

[Report of the Medical Officer of Health for Greenwich Borough.]

Contributors

Greenwich (London, England). Metropolitan Borough.

Publication/Creation

[1951]

Persistent URL

<https://wellcomecollection.org/works/ajfhbxn6>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

4373

PUBLIC HEALTH DEPT.
REPORTS COLLECTION COPY

Metropolitan

GRE 48

Borough of Greenwich



REPORT

of the

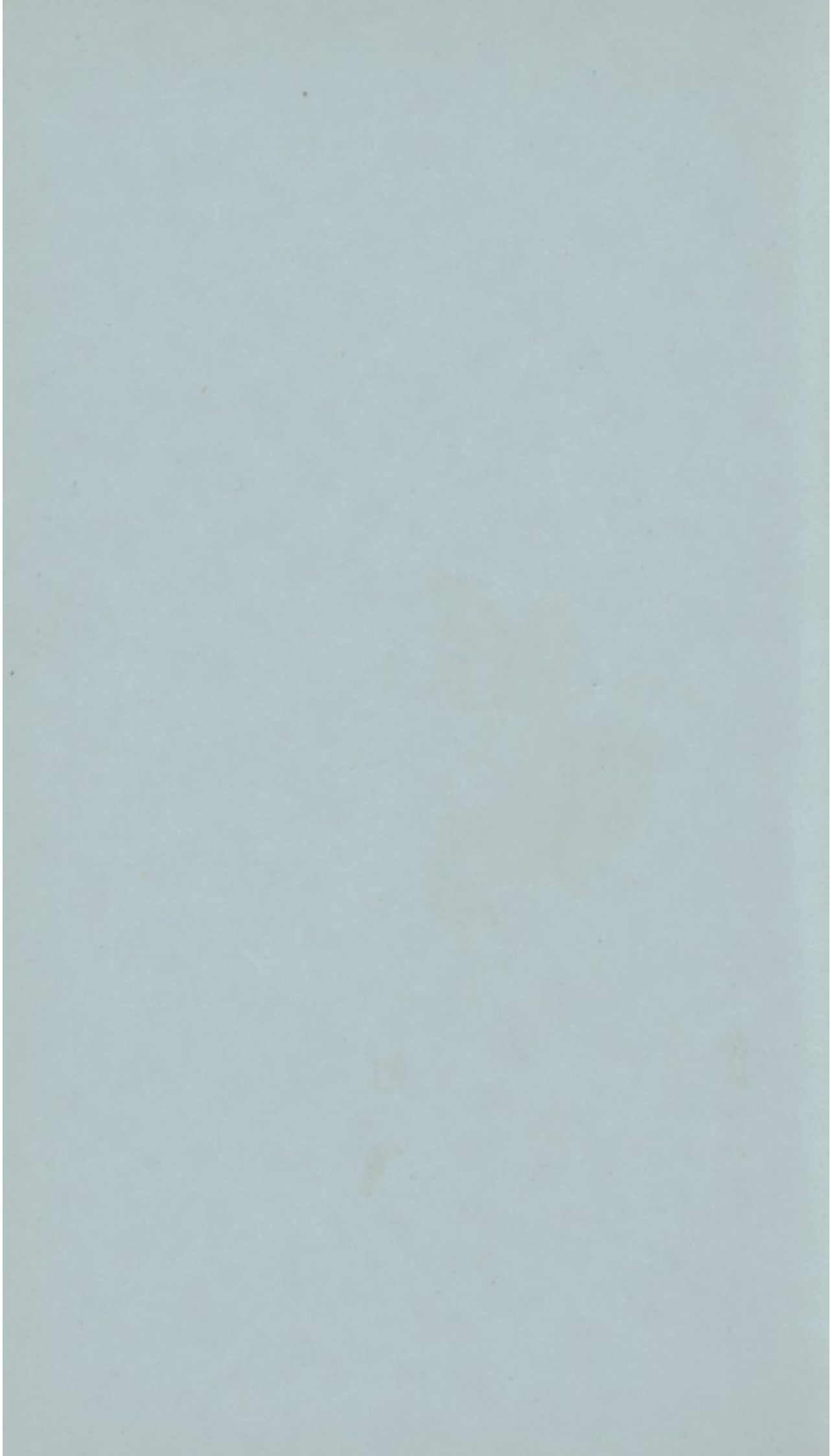
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950

Golden Jubilee Edition

1901—1950



*p.c. ads.
2/1/51*

Metropolitan Borough of Greenwich



REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950

Golden Jubilee Edition

1901—1950

*Printed by
Freame, Manning & Co., Ltd.
Lewisham, S.E. 13*

PUBLIC HEALTH COMMITTEE
as at 31/12/50.

The Mayor :

Councillor H. W. GORMAN, J.P.

CONTENTS

Councillor Mrs. A. D. A. KENNEDY (Chairman)

Councillor G. BLECK (Vice-Chairman)

	PAGE
PUBLIC HEALTH COMMITTEE	3
INTRODUCTORY	6
SECTION A.—GENERAL AND VITAL STATISTICS	15
" B.—GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA	41
" C.—SANITARY CIRCUMSTANCES OF THE AREA	50
" D.—HOUSING	74
" E.—INSPECTION AND SUPERVISION OF FOOD	82
" F.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES	98
" G.—GREENWICH GUILD OF HYGIENE	115
A SHORT HISTORY OF PUBLIC HEALTH IN GREENWICH (1901-1950)	128
APPENDIX—STATISTICAL TABLES	

PUBLIC HEALTH COMMITTEE

as at 31/12/50.

The Mayor :

Councillor H. W. GORMAN, J.P.,

and 13 Members

Councillor Mrs. A. D. A. KENNEDY (*Chairman*)

Councillor G. BRUCE (*Vice-Chairman*)

Aldermen :

Mrs. C. BERRY, Mrs. F. CARTER, Miss M. GOLLOGLY

and A. E. RUTTER

Councillors :

A. C. CHRISP

W. O. LITTLER

Mrs. J. GOLLOGLY

D. P. LYNCH

Mrs. L. HILLDRITH

Miss K. E. H. ROSS

Dr. W. SMITH

Powers and Duties of the Public Health Committee :

- 1.—The Committee shall consist of 13 members of the Council.
- 2.—There shall stand referred to the Committee all matters relating to the powers and duties of the Council under Acts of Parliament, bye-laws and regulations dealing with the public health and the sanitary condition of the Borough; the administration of the Food and Drugs Act, 1938 and any regulations dealing with the preparation, storage and sale of Food and Drugs; the powers and duties of the Council under enactment relating to milk and dairies.
- 3.—Without prejudice to the generality of the provisions of the preceding paragraph, the powers and duties of the Council to serve and receive Notices, take proceedings and empower officers to make complaints and take proceedings on the Council's behalf, and otherwise to enforce the provisions of the Public Health (London) Act, 1936, other than those specified in Part I of the First Schedule to such Acts, the functions of the Council under Section 14 of the Food and Drugs Act, 1938 (registration of premises used in connection with manufacture or sale of ice-cream, preserved food, etc.), the Food and Drugs (Milk and Dairies) Act, 1944 and the

Milk (Special Designations) Act, 1949 and all Regulations made or to be made under such last mentioned statutes and under the Slaughter of Animals Act, 1933 (licensing of slaughtermen) and also the functions of the Council under the Bye-law dealing with the deposit of rubbish on vacant sites in the Borough, shall be delegated to the Committee.

- 4.—All plans for the drainage and re-drainage of buildings in the Borough shall be considered by the Committee, and all works of drainage and re-drainage of buildings shall be carried out under their jurisdiction.
- 5.—The Committee shall have the control of any Mortuary and of any disinfecting apparatus and plant provided and maintained by the Council, as well as public sanitary conveniences and conveniences maintained by the Council.
- 6.—The Committee shall have the control of all public drinking fountains other than those provided in any open space or other property belonging to the Council and coming within the jurisdiction of any other Committee.
- 7.—The powers and duties of the Council in connection with the repair, closure or demolition of individual insanitary dwellings and the duty of the Council to issue certificates under Section 5 (1) of the Rent and Mortgage Interest Restrictions Act, 1923 and Section 12 of the Rent and Mortgage Interest Restrictions (Amendment) Act, 1933 and the issue of reports under Section 5 (2) of the former Act, shall stand referred to the Committee.

STAFF.

as at 31/12/50.

Medical Officer of Health :

JOHN KERR BROWN, B.Sc., M.B., Ch.B., D.P.H.

*Public Analyst :*H. A. WILLIAMS, Ph.D., A.C.G.F.C., F.R.I.C.
(Part-time)*District Sanitary Inspectors :*

<i>ac</i> W. H. COLLINS (Senior).	<i>ab</i> J. E. MILLWAY.
<i>abc</i> S. A. RADFORD.	<i>ae</i> Miss E. ARNOLD.
<i>ab</i> G. W. HEATH.	<i>a</i> J. G. LYONS.
<i>abd</i> J. ASHMORE.	<i>a</i> H. L. DAVIES

*Food Inspectors :**ab* H. L. BENNETT. (Senior)
One vacancy †**CLERICAL STAFF.**

L. A. WESTACOTT (Chief Clerk)	Mrs. V. I. STARR.
A. H. WILCOX.	Mrs. H. J. READDY.
C. W. SPORE.	A. H. HAMMOND (Temporary)
J. F. VICKERS.	W. A. PEARCE (Conveniences Superintendent)
K. ALLUM	
F. B. OSBORN ‡	

DISINFECTING STAFF.

G. HOOK (Foreman)	A. MOORE.
T. SMITH (Motor Driver).	W. CLEMENTS.
A. NASH.	H. C. W. SCARFF.

RODENT CONTROL, FLY DISINFESTATION, ETC.

C. WEYMOUTH — Investigator and a Team of eight men.

<i>a</i>	Certificated Sanitary Inspector.
<i>b</i>	„ Meat and Other Foods, etc.
<i>c</i>	„ Smoke Inspector.
<i>d</i>	„ Housing Officer
<i>e</i>	„ Health Visitor.

† J. Collier resigned 2/4/50.

‡ Returned from H.M. Forces 14/8/50—(Miss R. Williams, 'locum' for F. B Osborn discharged same week after 18 months service).

NOTE:—Mrs. C. Cullum, S.R.N., resigned 31/3/50—position of Scabies Clinic Nurse deleted from Establishment.

PUBLIC HEALTH DEPARTMENT,
TOWN HALL, S.E.10

July, 1951

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

Ladies and Gentlemen,

This is the Jubilee Year of our Borough and it is, therefore, all the more pleasing for me to be privileged to present this account of the health of the Metropolitan Borough of Greenwich for 1950.

It has been a year of steady, if unspectacular, progress. The population has increased and is now almost 90,000. Births have fallen slightly and the death rate is less than last year. Both compare favourably with the national rates.

Following the infantile mortality rate of last year, which was almost the lowest in the country, it is not surprising that the rate has increased slightly from 24 to 26.7 but this figure is sufficiently low to afford satisfaction.

The total number of infectious diseases notified increased from 1,335 to 1,644. This increase was due mainly to Measles and Whooping Cough reaching much higher levels than last year. There seems to be a biennial increase in incidence in these diseases. In 1948 and 1946 the figures were comparably high. One outstanding feature is worthy of mention. Diphtheria for all practical purposes has been eradicated from the Borough, since only one case, which made an uneventful recovery, was notified during the year. When one considers that in 1922 there were 707 cases with 42 deaths and in 1935, 367 cases with 3 deaths, the magnitude of the achievement can be understood. Almost all the credit must be attributed to the intensive Diphtheria immunisation campaign which was sponsored by the Ministry of Health during the war years and implemented very fully by the local Health Department. There should be no slackening in our efforts in this direction.

There are as yet no signs that Pulmonary Tuberculosis is less prevalent in the Borough. There were 126 new cases compared with 117 last year and 44 deaths were reported from Tuberculosis of all types.

Despite the strenuous and commendable efforts of the Chest Clinic supervising the treatment of cases and the welfare of contacts, we are not by any means on top of this problem. The highest priority is afforded to tuberculous families for rehousing in this

Borough and in the County and I cannot foresee any greater allocation possible at our present rate of building. Sanatoria are at full capacity and the waiting time is still lengthy for new cases. In the report which he has kindly given me, Dr. Jeanes gives some indication of the extensive home treatment which is organised and undertaken by him. The figures are impressive and this scheme constitutes, in suitable homes where there are reasonable facilities for isolation and attention, a great saving in hospital beds and nursing labour. It is to be hoped that these endeavours will bear fruit with the passing of years.

Nevertheless, the time may now be opportune for a reconsideration of our methods not on a local but on a national level and calculated on a long term basis. Have the possibilities of B.C.G. vaccine been exploited with sufficient enthusiasm and resolution? Is there any reason why vaccination against Tuberculosis should not be practised on our infant population as extensively as vaccination against the Smallpox? What have the Scandinavian countries to teach us in regard to prevention of Tuberculosis?

It is not within my competence to answer these questions with authority but they are of some urgency and worthy of enquiry and perhaps some action.

This year Poliomyelitis reached a high level throughout the country and in Greenwich there were 32 notifications; of that number 23 were eventually confirmed as true cases, 15 of the paralytic type and 8 non-paralytic. The table in the body of the Report shows the age group distribution and the weekly incidence. No deaths occurred.

There was an apparently isolated case in February and it may be that the virus was already building up in the late winter. We received our first notifications in May. The incidence increased throughout June until the peak period in July and thereafter we had one case in each of the months August, September, October and November. The cases were scattered apparently at random throughout the Borough as can be seen from the spot map, but there were several interesting relationships between some cases, which have been summarised for convenience in tabulated form.

It is accepted that Poliomyelitis is a communicable disease but the mode of spread is still obscure. The virus can be found in the nasal secretion and faeces and in the elucidation of the epidemiology, all evidence, however tentative and however lacking in case control, should be submitted for comparison with observations in other parts of the country. It is in this spirit and with every qualification that I submit that the case relationships that we have deduced suggest the following possibilities:—

- 1.—There is presumptive evidence of a direct case-to-case spread and close contact with a patient incubating the disease and harbouring the virus can lead to infection.
- 2.—There is apparently a carrier state.
- 3.—It is unusual for more than one member of the one family to contract poliomyelitis in detectable form. (However, in the present series 2 members of one family contracted the disease. The paralytic case in this instance was followed by the non-paralytic within the space of one or two days).
- 4.—Members of a family, where there is a case of poliomyelitis, may be harbouring the virus and can contribute to the spread of the disease.
- 5.—There seems to be wide variation in degree of susceptibility and immunity.

I make no claim that these observations are in any way original but they seem to bear out the theory of the possibility of spread by carrier and by droplet infection. In other words, poliomyelitis behaves like many other infectious diseases but with additional puzzling aberrations in regard to virulence, infectiousness, viability of the virus and individual immunity and reaction to infection. Outbreaks seem to differ in the method of dissemination, some apparently being by droplet spread, others by the gastro-intestinal route and both methods may be operative simultaneously.

Unfortunately, the virus was never recovered nor, indeed, looked for in the close contacts. It is a difficult task to organise with the limited staff available and it is to be borne in mind that the poliomyelitis virus is not so easily isolated nor identified as the diphtheria bacillus from the throat or the typhoid bacillus from the bowel of carriers, and its detection and growth require highly specialised techniques for which suitable laboratory facilities are limited. Nevertheless, some effort in the future will have to be made to obtain some precise information about those abortive cases who may betray no signs of clinical poliomyelitis but who are infected, and also those who may have been previously infected and have shown no demonstrable sign of illness and who have acquired an immunity and may be acting as carriers.

As yet we know very little of defence mechanisms and practically nothing about the carrier state and how long a person harbouring the virus can remain potentially infective. It is only by extensive mass observation in times of increased prevalence that we may glean sufficient knowledge to enable effective preventive measures to be taken.

In 1949 a relationship between recent inoculation and the subsequent onset of paralysis in the inoculated limb was established. A similar relationship apparently exists between tonsillectomy, minor traumata and paralysis. Early in the year a form was devised to elicit as much information as possible from reported cases and contacts. Enquiry was made regarding recent inoculations, operations, minor ailments and illnesses of contacts and a list of all known cases in the Borough was shown to the household with a view to determining any link, however tenuous. The results of our enquiry are summarised in the table to which I have referred previously. But in only one case was there a possible connection between recent inoculation and the onset of paralysis in the inoculated limb. Information regarding this case was passed to the Ministry of Health.

In July, the County Council saw fit to impose a ban on combined whooping-cough and diphtheria prophylactic and the A.P.T. diphtheria prophylactic was replaced by P.T.A.P. and subsequently by Formol Toxoid. No further whooping-cough vaccine was used for the remainder of the year. I wonder if the incidence and the evidence warranted such cessation. I am well aware of the cogent arguments advanced in support of the action. I know that the efficacy of the whooping-cough vaccine is disputed, but was not this a case of allowing sentiment to overcome what should be strict objectivity?

Poliomyelitis is a distressing disease but no one has ever suggested that as a social problem in its present form it can ever be as serious as whooping-cough or diphtheria. Even in epidemic areas of the world it has never reached the degree of infectivity nor the potential morbidity of whooping-cough or diphtheria.

I believe, with some evidence to support the belief, that while whooping-cough vaccine may not possess the immunising properties of the highly-refined diphtheria prophylactics, it does mitigate an attack if it does not wholly protect the child and any complications which may ensue are minimal. This is an important protective measure which should not be discarded lightly, and having studied the available evidence to date I am not satisfied that whooping-cough vaccine or the combined whooping-cough and diphtheria antigen can be indicted any more than other inoculation or vaccination procedure. The very comprehensive survey of Bradford Hill which appeared in the British Medical Journal and which covered all known cases in the country of paralysis associated with inoculation, would seem to support this contention.

I do not dispute the desirability of obtaining a more potent and reliable method of whooping-cough immunisation and one which

will have less local reaction. Such a reagent has apparently been found for diphtheria in the form of P.T.A.P. and Formol Toxoid, but if we carry this 'local reaction' argument a little further, then logically no operative procedure or slight personal injury or physical exertion are free from risk when poliomyelitis is prevalent. I think a sense of proportion has to be preserved and although it may be argued that we erred on the side of caution (if that be a virtue), we will have struck a bad bargain if a higher proportion of our whooping-cough cases among the unprotected young population are left with weakened lungs. There were, in fact, 309 notified cases of whooping-cough in the Borough last year.

Our Guild of Hygiene, to which brief mention was made in last year's report, was inaugurated in January and has been operating for nearly 12 months with a success which has surpassed our modest hopes.

The "Meals on Wheels" scheme, undertaken by the local Red Cross, has expanded greatly and now, in addition to the old people receiving subsidised meals, attention is being given to the needs of some of our bedridden invalids, including cases of Pulmonary Tuberculosis. In these latter cases, however, although the transportation of the meals is free the full price of the meal has to be charged. Moreover, it is found that some of the meals delivered are unsuitable for invalids and it is to be hoped that a reasonably economic scheme can be devised whereby the special needs of sick people being nursed at home can be met.

The work associated with the old people has continued and the close liaison between St. Alfege's Hospital and this Department has been maintained. No action under Section 47 of the National Assistance Act, 1948, has been required in respect of compulsory removal of aged and infirm persons unable to care adequately for themselves.

The National Health Service Act has been in operation for 2½ years and the preventive services are now recovering, albeit slowly, from the plundering and despoliation of what we believed, in some instances wrongly I think, to be our territory. This aggrandisement which took place at our expense was all the more sorrowful since the aggression was perpetrated by our own kith and kin. In the confusion of complete change, it was inevitable that the weak would go to the wall and the strongest would consolidate their positions. It was fondly believed that the meat had been picked from the Public Health carcass. The hospital administration was usurped, for which blessing we should be thankful. Part of the Tuberculosis service was transferred to an alien authority, surely an unhappy and ill-advised action and the Tuberculosis Officers in that honour-

able service decided that they were henceforth Chest Physicians and so by implication, if not by intention, they associated Pulmonary Tuberculosis, by far the most serious of our social diseases, with other chest ailments which while individually important have not the same high priority in community medicine. Everyone in our profession who had the opportunity wanted to jump on what they thought to be the band-waggon. In this instance the hospital and consultant services provided attractions that the other branches could not emulate. All that remained apparently to the preventive and promotive health services were the dull dry bones of routine administrative procedure.

We in the Public Health Service have been counter-attacking ever since but it seems to me that we have not even begun to argue our case with anything approaching unanimity, nor indeed do many seem to appreciate the change which must take place in regard to the function of the Medical Officer of Health, his relationship with his other medical colleagues and his ultimate position in the future scheme of things. It has been said that the aim of the Medical Officer of Health is to make himself unnecessary. This is nonsense. One might as well say it is the aim of every doctor to make himself unnecessary. Has Penicillin and Streptomycin and other startling advances in the realm of curative medicine done away with the need for the Physician? Surgery having conquered the abdomen is now exploring the recesses of the heart, the lung and the brain. As one problem is solved another becomes apparent and makes its challenge, and so with preventive medicine.

The Infectious Diseases, with few exceptions, are no longer a serious menace but require only constant vigilance. The main known environmental problems are solved or at least the solution is apparent and is only conditional on labour forces and economics. Infant Welfare and the School Health Service, with the notable exception of the Dental Service, have almost reached the peak of their potentialities, and maternal care, although the organisation may leave something to be desired, is satisfactory.

Having said that, have we exhausted the possibilities of preventive medicine? I do not think so. However, it is certain that the future study and the solution of newly recognised problems of social medicine may perhaps necessitate a complete change of organisation and of method in the present administration of the Public Health Services. Disease and illness will always be with us, this side of Shangri-la, and so long as Man is subject to the pressures of environment and to the vagaries of heredity, so long will the Medical Officer of Health, or his equivalent, be required. But will he survive in his present form? If we are to make any measurable

progress, there will require to be gradual adjustments in his sphere of activity and influence.

Prevention is surely not limited to the services controlled by local Health and Sanitary Authorities. The preventive outlook should permeate the hospital ward, the out-patient department and the research laboratories, as well as the home. It has been stressed many times since 1948 that the Medical Officer of Health must act as a bridge between the various medical services but no serious attempt has been made to forge this link. Indeed, the contrary is true and, as far as I know, no one has tried to define in exact terms what part the Medical Officer of Health will actually play in such an arrangement and one could wish that the hospitals and our consultant friends would show a greater awareness of the need for, and the importance of, prevention. But while it is as well to be realistic about prevention and the limitation which ignorance about underlying cause of disease imposes on any action, how can we so arrange our resources that the possibilities of prevention at least are explored exhaustively? Prevention may not ever provide the complete answer in the case of many diseases but it should be considered first and not last. This view is not only scientifically sound but is also economically sound and necessary. A start could be made to this end if the Medical Officer of Health were to act and be officially recognised as the director and co-ordinator of the preventive functions of the multifarious activities of his local hospitals, with specific and well-defined duties allotted to him. Perhaps even an Annual Report to his superiors at Group or Board level on the work performed during the year would be a progressive and useful innovation. He is, or he should be, the expert trained in human ecology but under the present set-up he is hopelessly handicapped and is functioning to a fraction of his usefulness and potentiality.

In some University towns the University Department of Public Health and Social Medicine and the local infirmaries and hospitals are linked for the purposes of social surveys and follow-up work. How much greater would be the advantage if, in addition to their environmental functions and personal health service obligations, Health Departments of Local Authorities could have real linkage and co-ordination with the hospitals, in order that research into prevention and examination of the wider aspects of causation under informed direction could be undertaken by Almoners, Social Workers, Health Visitors and Sanitary Officers working as a team, into such problems as peptic ulceration and so-called "stress" diseases, the rheumatic diseases, the cardio-vascular degenerations, the psychiatric disorders, the causes and results of ageing and many other

conditions for which at the moment curative medicine can offer only expensive palliatives and at best a long or short period of comfortable semi-invalidism.

I am appalled at the increasing amount of apparent ill-health which is reflected in the national statistics which are available to me. The surgeries of General Practitioners have never been so full; there are waiting lists for most out-patient departments. On occasions it takes three weeks to have an X-ray and when the patient finally does arrive in hospital, he is subjected to a barrage of investigation ever more elaborate and comprehensive, and so we go on, requiring more hospitals, more doctors, more nurses and auxiliary technicians to cope with the bewildering complexities of an infinite expansion of the therapeutic services, which has the elements of self-destruction of the scientific method within it, as well as pre-disposing to national bankruptcy.

The Exchequer has now called a financial halt to rising expenditure on hospital services, but this action solves nothing. Under our present system of health priorities, hospital expenditure inevitably must and will continue to rise. The yardstick of progress must be increased expenditure on the treatment of disease and there is little which can be done about it except, perhaps, by the hospitals shedding a few superfluous passengers. However, this is a drop in the bucket. While medical science continues to discover more about the treatment of disease and neglects, and at times scorns, investigation into social pathology where disease is bred and nurtured, this state of affairs will continue.

As a Nation can we afford to spend increasing sums on the treatment of disease? Perhaps, with expanding production of wealth, expenditure on treatment and the care of the sick can keep pace on a *pro rata* basis, but this is flagrant profligacy and is the economics of an ill-regulated community. It is clear to me that prevention or amelioration before real sickness develops is the one salvation from our present dilemma.

These remarks are occasioned by my reflections throughout the course of this year. My observations have no particular reference to the Metropolitan area or to the place which Metropolitan Borough Councils have been allocated in the Public Health set-up. This has been decided by Act of Parliament and by mutual arrangement between Borough and County and we must try with a genuine good-will to make the scheme work, but I cannot help feeling how much preventive medicine in general might give to the community in other circumstances. Who knows what we can accomplish until we are given a real chance?

From these contentious matters it is agreeable to proceed to acknowledge the help and many kindnesses which I have enjoyed from my colleagues. The Town Clerk, his Deputy and the other Chief Officers have shown me much consideration. Dr. Waldron, the Divisional Medical Officer, has at all times, by his understanding and desire to co-operate amicably, made my place in the Divisional set-up an easy one to fill. I thank the staff of the Department for their loyalty and service and I wish to record my appreciation to the Chairman and Vice-Chairman of the Public Health Committee for their support and confidence.

Finally I must apologise for the unconscionable length and discussiveness of this preface. My one excuse is that of all the many pages in this Report the preface is most likely, in these busy days, to be afforded at least a casual glance.

I have the honour to be,

Your obedient Servant,

J. KERR BROWN,

Medical Officer of Health

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

ELEVATION.—Varies from below high-water mark up to 249 feet above sea level.

AREA OF THE BOROUGH AND DISTRICTS—

East Greenwich	...	...	...	...	1,300 acres
West Greenwich	...	...	...	...	453 „
St. Nicholas, Deptford	...	...	...	...	115 „
Charlton & Kidbrooke	...	...	...	...	1,990 „
					3,858 acres

POPULATION—

At Census, 1931	...	...	...	...	100,924
Estimated, 1950 (mid-year)	...	...	...	...	89,570

DENSITY OF POPULATION ... 23 persons per acre

NUMBER OF INHABITED DWELLINGS—end 1950 ... 21,862
(according to Rate Books)

Structurally separate dwellings at Census, 1931... 18,114

NUMBER OF UNINHABITED DWELLINGS—

At Census, 1931	...	...	...	...	250
At end 1950	...	...	...	...	85

NUMBER OF FAMILIES OR SEPARATE OCCUPIERS—

At Census, 1931 ... 25,144

RATEABLE VALUE, 1950... ... £780,708

SUM REPRESENTED BY A 1d. RATE, 1950 ... £3,160

PUBLIC OPEN SPACES.

BOROUGH COUNCIL—

Charlton House and Gardens	...	...	...	9.25	acres
R.N. College Cemetery	...	...	...	5.86	"
St. Alfege Recreation and Church Grounds	...	...	...	2.3	"
St. Nicholas Recreation Grounds	...	...	...	1.25	"
Hughes Fields Recreation Grounds	...	...	...	.74	"
Batley Park	...	...	...	.97	"
Bellot Memorial Gardens	...	...	...	.19	"
Other Open Spaces	...	...	...	5.25	"
				Approximately	<u>26.00</u> acres

H.M.OFFICE OF WORKS—Greenwich Park	...	...	...	185	acres
L.C.C.—Blackheath (part of)	...	...	...	89	acres
Blackheath—Rangers House and Garden	...	...	...	2½	"
Maryon and Maryon Wilson Parks	...	...	...	51½	"
Charlton Park	...	...	...	42¾	"
Hornfair (formerly Charlton Playing Field)	...	...	...	26	"
Sayes Court Recreation Grounds	...	...	...	3¼	"
MILEAGE OF STREETS	...	...	...	88	(approx)

SUPERFICIAL GEOLOGY

Superficial deposits making up the area of the Borough of Greenwich are found to be (a) alluvium, a damp clay soil, impervious to water and generally not more than about 15 feet thick and (b) gravel and sand of various ages, highly permeable to water and not usually more than 20 feet thick. These two series are in the Post Pliocene or tertiaries or drift series, whilst of the Eocene tertiary formations we have (1) the London clay, a stiff bluish clay impervious to water of not more than 450 feet deep; (2) the lower London tertiary consisting of pebble beds, sands, clay and loam, more or less permeable and of a thickness not exceeding 190 feet and (3) chalk, permeable, highly absorbent and about 800 feet thick.

These various deposits are found distributed roughly as follow:—The alluvium stretches along the River bank, commencing towards the east at a point on the Riverside in the Royal Dockyard premises, Woolwich; thence roughly following the Woolwich Road and keeping parallel to it on the north side, at a distance of about one hundred yards, until Blackwall Lane is reached, where the line of Pelton Road is followed up to the River Bank, the alluvial deposits finishing off at this point altogether and commencing again on the River Bank at a point near Greenwich Pier; thence crossing Creek Road, near St. Peter's Schools, the Southern Railway, near the siding, between Greenwich Station and the Deptford Creek, very nearly along the line of Norman Road, crossing the Greenwich High Road almost in

line with Egerton Drive, across Blackheath Road to the Borough boundary, thence also following that boundary along the Deptford Creek to the point where the boundary leaves that water, whence the line of alluvial deposits follows roughly the contour of the River Bank, at a distance of about one hundred and fifty yards. The remainder of the district of St. Nicholas, not included in the above delineation, is on gravel and sand.

The gravel and sand commences eastwards at a point on the delimiting line of the alluvium, on the north side of the Woolwich Road, about two hundred yards westerly of Anchor and Hope Lane; thence, for its northern margin, it follows the southern delimiting line of the alluvium to Pelton Road, whence to Greenwich Pier the gravel reaches along the River Bank itself, thence again following this line right up to the boundary of the Borough of Lewisham; for the southern delimiting line of the gravel we pass from the point where the gravel begins on the east almost immediately over Woolwich Road, in a direct line to the Westcombe Park Station, thence following fairly closely the line of the Southern Railway until Vanbrugh Hill is reached, whence it passes to the south side of that Railway and continues in almost a direct line to the old Greenwich Park Station premises thence following on to the old Blackheath Hill Station to join the northern delimiting line near the Borough boundary.






A geological fault occurs in the gravel bed and extends in a line running almost centrally through the whole bed as it exists in this Borough, a somewhat narrow strip of chalk is found running almost parallel to the Southern Railway, commencing where that line enters the eastern boundary of the Borough and extending in area for about two hundred yards to the north and south of that line, stopping at a point about four hundred yards west of Westcombe Park Station.

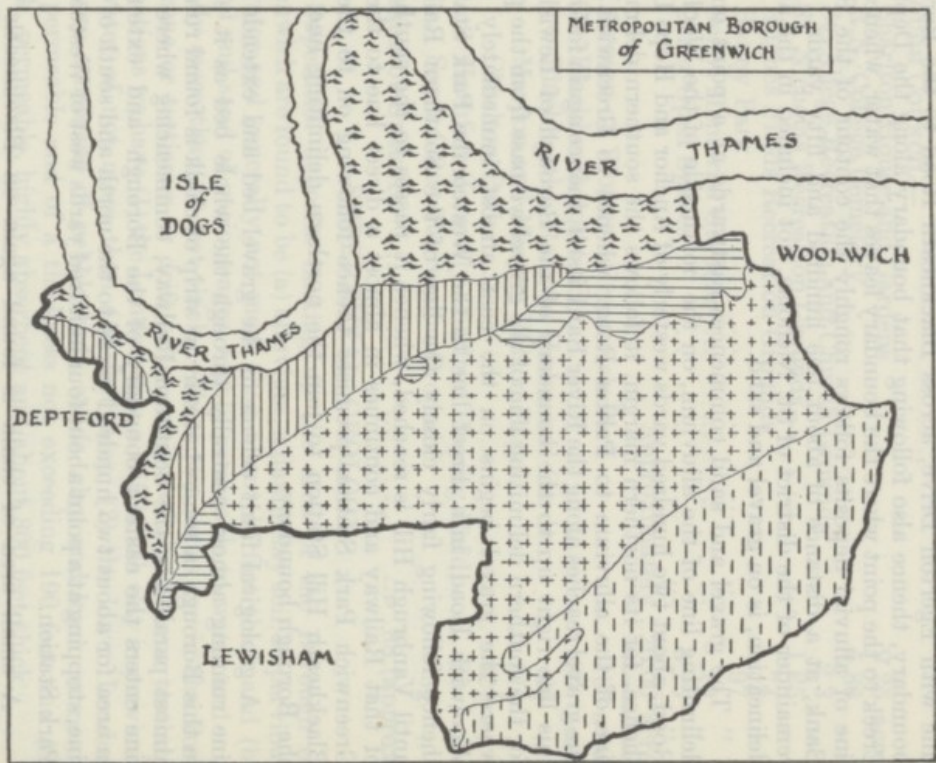
A small area of chalk is found again on Blackheath Hill, extending about five hundred yards north and south of old Blackheath Hill Station premises and for two hundred yards east of same. A small pocket of chalk is also found on the Southern Railway line just east of Vanbrugh Hill.

The lower London tertiaries are found throughout practically the whole of the remaining portion of Charlton, extending westward along the southern delimiting line of the chalk and gravel passing along the southern boundary of the Borough, across Blackheath to Blackheath Village and Lee Green, thence roughly from Weigall Road to the eastern end of Blackheath Park, thence to Charlton Park Lane and along same to the Borough boundary.

London Clay is found throughout the remainder of Kidbrooke.

SUPERFICIAL GEOLOGY

-  Alluvium
-  Lower London Tertiaries
-  London Clay
-  Chalk
-  Gravel & Sand



The accompanying sketch map will assist in elucidating the various delimited areas.

The altitude throughout the whole of the Borough varies from a few feet below high water mark on the marshes up to 249 feet above sea-level on the Shooters Hill Road just at the Borough boundary.

Vacant land on the marshes, consisting chiefly of alluvial deposits, is quite unsuitable at present for the erection of dwelling houses as its level is below that of the River at high water. This fact complicates the drainage problems of the district and the houses already built there are subject to flooding at times of heavy storms. The difficulty has been overcome in some instances in the past by the filling up of the basement rooms but even this treatment is most unsatisfactory. Due to special drainage systems and the introduction of concrete rafts considerable factory development has taken place in this area in recent years.

SOCIAL CONDITIONS

The Metropolitan Borough of Greenwich comprises three districts, *viz.*, Greenwich, Charlton and Kidbrooke and St. Nicholas, Deptford, all of which are now united into one civil parish and it may be interesting here to record briefly the changes that have taken place during the last 50 years in the social conditions throughout the Borough.

The opening of the present century saw the formation of the Metropolitan Borough Councils and at that time Greenwich was mainly a shipbuilding and engineering centre giving employment to thousands. In those days the term "shipbuilding" related chiefly to sailing vessels and the century was only a few years on its way when the challenge of the steamship had a profound effect on the life of this Borough. It was usual for fishing fleets to come into Greenwich for revictualling and for their overhauls, but general acceptance of the steamship led to the building of larger ships with bigger draughts and gradually the building of such ships passed to other and more suitable areas of the country with the result that many local industries were seriously affected. Sailmakers and repairers were no longer required; men engaged in the refitting, etc. of the sailing vessels lost their employment and concerns which catered for the revictualling of such vessels lost their trade.

It will readily be appreciated that the effect was to increase unemployment: firms such as Messrs. Humphreys & Tennent, Deptford Dry Docks, Thames Ironworks (John Penn's), Castle's Shipbreaking Co., etc. were compelled to close down owing to competition and the heavy rates and taxes imposed, whilst the world-

famous firm, Yarrow's, removed to Scotland for similar reasons. These movements of industry only tended to aggravate the unemployment problem.

The 1914-18 War brought a return of many industries to Greenwich although the post-war period saw the closing of the Foreign Animals' Wharf (commonly known as the Deptford Cattle Market), the area being acquired by the Government for a Supply Reserve Depot. Still later a compensating movement began when some of the larger buildings and dwelling houses were utilised as new factories and commercial undertakings.

With the advance of time many old buildings and houses were demolished and improvements effected. The breaking up of large estates, especially in the Westcombe Park area, has led, in the case of the houses concerned, to many new units of accommodation in the shape of flats and, in the case of the extensive grounds, to spacious areas for the erection of houses of the villa type.

In 1925 Charlton House, formerly the seat of the Maryon Wilsons, was purchased by the Council. This mansion—a splendid example of Jacobean architecture and now a museum—houses a Branch Library and forms an integral part of the Community Council's organisation. The extensive grounds have been used partly for the development of playing fields but mainly for the establishment of housing estates.

As a result of the recent War, housing problems have been accentuated, but in certain instances some benefits have been derived from the fact that many properties which have been demolished by enemy action would by now have been unsightly and particularly difficult problems for the Health Department. Generally speaking, war-damage was more extensive in the more densely populated areas situated near the River Thames and occupied in the main by the industrial classes. It follows, therefore, that the housing problem tended to be more acute in these districts than in the upper parts of the Borough. However, the housing conditions in this congested area, although certainly not solved, have been somewhat ameliorated in recent years through the transfer of overcrowded families, under the auspices of the L.C.C. and the Borough Council, to the Charlton and Kidbrooke districts.

The Greenwich area has always been well furnished with Schools and Hospitals and in the last 50 years there has been a general improvement. Latterly, under the new Health, Housing and Education Acts, there has been extensive reorganisation in order to provide even better services.

To-day the Borough is well catered for in the way of Parks and open spaces, the largest being the famous Greenwich Park with its historical surroundings covering an area of 185 acres. Blackheath

forms a southern boundary, 89 acres of which are within the Borough.

The Charlton and Maryon Parks provide excellent recreational facilities in the Charlton area and to those, more recently, has been added the L.C.C. play centre and Lido with its well-equipped swimming bath. During the last few years social centres catering for all shades of cultural and educational tastes have been established at Charlton House, Kidbrooke House and the Town Hall under the auspices of the Greenwich Community Council.

The majority of the industries and sources of employment in the Borough are still to be found in close proximity to the River Thames which forms the Borough boundary on the north side. Chief among these are large Cable and Engineering Works, Ship Repairing Works, Gasworks, Soap and Candle Works, L.T.E. Generating Station and Tramway Car Repair Depot, The British Electricity Authority's Works, Glass Bottle Works, Rope Works, Ship Propelling Works, Merryweather's Works (Fire Engines), Cement and Stone Works, Asbestos Works, Cold Meat Storage, Pressed Tool Works, Constructional Engineering Works, Galvanising and Sheet Metal Works, Brewery, Flour Mills, Aero Parts, Wireless and Vehicle Parts and Tin Box Manufacturing Works.

The numbers employed in local industries range from 500 to 5,000 in some of the larger establishments to 100 to 500 in some of the smaller.

Since 1900 great strides have been made to improve and safeguard the health of the industrial worker and in the larger factories where a medical examination is *sine qua non* to employment the Welfare Officer has become an essential part of the organisation of modern industry.

POPULATION

The Registrar General has submitted his estimate of the population of Greenwich, computed at mid-year 1950. The figure returned is 89,570 and indicates that the population has increased by 1,890 since last year and by 25,770 since 1945.

This post-war increase is doubtless mainly due to the return of residents who for various reasons were compelled to leave the Borough during the war; but in some measure it is also a reflection of the Housing Schemes carried out by the Borough Council and the London County Council in the Charlton and Kidbrooke areas.

It is interesting to recall that in 1851 the population of Greenwich was given as 16,194 and that the last century has seen almost a six-fold increase.

In common with the rest of the country, however, the age distribution ratio has not remained constant. Great interest has been shown and many theories advanced in recent years as to the reasons for the change in age distribution. Its importance can be judged by the fact that the Government saw fit to set up a Royal Commission to enquire into this and other problems brought about by population changes.

The Commission, in its Report issued in 1949, pointed out that the rise in the standard of living in the past 70 years was largely due to the increase, during that period, of the proportion of "working" age groups relative to others and that this favourable trend will be reversed during the next 30 years if the present-day propensities continue. Before the Commission commenced its investigations it had been assumed that the aggregate of old people throughout the country was on the increase. This assumption has been substantiated by the Report which states that one particularly striking feature of the 1947 age distribution in Great Britain is that the population aged under 20 is smaller than the population aged between 20 and 40 and that since 1891 the proportion of young people (under 20) has fallen heavily, while the proportion over 60 has doubled. The actual percentage of people over 60 years of age has risen from 7% in 1891 to 15% in 1947.

Commenting on this trend, the Commission expressed the opinion that although the expected large increase in the number of the old makes it more than ever desirable that we should make greater use of their productive capacity, there is good reason to believe that the standards of health and fitness at older ages will improve and so increase the numbers willing and able to continue at work. In the Commission's view any fall in mortality will only serve to accentuate the problem and the cost of providing retirement pensions will automatically rise. When interpreted, this means that in the coming years a diminishing "working" population will be called upon to support a rapidly growing "aged" population, with all its social implications.

No easy solution to the problem appears possible but it is obvious that every effort must be made to encourage workers, to carry on after normal "retiring age" and it must be admitted that even at best, this can only be a temporary expedient.

The national trend, as outlined in the Commission's Report is also reflected in the Greenwich figures. The proportion of people over 60 years of age in the Borough in 1901 was 6.8%; in 1921 it had risen to 8.7% and at the last completed census in 1931 the figure was as high as 10.9%. It seems unlikely that the 1951 census will reveal any marked change in this tendency.

* EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

LIVE BIRTHS

	Legitimate	Illegitimate	Total	} Birth Rate <u>16.72</u> (Comparable Rate 15.55)
Male	772	32	804	
Female	660	29	689	
Total	1,432	61	1,493	

STILL BIRTHS

	Legitimate	Illegitimate	Total	} Rate per 1,000 total Births <u>18.4</u>
Male	9	—	9	
Female	17	2	19	
Total	26	2	28	

DEATHS—All Causes

<u>Male</u>	<u>Female</u>	<u>TOTAL</u>	Death Rate (Crude) <u>10.39</u>
486	442	928	(Comparable Rate 10.90)

Puerperal Causes	...	...	...	...	...	Nil
Tuberculosis (all forms)	...	...	...	...	...	44
Tuberculosis, Pulmonary	...	...	...	...	...	41
Cancer (all ages)	...	...	...	...	...	166
Measles (all ages)	...	...	...	...	...	Nil
Whooping Cough (all ages)	...	...	...	...	...	1
Diarrhoea (under 2 years of age)	...	...	...	...	...	2

DEATH RATES

Infants under 1 year of age

All infants per 1,000 live births	...	...	...	26.79
Legitimate Infants per 1,000 legitimate live births	...	...	...	25.83
Illegitimate Infants per 1,000 illegitimate live births	...	...	...	49.18

Others

Tuberculosis (all forms) per 1,000 population	...	...	0.49
Tuberculosis, Pulmonary per 1,000 population	...	...	0.45
Cancer per 1,000 population	...	...	1.85

*These figures, which are supplied by the Registrar-General, may differ slightly from those shown in other parts of the Report.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

MARRIAGES.

Mr. F. H. Searle, the Superintendent Registrar of the Greenwich Registration District, has kindly furnished me with particulars relating to the number of marriages solemnised or registered in the Borough of Greenwich.

The following table shows these particulars giving the number of marriages in the Borough for each year since 1938 :—

Year	Churches of England			Chapels and Roman Catholic Churches	Superintendent-Registrar's Office	Total	Approximate Population
	Greenwich	Charlton and Kidbrooke	St. Nicholas				
1938 ...	309 ...	185 ...	31 ...	101 ...	268 ...	894 ...	95,770
1939 ...	395 ...	218 ...	31 ...	128 ...	397 ...	1,169 ...	94,790
1940 ...	451 ...	243 ...	33 ...	126 ...	345 ...	1,198 ...	74,280
1941 ...	277 ...	174 ...	7† ...	91 ...	241 ...	790 ...	57,070
1942 ...	257 ...	192 ...	3 ...	79 ...	198 ...	729 ...	60,530
1943 ...	209 ...	166 ...	2 ...	73 ...	171 ...	621 ...	62,870
1944 ...	211 ...	136 ...	— ...	74 ...	171 ...	592 ...	61,800
1945 ...	228 ...	211 ...	2 ...	87 ...	233 ...	761 ...	63,800
1946 ...	258 ...	196 ...	1 ...	86 ...	235 ...	776 ...	76,840
1947 ...	192 ...	160 ...	13 ...	93 ...	318 ...	776 ...	82,230
1948 ...	202 ...	152 ...	8 ...	104 ...	345 ...	811 ...	84,410
1949 ...	184 ...	129 ...	10 ...	90 ...	272 ...	685 ...	87,680
1950 ...	206‡ ...	121 ...	6 ...	74 ...	245 ...	652 ...	89,570

†Parish Church destroyed by enemy action.

‡St. Peter's, Creek Road
Holy Trinity, Blackheath Hill } Closed.

METEOROLOGICAL OBSERVATIONS—1950

I am indebted to the Astronomer Royal, Sir Harold Spencer Jones, F.R.S., for the following meteorological data for the year ended December, 1950.

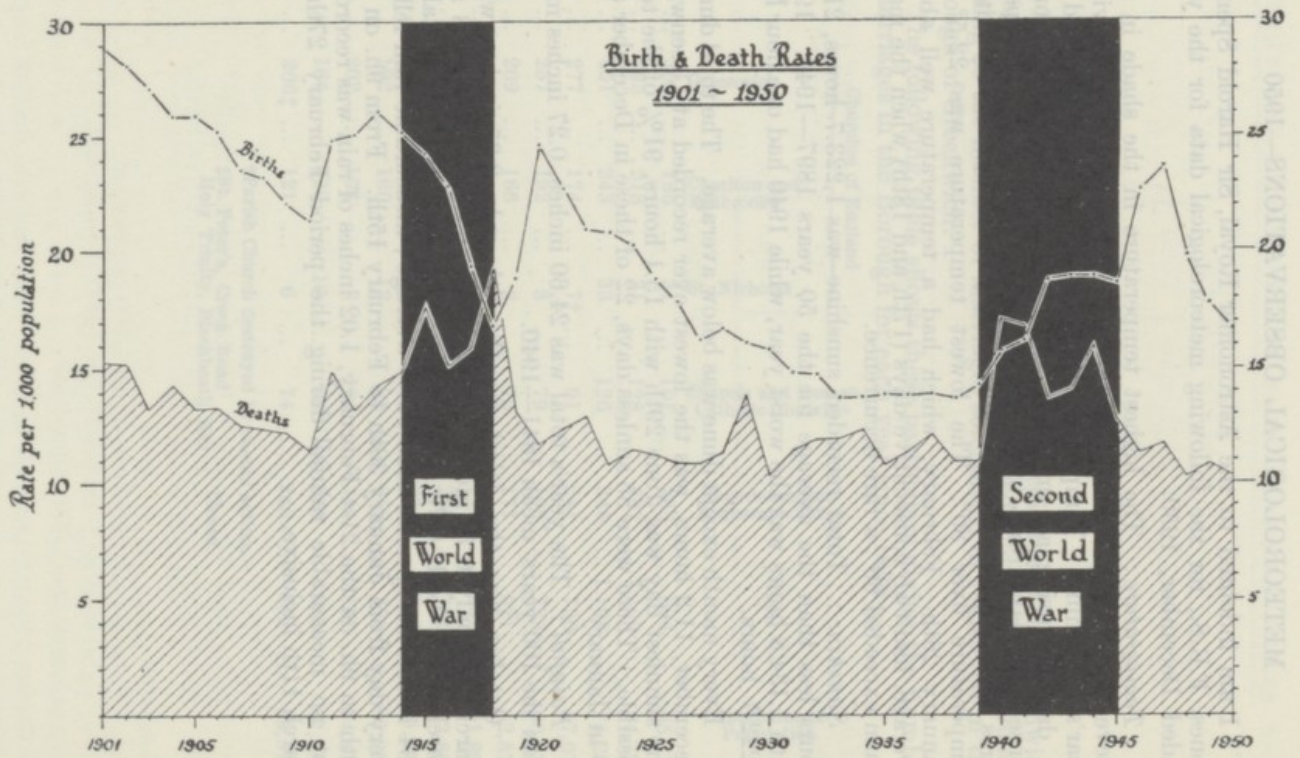
Temperature: The highest temperature in the shade in the Stevenson screen was 89.3° on June 7th, the same as the previous year's maximum. Temperatures exceeding 80° were recorded on 11 days. During an unusually warm spell in early June, on 5 consecutive days from June 3rd to 7th inclusive, maximum temperatures exceeding 80° were recorded. July had only one day with a temperature over 80° . The lowest temperature was 22.5° on January 26th. February, which had a temperature well above average, had two consecutive days (17th and 18th) when the maximum exceeded 60° , a rare occurrence.

Sunshine: Total recorded sunshine was 1,223.7 hours, 210.2 hours less than the average for the 50 years 1897—1946. 1937, with 1,134.8 hours was the worst year, while 1940 had one hour less, 1,222.7 hours.

Every month except June was below average. The total during December, 11.2 hours, was the lowest ever recorded at Greenwich. The sunniest day was June 29th with 15.1 hours, 91% of the total possible. There were 85 sunless days, 22 of these in December and 19 in January.

Rainfall: The year's total was 24.60 inches, 0.27 inches more than the 100 years' mean 1841—1940.

October was the driest month with only 0.35 inches while March had only 0.74 inches, almost the same as March 1948 and March 1949, both 0.76 inches. February was wet, the total of 3.34 inches being more than twice average; measurable rain fell on every day from January 30th to February 15th. From 9h. on the 20th to 9h. on the 21st February, 1.02 inches of rain was recorded, but no measurable rainfall during the period February 27th to March 11th inclusive.



BIRTHS

The total number of live births registered in the Borough during the year was 1,423 and of this number, 815 occurred in St. Alfege's Hospital, 130 in various Nursing Homes and 478 in private dwellings. In 580 cases the parents resided outside the Borough and the births were consequently transferred to the appropriate districts, leaving a figure of 843. To this must be added 650 births belonging to the Borough which took place in Institutions outside the Borough, thus making a final figure for Greenwich of 1,493, a decrease of 59 from that of the previous year. Of this total 804 were males and 689 females.

The Birth Rate for the year, calculated on the figure of 1,493 births, is 16.72 per thousand of the population, 1.04 lower than that for 1949. The average rate for the previous ten years is 19.24. The Greenwich Comparability Factor for births is 0.93 which gives an adjusted rate of 15.55.

The Rates for the County of London and for England and Wales are 17.8 and 15.8 respectively, showing relative decreases of 0.7 and 0.9 from the figures for 1949.

Illegitimate Births numbered 61, a decrease of 8 from those of the previous year and representing 4.1 per cent of the total live births.

The number of Still Births registered was 26, which is equivalent to a rate of 18.4 per 1,000 total births, an increase of 3.18 over that of the previous year.

From the inception of the Metropolitan Borough of Greenwich in 1900 there has been a gradual fall in the Birth Rate which could be described as being of a 'switch-back' nature, each succeeding rise and fall being lower than that of the previous one.

In 1901, the Births were at a yearly rate of 28.94 per 1,000 of the population and this figure has subsequently proved to be the highest in the Borough's 50 years existence. From 1901 the rate, declining in 1910 to 21.41, rose in 1913 to 26.09, but by 1918 it had fallen to 16.88. However, the 1920 figure of 24.67 showed a sharp rise, but from then on there was a gradual yearly decline until 1938, at which time the Birth Rate was 13.64. The following year saw another rise culminating in a rate of 23.61 in 1947 from which year there is evidence of a decline similar to that of the early 1900's and which was repeated in the late '20's and early '30's.

DEATHS

The net number of deaths registered during 1950 was 928, of which 486 were males and 442 females, compared with last year's total of 944 comprising 523 males and 421 females.

This gives a crude Death Rate for the Borough of 10.39 per thousand of the population, a decrease of 0.41 as compared with that of the previous year and a rate which is still 2.9 less than the average for the last ten years, viz., 13.29. The crude Death Rate figure is slightly increased to 10.90 when the comparability figure, furnished by the Registrar General for adjusting Local Deaths, is taken into account.

The adjusted Death Rate is in effect a 'corrected' Death Rate. The Registrar-General has pointed out that if the populations of all areas were similarly constituted as regards the proportion of their sex and age group components, their crude death rates (deaths per 1,000 population) could be accepted as valid comparative measures of the mortalities experienced by the several populations.

Populations, however, are not similarly constituted and their crude Death Rates therefore fail as true comparative mortality indexes in that their variations are not due to mortality alone, but arise also from differences in their population constitution. For instance a town with a population consisting of aged persons would register more deaths than one composed entirely of young and vigorous adults. Again, a town containing a larger number of males than females records more deaths with a consequent higher Death Rate than one in which females preponderate.

To overcome this difficulty the Registrar-General has worked out for each area in the country an adjusting factor which is termed the 'Comparability Factor' and is based on the last census population figure.

The Comparability Factor for Greenwich is 1.05 and may be regarded as the population handicap to be applied, which, when multiplied by the crude Death Rate for the year, modifies the latter so as to make it comparable with the country as a whole or with any similarly adjusted area.

The Death Rates for the County of London and for England and Wales are 11.8 and 11.6 respectively, indicating relative decreases of 0.4 and 0.1 compared with those of the previous year.

The inset table showing the causes of deaths at all ages has been supplied by the Registrar-General and is included in accordance with the Ministry of Health's request.

Death Rates during the past 50 years have varied little beyond showing a gradual decline from 15.31 in 1901 to the present-day figure of 10.39. The only real exception to this trend was a jump in the rate in 1918 to 19.16 resulting from a sudden increase in deaths due to the nation-wide influenza epidemic of that year.

DEATHS IN INSTITUTIONS.

The following table shows the number of deaths of Greenwich residents in Public Institutions during the last eight years :—

Year	Total Deaths of Greenwich Residents	Total Deaths of Greenwich Residents in Public Institutions.
1943	888	609
1944	978	616
1945	813	521
1946	874	585
1947	952	561
1948	862	441
1949	942	484
1950	926	540
Average	904	545

AGE MORTALITY.

The age mortality and the distribution of the deaths between the different quarters of the year are shown by the following table:—

Deaths	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Under 1 year of age ...	10	7	14	9	40
Between 1 and 2 years ...	1	1	1	—	3
Between 2 and 5 years ...	2	2	—	1	5
Between 5 and 15 years ...	1	2	1	1	5
Between 15 and 25 years ...	3	7	4	3	17
Between 25 and 45 years ...	22	22	11	15	70
Between 45 and 65 years ...	65	54	43	53	215
Between 65 and 75 years ...	65	52	51	63	231
75 years and upwards ...	109	79	62	90	340
Totals ...	278	226	187	235	926

From the following table it will be observed that deaths occurring at 65 years and upwards during the current year accounted for 61.6% of the total, a striking contrast with the figure of 22.8% for the year 1901. The contrast is even more striking when deaths in the age group 0—5 years are considered. In 1901 the figure was 37.4% and the comparable figure for 1950 was 5.2%. Other age groups under 65 years show similar tendencies since the beginning of the century.

Age Group	1901	1911	1921	1931	1950
Under 1 year of age	362	306	175	97	40
Between 1 and 5 years	187	158	80	39	8
Between 5 and 15 years	64	67	58	22	5
Between 15 and 25 years	66	60	67	65	17
Between 25 and 65 years	454	474	466	382	285
65 years and over	335	356	387	529	571
Totals ...	1,468	1,421	1,243	1,134	926

MATERNAL MORTALITY

There were no deaths from Puerperal Sepsis or other Maternal causes during the year compared with one from puerperal sepsis for the previous year. In 1948 there were 2 maternal deaths and in 1947 there were 4. The corresponding figures for 1946, 1945, 1944, 1943 and 1942 were 2, 2, 1, 0 and 1 respectively.

The decline in deaths from puerperal sepsis in recent years is considered in some circles to be the result of the introduction of sulphonamide therapy but as confidential reports are still made to the Ministry of Health in order to ascertain whether any maternal death was due to a 'primary avoidable factor' it is probable that the effect of these reports has had an equal bearing on the decrease.

INFANTILE MORTALITY

The Infantile Mortality Rate, measured by the deaths of children under 1 year of age to the number of live births registered, was 26.7 per thousand live births as compared with 24 for the previous year. For the County of London the Rate was 26.3 and for England and Wales 29.8 per 1,000 related live births.

This Infant Mortality Rate, although slightly higher than the figure of 24 returned for the previous year, is identical with that recorded for 1947 and 1948, and still compares very favourably with the previous 10 years' average of 36. The increase partly reflects the abnormally low figure returned for 1949.

The total number of deaths during the year was 40, an increase of 4 over that of 1949.

The deaths of the 40 infants were attributed to the following causes:—

Prematurity	11	Nephritis	1
Congenital malformation	8	Meningitis	1
Broncho-pneumonia	5	Atelectasis	1
Birth injury	3	Marasmus	1
Gastro-enteritis	2	Asphyxia (pre-natal) ...	1
Whooping Cough	1	„ (inhalation of	
Bronchitis	1	regurgitated food)	1
Pemphigus Neonatorum	1	Accident	1
Erythroblastosis foetalis	1		

Of the above, 25 were male and 15 female. Ten died in St. Alfege's Hospital, 4 in the Miller Hospital, 2 in the Brook Hospital, 15 in other Hospitals and 9 at home.

Neo-natal mortality, i.e. Infants dying before attaining the age of one month, accounted for 25 deaths, equivalent to 62.5% of all infant deaths and giving a Neo-natal Mortality Rate of 16.7 per 1,000 live births. Of these 25, 17 died within the first week and as usual the main causes were Prematurity and Congenital Malformation.

A table showing the causes of, and ages at, death is included in the Appendix of the Report.

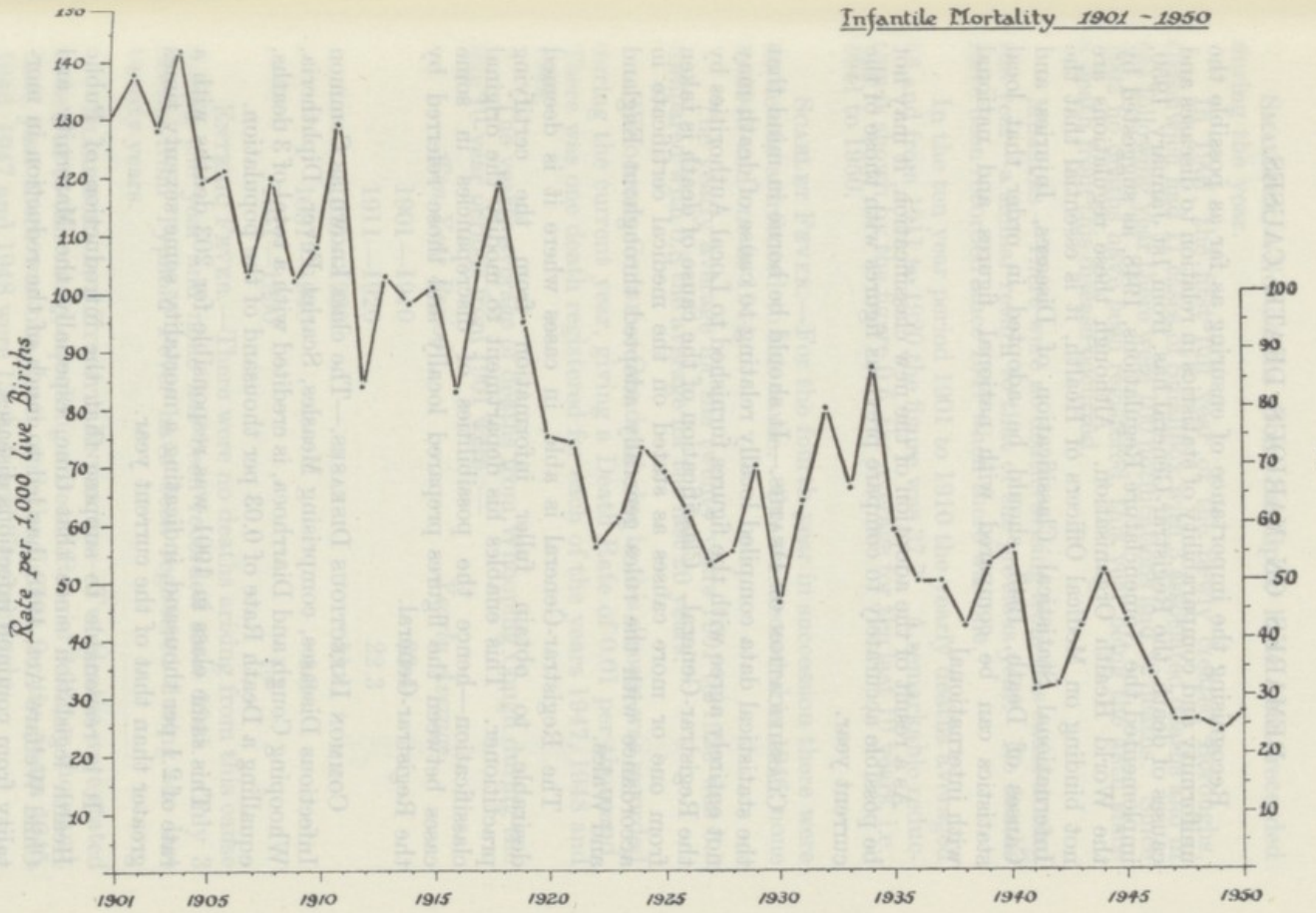
If further improvement is to be made in reducing Infantile Mortality it is among the Neo-natal deaths that the greatest opportunity lies. Recent medical advances in the prevention of haemolytic disease of the newborn and improved treatment of immature infants give grounds for sober optimism that such amelioration will be forthcoming.

The following table shows the comparative Infantile Mortality Rates for the quinquennial periods since 1931, together with the Rate for 1950 :—

DISTRICT	Average for five years 1931-1935	Average for five years 1936-1940	Average for five years 1941-1945	Average for five years 1946-1950	Year 1950
Greenwich ...	75	50	40	27	26.7
London ...	63	56	60	33	26.3
England & Wales ...	62	55	50	36	29.8

The accompanying graph gives a picture of the remarkable decline in Infantile Mortality since 1901.

Infantile Mortality 1901-1950



REMARKS ON VARIOUS DEATH CAUSES.

Recognising the importance of ensuring as far as possible the uniformity and comparability of statistics in relation to diseases and causes of death, the Registrar-General has, from 1st January, 1950, implemented the Nomenclature Regulations, 1948, as suggested by the World Health Organisation. Although these regulations are not binding on Medical Officers of Health, it is essential that the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, should be adopted in order that local statistics can be compared with national figures and national with international.

As a result of the adoption of the new classification, it may not be possible accurately to compare previous figures with those of the current year.

CLASSIFICATION OF DEATHS.—It should be borne in mind that the statistical data compiled locally relating to cause of death may not entirely agree with the figures furnished to Local Authorities by the Registrar-General. Classification of the cause of death is taken from one or more causes as stated on the medical certificate in accordance with the rules generally adopted throughout England and Wales.

The Registrar-General is able, in cases where it is deemed desirable, to obtain fuller information from the certifying practitioner. This enables his department to modify the original classification—hence the possibilities of discrepancies in some cases between the figures prepared locally and those referred by the Registrar-General.

COMMON INFECTIOUS DISEASES.—The class known as Common Infectious Diseases, comprising Measles, Scarlet Fever, Diphtheria, Whooping Cough and Diarrhoea, is credited with a total of 3 deaths, equalling a Death Rate of 0.03 per thousand of the population.

This same class in 1901 was responsible for 203 deaths with a rate of 2.1 per thousand, indicating a mortality some seventy times greater than that of the current year.

It is reasonable to suppose that the introduction of Public Health legislation since that time, especially the Maternity and Child Welfare Act, 1918, has led to much of the reduction in mortality from common infectious diseases.

SMALLPOX.—No deaths from Smallpox have been recorded during the year.

In 1901, the first full year of the newly created Boroughs, Greenwich had 11 cases of Smallpox with 3 associated deaths and in the following year there were 100 notifications and 22 deaths. Since 1902 no deaths have been registered, this year being the 48th since a death from this disease occurred.

MEASLES.—There were no deaths arising from this cause during the year—a similar return to that of the previous year. No deaths have been recorded since 1947 when there was one.

In the ten year period 1901 to 1910 the yearly deaths averaged 36 and from 1911 to 1920 the figure was 37.7. A remarkable reduction is shown by the figure 0.5, the average for the last 10 years, i.e., 1941 to 1950.

SCARLET FEVER.—For the fourth year in succession there were no deaths attributed to this cause. One was recorded in 1946, none in 1945 and one in 1944.

The yearly average for the twenty years 1901 to 1920 was 5.5 compared with 0.8 the average for the last 20 years.

WHOOPIING COUGH.—One death due to this disease was recorded during the current year, giving a Death Rate of 0.01 per thousand. There was one death registered for each of the years 1947, 1948 and 1949.

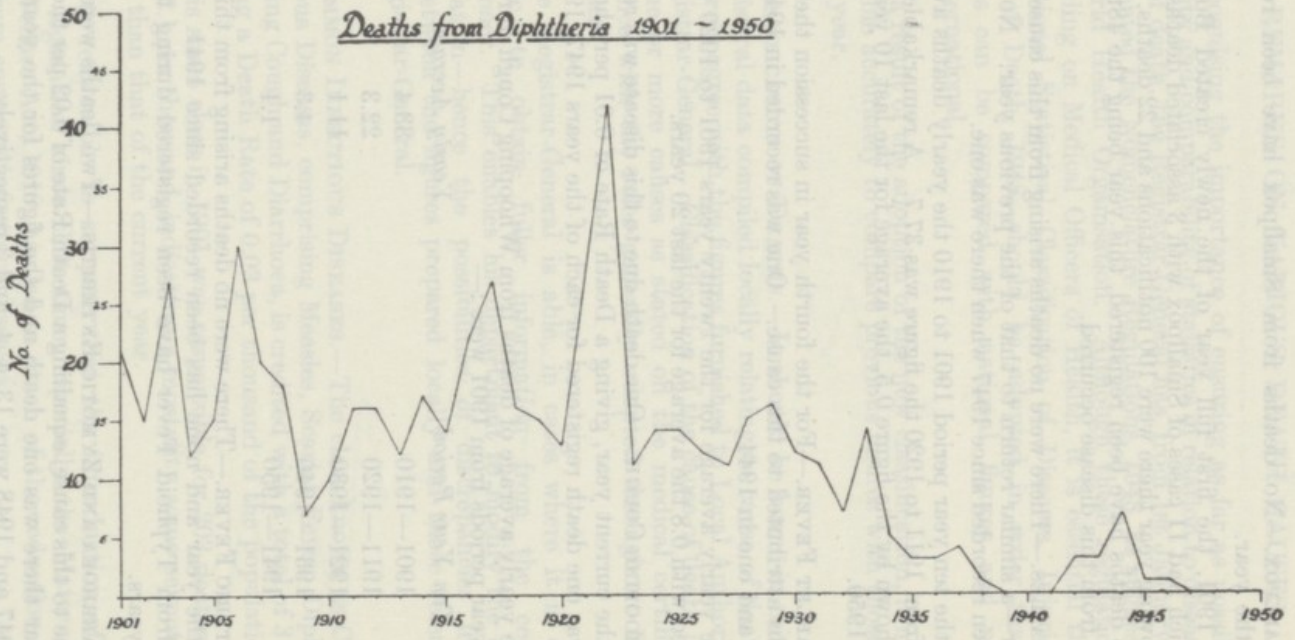
The yearly average of deaths from Whooping Cough during the five 10-year periods from 1901 were :—

<i>Ten Year Period</i>	<i>Yearly Average</i>
1901—1910	33.4
1911—1920	22.3
1921—1930	11.1
1931—1940	4.3
1941—1950	1.1

ENTERIC FEVER.—There were no deaths arising from this cause during the year and none has been recorded since 1941. Only 3 deaths from Typhoid Fever have been registered during the last twenty years.

DIARRHOEA AND ZYMOTIC ENTERITIS.—Two deaths were stated to be due to this cause, equalling a Death Rate of 0.02 per thousand. Last year there was one death and the figures for the years 1945, 1946, 1947 and 1948 were 13, 4, 4, and 3 respectively.

Deaths from Diphtheria 1901 ~ 1950



DIPHTHERIA.—Again it is gratifying to report that there were no deaths from Diphtheria during the year under review and that it is now 4 years since one was recorded.

The accompanying graph shows the remarkable fall in deaths from this disease since the beginning of the century.

TUBERCULOSIS.—There were 44 deaths from this disease during the year, giving a Death Rate of 0.49, compared with 46 deaths and a Rate of 0.53 for the previous year. The present year's Rate compares very favourably with the average T.B. Death Rate during the past ten years, viz., 0.84.

It is very satisfactory to note a further decrease in the number of Tuberculosis deaths and the current year's figure of 44 appears all the more remarkable when compared with the 219 deaths recorded in 1917, the largest yearly total since the Borough's inception. It is to be hoped that this improvement will not give rise to complacency.

The figures since 1941 are shown in the following table :—

<i>Year</i>	<i>No. of Deaths</i>	<i>Rate</i>
1941	74	1.29
1942	64	1.05
1943	60	0.94
1944	50	0.81
1945	53	0.82
1946	75	0.97
1947	69	0.82
1948	62	0.73
1949	46	0.53
1950	44	0.49
Average	60	0.84

Tuberculosis of the Respiratory System is, as usual, credited with the major portion of these deaths, there being 41 attributed to the cause, equalling a Rate of 0.45 as compared with 0.47 for the previous year.

The distribution of the deaths was as follows: 7 in East Greenwich, 8 in West Greenwich, none in St. Nicholas, Deptford, and 26 in Charlton and Kidbrooke.

The remaining forms of Tuberculosis were responsible for 3 deaths.

The Tuberculosis Dispensary was established in 1913 and when one considers that Tuberculosis was one of the first of the diseases to receive 'undivided' attention, it must be admitted that progress in the elimination of this scourge appears to be slow in comparison with the advancement achieved in respect of other deadly diseases.

CANCER.—This disease was responsible for a total of 167 deaths with a Death Rate of 1.87 per thousand—a decrease of 0.1 from that of 1949. The number of deaths for the previous five years were 127, 137, 142, 152, and 170.

The distribution of the deaths was as follows:—70 in East Greenwich, 40 in West Greenwich, 8 in St. Nicholas, Deptford, and 49 in Charlton and Kidbrooke.

The sites of the affected parts were:—

Cancer of Stomach ...	30
Cancer of Lung, Bronchus ...	26
Cancer of Breast ...	12
Cancer of Uterus ...	7
Cancer of all other sites ...	92
	167

In 1939 13.8% of all deaths in England and Wales were attributed to Cancer and by 1942 the corresponding figure was 14.6. The death rate from Cancer increased from 0.32 per 1,000 living in 1851-1860, to 1.12 in 1911-1920 and to 1.7 in 1942.

In Greenwich this increase has been apparent since 1901; in that year Cancer was responsible for 4.2% of the total deaths in the Borough. This figure rose to 5.7% in 1911, to 10% in 1921 and to 14.1% in 1931; the percentage for the current year is 18.

It is obvious that improved diagnosis and more accurate certification of the cause of death have accounted for a part of this increase, and even allowing for the fact that the proportion of middle-aged and elderly persons in the population is greater now than formerly, the increase is still significant.

In 1924, when it was evident that Cancer deaths were about to supersede those of Tuberculosis, the Public Health Committee formed a Sub-Committee to consider the Ministry's Circulars and Memoranda Nos. 476, 496 and 516. After the Sub-Committee's deliberations a pamphlet was issued for general distribution to the public in which prompt medical advice was urged when any unusual symptoms were observed whether or not these were associated with

pain. In order to promote the early seeking of medical advice the Council, with the Ministry's consent, set up a Tumour Diagnostic Clinic in 1927 with a view to expediting diagnosis and treatment, but despite this service the public were still reluctant in seeking advice regarding unusual swellings, uterine bleeding, etc., and the Clinic did not prove quite the success that had been anticipated.

Since the early 1920's the position regarding Cancer throughout the country had been deteriorating and in 1939 the Cancer Act was introduced. This Act required every County and County Borough Council to provide adequate facilities for the treatment of persons suffering from Cancer. The arrangements, including diagnosis, treatment and payment of travelling expenses where necessary, had to be approved by the Minister and the schemes were to be prepared in consultation with governing bodies and medical and surgical staffs of local voluntary hospitals and with representatives of local medical practitioners. Responsibilities of County and County Borough Councils under this Act passed to the Regional Hospital Boards in accordance with the National Health Service Act, 1946.

In recent years there appears to have been an increase in the number of deaths from cancer of the lung (including bronchiogenic carcinoma) although this cannot be substantiated statistically by reason of the fact that hitherto this form of cancer has not been classified in the Registrar-General's short list of disease classifications. Under the new classification of diseases adopted during the year the latter defect has now been remedied and it will be possible in future to compare yearly deaths from cancer of this site.

Consideration has been given at various times to the question of making malignant diseases notifiable, as in present circumstances the only information available to a Medical Officer of Health is that obtained from the death returns; he, therefore, gains no knowledge of the incidence of the disease, effect of treatment, recovery rates or possible pre-disposing factors.

VASCULAR LESIONS OF NERVOUS SYSTEM.—This class, which includes deaths arising from Cerebral Haemorrhage, Embolism and Thrombosis, was responsible for a total of 82 deaths. Of this number, 2 died between the ages of 25-45 years, 17 between 45-65 years, 28 between 65-75 years and 35 from 75 years and upwards.

HEART DISEASE.—Under the new classifications this disease has been divided into three sub-headings: (a) Coronary Disease, Angina, (b) Hypertension with Heart Disease, and (c) Other Heart Disease, and in order that a comparison may be made with previous

years it is necessary to take into account deaths from all three subdivisions. The total deaths occasioned by these amounted to 273 compared with a figure of 250 for 1949 and, as usual, the deaths from this class occupied the principal place in the classification of diseases. Comparable figures for the years 1945, 1946, 1947 and 1948 were 226, 240, 283 and 223 respectively.

Such figures indicate the increasing seriousness of Heart Disease but for some obscure reason, the disease generally is not viewed with the gravity it warrants.

Rheumatic infections in children often give rise to heart troubles in later years and there is ample evidence that the poorer class children are more susceptible to these conditions and also that the incidence rises with the degree of malnutrition and overcrowding. It follows, therefore, that in order to obviate rheumatic diseases with the resultant heart affections, the first step is an emphasis on preventive measures and an improvement in social conditions.

DISEASES OF THE RESPIRATORY SYSTEM.—There were altogether 91 deaths from these diseases, Bronchitis accounting for 59 and Pneumonia (all forms) for 32. Of the total deaths, 53 were of persons 65 years and over, thus indicating the serious nature of these diseases to the elderly.

Six children under one year of age died as a result of this class of disease and in any attempt at reducing Infant Mortality this is one of the obstacles to be surmounted.

The distribution of the deaths was, 44 in East Greenwich, 15 in West Greenwich, 8 in St. Nicholas, Deptford, and 24 in Charlton and Kidbrooke.

DEATHS FROM VIOLENCE.—These numbered 32, including 6 from Motor Vehicle Accidents, 5 from Suicide and the remainder being accounted for under the heading of 'All Other Accidents'.

Deaths from Motor Vehicle Accidents show a slight increase of one and Suicide a decrease of 7 from those of the previous year.

SECTION B

General Provision of Health Services for the Area.

Since July, 1948, the Personal Health Services available to residents of the Borough have been under the control of the London County Council, and Dr. Waldron, the Divisional Medical Officer, has kindly supplied me with information and statistics relating to Health Visitors' records, attendances at Infant Welfare Centres, Prophylaxis figures, etc. for 1950, which will be found on the following pages in table form.

In addition, Mr. E. J. Prew, Officer in charge of the Greenwich Food Office, has been good enough to supply me with the following details of vitamin products and dried milk distributed throughout the Borough from the Food Office and Welfare Centres during 1950 :

<u>Vitamin Product</u>	<u>Amount</u>	<u>Percentage of Potential</u>
Orange Juice	71,785 bottles	30%
Cod Liver Oil	18,428 bottles	24%
A & D Tablets	4,626 packets	35%
<u>National Dried Milk</u>		
Full Cream	41,872 tins	*
Half Cream	1,652 ,,	*

*No percentages can be given for this commodity by reason of (a) no separate record is kept of the children under 2 years who are the beneficiaries under this scheme and (b) entitlement even to these children varies throughout the year.

Health Visitors' Records, Attendances at Infant Welfare Sessions, Prophylaxis figures, etc.

1. Health Visiting

Qtr. ended	Expectant Mothers		Premature Babies		Still-Births		Infants (under 1 year)		Children 1—5 years		Infantile Diseases	Miscellaneous	Unsuccessful	Total
	1st visit	Revisit	1st visit	Revisit	1st visit	Revisit	1st visit	Revisit	1st visit	Revisit				
1st April	136	103	21	35	11	2	352	964	58	2,200	28	146	528	4,584
1st July	151	79	24	41	6	2	330	1,089	52	2,701	140	106	616	5,337
30th Sept.	143	98	17	24	6	4	333	993	51	2,253	245	66	573	4,806
30th Dec.	99	83	7	5	5	3	264	785	3	1,744	769	96	323	4,186
Totals	529	363	69	105	28	11	1,279	3,831	164	8,898	1,182	414	2,040	18,913

2. Infant Welfare Clinics

(a) Attendances at Infant Welfare Clinics

Quarter ended	Sessions	Attendances					
		0-1 year		1-2 years		2-5 years	
		1st	Total	1st	Total	1st	Total
1st April	208	386	5,422	14	1,540	38	1,625
1st July	197	350	5,617	20	1,711	46	1,596
30th September	218	330	5,726	19	1,733	23	1,621
30th December	214	265	4,789	5	1,467	17	1,347
Totals	837	1,331	21,554	58	6,451	124	6,189

(b) **Attendances at Special Toddlers Clinics** (Ridgebrook Road commenced 27th June, 1950)
 (Fairfield House ,, 4th November, 1950)

Quarter ended	Sessions	Total Attendances	Medically Examined	Found to require Treatment
1 week to 1.7.50	1	10	10	1
30th September	13	105	105	19
30th December	21	155	154	33
Totals	35	270	269	53

(c) **Attendances at Ante-Natal Clinics**

Quarter ended	Sessions		Attendances				
			First		Total		
	M.O.	Midwife	Ante-Natal	Post-Natal	Ante-Natal		Post-Natal
				M.O.	Midwife		
1st April ...	150	109	406	60	1,424	922	80
1st July ...	145	103	351	72	1,302	754	83
30th September	138	99	289	56	1,075	722	54
30th December	146	106	332	67	1,214	847	70
Totals	579	417	1,378	255	5,015	3,245	287

(d) Attendances at Ante and Post Natal Exercise Classes (Shooter's Hill Road commenced 15th April, 1950)

Quarter ended	Sessions	Attendances	
		First	Total
1st July	10	13	60
30th September	12	10	61
30th December	12	10	54
Totals	34	33	175

3. Dental Treatment

Attendances at Dental Centres

Quarter ended	Sessions	Nursing and Expectant Mothers		Children under 5 years	
		First Treatment	Total Attendances	First Treatment	Total Attendances
1st April ...	49	20	155	44	129
1st July ...	18	3	63	23	48
30th September ...	34	26	104	73	169
30th December ...	48	42	124	126	265
Totals	149	91	446	266	611

4. Sunlight Treatment

Attendances at Artificial Sunlight Centres

Quarter ended	Sessions	Attendances	
		First	Total
1st April	216	276	3,425
1st July	158	97	2,294
30th September... ..	148	153	1,583
30th December	186	255	2,733
Totals	708	781	10,035

5. Chiropody Treatment

Attendances at Foot Clinics

Quarter ended	Sessions	Attendances	
		First	Total
1st April	386	382	4,629
1st July	375	440	4,929
30th September... ..	385	288	4,819
30th December	381	206	4,680
Totals	1,527	1,316	19,057

6. Prophylaxis

Number of residents who received prophylactic treatment during the year :—

Diphtheria immunisation	1,636
Whooping Cough „	546
Vaccination	805

7. Home Help Service

Home Helps employed (part time)	103
(at 31st December, 1950)	
Cases receiving assistance	350
(at 31st December, 1950)	
Case Distribution :—	
Maternity Patients	84
Tuberculosis Patients	67
Aged and/or Sick	720

TREATMENT CENTRES AND CLINICS

Particulars relating to the local Health Services throughout the Borough are given below :—

INFANT WELFARE CLINICS	DAY	A.M.	P.M.
Bardsley Lane, S.E.10. ...	Thursday		1.30
Charlton Lane, S.E.7. ...	Tuesday Thursday	9.30	1.30
Chevening Road, S.E.10 ...	Tuesday Wednesday Thursday Friday	9.30 9.30 9.30	1.30
Creek Road, S.E.8. ...	Monday Friday	9.30	1.30
Fairfield House, S.E.7. ...	Monday Wednesday Friday	9.30 9.30	1.30 1.30 (Toddlers)
Ridgebrook Road, S.E.3. ...	Tuesday	9.30 (Toddlers)	1.30
Shooters Hill Road, S.E.3. ...	Monday Tuesday Wednesday Thursday	9.30	1.30 1.30 1.30

ANTE & POST NATAL CLINICS Note : (a) Doctor in attendance
(b) Midwife in attendance

Charlton Lane, S.E.7. ...	Friday		1.30 (ab)
Chevening Road, S.E.10 ...	Monday Tuesday		1.30 (ab) 1.30 (ab)
Creek Road, S.E.8. ...	Tuesday Wednesday Thursday	(1st and 3rd) 9.30 (a)	1.30 (ab) 1.30 (ab) 1.30 (ab)
Fairfield House, S.E.7. ...	Thursday		1.30 (ab)
Ridgebrook Road, S.E.3. ...	Thursday	9.30 (a)	1.30 (b)
Shooters Hill Road, S.E.3. ...	Tuesday Wednesday Friday	9.30 (a) (alter. wks.) (every 4th)	1.30 (Blood Test- ing only) 1.30 (ab)

ARTIFICIAL SUNLIGHT TREATMENT

	DAY	A.M.	P.M.
Charlton Lane, S.E.7. ...	Tuesday		1.30
	Friday	9.30	
Chevening Road, S.E.10 ...	Wednesday	9.30	1.30
	Friday	9.30	1.30
Creek Road, S.E.8. ...	Monday		1.30
	Wednesday	9.30	
Fairfield House, S.E.7.	Monday	9.30	1.30
	Wednesday	9.30	1.30
Shooters Hill Road, S.E.3. ...	Tuesday	9.30	1.30
	Thursday	9.30	1.30
	Friday		1.30

IMMUNISATION AND VACCINATION CLINICS

Chevening Road, S.E.10 ...	Friday	9.30	
Fairfield House, S.E.7. ...	Monday		2.00
Shooters Hill Road, S.E.3. ...	Wednesday		2.00

FOOT CLINICS (2/- per treatment—by appointment only)

Chevening Road, S.E.10 ...	Monday	10 - 1	
	Tuesday	10 - 1	
	Wednesday	10 - 1	2 - 8
	Thursday		2 - 8
	Friday	10 - 1	2 - 5
	Saturday	9 - 12	
Fairfield House, S.E.7.	Monday		2 - 5
	Tuesday		2 - 8
	Wednesday		2 - 5
	Thursday		2 - 8
	Friday	10 - 1	2 - 5
Shooters Hill Road, S.E.3.	Monday		2 - 8
	Tuesday	10 - 1	2 - 5
	Wednesday	10 - 1	2 - 5
	Thursday		2 - 8
	Friday	10 - 1	2 - 5
St. Alfege's Hospital S.E.10... (Diabetic Patients)	Friday		2 - 5

CHEST CLINICS (By appointment only).

	DAY	A.M.	P.M.
Maze Hill, S.E.10.	Monday		2.00
	Tuesday	10.00	2.00
	Wednesday	10.00	2.00
		(Special A.P. Clinics)	
	Thursday	10.00	5 - 6.30 (workers only)
T.B. Handicraft Centre	Tuesday		2.30 - 4.30
	Friday		2.30 - 4.30

SCABIES & CLEANSING CLINICS

Tunnel Avenue	Daily (Saturdays excepted)	9 - 12 (School Children)	2 - 4 (Adults and Children under school age)
----------------------	----------------------------------	--------------------------------	--

WOMEN'S SPECIAL CLINIC (Family Planning Association)

Charlton Lane, S.E.7.	Wednesday	2.00
------------------------------	-----------	------

HOME HELP SERVICE

Applications for this service to be addressed to :—

Divisional Medical Officer
London County Council,
Greenwich Sub-Office,
105, Shooters Hill Road, S.E.3

DISINFECTING STATION

Applications to :—Medical Officer of Health,
Public Health Department,
Town Hall, S.E.10.

NURSING ASSOCIATIONS.

Queens District Nursing Association for Blackheath & Charlton,
78, Elliscombe Road, S.E.7. (Tel. GRE 1675).

Ranyard Mission,
Ranyard House,
11, Taviton Street, W.C.1. (Tel. EUSton 5507).

Nursing Sisters of St. John the Divine,
Watson Street, S.E.8.

OTHER ORGANISATIONS.

British Red Cross Society,

Mrs. E. M. Wigley,

Divisional Director

136, Shooters' Hill Road, S.E.3. (Tel. GRE 0157)

Women's Voluntary Services,

Mrs. F. Kidd,

64B, Hyde Vale, S.E.10. (Tel. TID 3708)

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES

Town Hall, S.E.10.	Mon - Fri	} 9 a.m. to 12 noon 2 p.m. to 4.30 p.m.
	Fri.		5 p.m. to 7 p.m.
	Sat.	9 a.m. to 11 a.m.

The rate of provision of new dwellings is not such as to allow of Housing Act procedure to any appreciable extent in the case of sub-standard accommodation. A good deal of effort is therefore spent on obtaining repairs to worn out property which, in other circumstances, would be scheduled for demolition.

Under the Factories Act 1937, the principal functions are administered by the Ministry of Labour and National Service through H.M. Factory Inspectors. The Sanitary Authority is charged with the duty of enforcing the legislation as to sanitary accommodation in all factories in its area, and in those factories where mechanical power is not used the following:—

1. (1) (b) cleanliness in the premises	2	—
2. (2) (b) ventilation	—	—
3. (3) (b) overcrowding	—	—
4. (4) (b) drainage of floors	—	—

All factories must have an adequate supply of drinking water from a public main or some other source approved in writing by the Council.

During the year, 399 inspections were made by the Council's Inspectors in relation to the 362 registered factories. The latter figure includes 28 premises where mechanical power is not used.

Defects were found in 35 instances, all of which were remedied. Outworkers.—Premises where homework is carried on were visited on 108 occasions by the Woman Inspector. In no instance was it necessary to take action because of infectious disease.

SECTION C

Sanitary circumstances of the Area

The tables on pages 72 and 73 summarise, as far as possible, the sanitary work of the Department; from these it will be seen that a total of 19,872 houses and premises have been inspected or re-inspected during the year; 1,458 intimation notices and 316 statutory notices were served.

Once more the number of registered complaints, viz., 2,304 was greatly in excess of the pre-war average of 700, again serving to emphasise the difficulties which face the Sanitary Inspector in his task of maintaining a proper standard of housing in his district.

Routine complaints mainly arise from the continued deterioration of old property despite the application of the nuisance sections of the Public Health Act.

The rate of provision of new dwellings is not such as to allow of Housing Act procedure to any appreciable extent in the case of sub-standard accommodation. A good deal of effort is, therefore, spent on obtaining repairs to worn out property which, in other circumstances, would be scheduled for demolition.

FACTORIES ACT, 1937. Under this Act the principal functions are administered by the Ministry of Labour and National Service through H.M. Factory Inspectors. The Sanitary Authority is charged with the duty of enforcing the legislation as to sanitary accommodation in all factories in its area, and in those factories where mechanical power is not used the following:—

- Cleanliness.
- Ventilation.
- Overcrowding.
- Drainage of floors.

All factories must have an adequate supply of drinking water from a public main or some other source approved in writing by the Council.

During the year, 399 inspections were made by the Council's Inspectors in relation to the 362 registered factories. The latter figure includes 68 premises where mechanical power is not used.

Defects were found in 37 instances, all of which were remedied.

OUTWORKERS.—Premises where homework is carried on were visited on 108 occasions by the Woman Inspector. In no instance was it necessary to take action because of infectious disease.

FACTORIES ACT 1937

Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	68	41	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	282	288	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	12	70	—	—
TOTAL	362	399	5	—

Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1.) ...	21	21	—	2	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	4	4	—	4	—
(b) Unsuitable or defective	8	8	—	—	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	1	1	—	—	—
TOTAL	37	37	—	6	—

Outwork—(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending list to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
Wearing apparel } Making, etc.	66	—	—	—	—	—
Racquet and tennis balls	1	—	—	—	—	—
Paper bags	1	—	—	—	—	—
Carding, etc., of buttons, etc.	3	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc. ...	2	—	—	—	—	—
Lampshades	3	—	—	—	—	—
TOTAL ...	76	—	—	—	—	—

GRIT EMISSION.—The emission of grit from the Greenwich Power Station has been the subject of much discussion. The Sub-Committee, formed to consider the question, met on several occasions and a meeting was arranged between members and officials of the Council and the Executives of the Generating Station. From that meeting it was evident that an independent expert's report on the working of the generating plant was indicated and the Town Clerk was instructed to engage the services of Mr. John Bruce, a fuel combustion consultant, to advise the Council in regard to the efficiency of the present plant and any practical measures which could be taken to eliminate or lessen the nuisance.

From the subsequent report the Sub-Committee were of the opinion that all reasonable action had been taken by the authorities to reduce the grit emission in response to the frequent representations of the Council.

The existing machinery, however, is being gradually replaced by more modern equipment which in time, it is hoped, will reduce smoke pollution from this Station to a minimum.

A similar although lesser smoke nuisance presents itself in regard to the Deptford Power Station and frequent observations are taken, but the same practical difficulties are experienced by

them as at Greenwich and I am satisfied that the maintenance staff make every effort to meet our demands.

Greenwich is suffering, unfortunately, from a legacy of incredible stupidity in planning (or lack of planning) in the past and an easy or early solution of our problem is not apparent.

SMELLS FROM THE RIVER.—There were again complaints received from residents about smells from the River during the summer months and there is little to add to my remarks in my last report.

Apart from the diminished river flow and the exposure of riverside mud to putrefactive activities there appears to be no doubt that sewage effluents being discharged into the River are below a satisfactory standard.

The Port Medical Officer of Health confirms that below Barking there is a permanent high concentration of sewage which moves up and down stream with the tides. One large contribution to the solution of the problem would be the completion of schemes on the north and south banks, particularly the north, for the efficient treatment of sewage and the discharge of an innocuous effluent.

Fortunately, and contrary to popular belief, the smells, although unpleasant, are harmless, but, of course, the water is grossly polluted and would be dangerous if consumed inadvertently.

With the increasing rainfall and the dropping of temperatures the nuisance abated as the level of the River rose.

NUISANCES ARISING FROM BOMBED SITES AND E.W.S. TANKS.—Since last year there has been no progress towards the formulation of a policy in regard to bombed sites and E.W.S. tanks and the remarks which I made in my previous report can stand almost unaltered.

When one considers the serious concern of all civic-proud residents of our Borough, the absence of any positive National policy or legal help to enable the Public Health Committee to clean up or to enforce the cleaning up of such unsightly areas is all the more regrettable.

DEFECTIVE DWELLINGS.—REPAIRS.—With regard to houses found not to be in a reasonable state of repair, the following procedure, classified under three headings, is generally adopted:—

(1) *Complaints from or on behalf of the occupier.*—The District Sanitary Inspector makes inspection and an intimation is sent to the owner specifying the defect and nature of nuisance found. Where necessary, the circumstances are reported to the Public Health Committee for authority to serve a Statutory Notice to enforce

abatement of the nuisance. The premises are re-inspected by the Sanitary Inspector and, if work required is not executed within a reasonable period, Statutory Notice is served. In cases of non-compliance the Town Clerk is instructed to institute proceedings.

(2) *Sanitary defects due to depreciation of property.*—Depreciation of property usually occurs as a result of the owners' inability to carry out repairs during the war period. A Notice is served on the owner by the Sanitary Inspector, and where expenditure exceeds £100 it is necessary for a licence to be obtained before the work is allowed to proceed.

(3) *Housing defects.*—These are cases where the conditions are such that they cannot be remedied under the procedure of the Public Health (London) Act, 1936, and are dealt with under the Housing Act, 1936, as being houses unfit for human habitation. Representations are made to the Public Health Committee to consider as to whether such houses can be repaired at a reasonable cost having regard to the value of the premises, or whether Closing and Demolition Orders should be made.

HOUSES LET IN LODGINGS.—The L.C.C. Bye-laws made under Section 6 of the Housing Act, 1936, define a house let in lodgings as one which is occupied, or is of a type suitable for occupation, by persons of the working classes and let in lodgings or occupied by members of more than one family. These dwellings are subject to registration and must comply with certain requirements as to sanitation, cleanliness, etc.

The number of houses on the Register at the end of the year was 6; these have been visited by the Lady Sanitary Inspector on 25 occasions.

RENT AND MORTGAGE INTEREST (RESTRICTIONS) ACTS, 1920/39.—Under the provisions of these Acts landlords are permitted to make certain increases of rent, and tenants whose houses are not in all respects reasonably fit for human habitation may apply to the Sanitary Authority for a certificate to this effect enabling them to suspend the payment of increased rent until the necessary works shall have been completed to the satisfaction of the Sanitary Authority.

During the year 3 applications for certificates were received and one was duly granted, the applications in respect of the remaining two cases subsequently being withdrawn.

Landlords may also apply to the Sanitary Authority for a report to the effect that necessary works have been executed to the satisfaction of the Council. Three applications were received and

two reports granted, the issue of the remaining report being suspended until such time as the one outstanding item, viz., dampness in passage, has been rectified.

All applications whether for certificates or reports, must be accompanied by the statutory fee of one shilling.

DRAINAGE AND SEWERAGE.—Sixty-seven plans of drainage and other sanitary works relating to existing and new buildings were examined and approved.

WATER SUPPLY.—The whole of the Borough is supplied with water by the Metropolitan Water Board which is a Statutory undertaking, and the responsibility for its purity rests with that Authority. There are 21,862 dwellings with direct connection to the Board's mains.

No complaints were received during the year as to taste or possible contamination caused by insects or silt.

During the year 126 water supply certificates were granted under Section 95 of the Public Health (London) Act, 1936, and water fittings have been amended in 128 cases.

UNDERGROUND WATER SUPPLIES.—In response to a request from the Ministry of Health, a survey of underground water supplies was made in 1947 and in my report for that year I included a table giving particulars of all known wells and, in addition, I appended a map of the Borough giving the locations of the borings. It appears to me that this is an opportune time at which to re-state this information so accordingly I am including the original table and spot map concerning the underground water supplies of the Borough.

In all, 40 wells are listed, only 2 of which are used for the supply of water for drinking purposes. Water from one of these wells is used by the Metropolitan Water Board to supplement the public water supply and is subjected to daily tests by that authority for purity and palatability. Of the remaining 38 wells, 13 are used for commercial purposes and 25 disused.

As far as this Borough is concerned the two wells providing drinking water are properly supervised and have shown no sign of deterioration.

During the year, 7 samples of well water were taken and submitted for bacteriological examination and all were subsequently reported upon as being satisfactory.

UNDERGROUND WATER SUPPLIES.

No.	Situation and Owners.	Depth of Well —Position.	Use.	Condition of Water.	Remarks.
1	British Oxygen Co. Ltd., Tunnel Avenue, S.E.10.	200 ft. deep 400 yds. from river. Water drawn at 190 ft.	Drink- ing.	Bacteriologically a good water ; chemically no significant change in composition since March '42; affords no evidence of recent organic pollution and may be considered safe for drinking, but is very hard.	Well completely en- closed and protected from pollution. Samples to be taken quarterly.
2	Metropolitan Water Board Pumping Station, Brookmill Road, S.E.8.	1500 yds. from river.	Do.	Water from combination of wells is tested daily.	This well is in circuit by adit to main pump supply.
3	Delta Metal Co. Ltd., Delta Works, Tunnel Avenue, S.E.10.	500 ft. deep 50 yds. from river. Water drawn at 490 ft.	Indus- trial.	Chemically satisfactory. There is a trace of iron and consider- able temporary hardness and salt ; no evidence of pollution.	Water used for cooling purposes; there are no drinking points. Well is completely enclosed and protected.
4	Christie's Wharf Ltd., Riverside, (Lombard Wall), Charlton, S.E.7.	250 ft. deep 300 yds. from river. Water drawn at 30 ft.	Do.	Chemically satisfactory. There is a trace of iron, the water is very hard, with a high degree of salt. Bacteriologically good; no evidence of recent pollution.	The water is used only for industrial pur- poses, with no drinking points. The well is in good condition and protected from surface water pollution.
5	United Glass Bottle Manufacturers Ltd., Anchor & Hope Lane, Charlton, S.E.7.	No. 2 Well— 300 ft. deep 200 yds. from river. Water drawn at 300 ft.	Do.	Extremely hard water, with a high salt content and traces of iron.	Used for industrial pur- poses only. Enclosed type, protected from pollution. There are no drinking points.
6	Do.	No 4 Well— 300 ft. deep 150 yds. from river. Water drawn at 300 ft.	Indus- trial.	Excessively hard water, very high salt content and heavy in iron. Bacteriologically good.	Used for industrial pur- poses only. Enclosed type, protected from pollution. There are no drinking points. Only used in emer- gency as water is too hard.
7	Do.	No. 5 Well— 300 ft. deep 250 yds. from river. Water drawn at 300 ft.	Do.	Satisfactory, but hard and a little salt.	In regular use for indus- trial purposes only. Enclosed type, pro- tected from pollution.
8	S. P. Mumford & Co. Ltd., Greenwich Flour Mills, Deptford Bridge, S.E.10.	165 ft. deep. Very near to Deptford Creek. Water drawn at 36 ft.	Do.	Bacteriologically and chemically there is definite evidence of pollution. The water has a high bacteriological count with B. Coli in 1 cc.	This water is used for commercial purposes and is subject to chlorination.
9	St. Alfege's Hospital, Vanbrugh Hill, S.E.10.	No. 1 Well— 200 ft. deep 400 yds. from river, outside Laundry.	Do.	A hard water, with no evidence of pollution.	This well is used as a reserve supply for the Laundry only. Open type, protected from surface water.
10	St. Alfege's Hospital, Vanbrugh Hill, S.E.10.	No. 2 Well— 250 ft. deep 400 yds. from river, under Administra- tive wing of hospital.	Do.	A hard water, but showing no evidence of recent pollution.	The well is used as a reserve supply to the boiler feed. Protected from surface water.

UNDERGROUND WATER SUPPLIES.

No.	Situation and Owners.	Depth of Well —Position.	Use.	Condition of Water	Remarks
11	Thos. Borthwick & Sons, Ltd., Borthwicks Wharf, Butcher Row, S.E.8.	300 ft deep 40 yds. from river. Water drawn at 300 ft.	Indus- trial.	Extremely hard water and very salt. Chemically: no evidence of recent pollution. Bacteriologically: evidence of a slight degree of pollution, but sample taken from pump discharge tank.	Completely enclosed well, protected from pollution. Used only for industrial purposes.
12	J. Lovibond & Sons, Ltd., Greenwich Brewery, Greenwich High Road, S.E.10.	Shallow well, 36 ft. deep 300 yds. from river. Water drawn at 30 ft.	Do.	Very hard water with high salt content. No evidence of recent pollution.	Enclosed type, adequately protected from pollution.
13	Tunnel Glucose Refineries, Ltd., Thames Bank House, Tunnel Avenue, S.E.10.	No. 1 Well— 50 ft. deep 100 yds. from river. Water drawn at 25 ft.	Do.	These two samples of water are extremely hard and contain excessive amounts of dissolved solids and chlorides. They also contain a good deal of iron which is gradually precipitated on exposure to the atmosphere, forming heavy rust-coloured deposits. Quite unfit for domestic purposes, but no evidence of recent pollution.	Open type well, is covered by shed and protected from surface water. Water used for cooling purposes only. Heavy iron deposit.
14	Do.	No. 2 Well— 30 ft. deep 100 yds. from river. Water drawn at 26 ft.	Do.		Closed type well, protected from surface pollution. Water used for cooling purposes only. Heavy iron deposit.
15	R.A.F., No. 1 M.U., Kidbrooke, S.E.3.	30 ft. deep 2,000 yds from river. Water drawn at 25 ft.	Indus- trial.	Chemically: very hard and heavy in iron. Bacteriologically: heavy contamination (B. Coli in 1 cc.) This is probably from nearby disused and open well (See No. 20.)	Used only for reserve fire-fighting supply. Metal shaft capped with iron cover screwed down.
16	Delta Metal Co. Ltd., Greigs Wharf Tunnel Avenue, S.E.10.	Greigs Well 20 yds. from river.	Dis- used.	Sample taken from resting water alongside pump bore. Bacteriologically: evidence of a slight degree of pollution.	Disused for a long period; may be brought back into commission; meanwhile well is protected by manhole cover.
17	South Eastern Gas Board, Ordnance Wharf, Tunnel Avenue, S.E.10.	No. 1 Well— 322 ft. deep 90 yds. from river.	Do.	Heavily contaminated by tar seepage. Bacteriologically: evidence of pollution, with B. Coli in 1 cc.	Well disused; is situated about 4 yds. from large tar pit.
18	Ministry of Works, Kidbrooke, S.E.3. (Formerly R.A.F. Camp.)	No. 1 Well— 30 ft. deep.	Do.	—	Both enclosed type sealed with screwed on metal cap.
19	Do.	No. 2 Well— 30 ft. deep.	Do.		
20	R.A.F., No. 1 M.U., Kidbrooke, S.E.3.	30 ft. deep.	—	—	Boring unsuccessful and abandoned, shaft left exposed to surface water contamination. To be sealed up.

58

60

No.	Situation and Owners.	Depth of Well —Position	Use.	Condition of Water.	Remarks.
21	South Eastern Gas Board, Ordnance Wharf, Tunnel Ave, S.E.10.	No. 2 Well— 180 ft. deep 120 yds. from river.	Dis- used.	—	Closed type well, sealed up. Disused since 1936 because of high salt content.
22	London Transport Executive, Old Woolwich Road, S.E.10.	—	Dis- used.	—	Enclosed type, pump left sealed. Protected from pollution.
23	} London Electricity Board Power House, S.E.10.	2 Wells 300 ft. deep.	} Sealed.	Yielded rackish and polluted water in 1935.	Not used since March 1947. Wells plugged with concrete and back filled.
24					
25	London Electricity Board, Stowage Wharf, Deptford, S.E.8.	No. 1 Well— 500 ft. deep.	Do.	—	Concreted over.
26	Do.	No. 2 Well— 500 ft. deep.	Do.	—	Concreted over.
27	Do.	No. 3 Well— 100 ft. deep.	Do.	—	Capped iron and concrete.
28	Do.	No. 4 Well— 186 ft. deep.	Do.	—	Concreted over
29	} Carbide Stores Ltd., 1 & 2, Kirkland Place, S.E.10.	2 Wells 184 ft. deep.	} Do.	(Water said to have been salt).	Both concreted over.
30					

WELLS



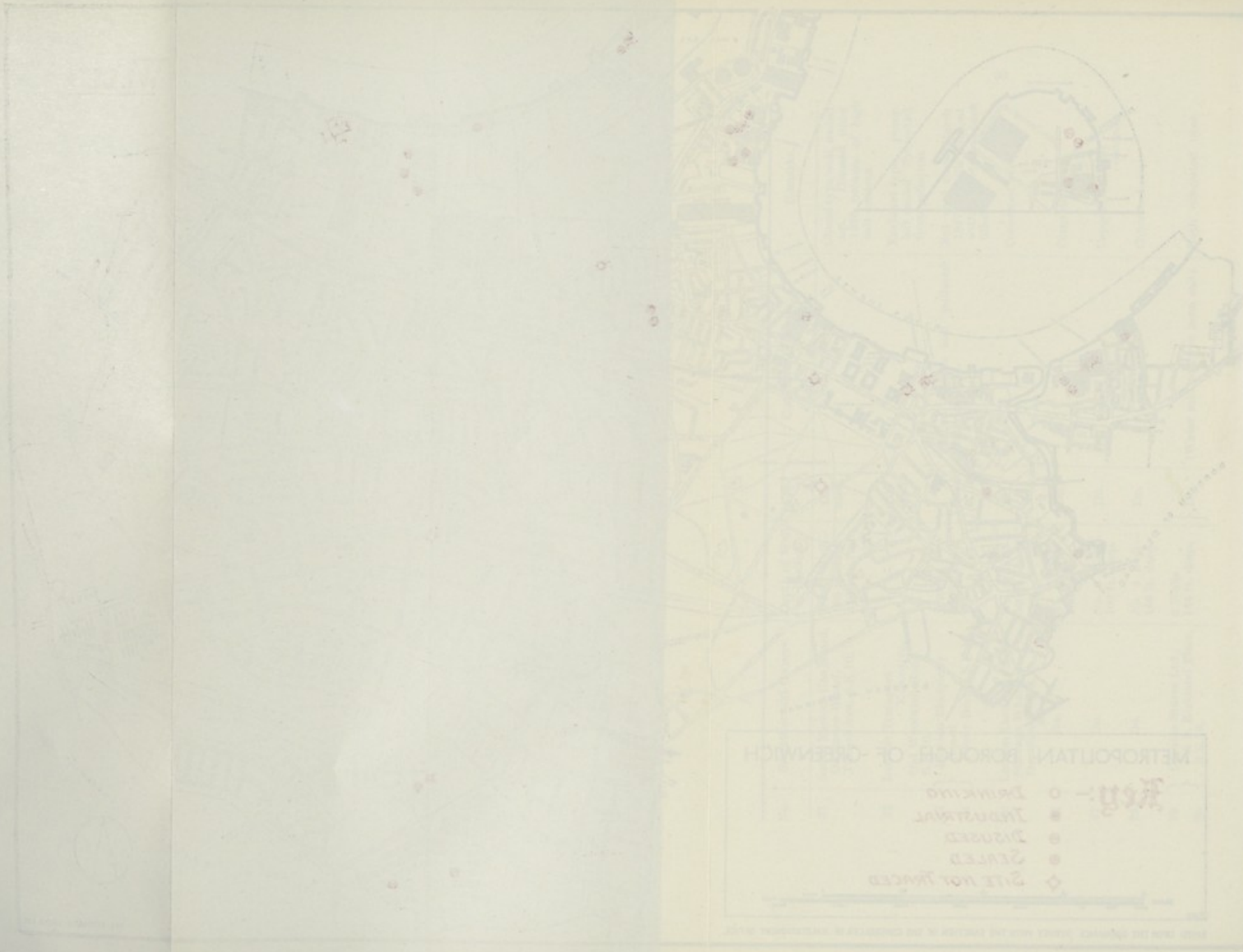
METROPOLITAN BOROUGH OF GREENWICH

- Key:-**
- DRINKING
 - INDUSTRIAL
 - ⊗ DISUSED
 - ⊙ SEALED
 - ◇ SITE NOT TRACED

SCALE 0 1000 2000 3000 4000 5000 6000 FEET

BASED UPON THE ORDNANCE SURVEY WITH THE SANCTION OF THE CONTROLLER OF H.M. STATIONERY OFFICE.

THE SIMMATH PRESS LTD.



31	Molassine Co., Riverway, S.E.10.	170 ft. deep.	Do.	—	Concreted over.
32	Formerly Beehive Brewery, Church Street, S.E.10.	276 ft. deep.	Abandoned.	—	Site not traced.
33	Flamsteed's Well, Royal Observatory, S.E.10.	In garden of Astronomer- Royal.	Do.	—	Do.
34	Formerly Mr. Hills, Eastney Street, S.E.10.	159 ft. deep.	Do.	—	Do.
35	House adjoining, "Sun- in-the-Sands," Shooter's Hill Road, S.E.3.	139 ft. deep.	Do.	—	Do.
36	J. B. Orr, Ltd., Riverside, S.E.10.	Four borings.	Do.	Water extremely hard, brack- ish when last analysed.	Do.
37					
38					
39	Formerly Royal Hospital Brewery, King William Walk, S.E.10.	305 ft. deep.	Do.	—	Exact site not traced, but concreted in under roadway.
40					

PUBLIC BATHS AND WASH-HOUSES.—Greenwich is in the happy position of having a modern establishment for its Public Baths and Wash-Houses situated in Trafalgar Road. Comprising 3 large swimming baths, 74 ladies' and gents' slipper baths, medicated, vapour and foam baths, wash-houses, laundry, etc., it covers an area of $1\frac{1}{4}$ acres.

The swimming baths are constructed of reinforced concrete and lined with white marble terrazzo. Each bath is fitted with teak dressing cubicles, shower and foot baths and has adequate sanitary accommodation. The following table gives an indication of the sizes of the baths:—

	<i>Length</i>	<i>Width</i>	<i>Depth</i>
1st class Bath	100ft.	40ft.	3ft. to 7ft. 9ins.
*2nd Class Bath (Ladies)	70ft.	36ft.	3ft. to 6ft. 6ins.
2nd Class Bath (Gents)	80ft.	40ft.	3ft. to 6ft. 6ins.

**Out of order owing to bomb damage.*

In connection with these baths there has been provided a most up-to-date filtration, aeration and chlorination plant capable of purifying the contents of each bath every $3\frac{1}{2}$ hours, thus enabling bathers to use the baths with every confidence.

Regular chemical tests are taken (twice daily) and bacteriological tests taken periodically.

The 2nd Class bath is open to bathers all the year round but during the winter months (October to April) the 1st Class bath is floored over and used for social functions of all kinds.

Introduction of the Vapour, Medicated and Foam baths in 1931 has enabled treatment to be undertaken for the benefit of Borough residents suffering from various ailments such as neuritis, obesity and rheumatic conditions, etc.

The public wash-house and its ancillaries are well patronised, especially during the winter period and here, in a well-lighted and warm room, provision is made for unlimited supplies of hot and cold water to enable the family wash to be done at very low cost, the charge including facilities for mangling and drying.

Ventilation throughout the building is by the Plenum system, a system which allows for the closing of all windows thus excluding dust, grit, etc., and yet ensuring complete circulation of pure air.

There was a general rise in the incidence of Poliomyelitis throughout the country during the year and, as a precautionary measure, arrangements were made with the Baths Superintendent for the amount of free chlorine in the swimming baths water to be increased from 0.5 to 1 part per million during the summer period.

I am indebted to Mr. K. L. Embley, Superintendent Engineer, for the following statistics:—

ATTENDANCES.—For the year ended 31st December, 1950:—

Slipper Baths	...	...	...	...	87,342
*Swimming Baths	...	...	...	...	100,670
Vapour and Medicated Baths	...	...	...	...	9,953
Public Laundry	...	...	...	...	10,671
				Total	208,636

**Includes 31,911 School-children.*

PUBLIC SANITARY CONVENIENCES, ETC.—The Borough is well served in respect of public sanitary accommodation and there is no doubt that the use by the public of such conveniences is on the increase.

The Public Sanitary Conveniences of the Borough are situated in the main arteries of traffic and are nine in number. It had been hoped that this figure would have been increased to ten by this year but circumstances have prevented the development of the site in Woolwich Road in the vicinity of Anchor and Hope Lane which has been acquired for the erection of a new convenience.

As outlined in the previous report, the Blackwall Lane Convenience, being unfit and unsuitable for renovation, is being replaced and a site in Rodmere Street has been obtained for the erection of a new convenience to serve this area. Indications are that this new convenience will be in operation by the end of 1951.

Discussions had taken place at times during the year regarding the provision of free hand-washing facilities at various conveniences throughout the Borough and it is anticipated that a service of this nature will be instituted early in 1951.

Particulars of Public Sanitary Conveniences in the Borough

Convenience	MEN			WOMEN		HOURS
	W.C.'s	Lava- tory basins	Urin- al stalls	W.C.'s	Lava- tory basins	
Batley Park (Blackheath)	6	2	12	4	2	7a.m. to 11p.m.
Blackheath Hill (foot of)	3	—	10	4	—	
Blackwall Lane (East Greenwich)	5	2	16	4	2	
Blackwall Tunnel	3	—	6	5	—	
Charlton House	2	—	4	2	—	
Creek Road (St. Nicholas, Deptford)	4	2	10	4	2	
Greenwich South Street (near Town Hall)	4	1	10	4	2	
King William Walk (near Greenwich Park)	4	2	9	7	2	
Shooters Hill Road (junc. Well Hall Rd.)	3	1	6	3	1	
Totals ...	34	10	83	37	11	

NOTE :—Women's Conveniences are without an Attendant between 7 a.m. and 8 a.m.

On Sundays, Conveniences open at 10.30 a.m. (with the exception of Batley Park (Men) which opens at 9 a.m.), and close at 10.30 p.m.

The following are the Drinking Fountains and Horse Troughs in the Borough which are cleansed daily by the attendants attached to the Department:—

DRINKING FOUNTAINS

Armada Street, Deptford.

Blackheath (Andrew Gibb Memorial) (Damaged by enemy action).

Blackheath (Greenwich Park).

Blackheath Hill, West Greenwich.

Blackwall Lane, East Greenwich. (Damaged by enemy action).

Charlton Church Lane.

Westcombe Hill, Blackheath.

HORSE TROUGHS

Charlton Church Lane.

Creek Road, Deptford.

Invicta Road, Blackheath.

Tunnel Avenue, East Greenwich.

In addition to the above-mentioned Drinking Fountains and Horse Troughs one Council urinal and four others attached to Public Houses are cleansed daily by two attendants, responsibility for the repairs of the Public House urinals remaining with the Brewers concerned.

ANTI-FLY AND ANTI-MOSQUITO CAMPAIGN.—The campaign commenced on 3rd April and was continued until the end of September; four men were employed, using motor-cycles and sidecars as transport.

The dust-shoots in the numerous blocks of flats in the Borough all received fortnightly dusting treatment with D.D.T., this work being carried out as soon as practicable after dust collection. No complaints of fly larvae in the shoots were received, which seems to establish the efficiency of the treatment.

In addition, our men paid particular attention to piggeries and stables and treated open sites where fly-breeding might be attractive.

Food shops, cafes and fish shops were difficult to deal with and great care had to be taken in the use of D.D.T. and "Gammexane". These premises were generally treated externally and good results were obtained.

By arrangement with the Borough Engineer a quantity of "Gammexane" powder was carried by each refuse collecting van: the dustmen were instructed to sprinkle the powder in the dustbins after emptying and for this purpose sprinkler-top tins were supplied. In addition the collecting vans were sprayed with D.D.T. in kerosene and this arrangement proved very successful.

The nuisance arising from the collecting, off the foreshore at Blackwall Point, of barges loaded with house refuse was reduced to a minimum, possibly due to initial treatments being given by those Authorities using this method of refuse disposal.

Mosquito and fly breeding in static water tanks and other stagnant water was effectively controlled by spraying D.D.T. or dusting with "Gammexane". Sawdust bombs soaked with "Malar-*iol*" have been found useful in places not easily accessible for routine treatment.

Steps were also taken to deal with offensive deposits on bombed and vacant sites. Such deposits included things like old mattresses, dead animals and food debris. Where possible, mattresses and other combustible materials were burned on the site or collected and destroyed centrally, but the public seem to be unaware that this Authority, upon request, will collect and destroy unwanted mattresses and bedding and, hence, some are inclined to dump such articles surreptitiously on vacant spaces.

RODENT CONTROL.—During the year the Rodent Control scheme, as approved by the Ministry of Agriculture and Fisheries, has been continued. A total of 1,960 investigations were made and infestation was found to exist in 536 dwelling houses, 25 factories and warehouses, 25 shops, 4 hospitals and 10 bombed sites. There were 8 major infestations, 6 of them caused by the brown rat and 2 by the black rat. Periodical treatments were carried out in each of these 8 infestations which occurred in large industrial undertakings. Throughout the year there were only 36 cases of re-infestation after treatment.

The monthly average of complaints received was 49, as compared with 51 last year, and members of the public continued to give early notice of infestation.

Bombed sites and dumps, providing suitable harbourage, have been test-baited and where found necessary, treatments have been given.

Arising out of the investigations 65 drainage defects were discovered. Block treatments were carried out in 11 areas, involving 285 premises.

The largest problem has again been the premises of Messrs. Robinson's Mills, Deptford Bridge, where infestation by both brown and black rats was particularly heavy. These premises are situated on the River front where grain is regularly unloaded from barges and, from experience, this has been proved to be the principal source of infestation. During the period under review these premises have been visited each evening from Monday to Friday inclusive for the purpose of trapping, by means of which over 2,000 rats have been destroyed. In view of the nature of the work carried out in the Mills, baiting and poisoning is not possible inside the buildings, but such methods were employed at many points externally with good results.

The Prevention of Damage by Pests Act, 1949, came into force on 31st March, 1950, and it superseded the old Rats and Mice Destruction Act. This new Act somewhat extends our powers in

regard to rodent control but it has not been found necessary during the year to take legal action to enforce its provisions.

I should like to thank the Rodent Control personnel for the excellent work performed.

Baiting of Sewers.—The Borough Engineer has kindly supplied me with the undermentioned information of the treatments carried out in the Council's sewers in connection with the scheme :—

Details	Date of Treatment	
	4th to 22nd Dec., 1950	5th to 26th June, 1950
1. No. of Manholes in foul and connected systems	1,157	1,157
2. Bait base and poison used	Sausage rusk and zinc phosphide	
3. No. of Manholes baited	1,078	1,046
4. No. of Manholes showing prebait takes	807	537
5. No. of Manholes showing complete prebait take (on one or both days)	413	310
6. Schemes of baiting used (e.g.: consecutive days or 1st, 3rd and 5th days)	Consecutive days	Consecutive days
7. No. of Manholes test-baited in conjunction with this treatment and not included in No. 3 above	12	15
Remarks : Nil.	(or 15% of 79-difference between items No. 1 & No. 3).	(or 13½% of 111-difference between items No. 1 & No. 3)

It may be mentioned that the neighbouring Boroughs of Woolwich and Lewisham took action at the same time as Greenwich.

DISINFESTATION OF VERMINOUS PREMISES.—D.D.T. in kerosene has been used as a vermicidal agent in dealing with verminous houses and has been proved to be most effective; it has rarely been found necessary to give second treatments.

During the year the Sanitary Inspectors dealt with 174 cases of dirty and verminous houses, compared with 246 for 1949. The Disinfestation staff sprayed 448 rooms and contents as compared with 938 last year.

In 32 cases the bedding and effects were removed to the Council's Disinfecting Station for steam disinfection and 46 houses were treated for infestation by other pests such as cockroaches, ants, moths and wasps.

PIG-BIN NUISANCE.—It seems that I was somewhat optimistic in my remarks last year: this summer has seen a flood of complaints from many residents about the condition of the bins.

A comprehensive inspection of all bins in the Borough was undertaken and a report was submitted to the Public Health Committee. In that report I mentioned that the condition of the bins, especially in the Riverside Wards, was unsatisfactory. I maintained that I was convinced that, in their present state, some bins constituted a health danger. In addition to being offensive, both in smell and appearance, they encouraged the breeding of flies and they attracted rats. As a consequence of the Health Committee's consideration of this report the Borough Engineer increased the number of collections and the cleansing of bins was more frequently undertaken. It remains to be seen if these measures will afford any effective improvement.

I am aware that it is National policy and, indeed, an obligation for pig-food to be collected, but I am satisfied that while there may be a need for pig-food the nuisances created by the means of its collection far outweigh any possible economic advantage.

SCAVENGING AND REFUSE DISPOSAL.—The collection of refuse in the Borough is under the control of the Borough Engineer who has kindly supplied me with the following information:—

“During 1950 the amount of house and trade refuse and street sweepings collected amounted to 19,150 tons and 1,400 tons respectively, most of which was tipped into barges alongside the Council's Tunnel Avenue Depot and then conveyed to controlled tips in the Thames Estuary.

—The increase in tonnage over previous years is accounted for mainly by the housing development in the Borough and the fact that salvage had been discontinued from the end of 1949, resulting in a certain amount of the material or the residue therefrom finding its way into the refuse bins.

A scheme to improve the method of the collection and disposal of refuse from flats, was approved by the Council. The system provides for metal containers to be installed in the dust shoot chambers to hold the refuse instead of this being allowed to drop on to the floor of the chamber necessitating it being dug out by the refuse collector. The container is removable and can be emptied by mechanical means into a special refuse collecting vehicle. The cost of this improvement will be in the region of £17,000 including the purchase of two new special type refuse collecting vehicles, a number of galvanised refuse containers and the altering of the existing dust shoot chambers to take the containers.

Certain progress was made during the year in the preparation of schemes for the Disposal of Refuse under a grouping arrangement involving this and the adjoining Boroughs of Deptford, Lewisham and Woolwich.

The Council purchased and received delivery during the year of a combined motor road sweeping-collecting machine which has been at work and results in a saving of man-power.

The collection of kitchen waste is still an obligation upon the Council and as the income from the sale of this does not cover the costs of collection certain costs are incurred by the Council on account of this service."

SHOPS ACTS, 1950.—Under the provisions of the Shops Act, 1934, the Council was responsible for ensuring that there was adequate and proper sanitary accommodation and washing facilities at each shop premises in the Borough. In the event of such accommodation not being available at the premises the Council were empowered to grant exemption from this provision of the Act on the understanding that suitable facilities were readily accessible elsewhere. One such exemption certificate was granted under the 1934 Act.

On 1st October, the 1934 Act was superseded by the Shops Act, 1950. This Act had the effect of consolidating and re-enacting with amendments the Shops Acts 1912/38 and the various associated Regulations. Opportunity was taken at the time of the introduction of the new Act to review the whole question of sanitary and washing accommodation at shop premises within the Borough for which exemption certificates had been granted under provisions of the previous legislation. As a result of the review 6 applications had been received and the appropriate exemption certificates were duly granted.

Routine inspections were carried out under the above-mentioned Acts on 131 occasions.

PHARMACY AND POISONS ACT, 1933.—This Act came into force on 1st May, 1936, and has for its object closer control of the sale of poisons and poisonous substances. Under it the Medical Officer of Health and the Sanitary Inspectors are appointed to carry out the provisions referred to in Part II of the Poisons List. These chiefly relate to the Sale of Poisons used for domestic, horticultural and sanitary purposes.

Under the provisions of Sections 17 and 23 of the Act two Statutory Instruments were introduced during the year, both of which came into force on the 1st September; they were (a) the

Poisons List Order, 1950, which amends the Poisons List by the addition of certain substances; and (b) the Poison Rules, 1950, which provides for certain requirements and restrictions in the dispensing of Part I poisons.

During the year 4 applications for licences to sell poisons under Part II were received and 66 vendors applied for retention in the Council's List. All were duly considered and approved.

Eleven inspections were carried out in accordance with the above Act.

AGED, INFIRM AND PHYSICALLY INCAPACITATED PERSONS.—As in previous years, cases of infirm persons who are unable to maintain a reasonable standard of cleanliness owing to senility or ill-health are still being brought to the notice of the Department by neighbours' complaints, by the Secretaries of Old Peoples' Associations and other Organisations, and occasionally by Hospital Almoners. Additional cases are brought to light in the course of the Lady Sanitary Inspector's visits to Almshouses, etc.

During the year the Lady Inspector made 1,074 visits in connection with the aged and infirm and on 30 occasions visited Rest Homes and Hospitals in respect of patients admitted as a result of the efforts made by this Department. While on the subject of hospital treatment it must be recorded that a very happy association exists between Dr. Young, the Physician Superintendent at St. Alfege's Hospital, and this Department and great reliance is placed on our reports in support of efforts to find accommodation for the elderly sick and infirm of the Borough.

In last year's report it had been pointed out that under the new Health Act little provision had been made specifically for old people and it is apparent that the care of the elderly undoubtedly presents great difficulties. Frequently they are not sufficiently ill to warrant admission to hospital and yet they are too infirm for admission to an institution. It is at this time that they require the help and attention which only a relative can give. Unfortunately, it is here that one meets the greatest difficulties: it seems that the elderly people have natural aversion to the notification of their plight to relatives and in order to avoid this situation they tend to suffer in silence and alone and, almost without exception, they are adamant in their decision to remain in their own homes.

An arrangement such as exists at Trinity Hospital appears to be a reasonable solution to the problem, i.e. separate room or flat for each inmate with opportunities for a communal life, if so desired, and at the same time the existence of adequate facilities for medical attention.

Transported Meals for Old People. The British Red Cross Society, Greenwich and Deptford Division, were running a scheme for "Meals on Wheels" and this Council decided to make a monetary contribution to the Society in order that the scheme might be expanded from the 1st January, 1950.

This provided for meals being delivered to old persons who were homebound and for meals in bulk to be delivered to the O.A.Ps Club in Swallowfield Road. The cost of a meal is subsidised to the extent of 4d. by the London County Council and the recipient pays the balance of 8d.

An amount of £65 was contributed by this Council to the British Red Cross Society for the period 1st January to 31st March, 1950, and a further amount of £200 for the financial year commencing 1st April, 1950. This was to enable the Society to obtain and renew, when necessary, equipment such as containers in which the food is kept hot, and also to pay a part-time driver of the existing "Utilicon" van. In this way it was expected generally to assist in the expansion of the scheme and finally to effect a daily delivery of these meals from Mondays to Fridays.

By the middle of the year about 100 Old Age Pensioners were having meals delivered to their home addresses and a few of this number received two meals per week.

By the end of the year nearly half of this number were receiving two meals weekly, making an average daily delivery of about 30. In addition to these figures, the Society delivered in bulk about 60 meals per week, 30 on each of two separate days, to the Old Age Pensioners Club, Swallowfield Road.

The arrangements appear to be very satisfactory and at the end of the year the British Red Cross Society's facilities still permitted of a little more expansion of these numbers.

BURIAL OR CREMATION OF THE DEAD.—Under Section 50 of the National Assistance Act, 1948, the Council is required to arrange for the burial or cremation of any person who has died or has been found dead in the Borough if in such cases it appears to the Council that no suitable funeral arrangements have been or are being made.

The Council is empowered, if it so desires, to recover expenses for the burial or cremation from the estate of the deceased person or from any person who, for the purposes of this Act, was liable to maintain the deceased person immediately prior to his death.

During 1950 arrangements were made, under the above Act, for the burial of 10 bodies (6 males and 4 females). The total expenses of these burials amounted to £84. 7s. 9d., of which the sum of £42. 7s. 4d. was recovered, making the net cost to the Council £42. 0s. 5d.

EXHUMATIONS.—During the year notices were received from the Home Office concerning three exhumations at the Council's Cemeteries. One was in respect of the removal of a body to Charlton and the remaining two concerned the re-interment of bodies at Charlton Cemetery. In all cases the Sanitary Inspector for the District was present to see that the usual precautions were observed.

**Summary of Work Performed by the Sanitary Inspectors during
the Year 1950**

INSPECTIONS—

Houses inspected (House-to-House)	70
" " (Complaints, nuisances)... ..	2,154
" " (Infectious Disease)	272
" " (Overcrowding)	545
Re-inspections, calls made, etc.	13,204
Inspections of Factories	399
" " Shops	113
" " Stables and yards	28
" " Urinals	127
" " Miscellaneous	1,417
" " Houses let in Lodgings	25
" " Outworkers premises	108
Inspection of Premises (Pharmacy and Poisons Act, 1933)	11
Investigations (Rats and Mice)	623
On notice from Builder	776
	19,872

DRAINS—

Drains tested—by smoke	267
" " —by water	350
Opened, cleansed and repaired	512
Reconstructions and additions	250
Inspection chambers constructed	170
New covers to manholes	168
Soil and vent shafts repaired or renewed... ..	171
Traps (gully)	269
Drains sealed off, etc.	104
Yards and forecourts drained	93

WATERCLOSETS AND URINALS—

Closets erected	64
W.C.s repaired	287
Sanitary conveniences or improvements effected to Factories, Workshops and Workplaces	37
W.C. pedestals installed	398
Urinals cleansed or repaired	25

DUSTBINS—

Provided	198
-----------------	-----

PAVINGS—

Yards and Forecourts	107
-----------------------------	-----

GENERAL WATER SUPPLY—

Water Fittings amended	128
Extra water supply to tenement houses	—
Water supply certificates granted (Sect. 95)	126

OTHER IMPROVEMENTS—

Houses generally repaired	250
Rooms cleansed and repaired	2,588
Rooms and staircases lighted and ventilated	5
Verminous rooms cleansed	292
Roofs, gutters and rainwater pipes repaired	953
Dampness abated	601
Sinks, baths and lavatory basins	293
Sink, lavatory and bath waste pipes trapped or amended	243
Stoves and fireplaces	338
Washing coppers repaired or provided	61
Floors repaired	407
Provision for storage of food	18
Miscellaneous repairs	845

OTHER NUISANCES ABATED—

Illegal use of Underground rooms discontinued	4
Overcrowding abated	132
Animals kept in unfit places discontinued or removed	17
Dung receptacles provided	—
Accumulation of manure and other obnoxious matter removed... ..	29
Rat infestation abated	564

SMOKE NUISANCES—

Observations	53
Statutory Notices served (Sects. 147 and 148)	—

NOTICES, &c.—

Intimations served under Public Health (London) Act, 1936	1,458
Statutory Notices served	316
Houses rendered fit by informal action	265

Legal Proceedings

Premises	Offence	Result of Proceedings
37, Albury Street	Non-compliance with Statutory Notice	Adjourned sine die
43, Albury Street	do.	Summons withdrawn
14, Armitage Road	do.	Summons withdrawn 6/- costs paid
30, Armitage Road	do.	Summons withdrawn 6/- costs paid
91, Creek Road	do.	Adjourned sine die
120, Creek Road	do.	Order made for compliance within 21 days
11, Frobisher Street	do.	Adjourned sine die
21, Glenluce Road (Top Flat)	do.	Adjourned sine die
21, Glenluce Road (Ground Floor Flat)	do.	Adjourned sine die
7, Woodland Walk	do.	Order made for compliance within 28 days
9, Woodland Walk	do.	Order made for compliance within 28 days

SECTION D

Housing.

GENERAL.—It is a universally accepted fact that a good home is not only a primary social necessity but of fundamental importance to the nation's health and by many psychiatric workers the lack of a good home is considered to be the cause of many social evils.

Although a home is something more than mere 'bricks and mortar' its corner-stone is reasonable housing accommodation. Throughout the country this latter point has long been recognised and every effort has been made in post-war years to provide accommodation of approved standards. It had been hopefully anticipated that the level of building costs would gradually fall but this decline has not materialised. Instead, mounting international tension and the nation's recourse to rearmament has, in view of the increasing demand for materials, not only reduced the amount which can be allocated to housing schemes but has also produced artificial scarcity which in turn has kept prices moving upwards. Increases in costs of erection are reflected in rent increases and to-day, rents based on building costs are tending to become higher than the ordinary man can afford. In any event it would not be sound public health policy to move tenants of slum property into new housing estates if increased rents were to mean inadequate food for the family.

Two obvious solutions appear possible, (a) to reduce the standards in design, materials and amenities, etc., or (b) to increase the subsidies in order to bring the rent within the range of the ordinary man. In the case of (a) above, the adoption of this solution would be a negation of all that Local Authorities have striven for and it would invariably incur, in terms of maintenance and administration, heavier burdens to bear in future years. With regard to (b), it is obvious that increased subsidies would give rise to increased rates and taxes with all their inflationary associations.

One can hardly say that the housing situation is improving—in fact the position at the moment amounts almost to an '*impasse*'. During the last 5 years there have been some 3,700 marriages registered in the Borough but the total new accommodation made available under housing schemes promoted by the Borough Council, the County Council and by private enterprise has amounted to only 2,704 units. It may be that many married couples took up residence outside the Borough but this is offset by the fact that the majority of new units of accommodation made available in the Borough were erected by the London County Council, a great proportion of which were allocated to non-residents.

From this excess of marriages over accommodation becoming available, it follows that in addition to the conversion of older properties into unsatisfactory units of accommodation, increased overcrowding will also result thus tending to aggravate the already grave housing situation.

One measure appears to give some hope of alleviation, if not complete solution to the problem, and this has been advocated often in other areas. It is that it should be made possible in certain instances for tenants of Council-owned property to purchase their houses ; this would result in a reduction of the Council's outstanding housing debts and the interest paid thereon and maintenance of these properties would no longer be the Council's responsibility. Saving on a scheme of this description would doubtless do much to enable the Council to build more accommodation subsidised sufficiently to bring the rent within the range of the ordinary man. This latter course would be productive of another favourable feature. It is that 'pride of possession' almost invariably leads to a sense of 'civic pride', a quality that is of immense importance in public health administration.

According to the rate books there were 21,862 inhabited and 85 uninhabited dwellings in the Borough on 31st December, 1950, and in any general survey of the housing conditions of the Borough the following points should be borne in mind :

- (a) Many of these properties are dilapidated and outworn and in more normal times would undoubtedly have been dealt with under the Housing Act.
- (b) Of the remainder, a fair proportion are deteriorating for these reasons :—
 - (i) Neglect occasioned by high cost of repairs in relation to controlled rents.
 - (ii) Shortage of certain building materials allocated for maintenance work.
- (c) Much of the older property does not lend itself satisfactorily to conversion into the type of accommodation in demand at the present time. Until there is a significant increase in the provision of new dwellings it is essential that the existing housing standards should be maintained and prevented from deteriorating.

It is not surprising, therefore, to find that an undue proportion of the Sanitary Inspector's time is absorbed in routine complaints and re-visits instead of in preventive functions which would ensue from house-to-house inspection of his district.

In connection with property which does lend itself to conversion Part II of the Housing Act, 1949, provides for Exchequer contributions to Local Authorities in respect of expenditure which may be incurred by them in the improvement of existing dwellings and the conversion of houses and other buildings. Likewise Local Authorities are empowered under Section 20 of this Act to make grants to private owners for similar purposes subject to certain conditions, one of which is that the dwellings shall be of a good standard. In Circular 90 of September 1949, the Ministry of Health pointed out that the general standard expected is that specified in the "Report of the Standards of Fitness for Habitation Sub-Committee of the Central Housing Advisory Committee". This reads as follows:—

"The dwelling should—

- (i) be in all respects dry ;
- (ii) be in a good state of repair ;
- (iii) have each room properly lighted and ventilated ;
- (iv) have an adequate supply of wholesome water laid on for all purposes inside the dwelling ;
- (v) be provided with efficient and adequate means of supplying hot water for domestic purposes ;
- (vi) have an internal or otherwise readily accessible water-closet ;
- (vii) have a fixed bath preferably in a separate room ;
- (viii) be provided with a sink or sinks and with suitable arrangements for the disposal of waste water ;
- (ix) be provided with facilities for domestic washing, including a copper, preferably in a separate room ;
- (x) have a proper drainage system ;
- (xi) be provided with adequate points for artificial lighting in each room ;
- (xii) be provided with adequate facilities for heating each habitable room ;
- (xiii) have satisfactory facilities for preparing and cooking food ;
- (xiv) have a well-ventilated larder or food store ;
- (xv) have proper provision for the storage of fuel ;
- (xvi) have a satisfactory surfaced path to outbuildings and convenient access from a street to the back door."

In cases where financial assistance is sought under Part II of the Housing Act, 1949, modifications of these standards are allowed only in exceptional circumstances.

RE-HOUSING.—

(a) *Borough Council*.—The total number of families rehoused from the housing register during the year was 158 of which 35 were in respect of overcrowded cases and 9 in respect of closures made under the Housing Act. Once again the number of new dwellings becoming available during 1950 was somewhat limited and the majority of the families were rehoused in requisitioned properties and casual voids on the Council's estates.

At the end of the year, in addition to 107 occupied hutments, a total of 1,070 properties giving 1,883 units of accommodation were requisitioned by the Council in order to provide for persons rendered homeless as a result of enemy action or who were otherwise inadequately housed.

(b) *London County Council*.—By 31st December, 1950, the L.C.C. had provided alternative accommodation for a total of 373 Greenwich families of which 97 had been certified as overcrowded. It is interesting to record that of the 373 families rehoused, 210 were accommodated on L.C.C. Housing estates outside the Borough.

OVERCROWDING.—The unsatisfactory conditions under which many families are living is evidenced by the number of complaints received on this subject. During the year 422 complaints were received, all of which were investigated by the Sanitary Inspectors concerned. In 148 instances families were found to be overcrowded according to the standards laid down by the Housing Act, 1936, and were consequently certified as such.

As suggested earlier in this section, the overall housing situation appears to have shown very little improvement in the past few years and this is borne out by the number of cases of overcrowding certified by this department. The figures for the last 5 years are as follows:—

<u>Year</u>	<u>No. of cases of overcrowding reported</u>
1946	261
1947	128
1948	162
1949	168
1950	148
<u>Average</u>	<u>173</u>

As a direct result of rehousing carried out by the Housing Departments of the Council and County Council, 132 cases of overcrowding were abated during the year under review.

NEW HOUSING ACCOMMODATION.—The following table lists the new dwellings erected in the Borough during 1950 :—

Type of Dwelling	G.B.C.	L.C.C.	Private	Total
Permanent Houses ...	—	5	13	18
Permanent Houses (rebuilt)	—	1	8	9
Flats ...	71	14	12	97
Flats (rebuilt) ...	—	—	2	2
Total No. of Dwellings ...	71	20	35	126

Excluding the families accommodated in requisitioned property, the total number of dwellings provided in the Borough since the termination of the war is now 2,704.

COUNCIL HOUSING SCHEMES.

Springfield Estate.—This estate of some 10½ acres is the second largest site developed by the Greenwich Borough Council since the war and is to provide 230 flats in 9 blocks for approximately 1,095 persons. Each flat has been planned to have the advantages of a two-sided aspect and all blocks are to be fitted with electrical passenger lifts in addition to main and subsidiary staircases.

Toward the end of the year Ducie House, the first block of this estate, comprising 1 two-bedroomed and 20 three-bedroomed flats, was completed and occupied.

Tuskar Street.—This site was also completed and occupied at the latter end of 1950. The accommodation, made available in two blocks, Bolton House and Miles House, comprises 21 one-bedroomed, 3 two-bedroomed and 12 three-bedroomed flats.

The Council are pressing on in a determined effort to provide the maximum amount of housing in the shortest possible time and steady progress can be reported. The following table gives an indication of the dwellings in the course of construction in the Borough at the end of the current year :—

<u>Site</u>	<u>Dwellings</u>
Springfield Estate ...	209
Coldbath Street ...	40
Victoria Way (North) ...	72
Cherry Orchard ...	136

Whilst not finally confirmed, the following additions and extensions have been envisaged by the Council:—

<u>Site</u>	<u>Dwellings</u>
Coldbath Street	88
Cherry Orchard	164
Blackheath Hill	22
Plumbridge Street	13 (and 9 shops)
Greenwich High Road	18
Ashburnham Place	12
Elliscombe Road	12
Invicta Road	18
Beaconsfield Road	60
Kinveachy Gardens	16
Pond Road	91
Charlton Village	6 (and 4 shops)

PROCEDURE UNDER HOUSING ACT, 1936.—The following representations were made under various sections of Part II of the above Act during 1950:—

SECTION 11.—*Houses unfit for human habitation and not capable at reasonable expense of being rendered so fit.*

2, Topham Place, Prior Street, S.E.10

30, Point Hill, S.E.10

SECTION 12.—*Parts of buildings unfit for human habitation, i.e., rooms being more than 3 ft. below surface of adjoining ground and not complying with the Local Authority's Regulations.*

52b, Vanbrugh Park, S.E.3

7, Crooms Hill, S.E.10

87, Royal Hill, S.E.10

101, Royal Hill, S.E.10

1, Royal Place, S.E.10

2, Royal Place, S.E.10

LETTINGS PROGRESS.—Through the courtesy of Mr. F. H. Dore, the Housing Manager, the following extracts are quoted from his survey on the 'lettings progress' during the year:—

“ 1. *The Housing Register.*—This year the necessity for annual renewals of applications came into operation for the first time. When an applicant registers his application he is given an acknowledgement card on which attention is drawn to the necessity for the annual renewal of his application. After a year has expired the practice is to send a reminder to an applicant who has not renewed his application and he is informed that if no reply is received within seven days it will be assumed that he no longer requires accommodation and that his name will accordingly be deleted from the Housing Register. The purpose of this requirement is to see that as far as possible the Housing Register is realistic. No fewer than 869 applications were cancelled during the year and, whereas the net Housing Register on the 1st January was 3,880, at the end of the year it had been reduced to 3,532. It seems fairly evident that in quite a number of cases applicants have not renewed their registrations when they have realised how low their points awards are, but this cannot fully explain the heavy volume of cancellations and no doubt a considerable number of applicants are being rehoused by other Authorities. It will be interesting to see to what extent the fall in the net figure of the Housing Register continues during 1951.

“ 2. *The Points Scheme.*—During the year one further amendment was made in the method of operating the Points Scheme. It was found that there was a number of applications which had been registered for some years and which attracted not quite sufficient points for their consideration by the Committee. Since so many more recently registered applications were coming along with higher points it was obvious that these cases stood very little chance of receiving any attention, notwithstanding the fact that the families concerned were living under rather difficult conditions. To deal with this situation the Committee decided that 50% of available lettings should be allocated to the longest registered applicants, dealing first of all with those who were registered before 1945, then those registered in 1946 and so on, down to a points level to be determined from time to time. In practice this level is about 5 points below the level with which the Committee would otherwise be dealing. This decision should go a long way towards meeting the criticism from the longest registered applicants.

“ 3. *Lettings.*—At the beginning of the year the balance of the flats at Mascalls Court became available for letting. Later on the Tuskar Street flats (Bolton House and Miles House) were handed over and

towards the end of the year, just before Christmas, the first block of the Springfield Grove Estate was handed over. A considerable proportion of these dwellings was occupied by families transferred from requisitioned accommodation, but, of course, these requisitioned units became available for re-letting to housing applicants and during the year a total of 158 families from the Housing Register were rehoused, 30 of them in Council-owned properties and 128 in requisitioned accommodation. The percentages of the various types of accommodation required have varied very little during the year, the heaviest demand still being for the two-bedroomed type.

“4. *Transfers.*—During the year 180 families were transferred from one type of property to another: of these, 101 were transferred to Council-owned property, mainly from requisitioned accommodation, whilst 79 were transferred from one type of requisitioned property to another. When the 36 flats at Miles House and Bolton House became available for letting, the decision was made to make this an opportunity for an attack on the problem of under-occupation both in requisitioned property and in Council-owned property. The majority of these flats were, therefore, allocated to families who were occupying accommodation in excess of their present needs. The first block of flats at Springfield, known as Ducie House, was allotted to families in requisitioned accommodation.

In dealing with transfers from requisitioned properties to Council-owned accommodation, the Housing Committee are frequently confronted with the statements from licensees that they are not prepared to move to flats and will only accept houses. No special consideration is given to such applicants unless there are extenuating medical circumstances, and the result is that such licensees who insist on houses will have to wait a very long time before they can be moved.

“5. *Mutual Exchanges.*—The number of Mutual exchanges has shown a slight increase over the preceding year, 58 having been arranged. The Committee are sympathetically inclined towards applications for mutual exchange, recognising that in this way the needs of a great number of families can be met. The co-operation of the London County Council and of other Local Authorities in arranging mutual exchanges has been very valuable.

During the year the Mutual Exchange Register maintained in the Lettings Section of the Department has been thoroughly overhauled with a view to giving the maximum assistance to those families wishing to exchange. Experience has shown, however, that the majority of exchanges are arrived at as a result of private contact being made between the families concerned, sometimes by advertisements in shop windows, etc.”

SECTION E

Inspection of Food and Supervision of Food Premises.

As a result of the resignation early in the year of the Junior Food Inspector, inspections of food and supervision of food premises throughout the year were carried out mainly by the Senior Food Inspector who subsequently assumed responsibility in respect of these duties for the whole of the Borough. With considerable effort and despite the handicap of staff deficiency the high standards achieved in previous years have been maintained.

During the year, in addition to his normal duties, the Senior Food Inspector has given much of his spare time to the launching of the Greenwich Guild of Hygiene, a full account of which appears in Section "G" of this report. It would be appropriate here to record an appreciation of the assistance afforded to the Public Health Department by the Guild in its maintenance of hygiene in relation to food handlers and their premises and so endeavouring to secure for the public a wholesome food supply.

Food hygiene has become increasingly important in recent years due, in a large measure, to the public's growing habit of communal "dining out" and Local Authorities have responded to the public demand for clean and safe food. Model food bye-laws were published by the Ministry of Food in October, 1949, and they formed the basis for legislation in approximately 80% of the local authorities in England and Wales.

In London, however, the Metropolitan Boroughs are still awaiting the issue of the new bye-laws which the London County Council are in the process of revising and it is anticipated that these, used in conjunction with the Food and Drugs Act, will materially assist in improving the standard of cleanliness of food.

Nevertheless, until compulsory registration of all premises used in connection with the handling, storage and sale of foods is introduced, so long will Local Authorities be unable to attain the ideal standard of food hygiene which they so earnestly desire.

LEGISLATION.—Of new or revised legislation concerning food introduced during the current year, the following enactments were the most important :—

Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950.

—No significant changes in the law have been intended and the Act only serves to consolidate previous legislation relating to milk, dairies and artificial cream and in this respect it will replace the

whole of Part II of the Food and Drugs Act, 1938, and the Milk (Special Designations) Act, 1949, when it comes into operation on 1st January, 1951.

Labelling of Food Order, 1950.—This Order, which came into force on 1st November of the current year, deals with precise and specific labelling of pre-packed foods and largely re-enacts the Labelling of Food Order, 1946, and its subsequent amendments.

MILK.—Deaths as a result of bovine tuberculosis are still occurring throughout the country and it cannot be too strongly emphasised that the utmost care and vigilance is necessary in the treatment and distribution of milk intended for human consumption.

Milk plays a large part in the everyday diet of the public and, as it was to be expected, this commodity formed the largest class of food sampled during the year. The growing importance of milk as a food is reflected in the spate of recent legislation concerning this significant article of diet. Even the new Special Designation Regulations introduced last year were slightly modified during the current year by Amendment Regulations which were chiefly of a technical nature, especially in regard to the various oxidising and preservative agents approved under the provisions of the Milk and Dairies Regulations, 1949.

Thus it can be seen that the Authorities are constantly and persistently striving to ensure an even purer supply of milk.

Milk Supply.—The supply of milk continues to be under the direction of the Milk Marketing Board who, in this connection, act as agents to the Ministry of Food. The greater proportion of the milk which enters the Borough originates from the Home Counties and the remainder, which is of a higher fat content, arrives from Devon and the Channel Islands.

Milk and Dairies Regulations, 1949.—Under the provisions of these Regulations each person retailing milk in the Borough must be registered as a Distributor. At the commencement of the year 83 persons were so registered and, allowing for additions to and deletions from this list, the number of Distributors registered at the end of the year remained the same, viz., 83.

Eight premises were registered as Dairies, being premises where milk is handled and not retailed in the unopened containers in which it is received. No additions to or deletions from the list of Dairies were effected during the year.

On 102 occasions the premises of Distributors and Dairies were visited and as a result of these inspections the following defects were detected and remedied :—

Shop cleansed and painted ...	1
Washing facilities, etc. improved ...	2
Dairy cleansed and limewashed ...	1

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950 and The Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950.—All milk now sold in the Borough has been Sterilised, Pasteurised or Tuberculin Tested and the use of these Special Designations in relation to the sale of milk is prohibited under the above Regulations unless the distributor is licensed for the use of same. The special designation "Accredited" is coupled with "Tuberculin Tested" in the Milk (Special Designation) (Raw Milk) Regulations, 1949, in order to obtain absolute control of the sale of milk so designated.

Licences issued in accordance with the above Regulations are operative for one year from 1st January and are required to be renewed annually. Principal Licences are granted to Distributors in respect of premises within the Borough and Supplementary Licences to Distributors who sell within the Borough but whose premises are outside. The following licences had been granted and were in force on the 31st December, 1950:—

Principal Licences

Distribution of Sterilised Milk ...	63
„ „ Pasteurised Milk ...	38
„ „ Tuberculin Tested ...	24

Supplementary Licences

Distribution of Sterilised Milk ...	19
„ „ Pasteurised Milk ...	19
„ „ Tuberculin Tested ...	18

Sampling.—Under provisions of the third Schedule to the first of the above-mentioned Regulations, Methylene Blue and Phosphatase tests have been prescribed, the former for assessing the "keeping" qualities of milk and the latter for estimating the efficiency of pasteurisation. In addition, a Turbidity test is also prescribed for ascertaining the effectiveness of the heat treatment of Sterilised milk. During the year 40 samples of milk, 37 of Pasteurised and 3 of Sterilised, were submitted to these tests and only one failed to reach the required standard. Particulars of this sample were forwarded to the Ministry of Food for any action considered necessary. A further sample was tested for "tubercle bacilli" by the animal inoculation method and at the end of the requisite period the animals were certified "free from tuberculosis."

Analytical Examination of Milk.—Only one of the 36 formal and 34 informal milk samples submitted to chemical analysis proved non-genuine. The examination report showed a slight deficiency of milk solids other than milk fat indicating the presence of 0.5% added water. In this instance a satisfactory explanation was given by the Distributor after receipt of a warning letter.

An unusual complaint concerning a bitter and unpleasant taste of bottled sterilised milk led to the examination of a small quantity by the Public Analyst as an informal sample. In his report the Public Analyst declared the milk unfit for human consumption by reason of bacterial action which gave the milk its bitter taste and subsequent bacteriological examination established the presence of thermoduric bacteria which had survived the sterilising process. A large quantity of milk was with-held from distribution and eventually destroyed as a result of these examinations. The distributor was advised as to the best methods to be adopted to prevent a recurrence and his willing co-operation and prompt action were commendable.

Reports on samples taken from L.C.C. Schools and Nurseries for chemical and bacteriological examination continued to be furnished quarterly to that authority and reports on samples taken from Hospitals in the Borough for similar purposes were again forwarded to the authorities concerned.

PRESERVED FOOD AND ICE CREAM PREMISES.—In accordance with the provisions of the Food and Drugs Act, 1938, Section 14, all premises with the exception of clubs, hotels or restaurants used :—

- (a) for the sale or manufacture for the purpose of sale of ice-cream or other similar commodity, or storage of ice-cream or other similar commodity intended for sale ; or
- (b) for the preparation or manufacture of sausages or potted, pressed, pickled, or preserved meat, fish or other food intended for sale ;

are required to be registered by the owner or occupier with the Sanitary Authority.

Preserved Food Premises (meat, fish, etc.). Four applications for registration were received and approved during the year, three concerning preserved meat and one in respect of all forms of preserved fish. The total number of preserved food premises so registered on 31st December, 1950, was 107 and as a result of 260 visits of inspection to these premises defects and insanitary conditions were remedied and improvements effected in 13 instances.

Ice Cream Premises.—By the end of the year the number of registered Ice Cream premises had increased by 23 to a total of 188.

Inspections to these premises during the year numbered 196 and in 17 instances improvements to shops and factories were effected solely by informal action.

MANUFACTURE AND SALE OF ICE CREAM.—The amount of Ice Cream consumed in the Borough has considerably increased as witness the number of premises newly registered during the year and, as a result, the need for strict supervision of hygiene practised by the manufacturer and vendor has grown in proportion.

The demand, even during winter, by "all and sundry" for ice cream has been sustained in a large measure by the continuance of sweet rationing and the popularity of the "ice lolly" with children is doubtless due to its cheapness in comparison with other forms of sweetmeats.

In connection with the sale of these "lollies" one or two complaints of "burning of the lips" were reported and upon investigation it was ascertained that in these instances the refrigerator was controlled at too low a temperature, thus giving rise to a mild form of frost bite. Arrangements were made for the vendors to remedy this fault and for the controlled refrigerator temperature to be set higher.

The Ice Cream (Heat Treatment, etc.) Regulations, 1947, and the Amendment Regulations, 1948.—The above Regulations were introduced to secure the elimination of pathogenic organisms by a heat-treatment process similar to that used in the pasteurisation of milk and, generally speaking, this has been accomplished.

Ice Cream Sampling (Bacteriological Examination).—As in the previous year the Council continued to make use of the Public Health Laboratory Service as provided for under the National Health Act and 132 samples were submitted for examination and grading according to the Ministry's provisional Grading Scheme. The grading is based on the results of the Methylene Blue Reductase Test and a summary of the year's reports is given below:—

Samples Taken	Time taken to Reduce Methylene Blue	Provisional Grade	Observations
65	4½ hours or more	1	Satisfactory
40	2½ to 4 hours	2	Sub-standard
20	½ to 2 hours	3	Unsatisfactory
6	0 hours	4	Most Unsatisfactory
1	(This sample was too highly coloured to give a satisfactory interpretation of the test).		

Full particulars of unsatisfactory samples concerning Ice Cream manufactured outside the District were furnished to the Medical Officers of Health of the Boroughs concerned for any action

they considered necessary and the manufacturers were informed of the steps taken by this Authority. In all instances the vendors of unsatisfactory samples were warned with a view to improving the standard of hygiene in connection with the handling of the commodity. Inspection of equipment was carried out and advice given by the Food Inspector as to its hygienic employment.

Quantitative Analysis. (Ministry of Food Circular 3/49).—Allocations of sugar and fat were increased by the Minister of Food during 1949 to manufacturers who undertook to ensure that the fat content of their product would not fall below $2\frac{1}{2}$ per cent. The Minister was at pains to point out that this did not constitute a legal "standard" for ice cream but he hoped that Local Authorities would co-operate by forwarding details of analyses of all routine samples taken. Thirty-three samples were taken during the year and full reference to the analyses will be found under the heading Food and Drugs Act, 1938.

FOOD REJECTED.—The following table is a summary of unsound food voluntarily surrendered during the year under the provisions of the Public Health (London) Act, 1936, Section 180(8), most of which was processed and used for animal feeding:—

Shops, Stalls, etc.—

<i>Meat</i> —						
Beef	...	...	...	...	387 $\frac{1}{2}$	lbs.
Beef trimmings	...	...	...	...	15	"
Bacon and trimmings	...	...	...	...	46	"
Mutton trimmings	...	...	...	...	11	"
Meat (various) trimmings and offals	...	...	...	...	637	"
Meat (canned)	...	...	...	...	274 $\frac{1}{2}$	"
<i>Other Foods</i> —						1,371 $\frac{1}{2}$ lbs.
Onions (Chilian)	...	...	...	...	235,200	lbs.
Cheese and trimmings	...	...	...	...	1,295 $\frac{1}{2}$	"
Fish...	...	...	...	...	1,454 $\frac{1}{2}$	"
Provisions, Various	...	...	...	...	1,147 $\frac{1}{2}$	"
Potatoes	...	...	...	...	224	"
Dried Figs	...	...	...	...	176	"
Christmas cakes	...	...	...	...	126	"
Grapes	...	...	...	...	116	"
Currants	...	...	...	...	100	"
Arrowroot	...	...	...	...	89 $\frac{1}{2}$	"
Split Peas	...	...	...	...	57	"
Cherries (Canned)	...	...	...	...	48	"
Condensed Milk	...	...	...	...	36	"
Eggs	...	...	...	...	9	"
Margarine	...	...	...	...	8	"
Pastries	...	...	...	...	6 $\frac{1}{2}$	"
Christmas Puddings	...	...	...	...	4	"
Pepper	...	...	...	...	$\frac{3}{4}$	"
						240,098 $\frac{1}{2}$ lbs.
TOTAL FOOD REJECTED						241,469$\frac{1}{2}$ lbs.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924/48.—These regulations provide for the supervision of slaughterhouses, butchers' shops, stalls, and the protection of meat against contamination by dirt and flies, etc., in transport and handling.

Butchers' shops and stalls are under the constant supervision of the Inspectors and proceedings are only instituted after disregard of the Officer's warning. In no case was it found necessary to caution Vendors during the year.

During the year, 280 visits of inspection were made to Butchers' shops and stalls and, mainly as a result of informal action, 19 structural and other defects were remedied.

Slaughterhouses.—Two premises in the Borough originally licensed as slaughterhouses have not been used as such since the introduction of the Livestock (Restriction of Slaughtering) Order, 1940. In both instances the premises are no longer to be used as slaughterhouses and the issue of the appropriate licences has therefore been discontinued.

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS 1937 and 1948.—The Metropolitan Borough of Greenwich with a river frontage of five miles, with more than 30 wharves and two of London's largest and most modern cold stores receives a considerable percentage of London's imported meat stored on behalf of the Ministry of Food. In addition considerable quantities of fresh fruit, tinned foods and miscellaneous provisions are dealt with. Visits to wharves and cold stores are made by the Food Inspectors and imported food generally is carefully supervised.

Inevitably meat is the commodity to which Food Inspectors must devote most of their time and it is their responsibility to see that each consignment landed is accompanied by an "official" certificate. During the year the Ministry of Food published a pamphlet in this connection, Clauses 1 to 4 of which are quoted below :—

" 1. The Ministry of Food desires to draw the attention of all importers of meat products, including canned meat products and animal casings, to the provisions of the Public Health (Imported Food) Regulations, 1937/48, for England and Wales under which it is illegal to import any meat product for the sale for human consumption unless accompanied by an Official Certificate.

2. An "official certificate" may be either a certificate, label, mark, stamp or other voucher which is recognised by the Minister of Food as showing :—

(a) that the meat, including any meat used in the preparation of a meat product, was derived from animals which had been

inspected ante mortem and post mortem and passed as fit for human consumption in accordance with criteria satisfactory to the Minister, and

(b) that the meat and meat products had been prepared and packed under hygienic conditions.

None other than an "official" certificate in the recognised form can be accepted.

3. There are corresponding Regulations in force in Scotland and Northern Ireland.

4. The duty of executing and enforcing the provisions of the Regulations is laid upon the Port Health Authorities and certain local authorities which are empowered to order the exportation of any meat product not accompanied by an official certificate."

A number of circulars were received during the year illustrating the type of certificate approved for certain countries.

IMPORTED FOOD REJECTED.—The following unsound or diseased imported foods were surrendered, the meat being passed for non-edible and refining purposes, and other unsound food, with the exception of fruit pulp and juice, being processed for stock feeding.

The following foods were rejected at the wharves:—

Meat—

Mutton trimmings	...	...	...	5,660	lbs.
Rabbit	...	...	...	1,860	"
Mutton	...	...	...	830	"
Beef	...	...	...	264	"
Meat trimmings (various)	...	...	...	170	"
Duck (Irish)	...	...	...	50	"
					8,834 lbs.

Other Foods—

Fruit Pulp	...	...	...	58,571	"
Salmon (canned)	...	...	...	53½	"
Soft Cheese	...	...	...	20	"
Condensed Milk	...	...	...	40	"
Sardines (canned)	...	...	...	16	"
Cod Roes (canned)	...	...	...	16	"
					58,716½ lbs.

TOTAL IMPORTED FOOD REJECTED 67,550½ lbs.

CASEOUS LYMPHADENITIS.—This disease, sometimes called "pseudo-tuberculosis" occurs mainly in sheep although it is occasionally found in cattle, rabbits and chickens. It is met mainly in imported sheep carcasses and is often the cause of meat being rejected as unfit for human consumption. It follows, therefore, that much time and attention is given by the Food Inspectors to this disease during their inspections at the wharves and cold storage plants in the Borough.

During the year over 130,000 carcasses and bags of boneless meat were landed and the following summary indicates that the quantity of meat condemned was negligible :—

	Landed	Examined	Rejected	Weight
Mutton and Lamb Carcasses	128,227	4,702	1 slight lesion trimmed out	—
Bags of Mutton	5,241	12	2 pairs of lambs legs	15 lbs.

MERCHANDISE MARKS ACT, 1926.—Under the powers conferred by this Act, Orders in Council have been made prohibiting the sale or exposure for sale of imported foodstuffs unless bearing an indication of the country of origin. Two hundred and twenty-five inspections were made to secure compliance with the various Orders but on no occasion was it found necessary to take action against Vendors.

BLACKHEATH FAIR.—Blackheath once again provided accommodation for a large fair at Easter, Whitsun and the August Bank Holiday and, despite inclement weather, thousands of people from this and adjacent Boroughs availed themselves of the opportunity of making a visit to this source of entertainment.

The Fair again seemed to be the “*raison d’être*” for the hosts of accompanying food stalls and mobile canteens and constant supervision was necessary to ensure that a safe standard of cleanliness was maintained among vendors of such light refreshments as shellfish, stewed eels, ice cream, minerals, etc., and to this end a Food Inspector was always in attendance. As a result of these attendances a number of contraventions of Section 16 of the Food and Drugs Act, 1938, were detected and the offenders were warned by letter of the need under this Section of a conspicuous display of the name and address of the vendor on his stall, vehicle or container, as the case may be.

The observance of hygiene during these holiday periods was assisted by the provision of a clean water supply and adequate sanitary accommodation by the London County Council’s Parks Department.

STREET TRADERS.—Under Part IV of the London County Council (General Powers) Act, 1947, registration with the local Council is compulsory for all street traders. During the year 67 applications were made and licences granted to street traders engaged in the retailing of articles of food. Three licences were revoked at the request of the vendors concerned reducing the total number of licences in force on 31st December to 64.

Premises used for the purpose of storing articles of food intended for sale by street traders, were kept under regular supervision by the Food Inspectors.

SUPERVISION OF PREMISES INCLUDING FACTORIES WHERE FOOD IS PREPARED.—The Borough has a number of premises at which food and drugs are prepared, flour millers, brewers, mineral water, pharmaceutical sundries, ice cream, whalemeat packing and fruit canning factories being among the establishments to which 2,973 visits were made. It is noteworthy that all the improvements listed in the summary below were, with only one exception, effected on verbal instructions, indicating the close co-operation between local firms and the Council's Officers.

The following table is a statistical record of the major portion of the duties performed and inspections undertaken during the year by the Food Inspectors. It will be observed that the total number of inspections and improvements have decreased somewhat from those of the previous year but it must be remembered that for 9 months of the year under review only one Food Inspector was available.

Premises Inspected or Visits Made.	No of Visits	No. of Improve- ments effected.
Caterers', Restaurants, etc.	492	44
Butchers' Shops	280	19
Dairies, Milkshops	102	4
Wharves and Factories	103	—
Bakehouses	145	12
Ice Cream Shops etc.	196	17
Fried Fish Shops	170	10
Other Fish Shops	46	—
Cooked Meat & Preserved Foods	90	3
Visits Re. Shops Act	18	—
" " Rat Infestation... ..	8	—
" " Food & Drugs Act	45	—
" " Merchandise Marks Act & Markets	225	—
Sampling Visits	361	—
Other Visits	365	—
Fair Visits	23	—
School Visits	13	—
Miscellaneous Visits & Interviews	165	26
Complaints Investigated	126	—
TOTALS ...	2,973	135

BAKEHOUSES.—At the end of the year there were 19 premises in the Borough being used as bakehouses of which 6 were of the basement type and in respect of which Suitability Certificates were in operation. These premises were visited on 145 occasions and, resulting from these inspections, insanitary conditions were detected and remedied in 12 instances and in one case only was the service of a Notice required, the remaining improvements being effected by informal action.

In the previous year it had been agreed to close one of the basement bakehouses once satisfactory alternative accommodation had been provided in the clearance area. It is expected that new premises will be available at the latter end of 1951 or in the early part of 1952 and the Certificate of Suitability in respect of the old premises will then cease to have effect.

CATERING ESTABLISHMENTS.—Since 1947, when the National Conference on Food Infections was held in London, campaigns have been conducted at various times throughout the country to draw the public's attention to the need for cleaner food handling. Shortages of labour and materials have been a great drawback to progress in this field but, despite the handicap, some fair measure of success has been achieved in the Borough and the institution of the Greenwich Guild of Hygiene did much to help.

Owing to pressing public demand for communal catering the number of these establishments has risen sharply and the task of their supervision has risen proportionately. The modern practice of providing "works canteens" and the introduction of "school meals" have only served to increase the Health Department's responsibilities.

The Catering Establishment plays a great part in the business and industrial life of the Borough and hotels, cafés, restaurants and public houses provide meals and refreshments not only for residents but for the numerous visitors who come by road, rail and river to the National Maritime Museum, the famous Greenwich Park and its equally famous Observatory. In securing a high standard of cleanliness at these establishments the Food Inspectors have ensured that foreign visitors to the 1951 Festival will carry away only the best of impressions from this Borough.

As a result of 492 visits of inspection made to these food premises, 44 insanitary conditions were remedied. On numerous occasions during the year advice from the Food Inspectors was sought by owners, proprietors, etc., of catering establishments and the following table indicates the type of improvement carried out :—

<i>Type of Improvement Effected</i>	<i>Total No.</i>
Cleansed and painted	31
Ceilings repaired	1
Walls repaired	2
New sinks fitted	11
Hot and/or cold water installed	13
Refrigerators repaired or installed	4
Waste pipes fitted or amended... ..	2
Premises partly reconstructed	3
Yard Paved	1
Roof repaired	1
Miscellaneous improvements (new sanitary equipment etc.)	11
Total ...	80

FOOD AND DRUGS ACT, 1938.—Altogether, 409 samples were submitted during the year to the Public Analyst for analysis in accordance with the provisions of the above Act and of these, 44 were formal and 365* informal. One formal and 15 informal samples were reported as being non-genuine or otherwise unsatisfactory, the resultant adulteration figure of 3.9% showing a commendable decrease of 0.2% from that of last year.

As in previous years Milk was the main food sampled and of the 70 samples submitted for analysis only one proved to be adulterated. In this instance the presence of 0.5% added water was presumed on account of the deficiency of milk-solids other than milk-fat. The explanation offered by the vendor was considered adequate and satisfactory and no legal proceedings were instituted.

Under the heading of "Manufacture and Sale of Ice Cream" introduced earlier in this Section of the Report, an outline has been given to the Ministry's scheme of increased allocations of fat and sugar to manufacturers of Ice Cream who undertook to ensure a minimum fat content of 2½% in their products. Of the 33 samples submitted for chemical analysis in accordance with this scheme,

**This figure includes 3 samples not taken in the normal course of Food and Drugs sampling. One sample of sterilised milk was submitted as the result of a complaint, full particulars of which will be found under the heading "Analytical Examination of Milk," and two samples of molasses were taken on "request." The latter samples proved unsatisfactory but the commodity was not intended for human consumption in its present form.*

These samples have not been included in the adulteration percentage figures.

the minimum fat content for ordinary ice cream was 5.9% and the maximum 15.7% and with chocolate coated ice cream the maximum was as high as 26.8%. An extremely high figure of 10.1% was returned as the average fat content of all samples taken.

Appended at the end of this Food Section is a table listing all samples reported upon as being "non-genuine" and giving the administrative action taken in respect of each unsatisfactory sample.

PUBLIC HEALTH (DRIED MILK) REGULATIONS, 1923 to 1948.—These Regulations control the minimum milk-fat content of dried milk and the labelling of tins or other receptacles in which this commodity is contained.

One genuine sample was submitted for analysis during the year under the provisions of the above Regulations.

PUBLIC HEALTH (CONDENSED MILK) REGULATIONS, 1923 to 1948.—Minimum percentages of milk-fat and milk-solids of condensed milk as well as the standards of labelling of receptacles are covered under the provisions of these Regulations.

During the year 15 samples were examined and with the exception of one labelling infringement, all proved to be genuine.

FOOD POISONING

GENERAL.—Sir John Charles, the Chief Medical Officer of the Ministry of Health in his first Report on the Nation's health, commented on the fact that the nation, in its pre-occupation with the curative and specialist services, appears to have lost sight of the debt it owes to the "preventive health services." For years these services, unpublicised and unsung, have been performing courageously and efficiently and their saving of human life and suffering is inestimable.

An obvious example of the important part which the preventive services could play has been provided by the Chief Medical Officer in his 1949 Report. He has indicated that a substantial increase in food poisoning has occurred throughout the country, some 6,111 notifications being received in respect of 678 outbreaks and 1,753 sporadic cases, affecting approximately 11,000 people.

Even taking into account the fact that part of this increase is undoubtedly attributable to the Ministry's introduction of the Annual Return called for under cover of its Circular 46/49 (a revision of the Memorandum 188/Med., issued in 1935), the increase was significant.

The Chief Medical Officer attributed the increase mainly to the following causes :—

- | | |
|--|--|
| (a) Réchauffé meals ... | Probably due to economy compelled by food rationing. |
| (b) General increase in communal feeding | The practice in canteens etc., of cooking meats and making gravies etc., the day before their use is intended. |
| (c) Neglect of personal hygiene | Often due to lack of facilities and shortages of staff. |

He suggested the following remedies :—

- (1) Where meat is cooked the day before it is needed, it should be cooled rapidly in special plant and stored overnight in a refrigerator and heated thoroughly before use.
- (2) Better still, all food should be prepared on the day it is to be eaten.

Comments expressed by Sir John Charles, as outlined above, have already been fully debated and given prominence in this and my previous Reports and reiteration is therefore unnecessary.

NOTIFICATION OF FOOD POISONING.—Under the provisions of Section 17 of the Food and Drugs Act, 1938, every registered medical practitioner attending on any person shall, if he suspects or becomes aware that any person is suffering from food poisoning, forthwith notify such case to the Medical Officer of Health.

Thirteen notifications were received during the year but in one instance the diagnosis was not confirmed. The corrected total of 12 compares with 6 for 1949 and 5 for 1948.

Every confirmed case was of the sporadic type and, despite thorough investigation to ascertain the source of infection, in no instance was direct connection with any specific food established.

All the infections were mild and recovery rapid and complete.

Satisfactory explanation received from Manufacturer.	Contained only 91% of the amount of Acetylsalicylic Acid claimed on the label.	Aspirin Tablets B.P. 2 grains.	T. 183
Satisfactory explanation received from Vendor.	Contained preservative, the presence of which was not declared by any form of visible notice or marking.	Pork Sausages	T. 180
do.	do.	Beef Sausages	T. 187

**Administrative Action Taken in Regard to Samples Reported to be
NOT GENUINE**

Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
T. 52	Dried Peas	The peas were damaged, 25% having been attacked and discoloured by mildew.	Stock destroyed
T. 56	Black-currant Cough Balsam	The proportion of chloroform in the sample, 0.06% v/v, was less than suggested by the label on the bottle.	Satisfactory explanation received from Manufacturers.
T. 87	Fruitarian Cake	Contained wheat flour, the presence of which was not disclosed in the description on the label.	Satisfactory explanation received from Manufacturers.
T. 99	Dessert Gelatine	The sample consisted of a commodity not of the standard required by the Food Standards (Table Jellies) Order, 1949.	Case referred to the Ministry of Food who confirmed that sample was consistent with one of Dessert Gelatine.
T. 135	Danish Pastry Mix.	Was rancid and produced a pastry with an unpleasant soapy taste. The fat present was found to contain 3.1% free fatty acids.	Stock destroyed.
T. 145	Condensed Milk-Full cream sweetened	Incorrectly labelled. The type used for the prescribed declaration of the equivalent pints of milk was smaller than that required by the Public Health (Condensed Milk) Regs 1923/48.	Satisfactory explanation received from Manufacturers
T. 182	"Pepsi-Jestifs" (Medicated tablets)	Contained not more than 1% Oil of Peppermint whereas the label claimed the presence of Peppermint—3%	Ascertained that Manufacturers removed to an unknown address
T. 183	Asprin Tablets B.P., 5 grains.	Contained only 91% of the amount of Acetylsalicylic Acid claimed on the label.	Satisfactory explanation received from Manufacturer.
T. 190	Pork Sausages	Contained preservative, the presence of which was not declared by any form of visible notice or marking.	Satisfactory explanation received from Vendor.
T. 197	Beef Sausages	do	do.

Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
T. 234	Milk (a) (Sterilised)	Unfit for human consumption having a bitter taste as a result of Bacterial action.	Satisfactory explanation received from Wholesaler. Quantity of similarly affected milk destroyed.
T. 246	Dried Figs	Infested with Tyroglyphid mites	Stock destroyed.
T. 267 T. 268	} Molasses(b)	Both samples had an unpleasant taste and contained lead, 6 parts per million and mineral matter, 7.3%	This product was not intended, in this form, for human consumption. No action necessary.
T. 273				Dried Figs	Infested with Tyroglyphid mites.	Stock destroyed.
T. 360	Cayenne Pepper	Stale and extensively contaminated by mildew.	Stock destroyed
T. 363 T. 364	} Soup Powder	Contained fungus and, when made up, had stale musty taste.	Stock withdrawn from sale.
884				Milk	Judged by the recognised standard this sample contained the equivalent of 0.5% of added water	Warning letter.

Note (a) This sample was not obtained in the normal course of sampling but as a result of a private complaint, the milk having been purchased by the complainant.

(b) These samples were submitted "on request" to determine the metal content of unrefined molasses prepared by a Company in the Borough.

SECTION F

Prevalence of, and control over, infectious and other Diseases.

During the year under review, the only addition to legislation in respect of Infectious Diseases was provided by the Public Health (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infections) Regulations, 1949, which came into force on 1st January, 1950. The introduction of these Regulations became necessary in order that nomenclature would be consistent with the International Standard Classification of Diseases which also came into general use on 1st January, 1950. It also slightly extended the scope of clinical conditions notifiable under the heading of acute encephalitis.

The total number of Infectious diseases notified under Section 192 of the Public Health (London) Act, 1936, and associated Orders and Regulations was 1,536. Under the Public Health (Tuberculosis) Regulations 1930, there were 145 notifications, giving a consolidated total of 1,681 cases notified during the year. In 37 of these cases the diagnoses were not confirmed, thus giving a corrected figure of 1,644. The following table indicates the figures for five years:—

<u>Year</u>	<u>No. of corrected notifications</u>
1946	1,691
1947	1,013
1948	1,671
1949	1,335
1950	1,644
Average	1,471

Particulars of age groups and districts affected are shown in the tables at the end of the Report.

SMALLPOX.—There were no cases notified during the year but a number of contacts were reported arriving in the Borough from abroad and these were kept under observation for the requisite period.

Prior to 1900, smallpox was literally a common infectious disease in this country but today, although just as lethal, it is com-

paratively rare. In Greenwich in 1901 some eleven cases were notified and 3 deaths ensued. The following year, 1902, saw 100 cases notified with 22 deaths but this proved to be the last of the smallpox deaths in the Borough, the present year being the 48th since one was recorded.

Since 1902 however, only 71 cases have been notified, 55 of which occurred during the three year period 1930-1932.

Not one single case has been recorded since 1932.

Public Health (Smallpox Prevention) Regulations, 1917.—These Regulations give a Medical Officer of Health power to vaccinate or re-vaccinate, without charge, any contacts of a case of smallpox willing to submit themselves for treatment.

During the year and by request of the parties concerned, vaccination was carried out in respect of 2 people who travelled by plane from Basle (Switzerland) in company with a Swiss who subsequently became a smallpox suspect. No information is available as to whether the suspected case was eventually confirmed and no untoward results have been recorded concerning the incident.

International Certificates (Ministry of Health Circular 60/48).—Persons proceeding abroad are required in respect of certain countries, to produce evidence of recent successful vaccination. Signatures to such certificates are not accepted by the countries concerned unless certified by the Medical Officer of Health as those of doctors practising within the area.

During the year some 25 certificates were so authenticated and in 4 of these instances the necessary vaccinations were actually carried out by your Medical Officer of Health.

MEASLES.—Primarily 934 cases of this disease were notified, one of which was not confirmed. Subsequently two cases of Scarlet Fever were re-diagnosed as Measles, thus giving a final figure of 935, compared with 789 for the previous year and 928 for 1948. The distribution of the cases was as follows:—East Greenwich 382; West Greenwich 157; St. Nicholas, Deptford 46; Charlton and Kidbrooke 350.

Twenty-two cases occurred in children under one year of age, 429 between 1 and 5 years, and 479 between the ages of 5 and 15.

The outbreak began towards the end of October and at the close of the year the incidence was continuing at a very high level. Thirty-one cases were removed to Hospital but there were no fatalities.

Evacuation of the majority of the child population during the war interrupted the customary biennial fluctuation in the incidence of measles which was due, according to Brinker, to the rise and fall in the number of susceptibles. It appears that this 'rhythm' has now begun to re-assert itself.

Prior to 1st January, 1916, measles had been voluntarily notifiable by parents, guardians, school teachers and others but from this date it became compulsorily notifiable in this Borough under an Order of the Local Government Board. The Order lapsed for 6 months after 1919 but permanent compulsory notification was revived by an Order in Council effective from 1st July, 1920. The necessity for this became clear during the 6 months when obligatory notification lapsed, as during this period large numbers of cases of measles occurred resulting in 25 deaths.

Since this time deaths from measles have steadily declined and no deaths have been recorded since 1947, when there was one.

WHOOPIING COUGH.—Altogether there were 312 notifications received, of which 3 were not confirmed. The corrected total of 309 compares with 194 for the previous year and 385 for 1948. Of these 309 cases, 121 occurred in East Greenwich; 22 in West Greenwich; 21 in St. Nicholas, Deptford; and 145 in Charlton and Kidbrooke. Thirty-one cases were under one year of age; 158 between 1 and 5 years; and 114 between the ages of 5 and 15.

Sixteen cases were removed to Hospital.

There was one fatality.

Whooping Cough first became notifiable for a period of five years from 1st June, 1912, in conformity with an Order made with the consent of the Local Government Board under the Public Health (London) Act, 1891. Two extensions, each of two years, became necessary before the disease was made permanently notifiable by a Ministry Order with effect from 1st November, 1921, since when, deaths attributable to Whooping Cough have gradually declined to this year's low level of one.

DIPHTHERIA.—The only case confirmed out of five notifications received in respect of this disease made a complete recovery. This final total of one is the lowest figure ever recorded and is a complete vindication of the immunisation programme carried out in the Borough under the jurisdiction of the Council's Health Department since 1936. (Since July, 1948, however, immunisation has been the responsibility of the London County Council under the National Health Service Act, 1946).

The following table shows the comparative yearly average of notifications for each quinquennial period since 1901 :—

Yearly average of Diphtheria Notifications

QUINQUENNIAL PERIODS									
1901 to 1905	1906 to 1910	1911 to 1915	1916 to 1920	1921 to 1925	1926 to 1930	1931 to 1935	1936 to 1940	1941 to 1945	1946 to 1950
172	237	247	301	454	425	340	197	65	9

Whilst great satisfaction must be expressed at such a low incidence of diphtheria, it must be emphasised that there is an inherent danger in that freedom from this disease may lead to a general apathy towards immunisation, which in turn may give rise to a recrudescence.

Antitoxin.—In accordance with the Antitoxin Order, 1910, a supply of Antitoxin is provided by the Council for the use of General Practitioners in emergency cases. Two requests were dealt with during the current year.

Recently arrangements have been made for a supply of this Antitoxin to be made available at the St. Alfege's, Seamen's and Brook Hospitals.

ACUTE PRIMARY PNEUMONIA AND ACUTE INFLUENZAL PNEUMONIA.—One of the 31 cases attributed to these causes was not confirmed, giving a total of 30. A similar figure was recorded for the previous year and 32 for 1948. Fifteen occurred in East Greenwich; 4 in West Greenwich; and 11 in Charlton and Kidbrooke. There was one death ascribed to Acute Influenzal Pneumonia. Seven cases were removed to hospital.

TYPHOID FEVER.—No notifications in respect of this disease were received during the year.

In the last 10 years there have been only fifteen notifications of typhoid fever and only one death has been registered in comparison with the ten year period to 1910, when 396 notifications were recorded with 58 associated deaths.

SCARLET FEVER.—Out of 168 cases notified, 8 were not confirmed, thus giving a final total for the year of 160, compared with 128 in 1949 and 78 in 1948. The distribution was: East Greenwich 82; West Greenwich 22; St. Nicholas, Deptford 14; Charlton and Kidbrooke 42.

Forty-four cases received hospital treatment.

No deaths resulted from this disease.

The first twenty years of the present century produced 7,488 notifications of scarlet fever with 111 deaths. Notifications recorded in the twenty year period ended 1950 aggregated 4,476 with only 16 deaths. From these figures it appears that although prevalence is still high, the disease has become much milder in form and that mortality has declined to a marked degree.

ERYSIPÉLAS.—Compared with the 20 cases for 1949, 7 notifications were received during the current year and of these, 2 were removed to hospital.

The one fatal case recorded concerned an elderly lady of 82 years who died at the close of the previous year but in respect of whom notification was not received until the commencement of the year under review.

ZYMOTIC ENTERITIS OR EPIDEMIC DIARRHOEA (Children under 5 years of age.).—Originally 19 cases were notified but this figure was modified and 13 were eventually recorded as confirmed, compared with 18 for the previous year. Of these, 10 were under one year and 3 were between 1 and 5 years.

Two deaths were registered from among the 10 cases receiving hospital treatment and one from the 3 remaining patients treated at home.

Epidemic Enteritis frequently accompanies hot summers and proves fatal to many children under one year of age. The mortality figure, however, diminishes rapidly from that age onwards. The disease is prevalent among bottle-fed children and it is also more widespread where sanitary arrangements are poor.

In 1911 when the complaint was not notifiable, there were 159 deaths from epidemic diarrhoea alone and, as a result, consent was obtained from the Local Government Board for this disease to be made notifiable during the four summer months commencing June, 1912. Permanent compulsory notification, however, was not introduced until 12th July, 1919, since when, with the exception of one or two years, the numbers of notifications and deaths have steadily declined to this year's figures of 13 and 3 respectively.

DYSENTERY.—In the first instance 2 cases were notified, neither of which were confirmed. Subsequently, a notified case of Zymotic Enteritis was re-diagnosed as Dysentery. This one case compares with 2 in 1949 and 5 in 1948.

SCABIES.—The Scabies Order, 1941, made under the Defence (General) Regulations, 1939, and introduced as an emergency war-time measure to meet exceptional circumstances, was rescinded by

the Ministry of Health on 31st December, 1947. Notwithstanding the foregoing, the disease continues to be notifiable in Greenwich under the County of London (Scabies) Regulations, 1943, and during the year 5 cases were so notified.

It is very gratifying to be able to record that from 1944, the first complete year of notification, there has been a marked diminution of the numbers of cases from 405 to the current year's figure of 5.

Treatment of all cases of scabies is now carried out at the Tunnel Avenue Centre.

PUERPERAL PYREXIA.—During the year 9 cases were notified in accordance with the Regulations, compared with 4 for the previous year and 11 for 1948.

Eight cases received hospital treatment but there were no fatalities.

Until 1926 only Puerperal Fever was compulsorily notifiable, but then both puerperal fever and puerperal pyrexia were made notifiable under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926. In August 1948, notification of Puerperal Fever was discontinued in accordance with the London County Council (General Powers) Act, 1948.

OPHTHALMIA NEONATORUM.—In respect of this disease 3 notifications were received but in one case the diagnosis was not confirmed. Both cases were treated at home and kept under observation by the Health Visitor until full recovery.

MENINGOCOCCAL INFECTION.—Two of the three notifications received were not confirmed, giving a final total of one. There were no cases in the previous year but 4 were recorded in 1948. The one case, which occurred in West Greenwich, received hospital treatment and made a rapid recovery.

ACUTE ENCEPHALITIS.—(Infective or Post-infectious).—In accordance with the new Regulations 2 notifications were received in respect of this disease, 1 case being under the sub-heading of 'Infective' and the other under 'Post-Infectious'. In the former instance the diagnosis was not confirmed and the remaining case made a complete recovery.

POLIOMYELITIS.—Of recent years Poliomyelitis has become more prevalent in England and Wales than it had ever been before and although its etiology has been established, definite information regarding its mode of spread is still lacking.

An attempt has been made in the succeeding paragraphs to give all the facts relating to the cases which occurred in the Borough during the current year and at the same time to present them in such a way that certain broad inferences can be made.

In common with the rest of the country, there was a sharp rise in the incidence of this disease during the year and out of a total of 32 notifications, 23 were eventually registered as confirmed cases, of which 15 were of the paralytic type and 8 non-paralytic. This is the highest number recorded in the Borough since 1947, the previous epidemic year, when there were 16. Figures for the years 1948 and 1949 were 5 and 4 respectively.

The previous outbreak in 1947 commenced in July and continued until December of the same year and there were 2 deaths. This year differed in that, with the exception of an isolated case in February, the outbreak commenced two months earlier in May and continued until November with no fatalities.

The only comparison that it is possible to make with the National figures is in respect of the numbers of uncorrected notifications received during the various months of the year.

The following table indicates that approximately 70 per cent of Greenwich uncorrected notifications were received in the months of June and July, whereas the peak period for England and Wales came in the months of August and September at a time when the Borough epidemic had almost subsided.

Month	No. of Uncorrected Notifications Received	
	Greenwich	England & Wales
January	—	215
February	1	152
March	—	125
April	—	110
May	2	122
June	5	351
July	17	1,149
August	1	1,898
September	3	2,232
October	2	1,192
November	1	708
December	—	445
Totals	32	8,699

A conclusion to be drawn from a study of the above table is that, broadly speaking, the most infectious period in Greenwich was

in the months of June and July and for England and Wales it was during the months of August and September.

The picture portrayed by the table above, however, is rather misleading for the following reasons :—

- (a) The figures refer to uncorrected cases.
- (b) The monthly figure is compiled by aggregating the number of notifications received during any particular month and this bears no relation to the actual dates of infection.

It follows, therefore, that any inference drawn from these figures regarding the prevalence of the disease in any particular period of the year is faulty.

During investigations made in this Borough these additional points have been noted :—

- (1) Patients are often ' poorly ' some 4 or 5 days before the Medical Practitioner becomes aware of the case.
- (2) Patients are often admitted to hospital as ' suspected ' cases—notification being suspended until such time as the case is confirmed.
- (3) Confirmation of diagnosis may be a lengthy procedure, often taking up to 14 days.

If the information gathered is to be of any value and if a really true picture is to be obtained in respect of the incidence of Poliomyelitis, it is apparent that some correction for these vagaries becomes necessary. An *ad hoc* form was devised in order that such amendments could be made to the Greenwich figures and corrections have been made on the following basis :—

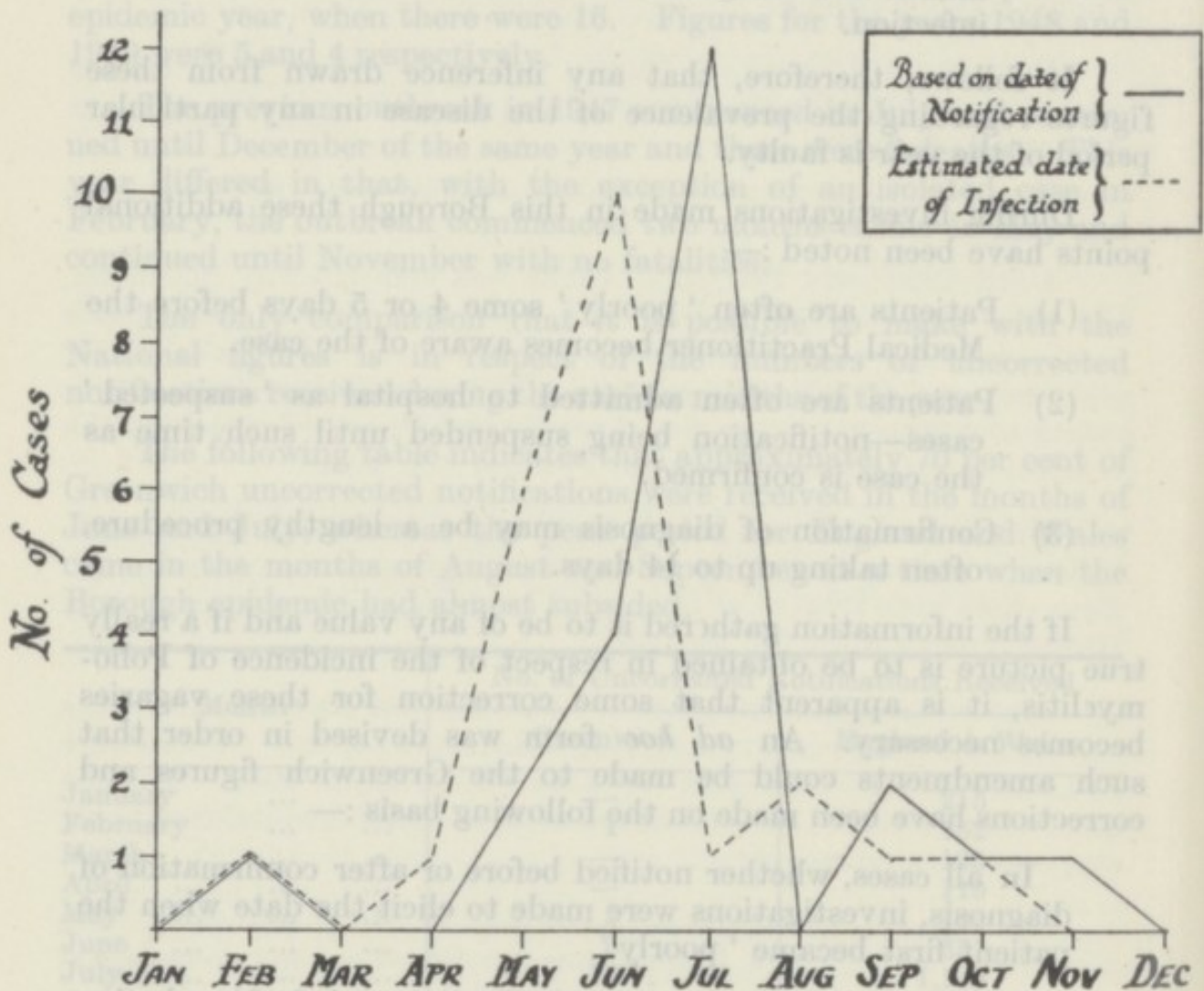
In all cases, whether notified before or after confirmation of diagnosis, investigations were made to elicit the date when the patient first became ' poorly '.

Then, assuming 14 days to be the average period of incubation (current opinion is that the period is generally something between 7 and 21 days), the actual date of infection of each confirmed case has been estimated to be two weeks prior to the appearance of the first symptoms.

This latter assumption, although not strictly accurate, is sufficiently exact to enable certain inferences regarding infectious periods to be made with some measure of success.

The following graph, based on confirmed cases, indicates the difference in the two methods, i.e. (1) relying on information calculated on date of receipt of notification (apparently the usual method) and (2) estimating the date of infection as outlined above. It is significant that by method (1) the peak period of infection occurred during July, whereas by method (2) this very period was one of the least infectious.

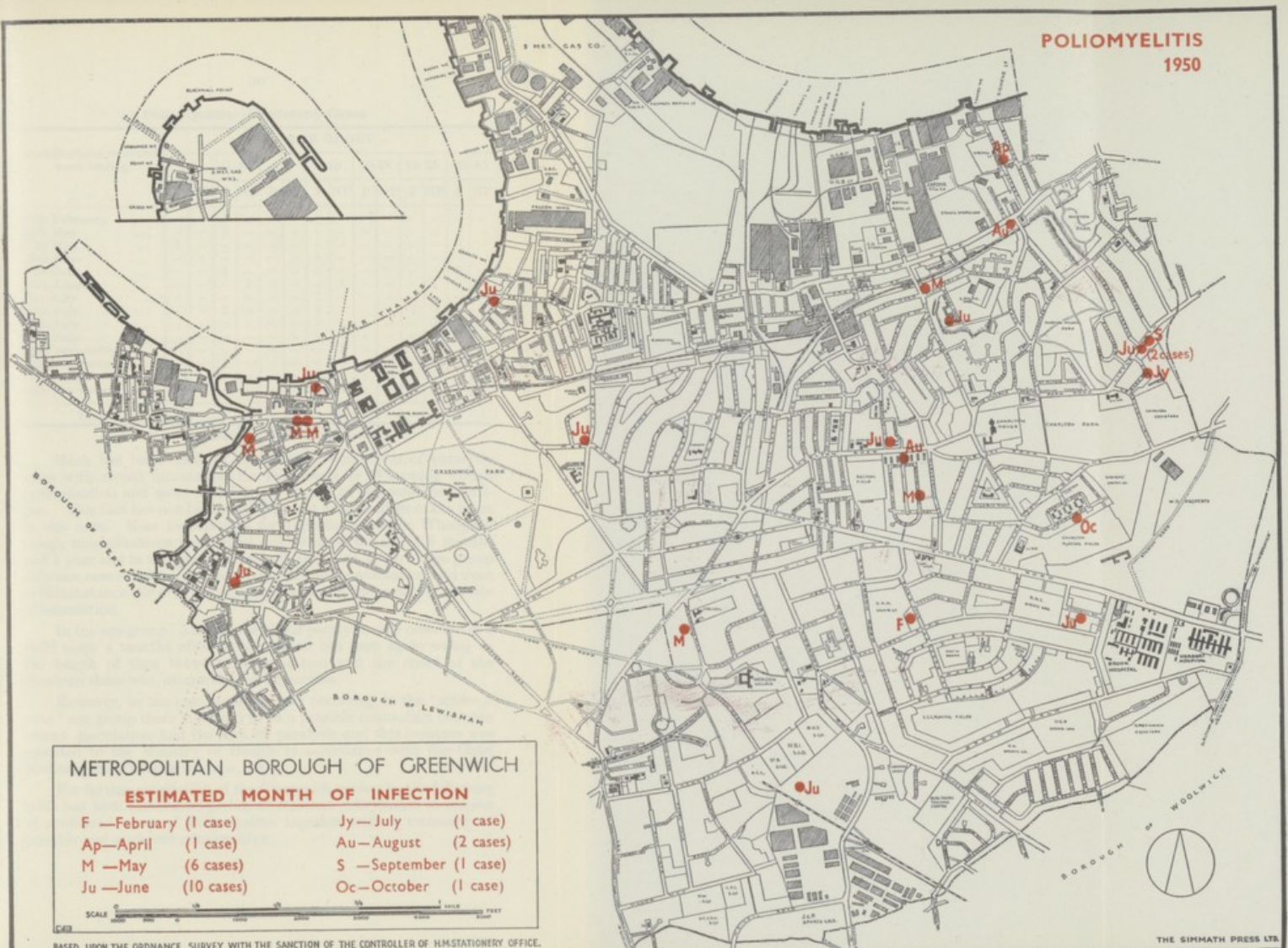
Incidence of Poliomyelitis 1950



In conjunction with the above graph the accompanying spot map of the Borough has been inserted, giving the distribution of the cases and their date of origin as calculated by method (2).

Referring again to the Greenwich cases, it will be observed from the following table, which indicates the dates of notification of cases and their age groupings, that the incidence was predominant among the children between the ages of 1 and 3 years and between 5 and 10 years.

POLIOMYELITIS
1950



METROPOLITAN BOROUGH OF GREENWICH
ESTIMATED MONTH OF INFECTION

F—February (1 case)	Jy—July (1 case)
Ap—April (1 case)	Au—August (2 cases)
M—May (6 cases)	S—September (1 case)
Ju—June (10 cases)	Oc—October (1 case)

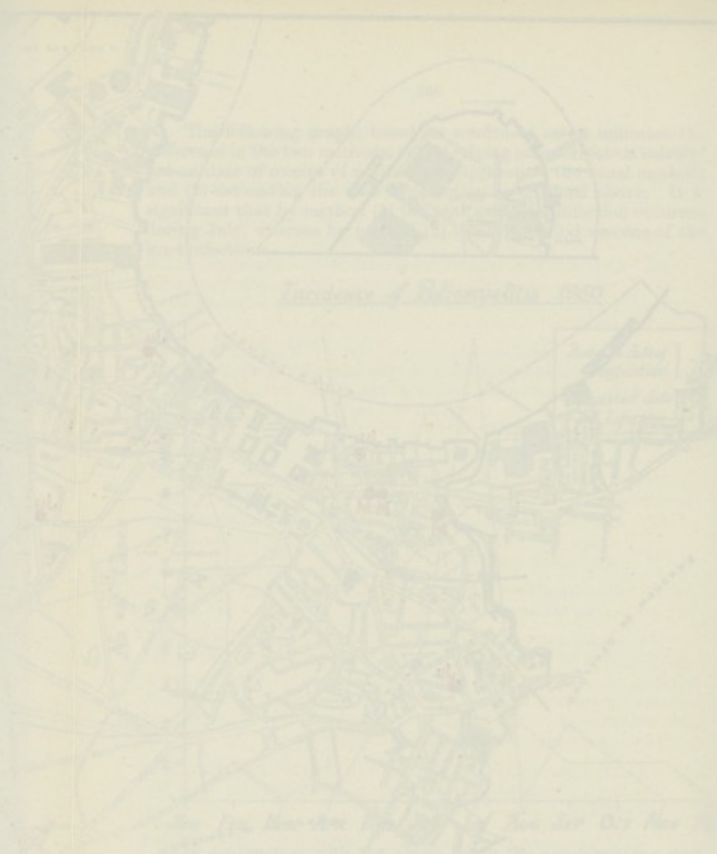
SCALE 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10000 FEET

BASED UPON THE ORDNANCE SURVEY WITH THE SANCTION OF THE CONTROLLER OF H.M. STATIONERY OFFICE.

THE SIMMATH PRESS LTD.

POLYMER
1957

50
20



METROPOLITAN BOROUGH OF DEWSBURY
ESTIMATED MONTH OF INFESTION

11 - June	(10 cases)	01 - October	(11 cases)
11 - May	(5 cases)	2 - September	(1 case)
11 - April	(1 case)	11 - August	(13 cases)
11 - January	(1 case)	11 - July	(1 case)

THESE FIGURES ARE BASED ON THE DATA OF THE DEPARTMENT OF HEALTH, LONDON, AND ARE NOT TO BE TAKEN AS A GUARANTEE OF ACCURACY.

Pollomyelitis—Confirmed Cases

Notifications received week ending	AGE GROUP													
	0-1		1-3		3-5		5-10		10-15		15-25		25-45	
	P	NP	P	NP	P	NP	P	NP	P	NP	P	NP	P	NP
25th February ...	-	-	1	-	-	-	-	-	-	-	-	-	-	-
20th May ...	-	-	1	-	-	-	-	-	-	-	-	-	-	-
27th May ...	1	-	-	-	-	-	-	-	-	-	-	-	-	-
3rd June ...	-	-	-	-	-	-	1	-	-	-	-	-	-	-
10th June ...	-	-	1	-	-	-	-	-	-	-	-	-	-	-
24th June ...	-	-	-	1	-	-	-	1	-	-	-	-	-	-
1st July ...	-	-	-	-	-	-	1	-	-	-	-	-	-	-
8th July ...	-	-	3	-	-	-	1	-	-	-	-	-	1	-
15th July ...	-	-	-	-	-	-	-	1	1	-	-	1	-	1
29th July ...	-	-	-	-	-	-	-	1	-	-	-	-	1	-
2nd September ...	-	-	-	-	-	-	-	1	-	-	-	-	-	-
9th September ...	-	-	1	-	-	-	-	-	-	-	-	-	-	-
7th October ...	-	-	-	-	-	-	1	-	-	-	-	-	-	-
18th November ...	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Totals ...	1	-	7	1	-	-	4	5	1	-	-	1	2	1

NOTE :—P. Paralytic N.P. Non-Paralytic.

Much has been made of the possible connection of paralytic cases with recent inoculation for Diphtheria or Whooping Cough immunisation and more especially in regard to the combined antigen. This fact has not been established or confirmed from the cases in this area. Most inoculations for Diphtheria and/or Whooping Cough immunisations are carried out between the age of 8 months and 1 year and in the paralytic cases in the ' 1 to 3 years ' age group only one case occurred within two months of immunisation and even in this instance the area of paralysis was not in the region of the site of inoculation.

In the age group ' 5 to 10 years ' one paralytic case occurred in a child some 4 months after immunisation but here again owing to the length of time between immunisation and the onset of the paralysis there was, ostensibly, no connection.

However, in the one paralytic case occurring in the ' under 1 year ' age group there appeared to be a possible connection between recent inoculation and the area of paralysis and this instance was reported to the Ministry of Health in accordance with the Chief Medical Officer's letter of June, 1950.

For further elucidation of the Greenwich epidemic, the following table has been introduced giving all relevant information in respect of confirmed cases of Poliomyelitis together with a summary of possible and apparent relationships.

Case No. and Initials	Age	Estimated Date of Infection	Type (P-Paralytic NP-Non-Paralytic)	Immunised (a) Diphtheria (b) Wh. Cough	Possible relationship between Cases
1. R.J.	1½	3.2.50	P	(b) Feb-Apr. 1949	No determinable relationship.
2. J.J.	1-5/12	19.4.50	P	(a) & (b) August 1949	Exchange of perambulators took place with Case No. 3. at Christmas, 1949.
3. T.B.	10/12	4.5.50	P	(a) 2 Injections April 1950	Exchange of perambulators took place with Case No. 2 at Christmas, 1949. Two contacts of this case attended same Nursery as Case No. 10.
4. A.R.	7½	12.5.50	P	(a) February 1950	Sat in front of Case No. 6 in same classroom and were playmates. Sister of Case No. 11 was in same classroom.
5. J.O.	1-5/12	16.5.50	P	(a) & (b) Sept-Nov. 1949	Case No. 6 (prior to his removal to hospital) resided next door.
6. J.C.	7-5/12	19.5.50	P	Nil.	Sat behind Case No. 4 in same classroom and were playmates. Prior to removal to hospital was resident next door to Case No. 5. Sister of Case No. 11 was in same classroom.
7. F.R.	8-5/12	22.5.50	NP	(a) March 1950	No determinable relationship
8. R.M.	2-4/12	22.5.50	NP	(a) & (b) Jan. 1949	" " "
9. P.T.	2	7.6.50	P	(a) & (b) June-Sept. 1949	" " "
10. M.K.	2-8/12	10.6.50	P	Nil.	Attended same Nursery as contacts of Case No. 3
11. P.H.	1-4/12	11.6.50	P	(a) & (b) Mar.-May 1950	Sister attended same school and class as Cases Nos. 4 and 6.
12. D.K.	32-4/12	13.6.50	P	Nil.	No determinable relationship
13. K.T.	8-1/12	18.6.50	P	Nil.	" " "
14. H.R.	26	18.6.50	NP	Nil.	" " "
15. B.S.	15-4/12	18.6.50	NP	Nil.	" " "
16. H.K.	7-3/12	19.6.50	NP	(a) 2 Injections since July '49	" " "
17. P.S.	14	19.6.50	P	(a) 1940	Sister of Case No. 18.
18. P.S.	10	22.6.50	NP	(a) 1945	Sister of Case No. 17.
19. W.M.	36	3.7.50	P	Nil.	No determinable relationship.
20. L.W.	5-9/12	3.8.50	NP	(a) Oct. 1949	" " "
21. M.H.	2	18.8.50	P	(a) Oct. 1949	" " "
22. P.H.	6½	18.9.50	P	(a) 1948	" " "
23. P.A.	6	15.10.50	NP	Nil.	" " "

SUMMARY OF APPARENT RELATIONSHIPS

Case	Apparent Connection	
	Direct	Indirect
No. 2	—	Case Nos. 3 & 10
No. 3	—	Case Nos. 2 & 10
No. 4	Case No. 6	Case Nos. 5 & 11
No. 5	Case No. 6	Case Nos. 4 & 11
No. 6	Case Nos. 4 & 5	Case No. 11
No. 10	—	Case Nos. 2 & 3
No. 11	—	Case Nos. 4, 5 & 6
No. 17	Case No. 18	—
No. 18	Case No. 17	—

CONTINUED FEVER.—One notification was received in respect of this disease but was not confirmed.

MALARIA.—There were 2 cases notified during the year and in both instances the disease was believed to have been contracted abroad.

TUBERCULOSIS.—During the year 145 cases of Tuberculosis were notified in the Borough, 18 more than in 1949. Of this number, 126 were of the pulmonary type, ordinarily known as consumption, and 19 were non-pulmonary, i.e. tuberculosis of parts of the body other than the lungs.

The following table gives the distribution :—

District	Pulmonary	Non-Pulmonary	Total
East Greenwich ...	41	9	50
West Greenwich ...	14	3	17
St. Nicholas, Deptford ...	6	—	6
Charlton and Kidbrooke	65	7	72
Totals	126	19	145

Disinfection was offered and carried out in 78 cases, including 146 rooms and 1,089 articles of bedding and clothing, etc.

The number of notified Tuberculosis cases remaining on the Register at 31st December, 1950, was as follows :—

PULMONARY					NON-PULMONARY				
Men	Women	Children		Total	Men	Women	Children		Total
		M	F				M	F	
426	321	42	40	829	15	30	14	7	66

For further clarification I append herewith copy of Form T.137 for the year under review as forwarded to the Ministry of Health.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930

Part I.—Summary of notifications of Tuberculosis during the period from the 1st January, 1950, to the 31st December, 1950.

AGE PERIODS	Formal Notifications														Total (all ages)
	Number of Primary Notifications of new cases of tuberculosis														
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—		
Respiratory, Males	—	—	1	2	—	4	9	22	7	3	9	4	—	—	61
Respiratory, Females	—	—	1	—	2	6	16	26	3	1	2	—	—	—	57
Non-Respiratory, Males	—	—	1	3	1	—	2	—	1	—	—	—	—	—	8
Non-Respiratory, Females	—	—	1	1	—	4	—	1	2	—	—	—	—	—	9

Part II.—New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

SOURCE OF INFORMATION			Number of cases in age Groups												Total		
			0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—		75—	
Death Returns from Local Registrars	Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
Death Returns from Registrar-General (Transferable deaths)	Respiratory	M	—	—	—	—	—	—	—	—	—	—	1	—	—	1	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
Posthumous Notifications	Respiratory	M	—	—	1	—	—	—	—	—	—	2	1	3	—	7	(A)
		F	—	—	—	1	—	—	—	—	—	—	—	—	—	1	(B)
	Non-Respiratory	M	—	—	—	—	—	—	1	—	—	—	—	—	—	1	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
"Transfers" from other Areas (excluding transferable deaths)	Respiratory	M	—	—	1	3	1	6	2	16	1	2	1	—	—	33	(A)
		F	—	1	—	3	—	1	11	15	—	—	1	—	—	32	(B)
	Non-Respiratory	M	—	—	—	—	1	—	—	—	—	—	—	—	—	1	(C)
		F	—	—	—	—	—	—	3	1	—	—	—	—	—	4	(D)
Other Sources	Respiratory	M	—	—	—	—	—	1	1	1	1	—	—	—	—	4	(A)
		F	—	—	—	—	—	—	2	2	—	—	—	—	—	4	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	1	—	—	—	—	—	—	1	(D)

N.B. Where notification of one form of Tuberculosis is subsequently followed by a notification of the other, only the first notification is taken into account for the purpose of this return.

TOTALS (A) 45 (B) 37
(C) 2 (D) 5

Under the new National Health Act there has been partition of the Tuberculosis service which leads to duplication and in some instances to triplication of duties and records.

The distressing feature of this arrangement is that emphasis has now been laid on 'curative' rather than 'preventive' measures.

MASS RADIOGRAPHY.—Mass radiography was originally carried out in London by the London County Council, but since July, 1948, the responsibility for this service has rested with the Regional Hospital Board.

When facilities for this service have been available in the vicinity the Department's assistance has been sought to help arrange appointments especially for the staffs of local firms and establishments.

VERMINOUS CONDITIONS.—The procedure adopted to combat infestation by lice and general verminous conditions is essentially the same.

In addition to the notified cases of Scabies, all suspected cases are followed up and the homes visited by the Lady Sanitary Inspector who gives advice and instruction concerning treatment.

Treatment for all cases is carried out at the Tunnel Avenue Cleansing Station and the following Return summarises the work carried out during the year :—

	Attendances	
	Vermin	Scabies
Adults	24	28
Children under school age	27	14
School children	605	68
No. of home visits by Lady Sanitary Inspector ...	...	327
No. of home revisits by Lady Sanitary Inspector ...	...	294

DISINFECTATION.—The disinfection of rooms is effected by the formaldehyde spray. This is carried out on removal of the infectious case or termination of the illness, and, on request, for conditions other than notifiable. In cases of request a charge is made according to the circumstances of the case. Bedding and wearing apparel may be removed to the Disinfecting Station, Tunnel Avenue, where they can be submitted to steam disinfection. Books may be treated with formalin.

The following Return shows in detail the work carried out during the year :—

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1939

Rooms and Articles Disinfected, Year ended December, 1950

DISEASES, ETC.	Premises Entered	Rooms	Beds	Mattresses	Bolsters	Pillows	Sheets	Blankets	Eiderdowns	Cushions	Quilts	Odd Articles	Wearing Apparel	Rugs and Mats	Covers	Total No. of Articles Disinfected
Scarlet Fever	148	238	70	151	103	300	295	436	91	30	68	420	433	29	107	2,533
Diphtheria	7	9	3	7	3	15	13	18	6	—	3	13	26	1	3	111
Tuberculosis	78	146	30	64	41	165	129	195	33	17	34	236	102	4	39	1,089
Cancer	22	38	4	13	9	50	15	36	6	1	2	24	22	1	3	186
Meningococcal Infection	14	28	9	13	10	39	33	39	7	1	12	52	39	—	9	263
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	3	6	1	4	4	6	9	8	2	—	—	7	10	—	3	54
Polio-Myelitis	39	71	20	51	26	95	95	120	31	22	17	119	121	10	27	754
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	1	1	—	1	—	2	2	2	—	—	1	2	1	5	—	16
Measles	8	12	—	20	—	22	19	41	2	—	3	15	9	—	2	133
Scabies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	93	106	20	100	26	189	60	190	9	16	19	108	8,693*	4	25	9,459
Verminous Premises	32	2	16	46	29	91	50	81	8	10	16	141	45	1	17	551
TOTAL	445	657	173	470	251	974	720	1,166	195	97	175	1,137	9,501	55	235	15,149

Articles destroyed — — 44 68 20 63 10 3 6 22 5 227 74 23 9 574

NOTE :— * 8,600 disinfected on behalf of a firm for exportation.

TUBERCULOSIS REPORT

I am indebted to Dr. C. W. L. Jeanes, Chest Physician, for the following report on Tuberculosis in the Borough :—

“ During the year 223 new cases of Tuberculosis of all types were notified, including 70 cases transferred from other districts, and 9 restored to register.

Notifications and deaths since 1938 are shown in the following tables :—

Year.	NOTIFICATIONS		Deaths.
	Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.	
1938 ...	153	38	53
1939 ...	93	14	60
1940 ...	125	17	73
1941 ...	138	32	74
1942 ...	164	18	64
1943 ...	117	26	60
1944 ...	113	16	47
1945 ...	149	16	53
1946 ...	173	18	56
1947 ...	171	13	67
1948 ...	112	17	62
1949 ...	118	10	53
1950 ...	126	18	50

Of the 135 cases notified primarily, 127 came under the care of the Dispensary and were made up as follow :—

<u>Pulmonary Tuberculosis</u>		<u>Non-Pulmonary</u>	
<u>Adults</u>	<u>Children</u>	<u>Adults</u>	<u>Children</u>
104	6	10	7

Only 42 of the 104 new adult cases had positive sputum on diagnosis. In most cases this meant that the disease had not become infectious.

One thousand, one hundred and ninety-nine new patients attended the Clinic for the first time, being referred chiefly by private doctors and hospitals.

DEATHS.—Among patients attending the Dispensary there were 39 deaths.

		Pulmonary Tuberculosis.	Non-Pulmonary Tuberculosis.
Adults	Male	22	—
	Female	15	1
Children	... ..	—	1
TOTAL	... ..	37	2

There were also 10 deaths from Pulmonary Tuberculosis and 1 from Non-Pulmonary Tuberculosis among non-clinic patients, making the total deaths in the Borough 50.

TUBERCULOSIS DISPENSARY

No. of new cases examined	1,199
No. of cases of Tuberculosis notified	127
No. of X-rays reported on by the Chest Physician.	5,006
No. of Artificial Pneumothorax refills	4,151
No. of patients' attendances (excluding refills)	4,346
No. of nurses' visits	2,869
Medical Consultations at home	606

No. of patients on Dispensary Register, 31st December, 1950.

<i>Pulmonary Tuberculosis</i>				<i>Other Tuberculosis</i>			
M.	F.	B.	G.	M.	F.	B.	G.
398	313	42	40	14	27	14	7
793				62			

SECTION G

Greenwich Guild of Hygiene.

It had been apparent for some time that in Greenwich, while the standard of hygiene in restaurants, cafés and other premises where food is handled or prepared was of a relatively high standard despite the general severity of war damage, there was a need for the more progressive traders to have guidance, encouragement and official recognition in their efforts to improve premises beyond the bare requirements of law.

Reference was made in last year's report to our efforts preceding the formation of the Greenwich Guild of Hygiene and I am glad to report considerable success in our enterprise.

The inaugural meeting of the Guild was held on January 10th with his Worship the Mayor, Councillor G. Bruce, J.P. in the chair. There was a large attendance of tradespeople and the objects of the Guild were explained and a Management Committee representative of all branches of the food traders was formed. This Committee has met on frequent occasions to approve the Guild programme and to discuss future policy.

During the past 12 months the Guild has made steady progress in its aim to improve the conditions under which food is prepared and handled in Greenwich. Together with the Senior Food Inspector, I have lectured to caterers and confectioners and we have had film shows on hygiene and everyday causes of food poisoning, all of which were well attended.

As a result of the campaign traders are improving their premises and methods of food handling and production. Already 80 applicants have had their premises inspected with a view to obtaining the Certificate of Hygiene. Out of that number 51 (including hairdressers) have reached the desirable standard and presentation of Certificates has been made at meetings of the Public Health Committee. Aspirants whose premises have failed to reach the necessary standard of hygiene and practice are given every technical assistance and can make further application at a later date.

An increasing number of Certificates being displayed throughout the Borough is causing other traders to aspire to full membership and is an indication of the progressive standards of hygiene being built up in the Borough.

After some reflection it was decided to broaden the Constitution of the Guild to include such people as hairdressers and they have

shown great interest in the movement. Two meetings, which were well supported by the hairdressers, were addressed by myself and senior members of the Sanitary Inspector's staff and a code of hygiene was prepared in agreement with them. A special Certificate was designed for hairdressers whose shops and conduct of business conformed to the agreed standard of hygiene and practice.

Our experience in regard to the actual running of the Guild has been that in arranging lectures and instructional film shows, all the clerical labours and organisation have devolved on the Health Department and although the Guild Management Committee have commenced in a spirit of enthusiasm, it may be difficult to sustain interest. There is, however, no question about the enthusiastic response of the traders themselves and the Certificate of Membership is highly valued by them. That is the most important aspect. The Guild is fully justified if the steady increase of Certificate holders is maintained. From recent applications we are confident that our membership will be augmented in considerable numbers in the future.

In the following pages the Constitution, the Codes of Practice and the Certificates which are awarded have been reproduced.

Constitution

1. A Guild to be known as the "Greenwich Guild of Hygiene" shall be formed of persons who :—
 - (a) are food traders who have undertaken to comply with the terms of the constitution ;
 - (b) are members or officers of the Greenwich Borough Council nominated by that Council ;
 - (c) others conducting their businesses from premises within the Borough of Greenwich.
2. The members of the Guild shall meet in full assembly in January of each year to consider recommendations of the Executive Committee and any relevant matter submitted by a member of the Guild.
3. The objects of the Guild are :—
 - (a) To observe and promote the observance by others of the highest possible standards of hygiene in relation to the storage, handling and distribution of food.
 - (b) To promote the adoption of hygienic methods in businesses concerned with services other than the distribution of food.

4. The Executive Committee of the Greenwich Guild of Hygiene shall be composed of :—

- (a) One representative from each trade or group of trades whose members are eligible for membership of the Guild.
- (b) Two members of employees of the trades collectively represented.
- (c) The Mayor of Greenwich.
- (d) The Medical Officer of Health of Greenwich.
- (e) Food Inspectors and members of Public Health Committee.

The committee shall have power to co-opt additional members and all elected members shall retire annually for the purpose of the formation of a new Committee which shall be elected by and from the body of the Guild at the annual assembly.

5. The duties of the Executive Committee shall include :—

- (a) The fixing of dates and times of meetings.
- (b) The consideration of applications for Guild membership.
- (c) The issue and withdrawal of certificates of hygiene subject to confirmation by the Medical Officer of Health.
- (d) Registration of members and reports to the annual meeting on all Guild matters appropriate to such an assembly.

6. Application for membership shall be :—

- (a) Made in writing on the approved form sent to the Medical Officer of Health.
- (b) In respect of premises situated in the Borough of Greenwich.
- (c) Subject of a report by the Medical Officer of Health which shall have regard to the condition of the premises and the manner in which the business of the applicant is conducted in the light of the provisions of the Code of Hygiene.

7. Issue and Withdrawal of Certificates.

Subject to authorisation by the Medical Officer of Health the Committee shall cause to be issued a Certificate of Hygiene which shall remain the property of the Greenwich Borough Council. Except in the case of withdrawal authorised by the Executive Committee and Medical Officer of Health, the certificate may be held and displayed for one year from the date of issue, after which it must be submitted, without delay for renewal to cover the succeeding year.

8. It shall be the duty of the Committee to consider reports of the infringement of the terms of the Code and Constitution and having also heard any evidence submitted by the Guild member concerned, decide as to the need for withdrawal of that member's certificate and erasure from the Register of Guild members. A simple majority shall be sufficient to carry any motion subject of a vote and, subsequent to confirmation by the Medical Officer of Health, the resolution shall be implemented.

9. The Medical Officer of Health shall report matters he considers competent and relating to the Greenwich Guild of Hygiene, to the Public Health Committee of the Greenwich Borough Council.

Application for Membership.

I/We.....

of
being food traders conducting business from premises within the Metropolitan Borough of Greenwich, hereby make application for membership of the Greenwich Guild of Hygiene.

Nature of Trade.....

Address of Premises.....

Trade Name.....

I/We undertake to comply with the terms of the Constitution of the Greenwich Guild of Hygiene and to abide by the Code of Practice of Food Handlers.

Certificates of Hygiene are to be renewed annually and I/We understand that any Certificate issued by the Guild must be returned each year for endorsement.

I/We agree to abide by the decision of the Medical Officer of Health and the Committee of the Greenwich Guild of Hygiene in all matters concerning the issue or withdrawal of the Certificate of Hygiene.

Date..... Signed.....

(A separate application must be made for each premises).

General Code applicable to all Food Premises

Provisions of the Code of Hygiene for food-handlers, which must be observed by members and applicants for membership of the Guild. The following code is in addition to the requirements of Sec. 13, Food & Drugs Act, 1938 ; Public Health (Meat) Regulations, 1924-48 ; L.C.C. By-laws relating to Vendors of Fried Fish ; and The Ice Cream (Heat Treatment) Regulations, 1947-48, as they shall separately apply.

1. *Premises.*

All processes of the business shall be conducted in such a manner as to ensure the highest possible standard of hygienic handling and distribution of food, and the building appurtenances and equipment be maintained in such a condition as to be conducive to such standard.

2. *Display Shelves and Counters.*

All shelves, counters and fittings shall be kept clean at all times. Stocks of food kept thereon shall be changed and kept in such fresh condition as to prevent infestation or spoilage by mites, weevils or other pests.

3. *Vermin and flies.*

Premises shall be kept free from all vermin, cockroaches, flies and other vectors of contamination ; nor shall the accumulation of materials likely to form rat or mice harbourage be permitted.

4. *Yards, Sheds and Animals.*

All yards used in conjunction with the shop shall be properly paved and drained and kept clean at all times. Any shed or room used for the storage of food or containers shall be maintained in a weatherproof and cleanly condition. No dog shall have access to food intended for human consumption.

5. *Bins for Refuse and Trade Waste.*

All shops shall be provided with an adequate number of metal bins furnished with tight fitting lids for storage of refuse or waste material. The bins shall rest on a smooth concrete or other approved impervious base, and except during the acts of filling or emptying, each lid shall be retained firmly in position. Bins must be situated in the open air and maintained in good repair. Each bin shall be cleansed and disinfected on each occasion it is emptied.

6. *Exposure and Handling of Unwrapped Food.*

Where unwrapped food is displayed this shall be in such a manner as to prevent the customer handling or otherwise contaminating it. Unprotected food shall not be exposed outside the premises.

7. *Food Handling by Assistants and Others.*
 Handling of unwrapped food by assistants and others shall be reduced to a minimum, and where practicable forks or other implements shall be used.

After use of the toilet, or any other function likely to soil the hands, washing with soap, hot water and nailbrush must be carried out. The blowing into bags, etc. or licking of fingers is prohibited.

8. *Wrapping of Food.*

Where wrapping of food is necessary clean paper or other suitably clean material shall be used.

9. *Lighting and Ventilation.*

All parts of the premises where food is stored or handled shall be adequately lighted and ventilated.

10. *Refrigerators.*

All internal surfaces and fittings of refrigerators must be maintained in a cleanly condition.

11. *Swabs and Cloths.*

All swabs and cloths used in the process of business must be washed and boiled as often as is necessary to ensure reasonable cleanliness.

12. *Smoking Prohibited.*

Smoking is prohibited during the preparation of foodstuffs and the handling or distribution of unprotected foods.

13. *Fixtures, Machines, Vehicles.*

All fixtures, utensils, machines and vehicles used in connection with the preparation and distribution of foodstuffs shall be kept clean at all times.

14. *Containers.*

All returnable food containers shall be rendered clean before return to suppliers.

15. *Notices.*

A copy of this Code of Hygiene must be available for perusal by employees at all times and hygiene notices must be maintained in all water closets.

NOTE :—*The provisions of any by-law, regulation or order relating to food hygiene or infectious disease, made after the circulation of the above Code, shall have effect as if it were part of this Code.*

Notes on Hygiene for Caterers

Notes on Food and Drink Infections and Code of Hygiene to be observed by members and applicants for Membership of the Guild.

1. *Increase of Food and Drink Infections in England and Wales.*

In the years preceding 1938, the annual notifications of outbreaks of food and drink infections seldom exceeded 80. In 1944, no less than 550 outbreaks were reported; the intervening years having shown an almost regular increase in this preventable cause of ill-health and mortality. Deaths from all forms of food and drink infections now total 5,000 per annum. The amount of sickness and invalidity due directly or indirectly to food and drink infections must be a significant factor in man power wastage.

2. *Causes of Increase in Food and Drink Infections.*

(a) Popularity of communal feeding and the increased use of canteens, restaurants and school meal centres, with a corresponding simplification of mass infection not possible in feeding at home.

(b) The use of hygienically inadequate premises, equipment and sanitary fittings licensed during the war. General shortage of soap, towels, washable outer clothing and want of permanent hot-water supplies.

(c) Ignorance in matters of personal and food hygiene among food handlers, dish washers, etc. Need for more frequent visitation, instruction, advice and supervision by local health authorities through their officers.

3. *Direct Cause of Food and Drink Infections.*

The micro-organisms principally responsible are Salmonella, Dysenteriae, Typhoid, Paratyphoid and certain Staphylococci. Infection of food and utensils by these "germs" transmitted by the food handlers, makes food infection a health problem calling for urgent attention.

40-50% of all adults carry Staph. Aureus in the nose.

15-20% " " " " " " " on the hands.

5-10% " " " " Strep. Pyogenes in the throat.

Careless handling, a cough or a sneeze can infect food and render it a potential danger to the consumer. Many people are unconsciously carriers of dangerous organisms. Those neglecting to wash the hands after use of the toilet are the chief cause of food infection outbreaks.

4. *How much Food Infection is Caused by Decomposed or Inferior Food?*

Very little! Canned and many other foods are made sterile during manufacture; our meat, milk, fish and dry goods are subject

to constant inspection and analysis. Infection of perfectly sound food takes place during *preparation of meals and other processes of handling*. Made-up foods—sausages, brawns, pies, custards, etc.—are much handled during manufacture and form the commonest cause of infection.

5. *Common Fallacies re Fitness of Food.*

Taste and smell are still the means by which people instinctively judge the wholesomeness of food, yet game, smelling highly, and cheese (Limburger or Gorgonzola), smelling repugnantly, are quite harmless when consumed, in spite of the fact that decomposition is responsible for their odour and flavour. Foods infected by potentially dangerous organisms may, however, provide no indication detectable by the senses and appear quite normal. Here, therefore, lies the danger of careless handling from which at present there is no positive protection.

Code for Catering Establishments.

All existing catering establishments must be brought up to the standard of Section 13 of the Food & Drugs Act, 1938, and that efforts be made to improve such premises where necessary to fulfil the requirements of the standards set out below:—

1. *Prohibition of Sleeping in Rooms where Food is prepared.*

No room or place in which food is sold, stored or prepared shall be used as a sleeping place, nor shall such place communicate directly with any room or passage used for the purpose of sleeping.

2. *Rooms to be kept free from Vermin.*

The premises shall be kept free from all vermin, cockroaches, flies and other vectors of contamination. No dog shall be allowed in any room where food is stored or prepared.

3. *Prevention of Contamination of Food.*

All persons engaged in the business, or about the premises, shall take all reasonable precautions to prevent risk of contamination to food and utensils used in connection therewith.

4. *Cleanliness of Tables and Benches.*

Surfaces of all tables, benches, etc., used for the preparation or serving of food shall be constructed of smooth, impervious material and kept clean at all times.

5. *Condition of Utensils, etc.*

All receptacles, pans, utensils, crockery and cutlery shall be properly cleansed before use and replaced when their condition is such that they are not easily cleaned. All cookers, steamers and ovens shall be kept clean at all times.

6. *Prohibition of Domestic Washing, etc. in Rooms where Food is prepared.*

No domestic washing or any other activity unnecessary to the cleanly preparation of food shall be carried out in a room used for the preparation of food.

7. *Wrapping of Foodstuffs.*

Where food is sold for consumption off the premises, it shall be sold in an appropriate clean wrapping material or receptacle sufficient for that purpose.

8. *Refuse Receptacles.*

A sufficient number of metal receptacles, provided with close fitting lids, for the reception of waste shall be situated in the open air away from food preparing rooms. They shall be emptied as often as is reasonably practicable and cleaned and disinfected on each occasion the waste is removed. They shall stand on a concrete base, and, except when being filled or emptied, have lids firmly fixed in position.

9. *Wearing of Clean Outer Clothing.*

Clean overalls and head coverings shall be worn by food handlers at all times whilst food is being handled. Smoking shall be prohibited during the time any person is preparing or handling food.

10. *Lighting, Ventilation and Cleanliness of Walls and Ceilings, etc.*

All rooms in which food is prepared shall be adequately lighted and ventilated. Walls and ceilings of such rooms to be of a smooth, impervious material and must at all times be kept clean. Window-frames, door-frames and any other such woodwork must be kept properly painted and in clean condition. Where practicable, floors are to be constructed of smooth, impervious material and to be maintained in a cleanly condition.

11. *Provision of Washing Facilities.*

For the proper cleansing of crockery, receptacles and utensils, at least two properly drained sinks of a sanitary pattern must be provided. Each sink shall be provided with a permanent supply of hot and cold water. (All soiled dishes, etc., shall be first cleansed in hot water containing a suitable detergent and rinsed for one minute in a separate sink containing clean water of a temperature not less than 170°F. or clean water containing a solution of an approved bactericide of a suitable strength. Where dishes are dried, towels must be boiled at least once daily). A covered plate rack, fixed slightly away from the surface of the wall, must be used.

In addition to sinks, a suitable lavatory basin, properly drained and permanently supplied with hot and cold water, shall be fixed at an accessible point between the water closet and the place where food

is prepared. Soap, clean towels and a nailbrush must be readily available.

12. *Provision of Storage Cupboards.*

There shall be provided a suitable number of lighted and ventilated cupboards to provide separate storage for food and utensils when not in use.

13. *Provision of Outdoor Clothing Store.*

There shall be provided a suitable room for the storage of outdoor clothing of all persons engaged in the handling of food.

14. *Notification of Infectious Disease*

Any responsible person for the time being in charge of premises where food is prepared must immediately notify the Medical Officer of Health of the occurrence of any infectious disease or diarrhoeal condition affecting any person employed therein.

NOTE :—*These rules are in addition to the provisions of Sec. 13, Food & Drugs Act, 1938.*

Code of Hygiene for Hairdressers and Barbers.

Provisions of the Code of Hygiene for Hairdressers and Barbers which must be observed by all Members and applicants for Membership of the Guild.

1. *Premises.*—

(a) *General Cleanliness*—Premises used for the business of hairdresser or barber should be maintained in a state of cleanliness.

(b) *Painting and Decorating etc.*—The surfaces of all internal walls, partitions and ceilings should be kept in a good state of repair and painted or distempered, or otherwise suitably treated, and should at all times be kept in a cleanly condition.

2. *Sanitary Conveniences*—Suitable and sufficient sanitary conveniences should be provided for the use of persons employed in the business.

3. *Washing Facilities*—Suitable wash hand basins fitted with proper traps and waste pipes discharging into a properly trapped gully should be provided.

4. *Lighting and Ventilation*—Satisfactory means of lighting and ventilation should be provided for each room used for the purposes of business.

5. *Floors*—Floors of every room should be frequently cleansed, by washing if necessary, and all litter, used materials and cut hair should

be put, at frequent intervals during the day, into a covered receptacle provided for the purpose.

6. *Shelves, Tables and Cabinets, etc.*—Every shelf, table, cabinet, etc. in or on which instruments, towels or other materials used in the business are placed, should be kept in a good and clean condition.

7. *Fittings and Fixtures*—Every basin, fitting or fixture should be kept clean.

8. *Water Supplies*—An adequate supply of hot and cold water should be readily available and a fresh supply of water used for every customer whether for lathering, shaving or wet shampoo.

9. *Towels, etc.*—A clean towel should be placed around every customer, or neck wool or band placed between the neck and the gown.

Hot towels must be thoroughly rinsed in boiling water before being placed in the steamer.

10. *Combs*—Each employee should have at least two combs which after use should be placed in a suitable disinfectant.

11. *Use of Soaps and Powders, etc.*—Soap in the form of solid soap, cream or powder only should be used and a clean face cloth or spray should be used for washing off. The use of powder-puffs and sponges is strongly deprecated.

12. *Disinfection of Brushes, Pots, etc.*—All shaving brushes and pots should be placed in disinfectant when not in use.

13. *Personal Cleanliness*—Each operator or assistant should give strict attention to personal cleanliness, paying particular attention to the hands and fingernails.

14. *Overalls*—Overalls worn by operators or assistants should be made of material readily washable and should be changed frequently.

15. *Use of Antiseptics and Disinfectants*

(a) Every care should be taken to avoid risk of contagion from skin disorders whether present in operators, assistants or customers.

(b) All hair brushes must be thoroughly washed in strong disinfectant at least once a week. Loose hairs removed at least twice daily and brushes lightly sprayed with disinfectant.

(c) All scissors should be wiped after use with clean cotton wool dipped in antiseptic oil, and clippers lubricated with antiseptic oil.

(d) Permanent waving pads, curlers and clamps should be freed from hair after use and disinfected.

NOTE :—*The foregoing provisions are in addition to the requirements of the Shops Act, 1950 and the London County Council Drainage bye-laws.*

Letter accompanying certificate of membership

You have been presented with the Certificate of the Greenwich Guild of Hygiene, the highest distinction to which a local trader can aspire in the field of hygiene. This certificate is not only the token of qualified membership of the Guild but is proof of the high standard of hygiene practised in the conduct of your business.

It is a qualification not to be lightly held, and the maintenance of the degree of hygienic practice already achieved is to be kept constantly in mind as a point of honour.

In accepting this award you are expected to preserve this certificate in good condition and return it to the Public Health Department for endorsement each succeeding year from the date of issue.

- 10. *Yourselves*—Employers should have at least two combs which after use should be placed in a suitable disinfectant.
 - 11. *Use of Soaps and Powders, etc.*—Soap in the form of solid soap, cream or powder only should be used and a clean face cloth or spray should be used for washing off. The use of powder-puffs and sponges is strongly deprecated.
 - 12. *Disinfection of Linens, Etc., etc.*—All soiling brushes and pots should be placed in disinfectant when not in use.
 - 13. *Personal Cleanliness*—Each operator or assistant should give strict attention to personal cleanliness, paying particular attention to the hands and fingers.
 - 14. *Overalls*—Overalls worn by operators or assistants should be made of material readily washable and should be changed frequently.
 - 15. *Use of Aprons and Disinfectants*—Aprons should be changed frequently.
 - (a) Every care should be taken to avoid risk of contagion from skin disorders whether present in operators, assistants or customers.
 - (b) All hair brushes must be thoroughly washed in strong disinfectant at least once a week. Loose hairs removed at least twice daily and brushes lightly sprayed with disinfectant.
 - (c) All scissors should be wiped after use with clean cotton wool dipped in antiseptic oil, and clips lubricated with antiseptic oil.
 - (d) Permanent waving bars, curlers and clamps should be freed from hair after use and disinfected.
- NOTE:**—The foregoing provisions are in addition to those of the Regulations of the Shops Act, 1950 and the London County Council (Hairdressers) Regulations, 1950.

Certificates of Membership of Greenwich Guild of Hygiene.
Food Premises.



This is to Certify that

of

is a qualified member of the GREENWICH GUILD OF HYGIENE

This Certificate is an assurance to the Public that these premises are kept at a sufficiently high standard of cleanliness to satisfy the requirements of the Public Health Department. All reasonable precautions are taken to ensure that food is handled and distributed under hygienic conditions. Regular inspection ensures the maintenance of this high standard.

Awarded by
GREENWICH GUILD OF HYGIENE

Dated this day of Nineteen Hundred and



Chairman of Public Health Committee

Medical Officer of Health

(This Certificate is the property of the Greenwich Borough Council)

Other Premises.



This is to Certify that

of

is a qualified member of the GREENWICH GUILD OF HYGIENE

This Certificate is an assurance to the Public that this establishment, its fittings and appliances are kept at a sufficiently high standard of cleanliness to satisfy the requirements of the Public Health Department.

Regular inspection ensures the maintenance of this high standard.

Awarded by
GREENWICH GUILD OF HYGIENE

Dated this day of Nineteen Hundred and



Chairman of Public Health Committee

Medical Officer of Health

(This Certificate is the property of the Greenwich Borough Council)

A SHORT HISTORY OF PUBLIC HEALTH
IN GREENWICH
1901—1950

The collation of material for the following review of 50 years of Public Health in Greenwich has been undertaken by a member of my Staff. While I take full responsibility for its contents, mine has been the easy task of editing a manuscript already written and making minor additions and alterations to the text. In order to obtain an accurate account of the vast improvement in the Health of the Borough, this summary should be read in conjunction with the comparative statistics for 50 years included in the body of the main Report.

—ooo—

The beginning of the century saw the establishment in London of the Metropolitan Boroughs under the Local Government Act, 1899, and in this brief resumé of 50 years it will be as well to picture conditions in 1900 at the time of this important change in Local Government.

The formation of the Metropolitan Boroughs occurred during the South African War at the end of Queen Victoria's reign in the period known as the 'Golden Age' when the sovereign was the world's currency—when travel in town meant a 'hansom', brougham or horse-tram and the motor car was a new 'infernal machine'. It was when meat was sold from open-fronted shops, when few foods or sweets were wrapped and when arsenical fly-papers were sold by bowler-hatted itinerants who exhibited their wares in various positions around their hats.

When the Metropolitan Borough Councils replaced the old Boards of Works, public health standards in London were being maintained largely by the application of the following Acts :—

Metropolis Local Management Act, 1855,
 Food and Drugs Acts, 1875/99,
 Local Government Acts, 1888/94,
 Public Health (London) Act, 1891.

At this time little was known of, and slight attention given to hygiene. Bacteriology and immunology were young and growing

sciences ; medicine and surgery generally were at long last throwing off the stagnation and reaction of centuries and a new vigorous enlightened attitude toward community and personal health problems was taking shape.

It was in this atmosphere that the Council of the Metropolitan Borough of Greenwich was born and it appointed Dr. E. G. Annis as its first Medical Officer of Health.

During 1901, the Borough's first full year, the co-operation of General Practitioners was sought by the Medical Officer of Health for the voluntary notification of Tuberculosis ; Diphtheria anti-toxin was made available to local Practitioners for the first time and arrangements were made with the Clinical Research Association for bacteriological examinations of specimens.

The year 1902 brought the introduction of the Midwives Act and under the London County Council (General Powers) Act of the same year registration of Ice Cream premises became compulsory. Supervision and control of mortuaries became the responsibility of the Public Health Committee and a site was purchased for the erection of a mortuary in Lamb Lane (now Bardsley Lane). An effort was made by the Medical Officer during this year to obtain information regarding probable causes of Cancer and investigations were carried out for several years without any definite results. In his report for 1902, the Medical Officer of Health, in reviewing the very high infantile mortality rate, emphasised the need for the appointment of a Health Visitor, but in this connection no definite steps were taken until the Notification of Births Act was adopted.

In the following year, 1903, responsibility for Sanitary Conveniences, Horse-troughs and Drinking Fountains passed to the Public Health Committee and in 1904 a new convenience at Blackwall Lane was opened, as was the new Mortuary at Lamb Lane. A conference of the Metropolitan Sanitary Authorities in this same year advocated the opening of crèches but this resolution was not implemented.

At this time Birth Registration could not be compelled under a period of six weeks and, in an attempt to check infantile mortality, an arrangement was made with the London County Council for a list of cases attended by their midwives to be sent to the Public Health Department in order that advice on infant care, feeding, etc. could be despatched with the least possible delay to the mothers.

In 1906, after many representations had been made to the L.C.C. regarding the continual flooding of the Marsh Wards of the Borough at times of heavy rainfall, two new sewers were constructed in an effort to control the storm waters.

During 1907 a new Sanitary Convenience at the junction of Creek Road and Deptford High Street was opened and in the same year the Notification of Births Act, which compelled notification of births within 36 hours to the Medical Officer of Health was passed but was not adopted by this Council.

A voluntary health organisation was formed in 1908 called the 'Greenwich Health Society,' its objects being to foster among the people a desire to secure the best possible health and sanitation for the Borough and to give special attention to the feeding, clothing and environment of infants and young children. The Borough was divided into 8 districts, each having a Superintending Visitor who would visit at least once a month and when necessary advise mothers to seek medical attention for themselves or for their children and at the same time report any sanitary defects in the household to the Public Health Department. It was a pre-requisite that the Visitor should be conversant with the Poor Law in order to give needy families the benefit of her advice.

The year 1909 brought about the adoption by the Council of the Notification of Births Act, 1907, and three Consultation Centres were opened under the control of the Greenwich Health Society.

During 1910 the Council appointed a Woman Sanitary Inspector specifically for supervising Houses-let-in-lodgings under the L.C.C. Byelaws, but as the Medical Officer's efforts to obtain the appointment of a Health Visitor had failed, the assistance of the Woman Sanitary Inspector was obtained to carry out certain health visiting duties.

Important legislation was introduced in 1911 including the National Insurance Act and the Public Health (Tuberculosis) Regulations. It was during this same year that the Greenwich Health Society ceased to function as it was thought that the Council would more readily appoint a Health Visitor if the Society was disbanded.

Even at this period of the Council's history complaints concerning the East Greenwich Generating Station were common and during 1911 an action was taken against the owners.

In 1912 the Local Government Board under the Public Health (London) Act, 1891, sanctioned the notification of Whooping Cough for a period of 5 years from the 1st June, and Cerebro-Spinal Meningitis and Poliomyelitis were added permanently to the list of notifiable diseases. During this year a temporary Health Visitor was appointed for the summer months and arrangements were made with the Ranyard Nurses and Sisters of St. John the Divine for systematic home visiting. This year also saw the establishment by Miss McMillan

of a school Clinic or Health Centre at Deptford Green, and the Council's Isolation Shelter was first used for the cleansing of verminous children and the disinfection of their clothes.

Negotiations begun during 1912 resulted in the establishment in 1913 of a Tuberculosis Dispensary with a Medical Officer and two nurses in attendance and in the first Tuberculosis Report for that year emphasis was laid on the need for an After-Care Committee. At this time three Welfare Centres were in operation : one at Deptford Green under the control of Miss McMillan, one at the Albany Institute (which was also being used as a Babies' Residential Home), and one at Conduit House. During this period cod-liver oil, Parrish's food and ointments were being distributed at these Centres at reduced cost.

It was during the following year, 1914, that the term ' Maternity and Child Welfare ' was first used and this year saw the appointment of the first full-time Health Visitor.

By 1915 an After-Care Committee for Tuberculosis patients had been organised and it was about this time that the Council took over a Voluntary Consultation Centre and arranged for the distribution of dried milk, etc., at reduced prices.

Further centres and crèches were opened in 1917 and by 1918 there were three Health Visitors on the permanent staff.

In 1919 Diarrhoea and Zymotic Enteritis became permanently notifiable and arrangements were made under the Maternity and Child Welfare scheme for dental treatment ; other arrangements included similar treatment for Tuberculosis patients at the Dispensary. It was pointed out in the Medical Officer's Annual Report for 1919 that conversion of premises by the London Housing Board, acting on behalf of the Council, had contravened Section 96 of the Public Health (London) Act, 1891, and in consequence the Council had become owners of properties not complying with legal requirements in regard to basement and underground rooms. It was also indicated in this Report that the L.C.C. had added to the overcrowding problem by demolishing a number of houses to make way for a new school.

The year 1920 heralded the formation of a Maternity and Child Welfare Committee and an increase in staff to 7 Health Visitors and 8 Sanitary Inspectors. During this year a Minor Ailments Centre was opened at the Borough Hall ; the Ministry of Health's sanction was obtained for the purchase of 105 Shooters Hill Road for M. & C. W. activities and the Council acquired the lease of Conduit House for similar purposes. This year also saw the first marked decrease in infantile mortality. At this time, in addition to the normal functions of the Health Clinics, the mothers' interests were

sustained by the introduction of Baby Shows, Mothercraft competitions, Christmas parties, etc.

Regarding other Public Health work during this period, a yearly 'Rat Week' was instituted throughout the Borough in accordance with the Rats and Mice (Destruction) Act, 1919, and Royal approval was given to the Rent and Mortgage Interest Restrictions Act, 1920.

After strong representations had been made by the Medical Officer to the London County Council concerning unnecessary duplication of visits by Health Visitors, authority was given in 1921 for the Greenwich Borough Council to assume powers under Section 2(2) of the Children Act, 1908, in respect of Foster-Mothers.

Prior to 1921 discussions had taken place concerning the purchase of a site for a Maternity Home but as the suggested premises in Maze Hill proved unsuitable the house at 78 Shooters Hill Road was, with the Ministry's consent, acquired by the Council for this purpose. The year 1921 also saw the conversion of Conduit House and 105 Shooters Hill Road and 7 Infant Welfare and 2 Ante-Natal sessions were being conducted there each week.

At this juncture the interim Tuberculosis Care Committee in its work was obtaining assistance from six voluntary organisations and the Council commenced its housing schemes with the erection of 164 houses at East Mascalls.

The early months of 1922 witnessed the opening of the Council's Maternity Home at 78 Shooters Hill Road and in this respect the Council must be commended on being pioneers in the establishment of a Municipal Maternity Home. Accommodation at that time consisted of 12 beds and during the first year of its existence the Home dealt with 121 confinements.

In 1924 the Cleansing Station was opened and an Artificial Sunlight Centre was suggested. This latter proposal led eventually to the establishment in 1925 of the Council's first Sunlight Centre at Conduit House.

During 1926 the accommodation at the Maternity Home was increased to 20 beds, distributed in two general, one private, one isolation and two labour wards.

In an effort to combat the rising cancer deaths, the Council, with the Ministry's consent, opened a Tumour Diagnostic Clinic toward the end of the year 1927. Provision for a further Health Service was contained in a suggestion by the Medical Officer that a plan for 'Schick' testing and Diphtheria immunisation should be introduced, but the scheme was not taken up. This year also saw the compulsory registration and licensing of street traders under the London County Council (General Powers) Act, 1927.

In the summer of the same year a 'Health and Infant Welfare' Week was held, at which suitable films were displayed and popular lectures delivered by competent speakers. This exhibition, in addition to being very attractive on the commercial side, was supported by the Health and Cleanliness Council, British Social Hygiene Council, Dental Board of the United Kingdom, National Milk Publicity Council, College of Pestology, etc., all of whom contributed interesting exhibits.

In January 1928 the level of the Thames rose 18ft. 5 ins. above datum line, with the result that a considerable proportion of the Borough adjacent to the river bank was flooded to a depth of several feet. Happily no cases were recorded of persons having been drowned but the inundation caused considerable damage to property, furniture, bedding, etc. The Public Health Department was given the task of visiting and estimating the damage sustained in the various areas in order that the 'Flood Fund' could be correctly allocated.

During this same year the Tuberculosis Handicraft Hut and classes were opened, the Greenwich edition of the journal "Better Health" was introduced and in July registration of all Nursing Homes was compelled.

Another 'Health Week' was held in June, 1929, at the Borough Hall and this again achieved remarkable success. The Local Government Act of this year which became operative in April 1930 gave greater freedom in the administration of the Health Services and an important provision was the substitution of block grants for percentage grants. Another important feature was that under the provisions of this Act, control of hospitals directly supported by rates was vested in the London County Council.

In November 1930, a new Welfare Clinic was opened at 105 Shooters Hill Road and the Council introduced a scheme for the supply, at reduced cost, of sterilised maternity outfits for home confinements. A Ministry of Health Memorandum issued in the same year recommended the introduction of Birth Control Clinics for cases where control was advised on medical grounds.

This year also saw the introduction of the Public Health (Tuberculosis) Regulations, 1930, which became operative in January of the following year and it was during 1931 that arrangements were made for non-residents of the Borough to obtain, on payment of a small fee, Artificial Sunlight treatment during winter months.

The London County Council (General Powers) Act introduced during 1932 made the registration of Preserved Food premises and the notification of Food Poisoning compulsory. In June of the same

year a new Welfare Centre at Chevening Road was opened and a Housing Inspector was appointed in September. A conference between the Medical Officer of Health and local Medical Practitioners concerning the establishment of a Rheumatism Clinic to function two or three sessions per week, eventually proved abortive.

Toward the end of 1932 a survey of the Council's Public Health Services was made by Inspectors of the Ministry of Health. Whilst approving the standard of the services provided, the Minister stated that in addition to making provision for a Welfare Centre to serve the Charlton area, the Council should take into consideration the appointment of a Food Inspector and a full-time Junior Assistant M. & C. W. Medical Officer.

Early in 1933 the latter two appointments were duly made and tenders were invited for the erection of a Welfare Centre in the Charlton district, whilst in September the Minister approved the Council's regulations concerning conditions to be observed in connection with underground and basement rooms. During the same year the Council's Maternity Home was officially recognised as a Training Institute for Pupil Midwives and in this respect 80 Shooters Hill Road was purchased to provide an extension of the Home which then became necessary. Duties of the L.C.C. under the Children Acts, 1908 and 1932, concerning supervision of foster-mothers etc., were transferred during this period to the Council and arrangements were made with the Roan School Authorities for their pupils to obtain Artificial Sunlight treatment at the Council's Welfare Centres.

It was fitting that Dr. E. G. Annis should retire at a time when the foundations of efficient 'personal health services' were well and truly laid. He was succeeded in his post as Medical Officer of Health by Dr. M. Macdonald who had been Tuberculosis Officer since 1920.

The extension to the Maternity Home was opened in 1934, as was the new Sanitary Convenience at Creek Road, and it was during this year that the Board of Education asked for the co-operation of the Medical Officer in approving the source and quality of pasteurised milk to be supplied at reduced cost to schools in the area. The first "toddlers" Clinic was also introduced during this period.

The year 1935 was a landmark in Greenwich Public Health—two new Welfare Centres were opened, one at Charlton Lane in January and one at Creek Road in June—the Maternity Home was renovated and electricity installed—a Birth Control Clinic commenced in Woolwich Road—a Foot Clinic was established affording chiropody facilities at 1/- per treatment and a scheme was devised to enable necessitous diabetic people to obtain regular supplies of insulin.

The overcrowding survey carried out under the Housing Act, 1935, was practically completed during this year and it was estimated that there were approximately 1,000 basement rooms in the Borough, only a few of which were of the worst type.

In 1936 there was a spate of legislation including a new Public Health (London) Act and a new Housing Act, both of which became operative in 1937. Owing to increased demand an extension of the Foot Clinics became necessary and an additional chiropodist was appointed, the total treatments given during 1936 numbering 3,557. It was during this period that ozonisation was introduced in the Cold Air Stores in the Borough to rid products of smells and tastes of pungent flavours acquired during transit or storage.

As a result of application and enquiries from parents regarding diphtheria prophylaxis, the Council resolved in September of 1936 to inaugurate a scheme for Diphtheria Immunisation for children up to the age of 14 years, immunisation being carried out mainly at the Seamen's Hospital Laboratory.

Dr. M. Macdonald relinquished his post in August 1936 upon his reaching retiring age and Dr. F. R. Waldron, who at that time was Assistant Medical Officer and Tuberculosis Officer, succeeded him in this assignment.

At the beginning of 1937 the Public Health staff evacuated its offices and took up temporary accommodation at Devonport House in order that the work of the erection of the New Town Hall on the site of the old Borough Hall could proceed. It was during this year that the appointment of a full-time clerk to the Tuberculosis Dispensary became necessary when, in order to obviate duplication of records, the Notification Register was transferred from the Public Health Department. The Tuberculosis Handicraft Centre Committee was formed during this period and immediately effected affiliation to the National Association for the Prevention of Tuberculosis.

In the 1937 Annual Report, attention was drawn to the increase in atmospheric pollution, the Astronomer Royal having indicated that in Greenwich this pollution was some 25% greater than that of the previous year.

As a result of the substantiation by a special survey of the Astronomer Royal's comments for 1937 concerning atmospheric pollution, the Council had under consideration in 1938 the question of instituting proceedings against the owners of the Generating Station at East Greenwich. This action was eventually settled on the understanding that existing plant would be exchanged for more efficient apparatus during the next few years.

The increasing usefulness of the Foot Clinics necessitated a change in 1938 to an 'appointment' system in order to avoid long waiting periods by patients. The Public Health Committee also agreed to adopt a 'Home Helps' Service to be run in conjunction with the new Midwives Act introduced at this time. During 1938 the Tumour Diagnostic Clinic was discontinued and replaced by a Women's Special Clinic which, unfortunately, had a very short existence as it was closed down at the outbreak of war.

Under the Factories Act, 1937, a survey of Basement Bakehouses was made and Suitability Certificates were issued in appropriate instances.

The Public Health Department moved into the New Town Hall in June, 1939, just prior to the outbreak of the War, the latter event resulting in the closure of the Council's Maternity Home. In addition, the new Disinfestation scheme and the proposed establishment of a Central Dental Clinic, both planned in 1938, were held in abeyance. A scheme for the supervision of Rheumatic Children was also set aside.

Civil Defence organisation was set in motion by the 1938 "crisis" and by the outbreak of war in September, 1939, the staff of the Public Health Department had supervised the formation of the Light Rescue Parties and had formed the nucleus of the First Aid Posts established at various Hospitals and Welfare Centres throughout the Borough. Younger members of the staff were conscripted into the Services and the employment of temporary clerical assistance became necessary.

War-time conditions compelled the introduction of a further Rent Restrictions Act to safeguard the interests of the community and this Act, which was made effective from April, 1939, extended the life of the principal Rents Acts until an end to the National emergency had been declared.

Normal life of the Borough was inevitably upset by bomb damage which first occurred in September, 1940, and continued with very little respite until the cessation of hostilities, but disruption of the health services was kept to a minimum. Owing to extensive war-damage additional work was required of the Sanitary Inspectors in connection with the Landlord and Tenant (War Damage) Acts and the Food Inspectors were untiring in their efforts to save as much food material as possible from wrecked food premises.

Insanitary conditions brought about by the constant use of air-raid shelters, resulted in the introduction of the Scabies Order, 1941, making this complaint a notifiable disease.

Three Wartime Day Nurseries were established during 1942 and, due to the rationing of Clothes and Furnishings, a scheme for the supply of extra clothing coupons to expectant mothers was introduced. Vitamins and fruit juices were also made available to nursing and expectant mothers and infants by the Ministry of Food under a National Scheme.

In 1943 the Government ratified allowances for dependants of sufferers from Tuberculosis who were expected to return to work within a reasonable period.

Mass Miniature Radiography was introduced by the London County Council in 1944 and in the same year the Council agreed to participate in the Metropolitan Borough Councils' scheme for the Care of Illegitimate Children. About this time the Ministry, in order to reduce neo-natal deaths, asked for a special investigation and report on all premature infants, i.e. children born at 5½ lbs. weight or less.

In 1945 Domestic Helps were introduced and the Council adopted schemes for housing development throughout the Borough. Similarly the London County Council were also considering the development of the Brook Estate in the Kidbrooke area.

During 1946, the Shooters Hill Road and Pound Park Nurseries were taken over by the L.C.C. and a 'points' system was introduced by the Housing Department to determine housing priorities. At the same time the Council indicated its intention to participate in the Ministry of Food Rodent Control scheme and appointed 16 special investigators and operatives.

The year 1946 was of great significance in the life of the Metropolitan Boroughs. Introduction of the National Health Service Act of this year was eventually to lead to the transference to alien authorities of the M. & C.W. and many other services which had been brought to a high level of efficiency over a period of years by Local management.

The first official attempt to secure the elimination of pathogenic organisms from Ice Cream was made in 1947 by the introduction of the Ice Cream (Heat Treatment etc.) Regulations.

An extension of the Rodent Control Scheme was made during this period and the Council's decision concerning the establishment of an Anti-Fly and Mosquito Scheme which had been taken the previous year was implemented. The Anti-Fly and Mosquito campaign is now a well established Public Health Service and commences in May of each year and continues until October.

In anticipation of the establishment of a Regional Hospital Chest Clinic under the recently introduced Health Service Act, a new Tuberculosis Care Committee was formed in 1947 and an Almoner was appointed specifically for this work. At the same time arrangements were made with Dr. Young for the Senior Chiropodist to treat diabetic patients, one session per week, at St. Alfege's Hospital. In accordance with decisions taken earlier two new Clinics—Fairfield House and Ridgebrook Road—were also opened by the Council during 1947, bringing the total number of Welfare Clinics in operation to 8.

The year 1948 witnessed the greatest change in Public Health Administration since the inception of the Metropolitan Boroughs—in July all M. & C.W. functions, Day Nurseries, Chiropodists, Home and Domestic Helps, Welfare Centres, Cleaners and Caretakers were transferred to the London County Council, and the Tuberculosis Medical Officer, Dispensary, Clerk and Caretaker were transferred to the Regional Hospital Board. It remains to be seen whether centralisation of control of the Personal Health Services will prove as efficient as the original local control.

In July 1948, following the changes resulting from the transfer of functions under the National Health Service Act, Dr. Waldron took up his appointment with the London County Council as Divisional Medical Officer for Division 6. He continued, however, to act in a part-time capacity as Medical Officer of Health for the Borough until June 1949, when the present Medical Officer assumed responsibility.

During 1949, much legislation was introduced to ensure a purer and more wholesome supply of milk to the public and an attempt to standardise Rodent Control was made by the introduction of the Prevention of Damage by Pests Act, 1949, which became operative early in 1950.

With a view to raising the hygienic standards in food and other premises throughout the Borough to a level above those strictly enforceable in law, a Guild of Hygiene was inaugurated in January of 1950 thus providing, in the Council's Jubilee Year, an appropriate climax to 50 years of solid progress.

This synopsis shows clearly that the Greenwich Borough Council has always been in the van of progressive Local Authorities and that it can be satisfied with its part in the foundation and maintenance of excellent Public Health Services.

A. H. W.

INDEX

A	Page
A Short History of Public Health in Greenwich, 1901-1950	128-138
Acute Encephalitis	103
Acute Influenzal Pneumonia	101
Acute Poliomyelitis	103-109
Acute Primary Pneumonia	101
Adoptive Acts, Bye-laws and Local Regulations	3, 4
Age Mortality	29, 30
Aged, Infirm and Physically Incapacitated Persons	70, 71
Analytical Examination of Milk... ..	85
Ante-Natal Clinics	46
Ante-Natal Clinics, Attendants	43, 44
Anti-Fly and Anti-Mosquito Campaign	65, 66
Area of Borough	15
Articles and Rooms Disinfected	112
Articles Destroyed	112
Artificial Pneumothorax	114
Artificial Sunlight Centres, Attendances	45
Artificial Sunlight Treatment	47
B	
Bacteriological Examinations	84, 85, 86
Baiting of Sewers	67
Bakehouses	92
Baths and Wash-houses	62, 63
B.C.G. Vaccine	7
Births	23, 27
Birth Registrations	27
Blackheath Fair	90
Bomb-damaged Buildings, Nuisances arising from	53
British Red Cross Society	49, 71
Bronchitis	40
Burial and Cremation of the Dead	71
C	
Cancer	23, 38, 39
Caseous Lymphadenitis	89, 90
Caterers, Notes on Hygiene for	121, 122
Catering Establishments	92, 93
Catering Establishments, Code of Hygiene	122-124
Cerebral Haemorrhage	39
Certificates of Guild of Hygiene	127

	Page
Chest Clinic	48, 113 114
Chiropody Clinics	47
Chiropody Clinics, Attendants	45
Classification of Deaths	34
Cleansing and Scabies Clinic	48
Cleansing of Children	111
Clinics and Centres	42-48
Code of Hygiene for Hairdressers and Barbers	124, 125
Code for Catering Establishments	122-124
Common Infectious Diseases	34
Complaints	50, 72
Constitution, Guild of Hygiene	116-118
Continued Fever	109
Conveniences, Public	63-65
Council Housing Schemes	78
Council Rehousing	77
Cremation or Burial of the Dead	71

D

Death Causes, Remarks	34-40
Death Rates	23
Death Registrations	28
Death, Tables showing Causes of and Ages at	Appendix
Deaths	23, 28, 29
Deaths, Tables showing Causes of and Ages under 1	Appendix
Deaths from Violence	40
Deaths in Institutions	29
Defective Dwellings—Repairs	53, 54
Density of Population	15
Dental Centre Attendances	44
Diarrhoea and Zymotic Enteritis	35, 102
Diphtheria	36, 37, 100, 101
Diphtheria Immunisation Clinics	47
Diphtheria Prophylaxis Cases	45
Diseases of Respiratory System	40
Disinfecting Station	48
Disinfection	111, 112
Disinfestation of Verminous Premises	67
Distribution of Dried Milk and Vitamins	41
Domestic Helps	45, 48
Drainage, New and Alterations to	55
Dried Milk, Distribution of	41

INDEX (continued)

	Page		Page
Drinking Fountains	64	Habitation Certificates (Water Supply)	55
Duties and Powers of the Public Health Committee	3, 4	Health Centres	41-48
Dwellings	15	Health Visiting	42
Dysentery	102	Heart Disease	39, 40
E		History of Public Health in Greenwich, 1901-1950 ...	128-138
Elevation of Borough	15, 19	Home Help Statistics	45
Emission of Grit	52, 53	Home Help Service, Applications for	48
Encephalitis	103	Horse Troughs	65
Enteric Fever	35, 101	Houses, No. in Borough	15
Erysipelas	102	Houses Let in Lodgings	54
E.W.S. Sites, Nuisances arising from	53	Housing	74-81
Exercise Classes, Ante & Post Natal	44	Housing Act, 1936, Procedure under	79
Exhumations	72	Housing Act, 1949	76
Extracts from Vital Statistics	23	Housing Accommodation	77-79
F		Housing Homeless Persons	77
Factories Act, 1937	50-52	Housing, "Points Scheme"	80
Fair, on Blackheath	90	Housing Schemes, Council's	78, 79
Family Planning Association, Sessions	48	Housing Standards	76
Food—Inspection of... ..	82-97	Hygiene, Guild of	115-127
Food Poisoning	94-95	Hygiene for Caterers, Notes on	121, 122
Food—Premises for Preparation of	85, 86, 91, 92	I	
Food Rejected	87, 89	Ice-Cream—Bacteriological examinations	86
Food & Drugs—(Milk, Dairies & Artificial Cream) Act, 1950	82	Ice-Cream (Heat Treatment, etc.) Regulations, 1947	86
Food & Drugs—Non-genuine Samples	96, 97	Ice-Cream Premises	85, 86
Food & Drugs Act, 1938, Samples taken under	93, 94	Ice-Cream, Quantitative Analysis	87
Foot Clinics	47	Immunisation and Vaccination Clinics	47
Foot Clinics, Attendances	45	Immunisation and Vaccination Clinics, Attendances	45
G		Imported Food Rejected	89
General and Vital Statistics	15-40	Infantile Mortality	23, 30-33
General Code, Guild of Hygiene	119, 120	Infant Welfare Centres	46
General Provisions of Health Services in the Area	41-49	Infant Welfare Clinics, Attendances	42
Geology, Superficial	16-19	Infectious Diseases	34-37, 98-114
Greenwich Guild of Hygiene	115-127	Infirm Persons	70
Greenwich Public Health 1901-1950, a short History of	128-138	Inhabited Houses	15
Grit Emission and Smoke Abatement	52, 53	Inspection and Supervision of Food	82-97
Guild of Hygiene	115-127	Institution Deaths	29
		International Certificates	99
		International Statistical Classification of Diseases, Injuries and Causes of Death, 1948	34
		Introductory Review	6-14

INDEX (continued)

L	Page
Labelling of Food Order, 1950	83
Laboratory Work ... 84-87, 93, 94	
Legal Proceedings	73
Legislation, New 34, 66, 70, 82, 83, 98	
Lettings Progress	80, 81

M

Malaria	110
Manufacture and Sale of Ice-Cream	86
Marriages	24, 74
Mass Radiography	111
Maternal Mortality	23, 30
Maternity and Child Welfare	41-48
Maze Hill Clinic (Tuberculosis)	48
"Meals on Wheels"	71
Measles ... 23, 34, 35, 99, 100	
Meat Regulations	88
Meat Surrendered	87, 89
Medical Officer of Health's Review	6-14
Meningococcal Infection ...	103
Merchandise Marks Act, 1926	90
Meteorological Observations	25
Milk, Analysis of	85, 93
Milk and Dairies Regulations	83-85
Milk and Dairies Regulations, 1949	83
Milk Licences... ..	84
Milk (Special Designation) (Pasteurised & Sterilised Milk) Regulations, 1949/50	84, 85
Milk (Special Designation) (Raw Milk) Regulations, 1949/50	84, 85
Milk Supply	83
Motor Vehicle Accidents ...	40

N

Neo-Natal Mortality... 31 & Appendix	
New Housing Accommodation	78
Nomenclature Regulations, 1948	34
Non-Genuine Samples	96, 97
Notes on Hygiene for Caterers	121, 122
Notices, etc.	50, 73
Notifications of Infectious Diseases ... 98-110 & Appendix	
Notifications of Food Poisoning	95
Nuisances Arising from Bombed Sites and E.W.S. Tanks	53
Nursing Associations	48

O

O	Page
Open Spaces	16
Ophthalmia Neonatorum ...	103
Outworkers	50, 52
Overcrowding	77

P

Persons Cleansed	111
Pharmacy & Poisons Act, 1933	69, 70
Pig Bins, Nuisances arising from	68
P.H. (Condensed Milk) Regulations	94
P.H. (Dried Milk) Regulations	94
P.H. (Imported Food) Regulations	88, 89
P.H. (Meat) Regulations ...	88
P.H. (Smallpox Prevention) Regulations	99
Physically Incapacitated Persons	70
Pneumonia	40, 101
Poliomyelitis	103-109
Population	15, 21, 22
Post-Natal Attendances ...	43, 44
Powers & Duties of the Public Health Committee ...	3, 4
Preserved Food Premises ...	85
Prevalence of, and Control over Infectious Diseases ...	98-114
Procedure under the Housing Act, 1936	79
Prophylaxis Cases	45
Prophylaxis Clinics	47
Public Baths & Wash-houses	62, 63
Public Health Committee ...	3
Public Health Department Staff	5
Public Health in Greenwich, 1901-1950, a Short History of	128-138
Public Health Laboratory Service	86, 87
Public Open Spaces	16
Public Sanitary Conveniences	63-65
Puerperal Pyrexia	103

Q

Quantitative Analysis of Ice-Cream	87
---	----

R

Radiography, Mass	111
Rateable Value	15
Rates, Births and Deaths, etc.	23

INDEX (continued)

	Page
Rat Repression	66, 67
Refuse Disposal	68, 69
Registered Births	23, 27
Registered Deaths	23, 28
Registrar—Office Hours ...	49
Registration of Preserved Food Premises	85
Rehousing	77
Rejected Food	87, 89
Remarks on Various Death Causes	34-40
Rent & Mortgage Interest (Restrictions) Acts ...	54, 55
Requisitioned Accommoda- tion	77
Respiratory System—Diseases of	40
Review by M.O.H.	6-14
River Smells	53
Rodent Control	66, 67
S	
Sampling of Ice-Cream	86, 87
Sampling of Milk	84
Sampling under Food & Drugs Act	93
Sanitary Circumstances of the Area	50-73
Sanitary Conveniences, etc.	63-65
Sanitary Work—Summaries etc.	72, 73
Scabies	102, 103
Scabies & Cleansing Clinics	48
Scarlet Fever	35, 101, 102
Scavenging and Refuse Disposal	68, 69
Sewers—Baiting of	67
Shops Act, 1950	69
Slaughterhouses	88
Smallpox	35, 98, 99
Smells from River	53
Smoke Abatement and Grit Emission	52, 53
Social Conditions of the Area	19-21
Staff of Public Health Depart- ment	5
Statistical Tables	Appendix
Still Births	23, 27
Street Traders	90, 91
Summary of Sanitary Work	72, 73
Sunlight Treatment	45
Superficial Geology	16-19
Supervision of Food Premises	91
Supplies of Underground Water (Wells)	55-61

	Page
T	
Toddlers Clinic, Attendances	43
Transported Meals for Old People	71
Treatment Centres and Clinics	46-48
Tuberculosis 23, 37, 38, 109-111, 113 114	
Tuberculosis—Handicraft Centre Sessions	48
Tuberculosis Officer's Report	113, 114
Typhoid Fever	35, 101

	Page
U	
Underground Water Supplies (Wells)	55-61
Uninhabited Houses	15
Unsound Food	87-90

	Page
V	
Vaccination Cases	45
Vaccination and Immunisa- tion Clinics	47
Various Death Causes, Remarks on	34-40
Vascular Lesions of Nervous System	39
Verminous Conditions	111
Verminous Premises	67
Violent Deaths	40
Vital Statistics 15-40 & Appendix	
Vitamin Products, Distribu- tion of	41

	Page
W	
Wash-houses	62
Water—U n d e r g r o u n d Supplies (Wells)	55-61
Water Supply	55-61
Water Supply Certificates ...	55
Welfare Clinics	46-48
Wells	55-61
Whooping Cough	34, 35, 100
Whooping Cough Prophylaxis Cases	45
Whooping Cough Prophylaxis Clinics	47
Women's Special Clinic	48
Women's Voluntary Services	49

	Page
X	
X-Ray Examinations	114

	Page
Z	
Zymotic Diseases 34-37, 98-102	
Zymotic Enteritis	102

INFANTILE MORTALITY DURING THE YEAR 1950

Deaths from stated Causes in Weeks and Months under 1 Year of Age.

CAUSE OF DEATH.	Under 1 week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total Deaths under One Year.
Small-Pox ... ..	...	...	...	...	...	...	...	...	...	...
Chicken-Pox... ..	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	...	1	...	...	1
Diphtheria—Croup ... ..	...	...	...	...	...	...	...	...	...	...
Influenza ... ..	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...
Tubercular Meningitis ... ..	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>) ... ..	...	...	...	...	...	...	...	1	...	1
Convulsions ... ..	...	...	...	...	...	...	...	...	...	...
Diseases of Trachea ... ..	...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..	...	...	...	...	...	1	...	...	...	1
Pneumonia (all forms) ... ..	...	1	...	...	1	3	1	...	...	5
Diarrhoea (all forms) ... ..	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis ... ..	...	...	...	...	...	1	1	...	...	2
Injury at Birth	2	...	...	...	2	...	...	...	...	2
Atelectasis	1	...	...	...	1	...	...	...	...	1
Congenital Malformation	3	1	1	...	5	1	...	2	...	8
Premature Birth	7	2	...	2	11	...	...	...	...	11
Atrophy, Debility and Marasmus ... ..	...	...	...	...	...	1	...	...	...	1
Asphyxia ... ..	...	...	...	...	...	...	1	...	...	1
Other Causes	4	1	...	...	5	...	...	...	1	6
TOTALS	17	5	1	2	25	7	4	3	1	40
Male ... ..	...	...	...	...	...	25	...	...	...	...
Female ... ..	...	...	...	...	...	15	...	...	...	...

CASES OF INFECTIOUS DISEASE notified during the Year ended 31st December, 1950.

NOTIFIABLE DISEASE	CASES NOTIFIED IN WHOLE DISTRICT																			TOTAL CASES NOTIFIED IN EACH LOCALITY				No. of Cases removed to Hospital from each Locality				TOTAL	
	Age & Sex Group																			Greenwich East	Greenwich West	St. Nicholas	Charlton and Kidbrooke	Greenwich East	Greenwich West	St. Nicholas	Charlton and Kidbrooke		
	At all Ages		0 to 1		1 to 3		3 to 5		5 to 10		10 to 15		15 to 25		25 to 45		45 to 65		65 and over										
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F										
Acute Encephalitis (Post-Infectious)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1	1	
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	
Dysentery	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1	
Erysipelas	...	7	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	...	12	...	5	1	...	1	1	1	...	2	
Acute Polio-Mylelitis	11	4	1	...	5	2	...	4	...	1	...	1	...	1	1	...	...	...	...	...	12	3	...	10	2	3	...	15	
Scarlet Fever	6	2	...	...	1	...	...	4	1	...	1	...	1	...	1	...	...	...	...	...	1	...	7	...	1	...	7	8	
Scabies	84	76	...	...	11	4	22	15	38	48	8	7	2	1	3	1	...	...	...	...	82	22	14	42	20	4	8	12	44
Enteric Fever...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	1	...	...	...	...	...	4	1	...	...	...	...	...	...	...
Puerperal Pyrexia	...	9	...	...	...	...	...	...	...	...	...	...	3	...	6	...	...	...	...	...	1	1	...	7	1	1	...	6	8
Meningococcal Infection	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...	1
Malaria	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...
Measles	452	483	12	10	93	67	125	144	220	249	1	9	1	2	...	2	...	...	...	382	157	46	350	5	4	2	...	20	31
Whooping Cough	138	171	16	15	31	37	36	54	52	59	2	1	...	1	1	2	...	2	...	121	22	21	145	8	2	2	...	4	16
Diarrhoea	9	4	8	2	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1	2	2	8	1	1	1	...	7	10
Ophthalmia Neonatorum	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
Pneumonia, Acute Primary or Acute Influenzal	14	16	2	...	2	1	2	...	2	1	...	1	3	4	1	2	2	7	...	15	4	...	11	...	1	...	6	7	
Tuberculosis, Pulmonary	68	58	...	...	1	1	1	...	2	1	...	2	13	22	29	29	15	3	7	...	41	14	6	65	9	4	2	7	22
Non Pulmonary	10	9	...	...	...	...	1	1	3	1	1	...	2	4	3	3	...	...	...	9	3	...	7	7	2	...	5	14	
TOTALS	802	842	41	28	145	113	187	216	327	360	12	21	23	38	43	48	17	16	7	2	667	232	89	656	55	25	15	86	181

NOTE:—The above Table refers to "Corrected Notifications" only, i.e. all cases in which diagnosis was not confirmed have been ignored.

CAUSES OF, AND AGES AT, DEATH, during the year ended 31st December, 1950.

No. in Short List	CAUSES OF DEATH.	Deaths at Subjoined ages of "Residents" whether occurring within or without the District										Deaths at all Ages of "Residents" belonging to Localities, whether occurring in or beyond the District				Deaths of "Residents" in Public Institutions						Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District		
		All Ages	Under 1		1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and upwards	Greenwich East	Greenwich West	St. Nicholas, Deptford	Charlton and Kidbrooke	St. Alice's Hospital	Seaman's Hospital	Miller Hospital	Herbert Military Hospital	Brook Hospital		Other Institutions	Outside Institutions
			Under 4 mths.	4 mths. and under 1 yr.																				
1	Tuberculosis, Respiratory ...	41	...	...	1	1	6	16	11	6	...	7	8	...	26	9	1	...	...	3	...	7	65
2	Tuberculosis, Other ...	3	...	...	...	1	...	1	1	...	...	1	...	...	2	2	...	...	...	...	...	1	5
3	Syphilitic Disease ...	4	...	...	...	...	...	...	2	1	1	...	...	1	2	...	...	...	...	...	...	2	7
4	Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
5	Whooping Cough ...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2
6	Meningococcal Infections ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
7	Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Other Infective and Parasitic Diseases ...	2	...	1	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	2	5
10	Malignant Neoplasm, Stomach ...	30	...	...	...	...	...	4	6	9	11	12	6	2	10	7	...	2	...	...	...	7	28
11	Malignant Neoplasm, Lung, Bronchus ...	26	...	...	...	...	...	2	16	7	1	10	6	2	8	8	1	3	...	...	...	6	48
12	Malignant Neoplasm, Breast ...	12	...	...	...	...	...	1	7	4	...	7	2	...	3	3	...	...	...	...	...	3	15
13	Malignant Neoplasm, Uterus ...	7	...	...	...	...	...	...	6	...	1	1	2	...	4	1	...	...	...	...	...	2	1
14	Other Malignant and Lymphatic Neoplasms ...	92	...	...	...	...	1	6	30	35	20	40	24	4	24	27	5	6	...	1	...	17	109
15	Leukaemia, Aleukaemia ...	6	...	...	...	1	1	...	...	1	3	2	2	...	2	3	...	...	...	...	...	2	7
16	Diabetes ...	7	...	...	...	...	...	...	1	3	3	2	1	...	4	3	1	...	...	...	...	...	14
17	Vascular Lesions of Nervous System ...	82	...	...	...	...	...	2	17	28	35	36	16	2	28	29	...	5	...	2	2	13	121
18	Coronary Disease, Angina ...	99	...	...	...	...	...	5	23	32	39	41	14	3	41	13	3	5	...	...	...	13	83
19	Hypertension with Heart Disease ...	29	...	...	...	...	...	1	7	6	15	6	9	2	12	13	2	1	...	...	...	3	46
20	Other Heart Disease ...	145	...	...	...	1	3	6	35	29	71	64	21	7	53	26	1	5	...	...	3	27	89
21	Other Circulatory Disease ...	66	...	...	...	...	...	1	4	14	47	29	13	2	22	40	1	1	...	...	4	5	98
22	Influenza ...	5	...	...	...	1	...	...	1	1	2	2	1	...	2	...	...	...	...	...	...	...	1
23	Pneumonia ...	32	4	1	...	2	...	2	6	4	12	13	6	3	10	15	...	1	...	1	...	10	65	
24	Bronchitis ...	59	1	...	1	...	...	2	8	17	30	31	9	5	14	10	...	1	...	...	1	5	49
25	Other Diseases of Respiratory System ...	11	...	...	...	...	1	1	3	4	2	5	2	...	4	1	1	...	...	...	...	5	9
26	Ulcer of Stomach and Duodenum ...	9	...	...	...	...	...	1	6	...	2	3	2	...	4	5	2	...	...	...	...	1	22
27	Gastritis, Enteritis and Diarrhoea ...	4	1	1	...	...	...	1	...	...	1	1	...	...	3	1	...	...	...	1	...	...	8
28	Nephritis and Nephrosis ...	8	1	...	...	1	...	1	2	2	1	1	2	...	5	...	2	...	...	...	...	4	17
29	Hyperplasia of Prostate ...	12	...	...	...	...	...	...	1	4	7	6	2	...	4	7	1	...	...	...	1	1	25
30	Pregnancy, Childbirth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
31	Congenital Malformations ...	11	6	2	1	1	...	...	...	1	...	6	3	...	2	2	...	2	...	1	...	3	9
32	Other defined and ill-defined Diseases ...	92	19	...	...	...	3	12	16	14	28	27	20	2	43	37	5	7	...	3	4	21	137
33	Motor Vehicle Accidents ...	6	...	...	...	...	...	1	1	3	1	4	1	...	1	2	...	1	...	...	...	3	5
34	All other Accidents ...	21	1	1	1	...	2	2	4	3	7	9	1	3	8	8	...	1	...	...	...	9	30
35	Suicide ...	5	...	...	...	...	...	1	1	3	...	1	...	2	2	1	...	...	...	...	...	1	4
36	Homicide and Operations of War ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	TOTALS ...	927	34	6	3	5	5	17	71	215	231	340	369	174	41	343	273	26	41	...	12	15	173	1,129

NOTE.—All "Transferable Deaths" of residents, i.e., persons resident in the Borough who died outside it have been included. The transferable deaths of non-residents, i.e., of persons resident elsewhere in England and Wales, and who died in the Borough in like manner have been excluded.

