1960 had an illness diagnosed as acute cholecystitis; she had severe abdominal pain but no headache, fever or diarrhoea. She was admitted to hospital for a few days and was discharged free of symptoms. She was re-admitted in October, 1963, after several months of upper abdominal pain and flatulence. After investigation her gall-bladder, which was full of stones, was removed, and she had remained well since then. At St. George's Hospital *Salmonella typhi* was isolated from the stools, but three specimens of urine were negative on culture, Liver-function tests were normal. Intravenous cholangiography showed a grossly dilated common bile duct, containing numerous small calculi. Mrs. A. would not consent to an operation for removal of her gall-stones.

Mrs. A's daughter was a healthy girl with no significant past illness. The presence of *S. typhi* in her stools was confirmed and three specimens of urine were sterile on culture.

The patient was given ampicillin 2 g. daily for 14 days. After this, six specimens of stools and three specimens of urine were negative on culture.

Repeated faecal examination of home contacts - though presenting difficulties and with some lack of co-operation - revealed no other carriers; and it seems that Mrs. A. infected the child and her own child. No history could be obtained from Mrs. A. of illness in the West Indies before 1956 suggestive of typhoid. The episode in 1960 may well have been a typhoid cholecystitis followed by the formation of gall-stones, which were removed in 1963.

Mrs. A. was discharged from hospital early in March but was still receiving treatment as an out-patient. Precautions were taken to ensure that she did not return to work in a food factory and she was found alternative employment.

LEAD POISONING

Lead poisoning in children was the subject of an investigation by medical research workers at the Hospital for Sick Children, Great Ormond Street, who confirmed that there was a definite connection between mental retardation in young children and lead poisoning. Nearly half of 122 mentally abnormal or retarded children examined had taken in lead earlier and the lead content of their blood was greater than that of healthy children. This gave added importance to the need to ensure that toys designed for young children should not contain lead.

Two cases of lead poisoning were brought to the notice of the Public Health Department during the year. The first concerned a boy aged 2 years who was removed to hospital. It was stated that he had gnawed wooden window ledges in his home thereby removing a fair quantity of paint. Samples of paint were scraped from the two window ledges concerned and submitted for analysis. One sample contained one per cent of lead and the other 5.5 per cent. A plastic toy elephant, which the child had also chewed, proved on examination to be free of any significant quantity of lead. The British Standard Code of Safety Requirements for children's play-things recommends that paint for toys should not contain more than 1.1 per cent of lead. It would seem likely in this case that paint from one of the window ledges may have been the cause of the child's illness.

The other case was a girl aged 2 years and 9 months who was reported by Evelina Children's Hospital to be suffering from lead poisoning. Enquiries revealed that some plastic toys had been chewed by the child and these were submitted for analysis. One of them, a plastic toy dog on wheels - was found to contain 650 parts per million of lead in the substance and could have been the causative agent. It was believed that this toy had been purchased the previous Christmas from a stall in a market place, but efforts to trace its origin were unsuccessful.

The British Plastics Federation have stated that no plastic toys containing lead are made in this country, and the Home Office has recommended that imported plastic toys should not contain more than 250 parts per million of lead in their plastic.

SMOKING

(Adapted from an article published in the Royal Society of Health Journal, September/October, 1964)

Since 1950 anti-smoking propaganda has become a feature of health educational activities, which were intensified following publication of the Report of the Royal College of Physicians of London in 1962.

Tobacco first came to England in Elizabethan times and since those days many voices have been raised in condemnation of the smoking habit. But nothing could retard the increasing consumption of tobacco. Army officers brought in the cigar after 1815. The cigarette made its appearance in the 1850's. The habit was acquired by soldiers in the Crimea, who rolled tobacco in pieces of newspaper. A returned soldier named Cloag, who lived at Peckham, started making tubes of tobacco in yellow paper with cane mouthpieces. He later employed 100 workers and in 1884 introduced cigarette cards. Hand rolled cigarettes were replaced in 1891 by the machine-made variety and a new industry came into being.

In 1902 each male in this country was consuming on an average, one pound of tobacco in a year; 60 years later this had increased tenfold. Women, who acquired the habit later, smoked a pound each in 1922; they now smoke four times as much.

More than once, during the present century, doctors have drawn attention to the dangers to health of smoking. Studies were made in London in 1948, in America in 1941, and by a German physician who, in 1923, associated the increase in cancer of the lung with the rise in the amount of cigarette smoking.

Much information has now been gathered about the smoking habits of persons in different age and sex groups from 10 years upwards, and among those in different walks of life. The results have not been uniform, even in relation to members of comparable groups, which is not surprising when full and accurate information is not easy to obtain. However, a general picture has been built up which leaves no doubt as to the magnitude of the preventive task.

Children

The many studies undertaken during the past five years show that at least one boy in ten has started to smoke before he leaves the primary school; it appears that less than 3 per cent of girls indulge in the occasional cigarette at this age. Surveys in Camberwell - 2,000 children - have shown that at the time of entry to senior schools 11 per cent of boys and 1 per cent of girls smoke. The percentage of smokers and the number of cigarettes smoked go up sharply after the first year at school and continue to increase among both sexes. When they leave school, children are approaching the practices of adults. Figures in Camberwell, obtained shortly after anti-smoking propaganda was intensified, are a little lower than the national averages, but statistical inaccuracies cannot be ruled out. Later surveys in the same schools suggest that intensification of effort has met with a measure of success. The results of the first survey are shown in the following table.

Ages and percentage of smokers

Boys		Girls	
12 years	- 11 per cent	12 years	- 1.5 per cent
13 years	- 25 per cent	13 years	- 12 per cent
14 years	- 25 per cent	14 years	- 18 per cent
15 years	- 26 per cent	15 years	- 23 per cent
16 years	- 34 per cent	16 years	- 28 per cent

An earlier enquiry among senior girls in another school revealed 36 per cent of smokers, but a third of this number were occasional smokers only. In an English public school 46 per cent of boys between 15 and 19 were regular smokers; 50 per cent of women students in a teachers' training college smoked. Early and excessive smoking among children is reported from many parts of the world.

Why do children smoke?

Special health educational campaigns pay the biggest dividends when they take account of all available knowledge about the habits and customs contributing to the illnesses against which the preventive drive is being directed. This truism has a special bearing on anti-smoking measures among children and young people, a large

proportion of whom have not begun smoking or, if smoking occasionally have not yet succumbed to the habit. It is agreed by those who have experience in the matter that the better education of school children about smoking and its consequences is a major objective.

There is no divergence of opinion on the role of the cigarette as a status symbol - the beacon that shows the world the desire of the adolescent to appear grown up and sophisticated. Curiosity is probably the chief initial incentive: some children smoke 'for a dare'. But the young are essentially imitators and it is natural that they should ape those around them, at home, at school, at the youth club, on the street corner, and the personalities they see on the television screen.

As they become older young people speak of the enjoyment, relaxation and contentment that go with the cigarette, and the way it counteracts worry, mental tension and boredom. The view that smoking at these ages expresses a rebellion against authority and a reaction against interference with their freedom by adults, cannot be accepted without reservation. But those who impute the social occasion at which everyone smokes or the difficulty of refusing a cigarette offered as a **friendly** gesture, have a far more real excuse. Among college students, cost was an important reason for limiting the purchase of cigarettes; conversely, many young people earning good wages say they are now able to buy more. (It is relevant to mention the complaint of a South London school-master who declares that his preventive campaign is being deliberately undermined by the shopkeepers who sell cigarettes to children under age. A cigarette and a match are sold for 2d. The shops are visited, but the offence is always denied). Others point out that, smoking (like alcohol) is a necessity in their business life. The collection of coupons, which may be exchanged for free gifts, is sometimes given as an excuse.

Some observers believe that there may be an inverse relationship between the smoking habits and intelligence of school-children. Support is lent to this view by the findings in a large comprehensive school in Camberwell; for every three boys in the highest academic groups who smoked, there were five in the lowest. Among the girls the differences were of no statistical significance.

Impact of Health Education

The health educator has many opposing forces with which to contend; one of these is commercial advertising, with its skills and vast **resources**. Young men and women are the chief objectives, and the television screen giving the advertising agent great scope for his arresting and seductive presentations, which are enhanced by repetition

We know far too little about the impact on the public of the various health educational techniques employed; this is not so in commerce, where the advertiser takes good care to discover the effects of his sales promotion. In order to try to find out something about these matters, a preliminary survey was undertaken in Camberwell with a questionnaire to a random sample of adults and children. The results leave no doubt as to the tremendous influence of television advertising on children and adults alike. The number of children unable to recall advertisements for cigarettes was negligible; most could repeat the slogans and describe the scenes. Many asked why the public health department was unable to compete with expert commercial selling devices in its health promotion projects. The great majority wanted more programmes on health, including those dealing with lung cancer. As a health educational medium, television was voted first in all but the older age groups; school-children gave films second place. Posters and exhibitions were much lower in the lists. The importance of example was highlighted by the many comments on the frequency with which well-known people, at interviews or in plays, smoked cigarettes before the television cameras.

A school anti-smoking society

When, in October, 1962, an anti-smoking unit visited a comprehensive school in Camberwell (a school which has had a close link with the public health department for a long time) the pupils were invited to suggest ways in which they might help. An anti-smoking society was suggested at once and a boy volunteered to become the organizer. Prizes were offered for the best designs for a badge and the art room became the scene of great activity. A mixed committee of six came into being, which soon developed into an enthusiastic group, encouraged to conduct its affairs with a minimum of interference from the staff and doctors. Talks and group

discussions were arranged, helped by periodic visits from doctors, sportsmen, physical educationists, beauty culturists and others. A lapel badge designed in collaboration with the committee was made available by 'Family Doctor'. It is free but the society members (who now number 700 in the school of 1,700 pupils) decided to pay threepence each for it. The token design, a red kidney shaped object with a black dot within, symbolic of a cancer cell, invites the question 'What badge are you wearing'?

Publicity, limited at first, is now bringing enquiries from other schools at home and abroad, and societies on comparable lines are being formed.

This venture has been most successful in the lower forms, where nearly everyone has joined after agreeing to the only rule, which is a promise not to smoke until the age of 21. (Although open to some objection, this form of words, decided on by the children, was not questioned). As yet there are fewer members among the more dedicated smokers in the top forms, but this will alter, it is hoped, as time goes on. It is not being forgotten that the critical age, when the casual smoker becomes 'a regular' is at 16.

The Junior League of Non-Smokers

The movement has such great potential that it was decided to establish a junior league of non-smokers on a national basis. This was inaugurated at the exhibition for schoolboys and schoolgirls held at Olympia in January, 1963, in the presence of Lord Newton, Parliamentary Secretary, Ministry of Health and representatives of the health and education services. The Camberwell school committee answered questions from a large audience of school-children, enthusiastic and avid for information. One national daily noted this event, but several provincial papers reported it; many enquiries about the league have resulted.

Conclusion

There are certain broad conclusions to be drawn;

(a) Urgent and more intensive action is necessary, at national and local levels, if this pandemic of cigarette

smoking with its undeniable ill effects on the health of the Country, is to be stemmed.

(b) The intricate task of changing public attitudes towards smoking calls for better planned and co-ordinated efforts by 'outside' bodies in support of the pressure being exercised by the medical services.

(c) The material aid which the personal and environmental health services have provided increasingly in the prevention of disease and the promotion of health, are too often taken as an excuse for a disregard of personal responsibility and physical morality. The smoker like the alcoholic and others with behaviour problems, cannot rely on inoculation, sanitation, chlorination or spraying with D. D. T. to come to his aid, neither will he find treatment of much avail in the absence of will power and a sensible attitude of mind.

(d) For these reasons, propaganda directed at adults must emphasise that although the maximum help and guidance is at their disposal, the outcome is in their own hands. At the same time, parents - and teachers, youth leaders and the clergy - must be reminded forcibly that whatever their personal attitudes and failings, they have vital responsibilities to the rising generation, which must be fulfilled by example and precept.

(e) The school is well adapted for propaganda and positive action. Lines of approach need close scrutiny with the object of stimulating children to think for themselves and conduct their own campaigns.

(f) Funds available for all aspects of health education are most inadequate. Anti-smoking propaganda is being curtailed and it is unable to off-set cigarette advertising especially on television, by expertly devised publicity.

(g) More information is required as to the extent to which the law against selling cigarettes to under-age children is being broken. There should be heavier penalties and the minimum age may well be raised.

(h) Here, and in America many other legislative procedures have been advocated, some of which may reach the Statute Book. The tobacco manufacturers are searching for the noxious elements in cigarette smoke with a view to their removal, but this is a distant possibility, the worth of which some will doubt. But none will dispute that if there cannot be abstinence, moderation is the next best thing.

Anti-smoking Clinic

The Anti-smoking Clinic which was set up in November 1962, continued to operate group therapy sessions throughout the year under the guidance and supervision of Dr. J. Griffith Edwards of the Maudsley Hospital. Each person was invited to attend for four successive weeks and was then followed up by a postal enquiry at monthly intervals for a further three months.

In September 1964 an article was published in 'The Lancet' reporting the results of an investigation carried out by Dr. Griffith Edwards at the Anti-smoking Clinic the previous year into the efficacy of buffered lobeline sulphate. This was entitled 'Double-blind Trial of Lobeline in an Anti-smoking Clinic' and the following extracts are of considerable interest.

'Twenty-five women cigarette smokers were treated with lobeline and 25 with placebo; patients were randomly allocated to one of these groups.

Patients were seen by appointment for an initial interview of 30 minutes and at this interview the dangers of continued smoking were discussed in detail. The special difficulties which giving up smoking seemed to present to the particular individual were also talked over.

Patients were then offered the aid of tablets; these tablets were represented as being a powerful aid to stopping smoking, but it was stated that the tablets, although lessening the craving for cigarettes were not a 'cure' which could replace the necessity of the patient's own resolve. Patients who received lobeline were given a week's supply of tablets..... to be taken three times a day, while patients on placebo were given with the same instructions tablets which appeared identical with the lobeline and which contained 15 mg. quinine sulphate so as to give them the same taste as the lobeline tablets.

Patients were seen for three further weekly appointments and the supply of tablets renewed. Diary cards were provided on which patients recorded the number of cigarettes smoked, and these were handed in at the end of each week.

At the end of each of the first three months after the completion of the four weeks course of treatment, patients were sent a reply paid inquiry asking how much, on average, they had been smoking during the previous months.

Assessed four months after starting treatment, only 10 per cent of patients had stopped smoking completely. That so few patients were able to achieve complete success is disappointing, but the proportion of patients considerably cutting down their smoking was more impressive, and this reduction was not ephemeral so far as a three-month follow-up was concerned. The degree to which patients who cut down but did not stop their smoking would show more long-term benefit is, however, very uncertain.

Whatever the therapeutic success of an anti-smoking clinic, its establishment may, as an obvious manifestation of official concern, have a valuable impact on public opinion. Furthermore, even a moderate success rate may justify the expense involved in running a clinic. That the treatment described in the present paper did not achieve better results is no reason for abandoning anti-smoking clinics, but provides on the contrary an urgent argument for further experiment in methods and treatment.

SUMMARY

- (1) At an anti-smoking clinic set up by the Public Health Department of Camberwell Borough Council a comparison was made of the results of four week's treatment with buffered lobeline sulphate and placebo. Postal follow-up inquiry was made at one, two and three months after the end of treatment. There were 25 women in each group.
- (2) Neither during the four-week treatment nor at follow-up were there significant differences in outcome between the groups. Considering the two groups together, 68 per cent had by the last clinic treatment reduced their smoking to 0.33 per cent of the

original level, 16 per cent to 33-36 per cent and 16 per cent to 66 100 per cent of the original level. Mean smoking level for patients responding to the third monthly inquiry showed a partial but not complete relapse, but at that time only five subjects (10 per cent) had completely stopped smoking. A number of factors which were examined did not correlate with success in stopping smoking.

- (3) Possible reasons were discussed for the conflict between the present findings and studies which have seemed to show that lobeline can have more than a placebo effect-
- (4) That better results were not obtained is an urgent argument for further research into methods of treating smoking.

ACKNOWLEDGMENTS

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 conducted. 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. Messrs. Uni-Pharma kindly supplied the lobeline and placebo tablets used in this study. My thanks are due to Miss K. Bluk for secretarial assistance.

STATISTICAL APPENDIX

Summary of Statistics for the year 1964

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/1964)	175,740
Number of inhabited houses (April 1964)	46,112
Rateable value (April 1964)	£7,409,806
Sum represented by a penny rate (Estimated)	£29,500
Number of live births	3,669
Birth rate	20.9
Number of deaths	1,818
Death rate	10.3
Infantile Mortality:	
Deaths under 1 year	73
Infant deaths per 1,000 live births	19.9
Maternal Mortality:	
Deaths of women from diseases or accidents associated with childbirth	1
Maternal death rate per 1,000 total births	0.3
Deaths from Pulmonary Tuberculosis	19
Death rate	0.1
Deaths from cancer of lung and bronchus..	112
Death rate	0.6
Deaths from all forms of cancer	390
Death rate	2.2

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1964 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	10	-	-	-	-	-	-	-	2	4	-	4	
	F	9	-	-	-	-	-	-	4	2	1	2		
2. TUBERCULOSIS, OTHER	M	2	-	-	-	-	-	-	-	1	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-		
3. SYPHILITIC DISEASE	M	1	-	-	-	-	-	-	-	-	-	1		
	F	1	-	-	-	-	-	-	-	-	-	1		
4. DIPHTHERIA	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
5. WHOOPING COUGH	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
6. MENINGOCOCCAL INFECTIONS	M	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	1	-	-	-	-	-	-	-		
7. ACUTE POLIOMYELITIS	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
8. MEASLES	M	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
9. OTHER INFECTIVE AND PARASITIC DISEASES	M	1	-	-	-	-	-	-	-	-	1	-		
	F	-	-	-	-	-	-	-	-	-	-	-		
10. MALIGNANT NEOPLASM, STOMACH	M	22	-	-	-	-	-	1	4	5	6	6		
	F	17	-	-	-	-	-	1	1	3	9	3		
11. MALIGNANT NEOPLASH, LUNG, BRONCHUS	M	95	-	-	-	-	-	2	18	39	24	12		
	F	17	-	-	-	-	-	1	4	4	3	5		
12. MALIGNANT NEOPLASM, BREAST	M	-	-	-	-	-	-	-	-	-	-	-		
	F	30	-	-	-	-	-	4	9	8	6	3		
13. MALIGNANT NEOPLASM, UTERUS	F	13	-	-	-	-	-	1	4	4	3	1		
14. OTHER MALIGNANT AND LYMPHATIC NEOPLASMS	M	83	-	-	-	-	1	3	11	19	24	24		
	F	105	-	-	-	-	4	5	8	27	32	29		
15. LEUKAEMIA, ALEUKAEMIA	M	4	-	-	-	-	1	-	1	1	1	-		
	F	4	-	-	-	1	-	-	1	2	-	-		
16. DIABETES	M	5	-	-	-	-	-	-	1	-	1	3		
	F	9	-	-	-	-	-	-	-	-	-	8		
17. VASCULAR LESIONS OF NERVOUS SYSTEM	M	69	-	-	-	-	-	-	-	8	19	16		
	F	112	-	-	-	-	-	1	2	3	8	24		

18.	CORONARY DISEASE, ANGINA	M	187	-	-	-	-	-	1	8	25	59	54	40
		F	151	-	-	-	-	-	-	-	7	9	46	89
19.	HYPERTENSION WITH HEART DISEASE	M	5	-	-	-	-	-	-	-	2	2	-	1
		F	13	-	-	-	-	-	-	-	1	1	5	7
20.	OTHER HEART DISEASE	M	55	-	-	-	-	1	1	2	6	7	13	25
		F	91	-	-	-	-	-	2	4	2	6	14	63
21.	OTHER CIRCULATORY DISEASE	M	39	-	-	-	-	-	-	3	2	5	13	16
		F	68	-	-	-	-	-	-	-	1	3	12	52
22.	INFLUENZA	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
23.	PNEUMONIA	M	73	1	3	1	-	-	-	-	-	6	14	48
		F	92	-	-	-	-	-	-	2	1	3	14	72
24.	BRONCHITIS	M	88	-	4	-	-	-	-	-	5	21	31	27
		F	33	-	1	1	-	-	-	-	1	4	5	21
25.	OTHER DISEASES OF RESPIRATORY SYSTEM	M	18	-	-	-	-	-	-	2	3	4	4	5
		F	5	-	1	-	-	-	-	-	-	1	-	3
26.	ULCER OF STOMACH AND DUODENUM	M	13	-	-	-	-	-	-	-	-	4	6	3
		F	6	-	-	-	-	-	-	1	-	-	1	4
27.	GASTRITIS, ENTERITIS AND DIARRHOEA	M	3	-	1	-	-	-	-	-	-	1	-	1
		F	6	-	1	-	-	-	-	-	-	-	1	4
28.	NEPHRITIS AND NEPHROSIS	M	9	-	-	-	-	-	1	1	-	3	2	2
		F	5	-	-	-	-	-	-	-	-	1	2	2
29.	HYPERPLASIA OF PROSTATE	M	4	-	-	-	-	-	-	-	-	1	-	3
30.	PREGNANCY, CHILDBIRTH, ABORTION	F	1	-	-	-	-	1	-	-	-	-	-	-
31.	CONGENITAL MALFORMATIONS	M	11	7	3	-	-	-	-	1	-	-	-	-
		F	16	7	4	-	-	-	1	-	1	1	-	2
32.	OTHER DEFINED AND ILL-DEFINED DISEASES	M	72	24	-	-	3	2	-	-	2	13	16	12
		F	78	15	1	-	-	1	3	5	10	9	9	34
33.	MOTOR VEHICLE ACCIDENTS	M	11	-	-	-	1	3	1	1	1	1	1	2
		F	3	-	-	-	-	1	-	-	-	-	-	2
34.	ALL OTHER ACCIDENTS	M	12	-	-	1	1	1	-	1	2	2	1	3
		F	16	-	-	-	-	1	2	-	1	3	3	6
35.	SUICIDE	M	13	-	-	-	-	-	2	3	2	2	1	3
		F	10	-	-	-	-	1	1	1	2	1	4	-
36.	HOMICIDE AND OPERATIONS OF WAR	M	1	-	-	-	-	-	-	-	1	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
Total All Causes		M	906	32	11	3	5	7	8	28	97	220	229	266
		F	912	22	8	2	-	5	12	29	51	102	145	486

CAUSES OF DEATH BY SEX AND RACE
 1941-1942

Year	Male	Female	Total
1941	1,629	1,548	3,177
1942	246	246	492
Total	1,875	1,794	3,669

Births

	Live Births		Still Births		Total	
	M	F	M	F	M	F
Legitimate	1,629	1,548	24	23	1,653	1,571
Illegitimate	246	246	5	2	251	248
Total	1,875	1,794	29	25	1,904	1,819
	3,669		54		3,723	

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

Officers for admission to the Permanent Establishment ..	58
Officers for admission to the Unestablished Staff ..	6
Employees for admission to Sick Pay Scheme ..	224
Employees for admission to Permanent Establishment ..	70
Employees absent from duty owing to sickness ..	482*

* In addition, 589 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 2,191

Water Certificates

No. of Water Certificates issued 132
 No. of dwellings concerned * 859
 *Includes 22 mobile homes

Drainage and Sewerage

No. of drainage applications received 307
 Length of sewers reconstructed 5,219
 No. of brick gullies replaced by pot gullies 44
 No. of defective pot gullies renewed 6
 No. of new pot gullies installed 7

Public Cleansing

Amount of house refuse collected 44,470 tons
 Amount of trade refuse collected 1,584 tons

Examination of Water from the Council's Swimming Baths

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

In addition, water from the Swimming Bath at Mary Datchelor Girls' School, Camberwell Grove, was chemically on four and bacteriologically examined on five 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	2	2
Hair pad	1	1
New cotton felt	3	3
Sized cotton wadding	2	2
Rag flock	1	1
Cotton Mill puffs	1	1
Coir fibre	2	2
Washed flock (layered)	1	1
Coir fibre pad	1	1
Totals	14	14

Offensive Trades

Type of Business	No. on Register
Skin dressers	3
Soap boilers	1
Total	4

Pet Animals Act, 1952

No. of licences issued	2
No. of licences renewed	9
Total No. of pet shops licensed	11

Pharmacy and Poisons Act, 1933

No. of applications received for registration.. .. .	7
No. of applications received for renewal of registration	113

London County Council (General Powers) Act, 1954

No. of hairdressers and barbers premises registered ..	154
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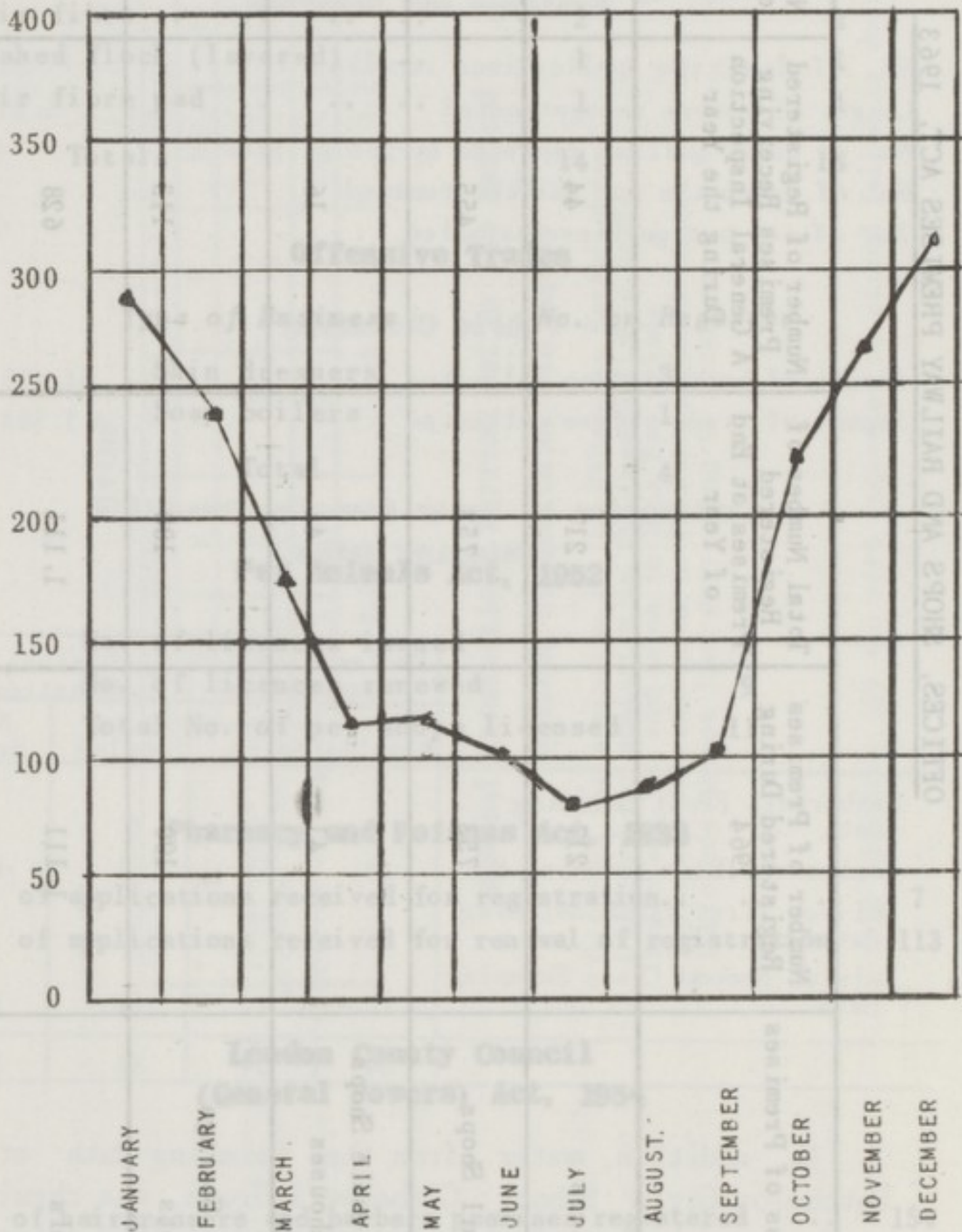
OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Class of Premises	Number of Premises Registered During 1964	Total Number of Registered Premises at End of Year	Number of Registered Premises Receiving A General Inspection During the Year	Number of Visits of all kinds by Inspectors to Registered Premises	Number of Persons Employed
Offices	217	217	44	44	2,946
Retail Shops	753	753	455	455	4,165
Wholesale Shops Warehouses	41	41	16	16	619
Fuel Storage Depots	100	100	113	113	635
Totals	1,111	1,111	628	628	8,365

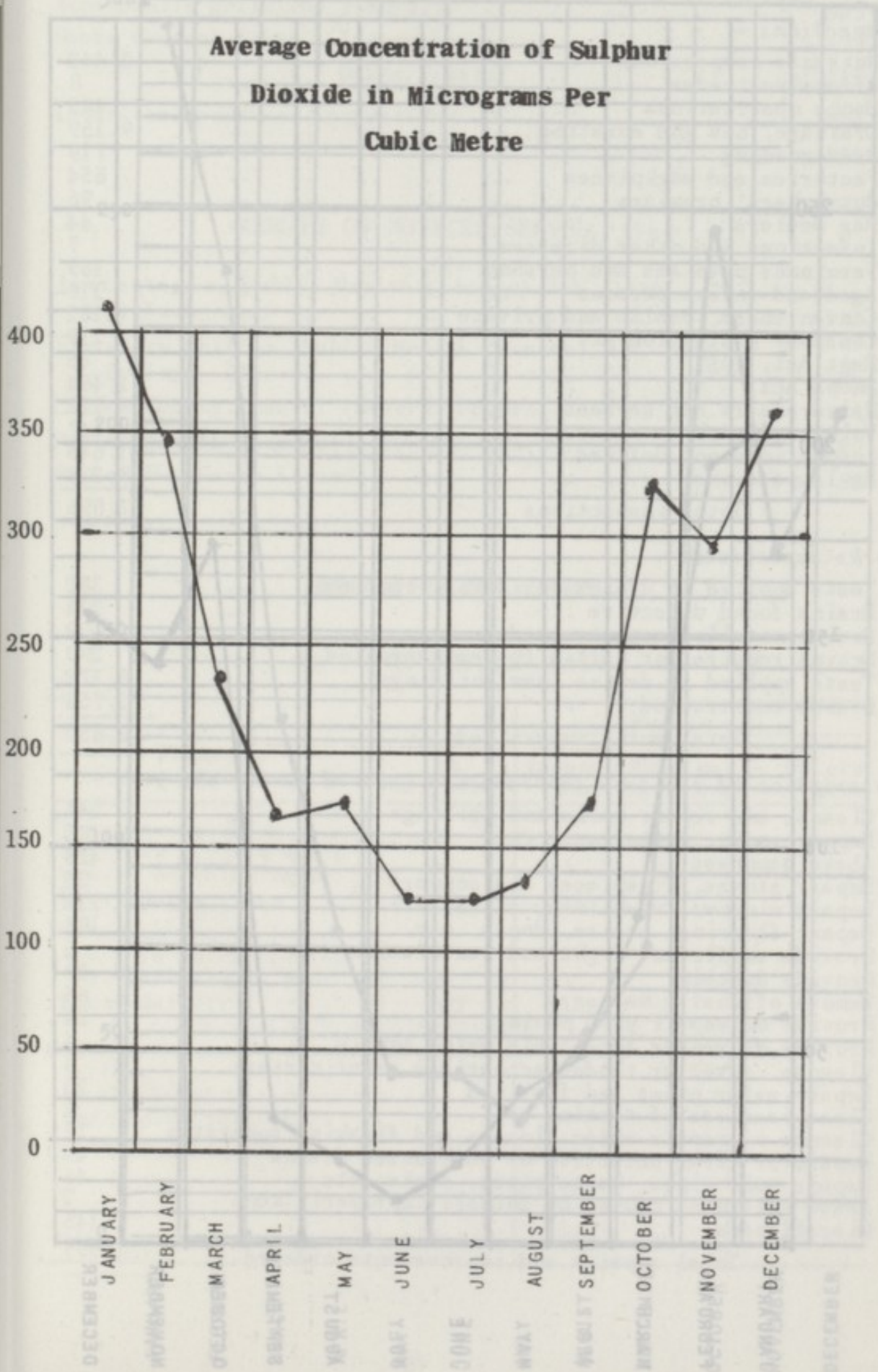
ATMOSPHERIC POLLUTION, 1964

At 475, Lordship Lane

Average Concentration of
Sulphur Dioxide in Micrograms
Per Cubic Metre



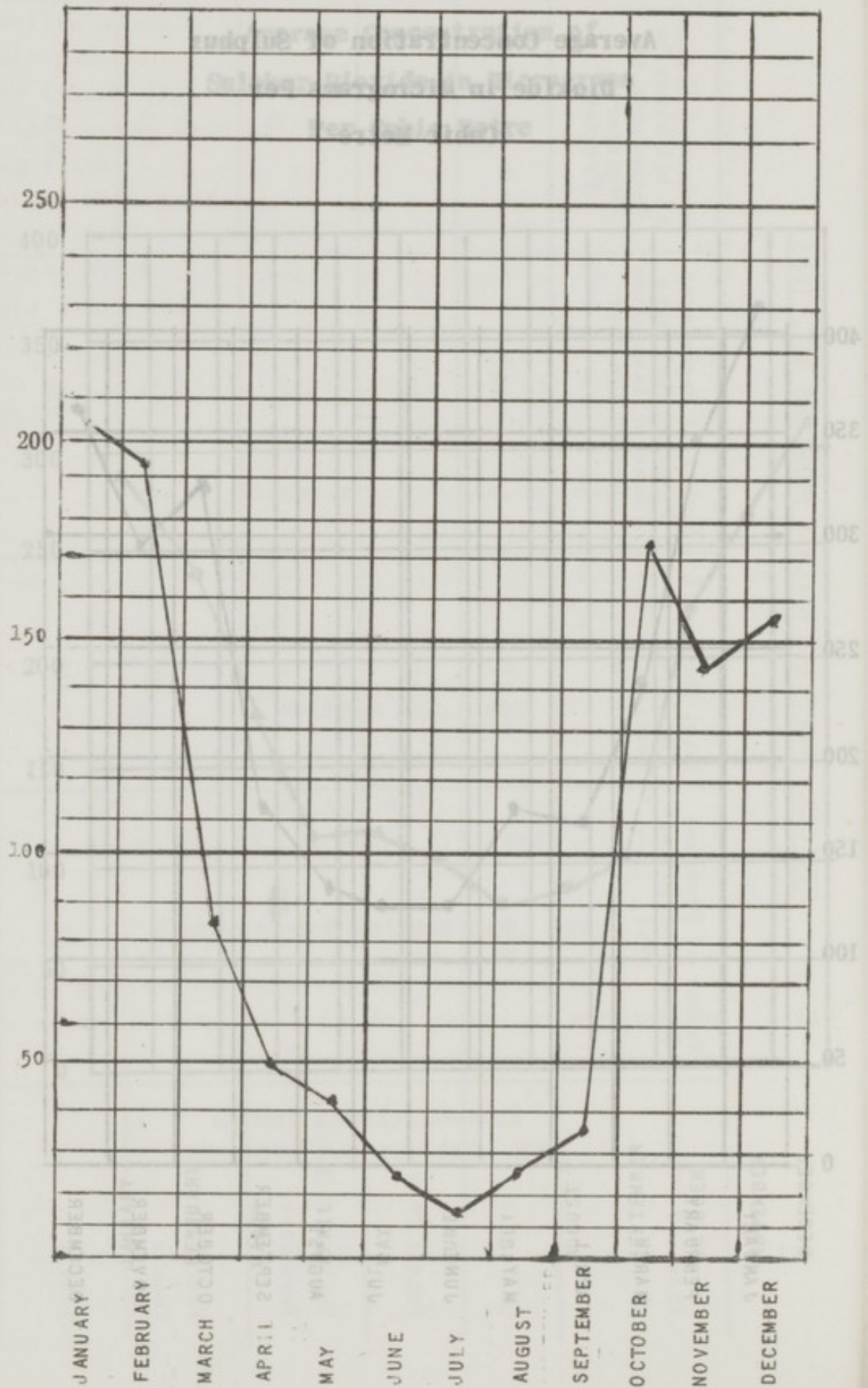
ATMOSPHERIC POLLUTION, 1964
At Town Hall



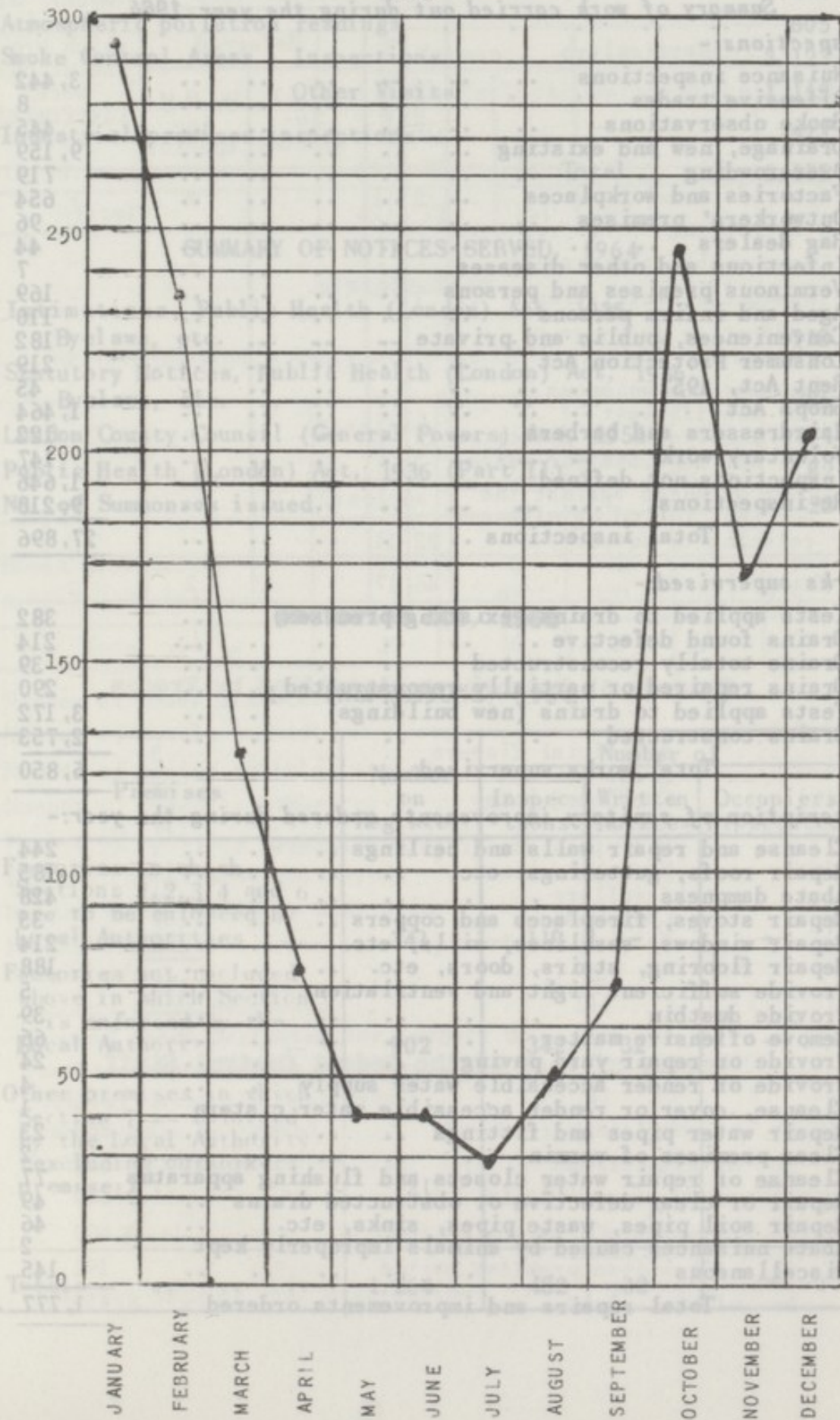
ATMOSPHERIC POLLUTION, 1964

At 475, Lordship Lane

Average Concentration of Smoke
in Micrograms Per Cubic Metre



ATMOSPHERIC POLLUTION At Town Hall Average Concentration of Smoke in Micrograms Per Cubic Metre 1964



Sanitary Inspection of the Area

No. of complaints received 4,289

Summary of work carried out during the year 1964

Inspections:-

Nuisance inspections	3,442
Offensive trades	8
Smoke observations	445
Drainage, new and existing	9,159
Overcrowding	719
Factories and workplaces	654
Outworkers' premises	96
Rag dealers	44
Infectious and other diseases	7
Verminous premises and persons	169
Aged and infirm persons	110
Conveniences, public and private	182
Consumer Protection Act	219
Rent Act, 1957	45
Shops Act	1,464
Hairdressers and barbers	122
Voluntary work	147
Inspections not defined	1,646
Re-inspections	9,218
Total inspections	27,896

Works supervised:-

Tests applied to drains (existing premises)	382
Drains found defective	214
Drains totally reconstructed	39
Drains repaired or partially reconstructed	290
Tests applied to drains (new buildings)	3,172
Drains constructed	2,753
Total works supervised	6,850

Description of sanitary improvements ordered during the year:-

Cleanse and repair walls and ceilings	244
Repair roofs, gutterings, etc.	185
Abate dampness	428
Repair stoves, fireplaces and coppers	35
Repair windows, sashlines, sills, etc.	214
Repair flooring, stairs, doors, etc.	188
Provide sufficient light and ventilation	5
Provide dustbin	39
Remove offensive matter	66
Provide or repair yard paving	24
Provide or render accessible water supply	4
Cleanse, cover or render accessible water cistern	1
Repair water pipes and fittings	23
Clear premises of vermin	2
Cleanse or repair water closets and flushing apparatus	77
Repair or clear defective or obstructed drains	49
Repair soil pipes, waste pipes, sinks, etc.	46
Abate nuisances caused by animals improperly kept	2
Miscellaneous	145
Total repairs and improvements ordered	1,777

Smoke Control - Return of Work

Visits in connection with smoke complaints	576
Smoke observations.. .. .	445
Atmospheric pollution readings	605
Smoke Control Areas - Inspections	3,123
Other Visits	1,112
Industrial premises inspections	274
Total	6,135

SUMMARY OF NOTICES SERVED, 1964

Intimations, Public Health (London) Act, 1936 Byelaws, etc.	718
Statutory Notices, Public Health (London) Act, 1936 Byelaws, etc.	386
London County Council (General Powers) Act, 1955	474
Public Health (London) Act, 1936 (Part II)	82
No. of Summonses issued	23

Factories Act, 1961

1. INSPECTIONS, 1964

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	341	119	—	—
Factories not included above in which Section 7 is enforced by the Local Authority	902	342	32	—
Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	21	21	—	—
Totals	1,264	482	32	—

2. CASES IN WHICH DEFECTS WERE FOUND, 1964

Particulars	No. of cases in which defects were				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. In-spector	By H.M. In-spector	
Want of cleanliness	2	1	-	2	-
Overcrowding	-	-	-	-	-
Unreasonable temperature ..	-	-	-	-	-
Inadequate ventilation ..	1	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary conveniences -					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	19	5	-	-	-
(c) not separate for sexes	2	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	22	11	-	-	-
Total	46	17	-	2	-

Summary of Outworkers classified by Trades

Artificial flowers	3
Brass & brass articles	5
Cardboard boxes	25
Carding	10
Christmas stockings & crackers	1
Household linen	11
Jewellery	4
Lampshades	50
Wearing apparel	189
Total	298

Summary of work of the Rodent Control Staff

No. of complaints received	1,260
No. of inspections	828
No. of Operators' calls	9,649
No. of private premises baited	1,600
No. of business premises baited	191
No. of baits laid	8,424

Vermin and Scabies

ATTENDANCES AT CLEANSING STATION

	Vermin			Scabies		
	Male	Female	Total	Male	Female	Total
Adults	2	16	18	12	8	20
Children	43	106	149	50	58	108
Total	45	122	167	62	66	128

Disinfection

RETURN OF WORK CARRIED OUT BY DISINFECTING STAFF

	Notified In- fectious Diseases	Other Diseases	Miscel- laneous	Vermin	Total all Cases
Rooms disinfected	23	6	12	653	694
Articles disinfected	4	97	329	591	1,021
Total visits	39	16	1,019	,260	1,334

Number of books disinfected	23
Number of towels washed	4,255
Number of soiled articles washed.. .. .	13,892
Number of overalls washed	122
Number of covering sheets washed.. .. .	60
Beds and mattresses destroyed	99
Miscellaneous articles destroyed	363
Number of articles dried (burst pipes)	75
<i>Weight of:-</i>	<i>tons cwt. qtrs. lbs.</i>
Unsound foods destroyed	134 5 1 19½
Unsound foods destroyed for Lambeth B.C.	21 18 0 27
Furniture and effects destroyed	- 15 0 0
Official documents destroyed	41 15 2 0
Dead animals destroyed	- 4 3 0
Wood Chippings destroyed	57 0 0 0
Total	255 18 3 18½
Hospital bedding etc. disinfected	2 4 3 7

**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	—	—	2	0
February	—	—	0	0
March	—	—	0	0
April	—	—	0	0
May	1	0	0	0
June	2	0	1	0
July	0	0	1	0
August	1	0	0	0
September	95	0	4	0
October	—	—	3	0
November	—	—	0	0
December	—	—	0	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	—	—	0	0
February	—	—	2	0
March	—	—	0	0
April	—	—	1	0
May	1	0	1	0
June	0	0	1	0
July	5	0	1	0
August	3	0	0	0
September	2	0	2	0
October	—	—	0	0
November	—	—	0	0
December	—	—	0	0

HOUSING

Record of work of Housing Inspector, 1964

	In- spections	Re-in- spections	Total
Clearance areas	3,414	812	4,226
Individual unfit houses -			
Section 9	155	279	434
Section 16	44	21	65
Underground rooms and parts of premises			
Section 18	104	136	240
Total	3,717	1,248	4,965

Housing Statistics, 1964

1. *Inspection of Dwelling Houses during the Year:-*
 - (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Act) 7,283
 - (b) Number of inspections made for the purpose 17,749
 - (c) Number of dwelling-houses found not to be in all respects reasonably fit for human habitation 2,482
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 734
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 .. 386
 - (2) Number of dwelling-houses in which defects were remedied after service of formal notices:-
 - (a) By owners 1,093
 - (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 22
 - (b) By Local Authority in default of owners 5
 - (2) Houses demolished as a result of formal or informal procedure under Section 17 .. Nil
 - (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	21	
(b) Other rooms	8	
(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)	7	
(4) Closing Orders determined	4	
(5) Closing Orders revoked and Demolition Orders made	Nil	
(d) Houses in Multiple Occupation:-		
(1) No. of inspections and re-inspections	500	
(2) No. of premises found to require action	75	
(3) No. of premises at which conditions were remedied as a result of informal action	53	
(4) No. of premises requiring formal action	22	
(5) No. of Direction Orders made	20	
(6) No. of Management Orders made	20	
(e) Housing Act, 1964:-		
No. of Control Orders under Section 73	2	

Certificates of Disrepair

No. of applications for Certificates of Disrepair	12
No. of Undertakings received from landlords	7
No. of Certificates of Disrepair issued	3
No. of Certificates of Disrepair refused	Nil
No. of Certificates of Disrepair cancelled	2

INFECTIOUS DISEASES 1964. 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	109	1	.	.	.	3	1	9	13	69	13	.	.	.	1	.	.
Whooping Cough	45	.	.	.	7	9	6	6	7	10	.	.	.	.	.	.	.
Poliomyelitis and Poli- encephalitis .. .. .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Measles	791	1	.	.	39	101	127	128	101	285	4	1	5	.	.	.	.
Diphtheria	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pneumonia (Acute Influenzal Acute Primary)	27	.	.	.	.	1	1	1	.	3	3	2	2	2	11	2	3
Dysentery	38	1	22	.	6	1	3	3	.	9	3	.	8	2	2	3	.
Typhoid & Paratyphoid Fever	5	5	1	.	2	.	.	.	.	.	1	.	.	1	1	1	.
Erysipelas	3	.	.	.	.	.	.	.	.	.	1	.	.	.	1	.	1
(1) Meningococcal Infection	3	3	1	.	1	.	.	.	.	1	.	1	.	.	.	.	.
(2) Puerperal Pyrexia ..	130	122	.	.	.	.	.	.	.	.	.	22	100	8	.	.	.
Ophthalmia Neonatorum ..	3	3	.	.	3	.	.	.	.	.	.	.	.	.	.	.	.
Scabies	16	2	1	.	.	.	.	.	.	.	6	3	4	2	1	.	.
Malaria	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

- (1) Includes one case of a Camberwell Residents that occurred in a hospital outside the Borough
(2) Includes 41 cases of a non-residentd occurring in hospitals in Camberwell, also 5 cases of Camberwell residents that occurred in hospitals outside the Borough.

(4) Parts of buildings closed by Closing Orders
(Sections)

FOOD POISONING

Annual Return of cases of Food Poisoning, 1964

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
(a) Food poisoning notifications (corrected) as returned to R.G.	7	7	7	9	30
(b) Cases otherwise ascertained ..	-	-	3	-	3
(c) Symptomless excreters	-	-	-	-	-
(d) Fatal cases	-	-	-	-	-

2. Particulars of outbreaks

Agent	No. of outbreaks		No. of cases		Total No. of cases
	Family out- breaks	Other out- breaks	Noti- fied	Other- wise ascertained	
Agent identified:					
(a) Chemical poisons ..	-	-	-	-	-
(b) Salmonella Typhimurium ..	1	-	2	-	2
(c) Staphylococci (inc. toxin) ..	-	-	-	-	-
(d) Cl. Botulinum ..	-	-	-	-	-
(e) Cl. Welchii	-	-	-	-	-
(f) Other bacteria ..	-	-	-	-	-
Agent not identified ..	2	-	5	-	5
Totals	3	-	7	-	7

3. Single cases

Agent	No. of Cases		Total No. of cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical poisons	-	-	-
(b) Salmonella:			
Typhimurium	5	1	6
Muenchen	1	-	1
Brandenberg	-	1	1
Bareilly	-	1	1
(c) Staphylococci (inc. toxin)	-	-	-
(d) Cl. Botulinum	-	-	-
(e) Cl. Welchii	-	-	-
(f) Other bacteria	-	-	-
Agent not identified	17	-	17
Totals	23	3	26

Tuberculosis

TABLE SHOWING SEX AND AGE DISTRIBUTION OF ALL PRIMARY NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS DURING 1964

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 - 5 yr.	1	2	-	-									
5 - 15 yr.	3	3	-	-									
15 - 25 yr.	10	4	1	-									
25 - 35 yr.	14	3	1	-									
35 - 45 yr.	13	6	-	-				2					
45 - 55 yr.	14	2	-	-	1				1				
55 - 65 yr.	16	2	1	-	1	3	1	1					
65 and Over	9	3	1	1	3	1	1	1					
Totals	80	25	3	1	5	4	4	1	1				

* After correction for inward and outward transfers.

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

Year	Estimated Population	No. of Primary Notifications	Notification Rate per 1,000 Population	No. of Deaths	Death Rate per 1,000 Population
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
1964	175,740	109	0.6	21	0.12

RETURN OF VISITS -
INFECTIOUS DISEASES AND OLD PERSONS

Cases	Food Poisoning		Dysentery		Polio-myelitis		Scarlet Fever		Scabies		Smallpox		Other Diseases		Aged and Infirm Persons	Miscellaneous	Total Visits
	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts	Cases	Contacts				
93	4	297	23	3	-	100	-	11	-	-	33	79	82	2,559	259	3,543	

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
148	639	787	-	17	17	-	2.66

Particulars of the adulterated samples and the action taken are set out on pages 49 and 50

Registered Purveyors of Milk

Distributors of milk in the Borough	215
No. of pre-packed licences issued	215

Results of Tests

Designation	Methylene Blue Test		Phosphatase Test		Turbidity Test	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised	60	5	73	-	-	-
Tuberculin tested pasteurised	47	1	52	-	-	-
Sterilised	-	-	-	-	16	-

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

	Methylene Blue Test	Phosphatase Test	Chemical Test
Hospitals	23	23	23
Schools	35	35	36

All the above samples were 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
41	-	32	14	6	9

Ice Lollies and Water Ices

Summary of samples submitted for examination.

	Bacteriological Examination		Chemical Analysis	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Ice Lollies ..	8	-	-	-
Cream Lollies ..	7	-	-	-
Assorted Lollies ..	-	-	20	-
Water (Lemon) Ices ..	7	-	-	-

Samples of milk taken in course of delivery to

Hospitals and Schools:

	Methylene Phosphate Blue Test	Chemical Test
Hospitals ..	23	23
Schools ..	32	32

All the above samples were satisfactory.

PARTICULARS OF ADULTERATED SAMPLES

Serial No.	Article	Whether Formal or Informal	Nature of Adulteration or Irregularity	Observations	Result of Proceedings or other action taken
6	Jam sandwich	Informal	Contaminated with sooty dust.	Matter taken up with baker and steps taken to prevent recurrence.	-
65	Bread Roll	Informal	Contaminated with stale soiled dough.	Matter taken up with baker. Steps taken to prevent recurrence.	-
171	Canned Green Beans	Informal	Gross excess of colouring matter.	Retailers stock withdrawn from sale. Matter taken up with importers.	-
208	Shredded Beef Suet	Informal	9.6 per cent deficient in fat.	Formal sample taken and found to be satisfactory. (88% beef fat)	-
324	Milk Shake Syrup	Informal	Label did not bear statement of ingredients	Label amended to satisfaction of Council.	-
348	Cydrax	Informal	Contained a mass of moulds.	Matter taken up with retailers and bottlers of drink.	-
349	Wafer Biscuits	Informal	Contained charred starchy matter.	No action.	-
363	Bread	Informal	Contained a portion of animal tissue	There was a fragment of cooked meat adherent to the bread. Source unknown. Complainant did not wish further action taken.	-
400	Minced meat	Informal	Contained 720 parts sulphur dioxide	Steps were taken to procure a formal sample but the butchers shop was found closed and the business discontinued	-
432	Rose Hip Syrup	Informal	Deficient in Vitamin 'C'	Formal sample taken and found to be genuine.	-

PARTICULARS OF ADULTERATED SAMPLES

Serial No.	Article	Whether Formal or Informal	Nature of Adulteration or Irregularity	Observations	Result of Proceedings or other action taken
439	Bread	Informal	Contaminated with iron rust.	Matter taken up with baker. Steps taken to prevent recurrence.	
443	Rose Hip Syrup	Informal	Deficient in Vitamin 'C'.	Formal sample taken and found to be genuine.	
521	Steak & Kidney Pie	Informal	Contained a dead blue-bottle fly.	Matter reported to Public Health Committee. Upon consideration of the evidence it was decided that the matter was not one for prosecution.	
594	Pork Luncheon meat (canned)	Informal	Contained a number of animal bristles	Remainder of stock withdrawn from sale. Matter taken up by importers with the Dutch canners concerned.	
595	Pork Luncheon meat (canned)	Informal	Contained a number of animal bristles.		
605	Bread	Informal	Contained a small beetle	Matter taken up with bakers. Steps taken to prevent recurrence.	
629	Battered Roll	Informal	Spread with a mixture of butter and margarine	Formal samples taken of 'Rolls and Butter' and 'Bread and Butter'. 'Rolls & Butter' spread 50% butter and 50% margarine. 'Bread and Butter' spread margarine. Reported to Public Health Committee.	Legal proceedings taken.

REGISTRATION OF FOOD PREMISES

Premises registered under the provisions of Section 16
of the Food and Drugs Act, 1955, as at December 31st, 1964

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	37

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	147
Bakers and Confectioners	344
Butchers	497
Cooked and Preserved Meat Shops	380
Dairies and Milkshops	281
Fishmongers and Shell Fish Vendors	111
Fish Fryers	96
Fish Curers	31
Food Factories	200
Ice Cream Vendors	237
Public Houses	251
Restaurants and Eating Houses	611
Street Markets	1,032
Street Traders Food Stores	30
Other Food Premises	2,086
Total	6,334

Unsound Food

No. of condemnation Certificates issued 2,569

PARTICULARS OF UNSOUND FOOD DESTROYED 1964

Type of Food	Weight			
	Tons	Cwts.	Qrs.	lbs.
Meat	11	13	3	20½
Fish	-	4	1	20
Poultry	-	-	2	20
Canned foods	23	18	2	24½
Miscellaneous foods	98	7	2	18½
	134	5	1	19½

PARTICULARS OF ADMIXTURED SAMPLES

Serial No.	Article	Whether Formal or Informal	Nature of Adulteration or Irregularity	Observations
436	Bread	Informal	Contained Vitamin 'C'	Seeds taken to prove presence of Vitamin 'C'
445	Base Hip Syrup	Informal	Deficient in Vitamin 'C'	Formal, sample taken and found to be genuine.
521	Steak & Kidney Pie	Informal	Contained a dead blue bottle fly.	Matter reported to Public Health Committee. Upon examination of the evidence it was concluded that the matter was not a prosecution.
59	Pork Lard	Informal	Contained a number of animal bristles.	Removal of animal waste from sale.
59	Pork Lard (Continued)	Informal	Contained a number of animal bristles.	Matter dealt with informally with the batch number concerned.
60	Butter Roll	Informal	Contained a small insect.	Matter dealt with informally.
62	Butter Roll	Informal	Contained a small insect.	Matter dealt with informally.
				Bakers and Confectioners
				Butchers
				Cooked and Preserved Meat Shops
				Dairies and Milkshops
				Fishmongers and Shell Fish Vendors
				Fish Fryers
				Fish Outlets
				Food Factories
				Ice Cream Vendors
				Public Houses
				Restaurants and Eating Houses
				Street Markets
				Street Vendors Food Stalls
				Other Food Premises
				Total

TABLE OF CONTENTS

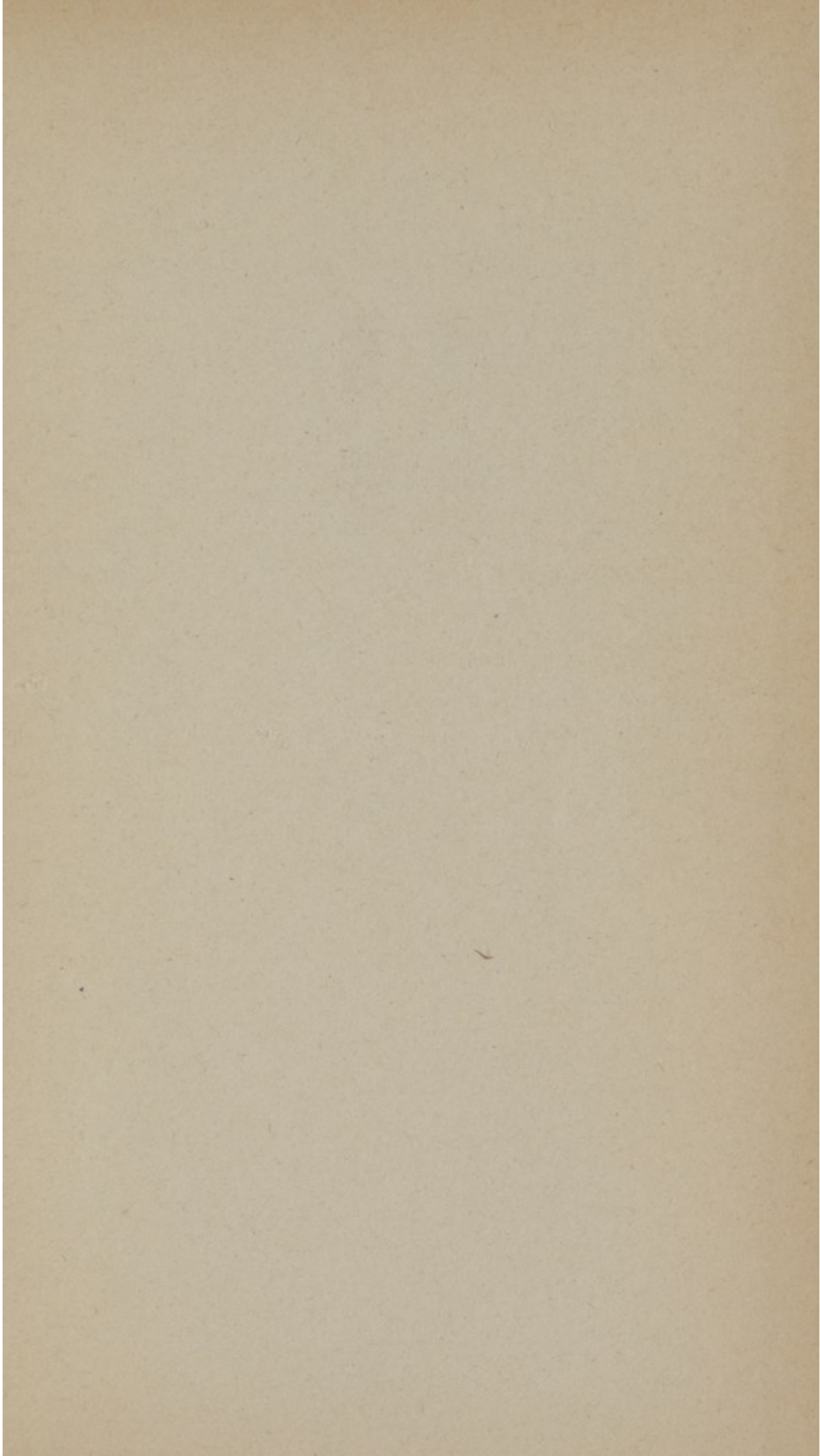
	Page
Anti-smoking clinic	22
Infectious Diseases	10
Lead Poisoning	15
Problems of a Typhoid Carrier	12
Public Health Committee - Constitution	4
Sanitary Circumstances	7
Smoking	16
Staff of the Public Health Department	5

INDEX TO STATISTICAL APPENDIX

Atmospheric pollution - graphs	32-35
Births	28
Certificates of Disrepair	42
Cremation Certificates	29
Deaths - Causes and Age Distribution	26-27
Disinfection	39
Drainage and Sewerage	29
Factories Acts	37-38
Food & Drugs Adulteration	47
Adulterated Samples Table	49-50
Food Poisoning	44
Food Premises - Registration and Supervision	51
Hairdressers and Barbers	30
Housing Inspector - Return of Work	41
Housing Statistics	41-42
Ice Cream and Lollies	48
Infectious Diseases	43
Infectious Diseases Visitors - Return of Work	46
Medical Examinations	28
Milk - Registered Purveyors,	47
Results of Tests	47

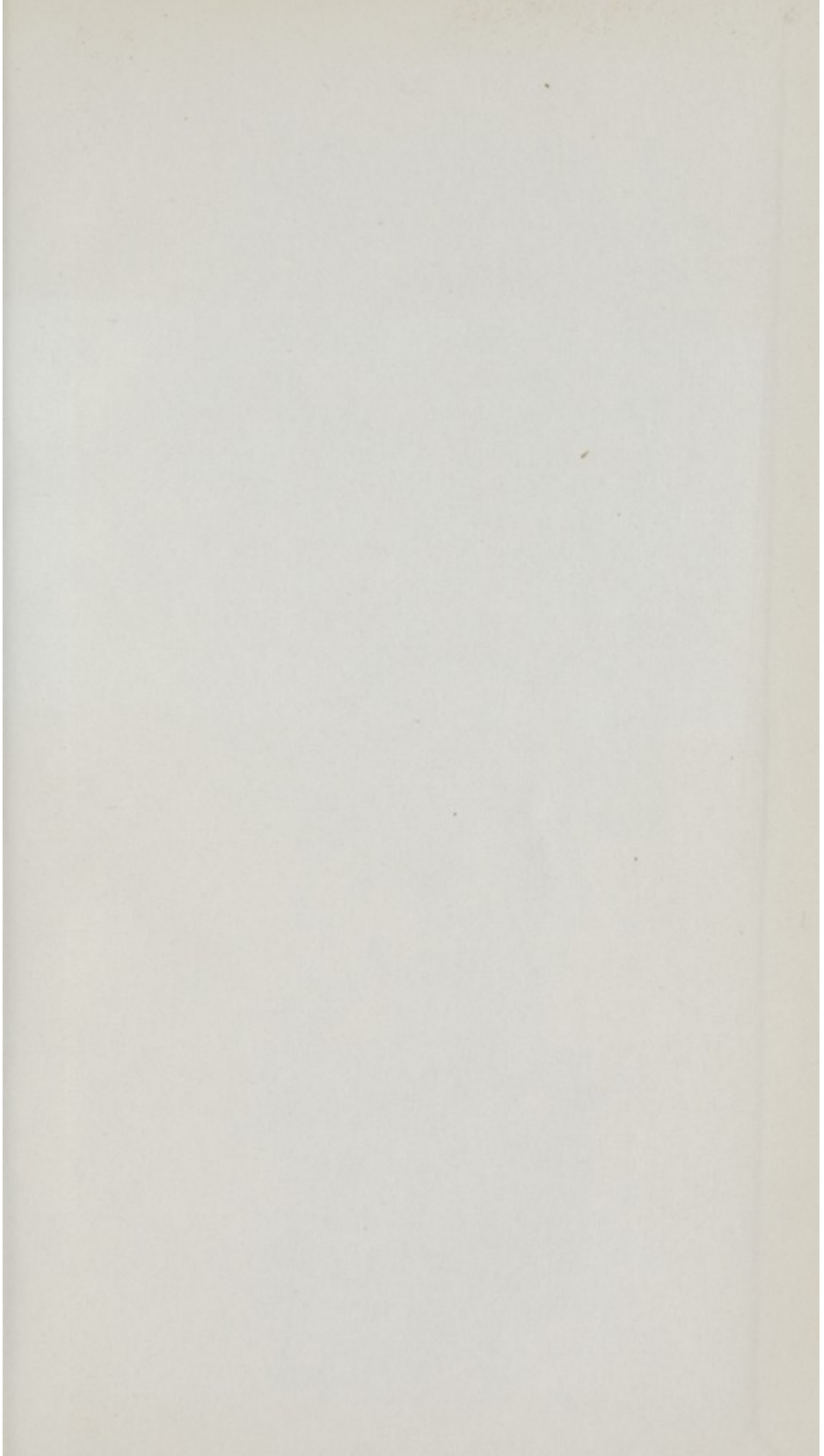
INDEX TO STATISTICAL APPENDIX - continued

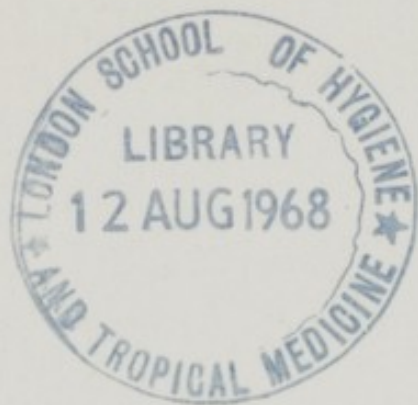
	Page
Notices Served - Summary	37
Offensive Trades	30
Offices, Shops & Railway Premises Act.	31
Outworkers	38
Pet Animals Act	30
Pharmacy and Poisons Act	30
Public Cleansing	29
Rag Flock & Other Filling Materials	30
Rodent Control - Return of Work	38
Sanitary Inspection of the Area	36
Smoke Control - Return of Work	37
Statistics - Summary of	25
Swimming Bath Water - Examination of	29 & 40
Tuberculosis	45 - 46
Unsound Food Certificates	51
Unsound Food Destroyed	52
Vermin and Scabies (Attendances)	39
Water Certificates	29
Certificates of Disrepair	
Creation Certificates	
Deaths - Causes and Age Distribution	
Disinfection	
Drainage and Sewerage	
Factories Act	
Food & Drugs Adulteration	
Adulterated Samples Table	
Food Poisoning	
Food Premises - Registration and Supervision	
Hairdressers and Barber	
Housing Inspector - Hours of Work	
Housing Statistics	
Ice Cream and Lollies	
Infectious Diseases	
Infectious Diseases Visitors - Return of Work	
Medical Examinations	
Milk - Registered Purveyors	
Results of Tests	



1. Dr. Didsbury *Lalin* C.407
2. ~~Mr. Morley Parry~~ ~~A.419~~
3. ~~Mr. Perry~~ ~~A.405~~
4. Miss Pidgeon A.408







J 22/58

