

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

Contributors

Greenwich (London, England). Metropolitan Borough.

Publication/Creation

[1952]

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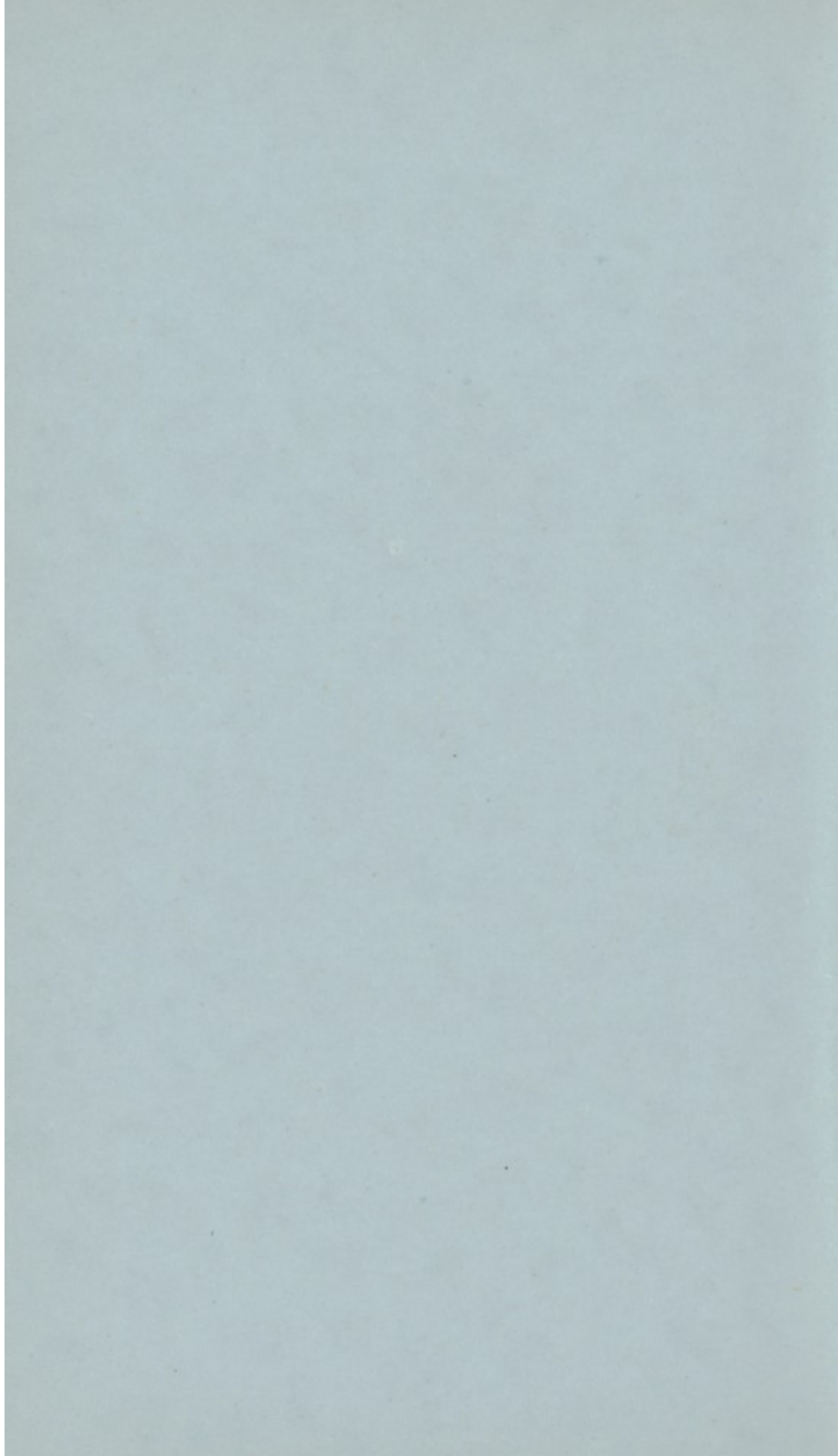
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Metropolitan
Borough of Greenwich



REPORT
of the
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1951



Metropolitan Borough of Greenwich

CONTENTS



REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1951

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

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APPENDIX—STATISTICAL TABLES

PUBLIC HEALTH COMMITTEE

as at 31/12/51.

The Mayor :

Councillor P. NOBLE, J.P.

and 13 Members

Councillor Mrs. L. HILLDRITH (*Chairman*)

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

Aldermen :

Mrs. C. Berry, Mrs. F. Carter, Miss M. Gollogly

Councillors :

A. C. CHRISP (L.C.C.)

W. O. LITTLER

Mrs. J. GOLLOGLY (L.C.C.)

D. P. LYNCH

H. W. GORMAN

Miss K. E. H. ROSS

Lady HUME, J.P.

T. TEBBUTT

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 31/12/51.***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>a</i> J. G. LYONS.
<i>ab</i> G. W. HEATH.	<i>a</i> H. L. DAVIES
<i>abd</i> J. ASHMORE.	<i>abefg</i> Miss B. HATFIELD *

Food Inspectors :

<i>ab</i> H. L. BENNETT (Senior)
<i>ab</i> F. A. SAUNDERS †

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
K. ALLUM	Superintendent)
F. B. OSBORN	

DISINFECTING STAFF.

G. HOOK (Foreman)	A. MOORE.
T. SMITH (Motor Driver).	W. CLEMENTS.
A. NASH.	H. W. C. 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.
<i>f</i>	„ State Registered Nurse.
<i>g</i>	„ State Certified Midwife.

* Commenced duties 20/8/51—following retirement of Miss E. Arnold.

† „ „ 4/5/51—filling a position which was vacant at time of last report.

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

October, 1952

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

Ladies and Gentlemen,

I beg to present this report on the state of public health in Greenwich for 1951. It is a report of more modest proportions than last year, the Jubilee year, since the occasion is perhaps less auspicious and special features were included in that year as a permanent record of the past work of the Health Department.

The estimated mid-year population was 89,390, a decrease of 180 on last year's figure. The birth rate at 15.61 shows a fall of 1.56 but the death and infantile mortality rates are substantially better than the average for London and for England and Wales. The infantile mortality at 21.46 is the lowest ever recorded in Greenwich and surpasses the previous record of 24 in 1949. It is significant to record that over 65% of the infant deaths were neo-natal occurring within the first week of birth. The maternal mortality rate was 2.88 as compared with a Nil return last year. However, when comparatively small numbers are involved this figure will fluctuate over a wide range with one or two deaths. There were in effect 4 maternal deaths in Greenwich.

The total number of infectious diseases notified to us was 2,266, an increase of approximately 40% over 1950 mainly due to the higher incidence of Measles. There were 1,482 cases of Measles which total was more than 50% higher than last year. The higher incidence was already manifesting itself at the latter part of 1950 and reached a peak figure in January this year. Whooping Cough increased from 309 to 388 cases. On the other hand Scarlet Fever was less prevalent and I am glad to report that there were no confirmed cases of Poliomyelitis. A minor epidemic of Sonne Dysentery was a notable feature of the year and I have enlarged on our investigations in the appropriate section of the report. For the first time in the history of the Borough it is my pleasure to be able to record that no case of Diphtheria occurred during the year. Deaths from Tuberculosis declined from 44 to 35 and the rate has fallen from 0.49 to 0.39. This is primarily due to the efficacy of modern treatment methods. The number of notifications of new cases, however, does not show a corresponding fall. Notifications have increased from 145 to 149.

The Chest Physician has given me an excellent account of the work done at the Chest Clinic and this is included in the body of the report. I have also included an account of the visit of the mass miniature radiography unit and the figures indicate the value of this screening measure. I wish a larger proportion of the population had made use of the facilities.

Deaths from Cancer have increased by 32 to 198. An increase in the deaths from Cancer of the lung and bronchus has been established and I have discussed this fact at length in the report. Indeed the increase since 1946 has been remarkable and affords grounds for concern.

The routine work of the department has proceeded smoothly. There were over 19,000 inspections and re-inspections of premises during the year. There are great difficulties associated with the maintenance of properties in a reasonable state of fitness in present circumstances. Legislation concerned with repair and maintenance is inadequate to permit the Health Department to discharge an important function effectively, to look after the comfort and needs of the tenant, and, at the same time, not to place a crippling and unfair burden on owners of properties which have outlived their usefulness or cannot be repaired economically at present costs. When taking action regarding closure or demolition many factors have to be balanced very carefully with available local housing resources and the large number of people in need of accommodation and on the waiting lists. In this connection it is gratifying to note that 369 new dwellings have been built by the Council during the current year.

Last year I mentioned the part I thought preventive medicine should play in a health service and I ventured some personal criticism of the emphasis placed on cure rather than prevention. I suggested that the "cure outlook" dominated our profession by reason of glamour, spectacular achievements and even perhaps by tradition. The health service fulfilled a great need and is a blessing to the sick and to their families but few would state that there is less sickness as a result of the expanding curative services. Is not this problem being tackled from the wrong direction? People should think in terms of health and not disease.

In commenting on certain aspects of the public health service which are no longer under the Council's direct control, I am conscious of labouring under a disadvantage. To avoid comment even of a general character is to evade the issue and impair the usefulness of the report. To comment adversely is easy when not accompanied by personal responsibility but a dreary succession of

conventional platitudes is equally unappetising. It may be that certain of those preventive services which are well established suffer from an over-centralised administration with a consequent lack of flexibility and adaptation to changing circumstances. The enquiring instinct is at a disadvantage and the tendency may be to conform to the standard pattern of distant regimentation. Integration of local needs with the wider aspects of central planning and policy should not be dependent largely on good personal relationships. Something less nebulous and unpredictable is required. However, who does the job is not so important as who does the job best and this is not the place to argue at length the merits of local as opposed to central direction.

I have been helped during the year by the support and understanding of the Chairman, Councillor Mrs. Hilldrith. The Town Clerk and his deputy have given me much advice and guidance for which I am grateful and I have also to thank the other chief officers for their friendly co-operation. Finally I must express my gratitude to the staff for loyalty and application to duty.

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
At Census, 1951 (preliminary figure)	...	...	...	...	89,614
Estimated, 1951 (mid-year)	...	...	...	...	89,390

DENSITY OF POPULATION ... 23 persons per acre

NUMBER OF INHABITED DWELLINGS—end 1951 ... 22,059
(according to Rate Books)

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

NUMBER OF UNINHABITED DWELLINGS—

At Census, 1931	...	...	...	...	250
At end 1951	...	...	...	...	96

NUMBER OF FAMILIES OR SEPARATE OCCUPIERS—

At Census, 1931 ... 25,144

RATEABLE VALUE, 1951... £794,522

SUM REPRESENTED BY A 1d. RATE, 1951 ... £3,086

PUBLIC OPEN SPACES.

BOROUGH COUNCIL—

Charlton House and Gardens	...	...	...	9.25 acres
R.N. College Cemetery	...	...	...	5.86 „
St. Alfege Recreation and Church Grounds	...			2.30 „
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 acres</u>

H.M.OFFICE OF WORKS—

Greenwich Park	185 acres
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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 „
Approximately				<u>215 acres</u>	

TOTAL PUBLIC OPEN SPACES IN BOROUGH ... Approx. 426 acres

MILEAGE OF STREETS ... 88 (approx)

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.

There is evidence that Greenwich has been an inhabited place for perhaps 2,000 years. Saxon burial mounds and barrows dating from the 6th century are still to be seen in Greenwich Park and coins and fragments of pottery deposited at Charlton House show an almost continuous Roman settlement from 41 B.C. to 423 A.D.

In 1738, in a road book of the British Isles, this description was given: "Greenwich on the Thames, 4 miles east of London Bridge, a very delightful place." It can still lay claim to that title.

Greenwich lies mainly on a natural slope from the Thames to Blackheath and it thereby affords extensive views of London and the River and it is to this fact, coupled with its historic connection with Royalty, that it owes its fascination.

The sub-soil of the greater portion of the Borough consists of gravel and sand, the exception being in the Kidbrooke area which is mainly clay.

The altitude varies from a few feet below high-water mark on the Marshes up to 249 ft. above sea level on the Shooter's Hill Road by the Borough boundary.

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

There are also excellent recreation grounds serving the Charlton area. In addition to the Maryon and Charlton Parks there is the L.C.C. Play Centre and Lido with its well-equipped swimming bath, tennis courts and bowling greens.

More recently, 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 in conjunction with the L.C.C.

In addition to the normal Health Services, Greenwich has always been well furnished with schools and hospitals and it can boast of modern baths and excellent library facilities.

Considerable alteration has taken place during the post-war period by the erection of modern houses and blocks of flats and the L.C.C. housing scheme on the Brook and Evelyn Estates is now complete. This latter area, always described pre-war as the "rural part of the Borough," is now almost entirely built over.

The Borough Council is pressing ahead with its new housing schemes and has behind it a record of sound achievement.

The part situated near the River Thames is, generally speaking, an industrial area, and is more densely populated than the upper parts of the Borough. In recent years, however, the commencement of a gradual movement of people away from the river-side has been witnessed.

The majority of the industries and sources of employment in the Borough are 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 at 11 of the larger factories range between 500 and 5,000 each, whilst 17 smaller works each employ between 100 and 400.

POPULATION

The Registrar General has submitted his estimate of the population of Greenwich, computed at mid-year 1951, upon which the Statistics in this Report have been based. The figure returned is 89,390 which indicates a decline in the population of 180 since last year but which still shows an increase of 25,590 since 1945. The natural increase for the year, i.e., excess of births over deaths, was 349.

Census, 1951.—The 15th Census of the population of England and Wales was taken on the 8th April, 1951, and for the first time in the series there was an interval of 20 years instead of the customary 10. The long interval, during which there were far-reaching changes in legislation and social conditions, necessitated a more exhaustive Census Form than previously. Compared with 15 in 1921 and 13 in 1931, the 1951 Schedule contained 24 questions of which, on an average, not more than 12 or more questions needed to be answered by any one individual adult.

A complete picture after a Census is usually not available for some 3 or 4 years, but in order to meet the more urgent needs a Preliminary Report has been issued which relates to numbers only, by sex, of the population.

In this Preliminary Report the population of Greenwich is given as 91,492, but shortly after its publication an amended figure of 89,614 was issued by the Registrar General which shows a decrease of 11,310 since the 1931 Census.

* EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

LIVE BIRTHS

	Legitimate	Illegitimate	Total	} Birth Rate <u>15.16</u> (Comparable Rate 14.10)
Male	677	31	708	
Female	612	31	643	
Total	1,289	62	1,351	

STILL BIRTHS

	Legitimate	Illegitimate	Total	} Rate per 1,000 total Births } <u>25.25</u>
Male	16	1	17	
Female	17	1	18	
Total	33	2	35	

DEATHS—All Causes

Male	Female	Total	} Death Rate (Crude) <u>11.24</u> (Comparable Rate 11.80)
520	482	1,002	

DEATHS—Special Causes

Puerperal Causes	...	...	...	...	...	4
Tuberculosis (all forms)	...	...	...	...	...	35
Tuberculosis, Pulmonary	...	...	...	...	...	31
Cancer (all ages)	...	...	...	...	...	198
Measles (all ages)	...	...	...	...	...	Nil
Whooping Cough (all ages)	...	...	...	...	...	1
Diarrhoea (under 2 years of age)	...	...	...	...	...	2
Influenza	...	...	...	...	...	19

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

DEATH RATES

Infants under 1 year of age

All infants per 1,000 live births	...	...	...	21.46
Legitimate Infants per 1,000 legitimate live births	...	...	...	21.72
Illegitimate Infants per 1,000 illegitimate live births	...	...	...	16.12

Others

Puerperal Causes (per thousand total births)	...	...	...	2.88
Tuberculosis (all forms) per 1,000 population	...	...	...	0.39
Tuberculosis, Pulmonary per 1,000 population	...	...	...	0.34
Cancer per 1,000 population	...	...	...	2.22
Common Infectious Diseases per 1,000 population	...	...	...	0.03
Influenza per 1,000 population	...	...	...	0.21

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
1951 ...	210	...	133	...	3	...	60	...	264	...	670	...	89,390

†Parish Church destroyed by enemy action.

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

METEOROLOGICAL OBSERVATIONS—1951

I am indebted to the Astronomer Royal, Sir Harold Spencer Jones, F.R.S., for the following meteorological data for the year ended December, 1951.

Temperature: The highest temperature in the shade in the Stevenson Screen was 84.4° on July 28. Temperatures exceeding 80° were recorded on six days, all in July. The lowest temperature occurred on January 30, when the thermometer fell to 23.7° .

Sunshine: The total recorded sunshine was 1278.5 hours, 155.4 hours less than the average for the 50 years 1897-1946. Most months were below average, in particular May, August and September. 122.3 hours in May was the second lowest record for this month, the lowest being 107.2 hours in May 1932. There were 67 sunless days during the year, 11 in January and 13 in December.

Rainfall: The year's total was 32.53 inches, 8.20 inches above the mean for the 100 years 1841-1940. February, with 5.94 inches, was the wettest month of the year and the wettest February on record. The previous highest record for this month was 4.03 inches in 1866. Taken together the four months January-April were also the wettest on record with 14.16 inches, exceeding the previous highest record of 12.85 inches in 1937 for this period, the average for which is only 6.75 inches. November was also wet, with 4.41 inches, and 1.34 inches of rain fell during the 24-hour period from 9 a.m. on September 27 to 9 a.m. on September 28. The driest month was October with 0.91 inches.

BIRTHS

The total number of live births registered in the Borough during the year was 1,446 and of this number, 873 occurred in St. Alfege's Hospital, 105 in various Nursing Homes and 468 in private dwellings. In 604 cases the parents resided outside the Borough and the births were consequently transferred to the appropriate districts, leaving a figure of 842. To this must be added 509 births belonging to the Borough which took place in Institutions outside the Borough, thus making a final figure for Greenwich of 1,351 a decrease of 142 from that of the previous year. Of this total 708 were males and 643 females.

The following table gives, by districts, the number of registrations of Greenwich Births during the current year :—

Source of Information	DISTRICT				Total Greenwich Births
	East	West	St. Nicholas	Charlton & Kidbrooke	
Greenwich Registrar's Returns :—					
Inward Transfers :—					
1st Qtr.	286	198	71	287	842
2nd Qtr.	55	19	—	71	145
3rd Qtr.	45	13	—	78	136
4th Qtr.	42	12	1	65	120
	36	21	—	51	108
TOTALS	464	263	72	552	1,351

The Birth Rate for the year, calculated on the figure of 1,351 births, is 15.16 per thousand of the population, 1.56 lower than that for 1950. The average rate for the previous ten years is 19.19. The Greenwich Comparability Factor for births is 0.93 which gives an adjusted rate of 14.10.

The Rates for the County of London and for England and Wales are 17.8 and 15.5 respectively, the former shows no change from the previous year but the latter indicates a decrease of 0.3 from the figure for 1950.

Illegitimate Births numbered 62, representing 4.5 per cent. of the total live births and showing an advance of one over those of the previous year.

The number of Still Births registered was 35 (17 males - 18 females), which is equivalent to a rate of 25.25 per 1,000 total births, an increase of 6.85 over that of the previous year.

DEATHS

The net number of deaths registered during 1951 was 1,002, of which 520 were males and 482 females, compared with last year's total of 928 comprising 486 males and 442 females.

This gives a crude Death Rate for the Borough of 11.24 per thousand of the population, an increase of 0.85 as compared with

No. in Short List.	CAUSES OF DEATH	Sex	Deaths at subjoined Ages of “Residents,” whether occurring within or without the District.								
			All Ages.	Under 1.	1 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 over.
	All Causes	M	520	13	5	6	8	32	153	166	13
		F	482	16	2	4	5	26	105	121	203
1	Tuberculosis, Respiratory ...	M	24	...	...	...	1	4	10	8	1
		F	7	...	...	...	1	3	1	...	2
2	Tuberculosis, Other	M	2	...	1	...	...	...	1	...	...
		F	2	...	...	1	...	...	1	...	...
3	Syphilitic Disease	M	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...
4	Diphtheria	M	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...
5	Whooping Cough	M	1	1	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...
6	Meningococcal Infections ...	M	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...
7	Acute Poliomyelitis	M	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...
8	Measles	M	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...
9	Other Infective and Parasitic Diseases	M	3	...	...	...	...	...	3	...	...
		F	1	...	...	...	...	1	...	...	...
10	Malignant Neoplasm, Stomach ...	M	16	...	...	...	...	...	5	7	4
		F	9	...	...	...	1	...	3	3	2
11	Malignant Neoplasm, Lung, Bronchus	M	43	...	...	...	...	1	24	15	3
		F	8	...	...	...	...	...	5	1	2
12	Malignant Neoplasm, Breast ...	M	...	...	...	...	...	...	...	...	...
		F	14	...	...	...	...	1	9	2	2
13	Malignant Neoplasm, Uterus ...	M	11	...	...	...	...	...	5	5	1
14	Other Malignant and Lymphatic Neoplasms	M	51	...	1	...	...	5	13	24	8
		F	46	...	...	...	...	3	17	10	16
15	Leukaemia, Aleukaemia	M	4	...	...	2	...	...	...	2	...
		F	3	...	...	1	...	1	1	...	...
16	Diabetes	M	1	...	...	...	1	...	...	...	...
		F	5	...	...	...	...	...	1	...	4
17	Vascular Lesions of Nervous System	M	36	...	...	1	...	...	10	11	14
		F	49	...	...	...	...	...	8	15	26
18	Coronary Disease, Angina ...	M	57	...	...	...	...	4	22	17	14
		F	45	...	...	...	...	...	11	17	17
19	Hypertension with Heart Disease	M	17	...	...	...	...	2	3	7	5
		F	21	...	...	...	...	...	2	11	8
20	Other Heart Disease	M	61	...	...	...	...	3	6	22	30
		F	92	...	...	...	...	5	13	26	48
21	Other Circulatory Disease ...	M	28	...	...	...	...	...	7	5	16
		F	29	...	...	...	...	1	4	6	18
22	Influenza	M	6	...	...	...	...	...	5	1	...
		F	13	...	...	...	1	...	1	5	6
23	Pneumonia	M	22	...	1	...	...	...	5	7	9
		F	18	2	1	...	...	...	3	2	10
24	Bronchitis	M	49	...	...	...	...	...	17	21	11
		F	34	1	...	...	...	1	1	7	24
25	Other Diseases of Respiratory System	M	7	...	...	...	...	1	2	4	...
		F	4	...	...	1	...	1	1	...	1
26	Ulcer of Stomach and Duodenum	M	11	...	...	...	...	...	3	5	3</

that of the previous year and a rate which is still 1.52 less than the average for the last ten years, viz., 12.76. The crude Death Rate figure is slightly increased to 11.80 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 13.1 and 12.5 respectively, indicating relative increases of 1.3 and 0.9 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.

In the Appendix to the Report will be found a table giving, by districts, the causes of, and ages at death of residents whilst indicating the numbers actually dying in Public Institutions.

DEATHS IN INSTITUTIONS.

The following table compares the average number of deaths of Greenwich residents in Public Institutions during the previous ten years with those of the current year:—

Year	Total Deaths of Greenwich Residents	Total Deaths of Greenwich Residents in Public Institutions.
1941 ...	944	594
1942 ...	828	569
1943 ...	888	609
1944 ...	978	616
1945 ...	813	521
1946 ...	874	585
1947 ...	952	561
1948 ...	862	441
1949 ...	942	484
1950 ...	926	540
<i>10-year Average</i>	901	552
<u>1951</u> ...	<u>1,002</u>	<u>555</u>

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 ...	8	7	7	7	29
Between 1 and 2 years ...	2	—	1	—	3
Between 2 and 5 years ...	1	1	1	1	4
Between 5 and 15 years ...	1	3	4	2	10
Between 15 and 25 years ...	3	—	3	6	12
Between 25 and 45 years ...	20	8	10	18	56
Between 45 and 65 years ...	94	53	51	57	255
Between 65 and 75 years ...	110	60	52	70	292
75 years and upwards ...	135	81	49	76	341
Totals ...	374	213	178	237	1,002

The 1949 Report of the Royal Commission on Population indicated *inter alia* the trend during recent years towards an ageing population and, as one would expect, the number of deaths in the older groups increases at approximately a similar rate. Conversely, the deaths in the lower age groups show a remarkable decline since the beginning of the century.

It will be observed from the following table that during 1951 the deaths occurring at 65 years and upwards accounted for 63.1% of the total compared with a figure of 22.8% for 1901.

Deaths in the age group 0-5 years show an even more striking comparison: in 1901 the deaths in this group amounted to 37.4% whilst the figure for the current year is 3.5%.

Age Group	1901	1911	1921	1931	1951
Under 1 year of age	362	306	175	97	29
Between 1 and 5 years	187	158	80	39	7
Between 5 and 15 years	64	67	58	22	10
Between 15 and 25 years	66	60	67	65	12
Between 25 and 65 years	454	474	466	382	311
65 years and over	335	356	387	529	633
Totals ...	1,468	1,421	1,243	1,134	1,002

MATERNAL MORTALITY

During the year, the following 4 deaths were recorded as being attributable to Puerperal causes:—

<u>Age</u>	<u>Cause</u>
39 years	Toxaemia.
41 „	Ruptured ectopic pregnancy.
31 „	Rupture of uterus during pregnancy.
37 „	Attempted self-induced abortion.

Calculated on these deaths, the Maternal Mortality Rate was 2.88 per thousand total births.

There were no deaths from Puerperal sepsis or other causes during the previous year, but one was registered during 1949 and 2 in 1948. The corresponding figures for 1947, 1946, 1945 and 1944 were 4, 2, 2 and 1 respectively.

INFANTILE MORTALITY

The Infantile Mortality Rate, measured by the deaths of children under one year of age to the number of live births registered, was 21.4 per thousand live births as compared with 26.7 for the previous year. For the County of London the rate was 26.4 and for England and Wales 29.6 per 1,000 related live births.

The Infant Mortality Rate returned for the current year is the lowest ever recorded for the Borough. This 1951 figure of 21.4 shows a decrease of 5.3 from that of 1950 and is 12.2 lower than the average for the previous 10 years, *viz* : 33.6.

The total number of deaths during the year was 29, a decrease of 11 from that of 1950.

The deaths of the 29 infants were attributed to the following causes :—

Prematurity	...	9	Meningitis (pneumococcal)	1
Congenital			Atelectasis ...	1
Malformation		5	Asphyxia (inhalation of	
Erythroblastosis			regurgitated food)	1
foetalis		2	Anoxia (difficult labour) ...	1
Birth injury ...	...	2	„ (inhalation of	
Gastro-enteritis	...	2	maternal fluids)	1
Whooping Cough	...	1	Renal Insufficiency	
Bronchitis ...	...	1	(Polycystic kidneys)	1
Broncho-pneumonia		1		

Of the above, 13 were male and 16 female : 10 died in St. Alfege's Hospital, 2 in the Brook Hospital, 1 in the Miller Hospital, 13 in other Hospitals and 3 at home.

NEO-NATAL MORTALITY.—Neo-natal mortality, i.e. infants dying before attaining the age of one month, accounted for 19 deaths, equivalent to 65.5% of all infant deaths and giving a Neo-natal Mortality Rate of 14.6 per 1,000 live births. All these 19 neo-natal deaths occurred within the first week of birth and the main causes were : Prematurity, Congenital Malformation and Erythroblastosis foetalis.

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

The following table shows the comparative Infantile Mortality

Rate for the quinquennial periods since 1931, together with the Rate for 1951 :—

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 1951
Greenwich ...	75	50	40	27	21.4
London ...	63	56	60	33	26.4
England & Wales	62	55	50	36	29.6

Bad housing, overcrowding, poor sanitation, low standards of education, all tend to produce higher Infant Mortality Rates. It follows, therefore, that the Infant Mortality Rate should provide a good index to the social circumstances of any particular area.

However, Infant Mortality Rates which are based on the number of births occurring in the same year as the infant deaths are not comparable year by year unless the birth rates remain more or less constant, as approximately one-third of the infants dying in any one year will be found to have been born in the previous year. Consequently care must be exercised when drawing conclusions from any rise or fall in Infant Mortality Rates.

Despite the remarkable fall in recent years of infant mortality, the hard core of neo-natal deaths shows little decline, probably indicating a different approach to that which proved so effective in reducing the overall infant mortality rate.

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 all 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. A similar figure was returned for the previous year.

There were 2 deaths in 1949, 4 in 1948, 6 in 1947 and 9 in 1946.

SMALLPOX.—No deaths from Smallpox have been recorded during the year, this year being the 49th 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.

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

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, 1949 and 1950.

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 were 2 deaths and the figures for the years 1945, 1946, 1947, 1948 and 1949 were 13, 4, 4, 3 and 1 respectively.

DIPHTHERIA.—Again it is gratifying to report that there were no deaths from Diphtheria during the year under review and that it is now 5 years since one was recorded.

TUBERCULOSIS.—There were 35 deaths from this disease during the year giving a Death Rate of 0.39 compared with 44 deaths and a Rate of 0.49 for the previous year. Again, this year's Rate compares very favourably with the average T.B. Death Rate during the previous 10 years, viz : 0.84.

The figures in the following table disclose a remarkable improvement in the Tuberculosis situation in the Borough. In 10 years the actual number of deaths has been halved, whilst the 1951 Rate is less than one-third of what it was in 1941 :—

<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
<i>10-year Average</i>		60	0.84
<u>1951</u>		<u>35</u>	<u>0.39</u>

Tuberculosis of the Respiratory System is, as usual, credited with the major portion of these deaths, there being 31 attributed to the cause, equalling a Rate of 0.34 as compared with 0.45 for the previous year.

Locally the deaths were : 12 in East Greenwich ; 4 in West Greenwich ; 3 in St. Nicholas, Deptford ; and 12 in Charlton and Kidbrooke.

The remaining forms of Tuberculosis were responsible for 4 deaths, 1 of which occurred in East Greenwich ; 1 in West Greenwich ; and 2 in Charlton and Kidbrooke.

CANCER.—During 1951 Cancer deaths accounted for one-fifth of all deaths in the Borough, i.e., one in every 5 deaths resulted from Cancer of one form or another.

This disease was responsible for a total of 198 deaths with a death rate of 2.22 per thousand, an increase of 0.35 over that of 1950. The figure of 198 shows an advance of 31 over the previous year, indicating a rise equivalent to $18\frac{1}{2}\%$ in twelve months.

An increase in Cancer has been apparent since 1901 when the disease was responsible for 4.2% of the total deaths. In 1911 the figure was 5.7% ; in 1921 it was 10% ; in 1931 it had risen to 14.1% and the figure for the year under review is 19.7%.

The distribution of the 1951 deaths was as follows : 68 in East Greenwich, 38 in West Greenwich, 13 in St. Nicholas, Deptford, and 79 in Charlton and Kidbrooke.

Comparing the current year's figures with those of 1950, the sites of the affected parts were :—

	1950	1951
Cancer of Stomach	30	24
„ „ Lung, Bronchus	26	51
„ „ Breast	12	14
„ „ Uterus	7	11
„ „ all Other Sites	92	98
	<hr/>	<hr/>
	167	198
	<hr/>	<hr/>

Cancer has hitherto been considered a disease of middle and old age and, as indicated in my Annual Report for last year, as the proportion of middle-aged and elderly persons in the population is becoming greater, one would normally expect a rise in the incidence of this disease. Additionally, improved diagnosis and more accurate certification will effect an apparent rise in the number of cancer deaths. The noticeable increase in the numbers therefore, is not, *per se*, necessarily an indication of increased morbidity. If the figures given above are perused, it will be observed that the only significant increase is in Cancer of the Lung and it must be admitted that there does appear to be a real increase in this particular form.

Although this increase had been suspected, confirmation was not obtained until the adoption of the new Classification of Deaths. When it was apparent that an increase would be recorded in the current year, investigations were made into the previous 6 years'

deaths from Cancer from which the following table has been compiled :—

DEATHS FROM CANCER OF LUNG
(including Bronchiogenic Carcinoma)

Year	AGE GROUPS								Totals		Grand Totals	Rate per 1,000 Pop.
	25 and under 45 yrs.		45 and under 65 yrs.		65 and under 75 yrs.		75 and upwards					
	M	F	M	F	M	F	M	F	M	F		
1946	2	—	12	1	1	—	1	—	16	1	17	0.22
1947	2	—	13	—	8	1	1	—	24	1	25	0.30
1948	1	—	18	1	6	1	1	—	26	2	28	0.33
1949	1	—	11	3	10	1	3	1	25	5	30	0.34
1950	1	1	14	3	5	3	1	1	21	8	29	0.32
1951	1	—	26	3	15	—	3	3	45	6	51	0.57
TOTALS	8	1	94	11	45	6	10	5	157	23	180	Average for 6 yrs. 0.34

Besides disclosing a ratio of 7 males to each female death and almost a threefold increase in the death rate in 6 years, it can be seen from the above statistics that Cancer of the Lung is, at the present time, predominantly peculiar to males between the ages of 45 and 65 years and this peculiarity appears to be general throughout the country. By many, the unusual increase was very quickly allied to smoking and an enquiry into the connection between smoking and Carcinoma of the Lung was made by Doll and Bradford Hill and as a result of their investigations they stated that,

- (a) 26% of male patients suffering from Cancer of the Lung smoked over 25 cigarettes per day ;
- (b) 14.6% of female patients suffering from Cancer of the Lung smoked over 25 cigarettes per day ;
- (c) 13.5% of the male non-cancer Control Group had smoked as much ;
- (d) None of the female non-cancer Control Group had smoked as much.

They also stated that above the age of 45 the risk of developing Cancer of the Lung increases in simple proportion with the amount smoked and it may be approximately 50 times as great among those who smoked 25 or more cigarettes a day as among non-smokers.

Parnell has pointed out the tendency for Cancer of the Breast and Uterus to be associated with one type of physique and that there is evidence that smoking is more common in men of a certain physical type. Further, it has been found that smoking and Breast and Lung Cancer are associated with the same physical types and that "smoking may act as a trigger to a gun constitutionally loaded."

Many misconceptions regarding Cancer exist in the minds of the public, e.g., that Cancer is an hereditary disease; that it is infectious or contagious; or that chronic irritation or inflammation causes Cancer. Not one of these assumptions has been proved scientifically.

However, it is becoming more and more evident that under certain conditions Cancer is a curable disease but at the moment the most important factor is time. Unfortunately, many cases are beyond cure before advice is taken. At the risk of producing a few hypochondriacs it is obvious that greater efforts must be made to educate the public as the latest available information supports the fact that delay in seeking medical advice is becoming prolonged.

VASCULAR LESIONS OF NERVOUS SYSTEM.—This class, which includes deaths arising from Cerebral Haemorrhage, Embolism and Thrombosis, was responsible for a total of 91 deaths. The age distribution was as follows:—1 between 5-15 yrs, 21 between 45-65 years, 33 between 65-75 years and 36 from 75 years upwards.

Thirty-five deaths occurred in East-Greenwich, 21 in West Greenwich, 2 in St. Nicholas, Deptford, and 33 in Charlton and Kidbrooke.

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.

The total deaths occasioned by these amounted to 291 compared with a figure of 273 for 1950 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, 1948 and 1949 were 226, 240, 283, 223 and 250 respectively.

DISEASES OF THE RESPIRATORY SYSTEM.—There were altogether 130 deaths from these diseases, Bronchitis accounting for 83 and Pneumonia (all forms) for 38.

Of the total deaths, 4 were of children under the age of 5 years and 96 were in respect of persons 65 years and over.

The distribution locally was 46 in East Greenwich, 33 in West Greenwich, 6 in St. Nicholas, Deptford, and 45 in Charlton and Kidbrooke.

INFLUENZA.—There was a general increase throughout the country in the number of deaths from this disease during the current year and the Greenwich figure of 19 giving a death rate of 0.21 per 1,000 population, shows an increase of 14 over that of 1950.

DEATHS FROM VIOLENCE.—These numbered 36, including 9 from Motor Vehicle Accidents, 8 from Suicide and the remainder being accounted for under the heading of 'All Other Accidents.'

Deaths from Motor Vehicle Accidents show an increase of 3 and Suicide a similar increase over those of the previous year.

Month	1951	1950	1949	1948	1947	1946	1945
Jan.	1	1	1	1	1	1	1
Feb.	1	1	1	1	1	1	1
March	1	1	1	1	1	1	1
April	1	1	1	1	1	1	1
May	1	1	1	1	1	1	1
June	1	1	1	1	1	1	1
July	1	1	1	1	1	1	1
August	1	1	1	1	1	1	1
Sept.	1	1	1	1	1	1	1
Oct.	1	1	1	1	1	1	1
Nov.	1	1	1	1	1	1	1
Dec.	1	1	1	1	1	1	1
Totals	19	19	19	19	19	19	19

Year	1951	1950	1949	1948	1947	1946	1945
Jan.	1	1	1	1	1	1	1
Feb.	1	1	1	1	1	1	1
March	1	1	1	1	1	1	1
April	1	1	1	1	1	1	1
May	1	1	1	1	1	1	1
June	1	1	1	1	1	1	1
July	1	1	1	1	1	1	1
August	1	1	1	1	1	1	1
Sept.	1	1	1	1	1	1	1
Oct.	1	1	1	1	1	1	1
Nov.	1	1	1	1	1	1	1
Dec.	1	1	1	1	1	1	1
Totals	19	19	19	19	19	19	19

* No percentage can be given for this category by reason of (a) no separate record is kept of the children under 5 years who are the beneficiaries under this scheme and (b) contribution goes to these children rates throughout the 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 1951, 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 1951 :

MONTH	National Dried Milk (<i>Tins</i>)		Orange Juice (<i>Bottles</i>)		Cod Liver Oil (<i>Bottles</i>)	A.D. Tablets (<i>Packets</i>)
	Free	Sold	Free	Sold	Free	Free
Jan. ...	21	3,020	51	1,848	1,321	369
Feb. ...	23	2,980	42	4,917	1,466	367
March ...	32	3,394	49	5,590	1,661	447
April ...	27	2,736	38	4,966	1,250	344
May ...	17	2,707	50	5,002	1,409	374
June ...	25	3,428	48	6,937	1,706	385
July ...	15	2,801	44	6,467	1,173	363
August ...	17	2,832	39	5,452	998	307
Sept. ...	24	3,622	50	6,521	1,629	426
Oct. ...	22	2,789	45	4,750	1,375	335
Nov. ...	14	2,778	34	5,228	1,586	332
Dec. ...	31	3,261	37	5,674	1,734	378
TOTALS ...	268	36,348	527	63,352	17,308	4,427
Total Distribution	36,616		63,879		17,308	4,427
Approximate Percentage of Potential	}		}			
	*		26%		24%	33%

**No percentage 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

Quarter	Expectant Mothers		Premature Babies		Still-Births		Infants (under 1 year)		Children 1—5 years		Infantile Diseases	Miscellaneous	Un-successful	Total Visits	House-holds Attended
	1st visit	Re-visit	1st visit	Re-visit	1st visit	Re-visit	1st visit	Re-visit	1st visit	Re-visit					
March ...	127	59	13	20	8	8	360	730	12	1,720	1,557	115	376	5,105	3,799
June ...	133	72	17	30	6	10	331	860	47	2,748	358	167	512	5,291	4,053
Sept. ...	151	65	10	11	9	5	330	928	94	2,601	94	190	495	4,983	3,787
Dec. ...	156	115	12	24	8	5	266	1,119	57	2,888	32	195	497	5,374	3,930
Totals	567	311	52	85	31	28	1,287	3,637	210	9,957	2,041	667	1,880	20,753	15,569

2. Infant Welfare Clinics

(a) Attendances at Infant Welfare Clinics

Quarter	Sessions	Attendances					
		0-1 year		1-2 years		2-5 years	
		1st	Total	1st	Total	1st	Total
March	216	322	4,586	14	1,349	21	1,391
June	218	330	5,330	23	1,660	30	1,585
September	218	337	5,392	16	1,580	28	1,530
December	209	241	4,718	4	1,511	7	1,438
Totals	861	1,230	20,026	57	6,100	86	5,944

(b) Attendances at Special Toddlers Clinics

Quarter	Sessions	Total Attendances	Medically Examined	Found to require Treatment
March ...	25	242	242	34
June ...	26	259	254	41
September ...	24	247	246	35
December ...	25	236	236	32
Totals	100	984	978	142

(c) Attendances at Ante and Post Natal Clinics

Quarter	Sessions		Attendances					
	M.O.	Midwife	First		Total			
			Ante-Natal	Post-Natal	Ante-Natal		Post-Natal	
					M.O.	Midwife		
March ...	133	111	411	58	1,178	922	60	
June ...	135	113	341	93	1,195	1,013	103	
September ...	127	111	319	69	1,042	903	77	
December ...	127	113	284	61	1,059	923	63	
Totals	522	448	1,355	281	4,474	3,761	303	

(d) **Attendances at Ante and Post Natal Exercise Classes**

Quarter	Sessions	Attendances	
		First	Total
March	16	13	65
June	15	8	42
September	10	8	33
December	13	16	62
Totals	54	45	202

3. **Sunlight Treatment****Attendances at Artificial Sunlight Centres**

Quarter	Sessions	Attendances	
		First	Total
March	196	188	2,632
June	203	192	3,067
September	196	133	2,012
December	201	176	2,630
Totals	796	689	10,341

4. **Chiropody Treatment****Attendances at Foot Clinics**

Quarter	Sessions	Attendances	
		First	Total
March	378	260	4,781
June	386	423	5,004
September	373	358	4,756
December	367	260	4,774
Totals	1,504	1,301	19,315

5. Home Help Service

(a) Visits paid by Supervisors

Quarter	Effective	Ineffective	Total Visits
March	230	12	242
June	462	27	489
Sept.	352	24	376
Dec.	417	20	437
Totals	1,461	83	1,544

(b) Distribution of Cases attended

Maternity	83
Tuberculosis	76
Others	683
Total	842

(c) Home helps on roll at 31. 12. 51 ... 107 (part time)*

*equal to 54.05 wholetime Home Helps.

6. Prophylaxis

Cases receiving completed prophylactic treatment during year :—

Diphtheria Immunisation	1,054
Whooping Cough Immunisation	391
Vaccination	1,315

7. District Nursing.

The staff of the Queens District Nursing Association for Charlton and Blackheath made 12,262 visits during the year.

Visits carried out by the Ranyard Nurses were additional to those quoted above.

8. Schools (Medical Statistics)

	Minor Ailments	Vision	Nutrition	Special Investigation Clinic
No. of Children attending ...	23,403	—	—	—
No. of Attendances ...	62,014	731	203	36
No. of New Cases ...	—	510	40	20
No. of Glasses Ordered ...	—	173	—	—

NOTE : As appropriate children from Greenwich also attend special clinics in Deptford and Woolwich, e.g. vision.

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 ...	Wednesday Thursday Friday	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	((a) 1st and 3rd)	1.30 (ab) 1.30 (b)
Fairfield House, S.E.7. ...	Thursday		1.30 (ab)
Ridgebrook Road, S.E.3. ...	Thursday	9.30 (a) (alter. wks.)	1.30 (b)
Shooters Hill Road, S.E.3. ...	Wednesday Friday	(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	
	Thursday		1.30

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...	Wednesday	10 - 1	
	Friday		2 - 5 (Diabetic Patients)

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

CHEST CLINICS (By appointment only).

Maze Hill, S.E.10. ...

DAY	A.M.	P.M.
Monday		2.00
Tuesday	10.00	2.00
Wednesday	10.00 (men) (Special A.P. Clinics)	2.00 (women)
Thursday	10.00	5 - 6.30 (workers only)
T.B. Handicraft Centre ...	Tuesday Friday	2.30 - 4.30 2.30 - 4.30

SCABIES & CLEANSING CLINICS

Tunnel Avenue ...

Daily (Saturdays excepted)	9 - 12 (School Children)	2 - 4 (Adults and Children under school age)
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WOMEN'S SPECIAL CLINIC (Family Planning Association)

Charlton Lane, S.E.7. ...

Wednesday	2.00
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MINOR AILMENTS CENTRES (for School Children)

54/56 Ormiston Road, S.E.10

Daily Saturday	8.30 - 12	1.30 - 3.30
Treatment Centre, Sherington Road, S.E.7. ...	Daily Saturday	8.30 - 5.0 8.30 - 12.30
Maryon Park School Treat- ment Centre, S.E.7. ...	Daily Saturday	8.30 - 12.30 8.30 - 12

HOME HELP SERVICE

Applications for this service to be addressed to :—

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

DISINFECTING STATION

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

HOSPITALS

Brook Hospital (WOOLwich 1172)
 Miller Hospital (TIDeway 1136)
 Royal Herbert Hospital (WOOLwich 1166)
 St. Alfege's Hospital (GREenwich 2655)
 Seamen's Hospital (GREenwich 3433)

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, Shooter's Hill Road, S.E.3 (Tel. GRE. 0157).

Women's Voluntary Services,
 Mrs. F. Kidd,
 64B, Hyde Vale, S.E.10. (Tel. TID. 3708).

Citizens' Advice Bureaux,
 71, Rectory Place, S.E.18 (WOOLwich 0047).
 173, Walworth Road, S.E.17. (RODney 2860).

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.

SECTION C

Sanitary circumstances of the Area

The tables on pages 60 and 61 summarise, as far as possible, the sanitary work of the Department ; from these it will be seen that a total of 19,286 houses and premises have been inspected or re-inspected during the year ; 1,350 intimation notices and 231 statutory notices were served.

Although showing a substantial fall from those of the previous year, the registered complaints, numbering 1,555, still amounted to more than double the pre-war average of 700.

Routine complaints arise mainly in connection with the deterioration of the older type properties, but under present conditions application of Sec. 9 of the Housing Act, 1936, can no longer provide a satisfactory method of improving sub-standard houses as the rising costs of labour and materials preclude repairs from being effected at reasonable cost. In this respect, therefore, legal action is gradually being limited to the application of the Nuisance Sections of the Public Health Act.

Despite diligent use of these sections and the introduction of the London County Council (General Powers) Act, 1951, which under Sec. 8 enables a Council to recover expenses incurred in repairing houses in the event of the owner's default, it is clear that these expediciencies will seldom provide complete or adequate repair. Indeed, it is quite probable that without further legislation the position will deteriorate, for while the rate of provision of new dwellings is barely equivalent to the rate of houses falling into disrepair, so long will it be necessary for the District Inspector to continue to spend a large proportion of his time in covering routine complaints and in re-visits instead of utilising his efforts in preventive functions which would follow from house-to-house inspection.

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, 337 inspections were made by the Council's Inspectors in relation to the 372 registered factories. The latter figure includes 68 premises where mechanical power is not used.

Defects were found in 25 instances, all of which were remedied.

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	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	292	260	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	12	36	1	—
TOTAL	372	337	6	—

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	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.)...	7	7	—	2	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	2	2	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	4	4	—	3	—
(b) Unsuitable or defective	9	9	—	4	—
(c) Not separate for sexes	1	1	—	1	—
Other offences against the Act (not including offences relating to Outwork) ...	2	2	—	—	—
TOTAL	25	25	—	10	—

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.	47	—	—	—	—	—
Racquet and tennis balls	1	—	—	—	—	—
Paper bags	2	—	—	—	—	—
Carding, etc., of buttons, etc.	1	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc. ...	2	—	—	—	—	—
Lampshades	14	—	—	—	—	—
TOTAL ...	67	—	—	—	—	—

OUTWORKERS. Twice yearly, February and August, the Factory Act requires all employers of outworkers to forward to the Local Authority a list giving the names and addresses of all employed in homework during the previous six months.

Notifications received from Greenwich firms of:—

- | | |
|--|----|
| (a) Outworkers resident in the Borough | 5 |
| (b) Outworkers resident outside the Borough | 14 |

Notifications received from firms outside the Borough of:—

- | | |
|--|-----|
| Outworkers resident in the Borough | 128 |
| Total number of Greenwich residents employed as outworkers (<i>as given in August list</i>) | 67 |

Premises where homework is carried on were visited on 160 occasions by the Lady Sanitary Inspector. In no instance was it necessary to take action because of infectious disease.

GRIT EMISSION.—The Sub-Committee appointed by the Council to consider this problem made further investigations during the year into the means whereby the emission of grit from the two local power stations could be eliminated or at least substantially reduced from the present proportions. As stated in my previous Report, an

easy or early solution of this problem is unlikely despite the earnest efforts of the Sub-Committee.

As a result of visits of the Council's representatives, the following improvements have been, or will be made in the working of the local power stations :—

Deptford Power Station

West Station.—Low chimneys dismantled or blanked off. Gases now discharge into upper air from two tall chimneys.

Fans have been favourably re-distributed. Experiments with secondary air fans to a boiler have been successful in reducing smoke from inferior quality coals but owing to slow delivery of new equipment, general introduction will not be completed until the end of next year.

East Station.—Old boilers and associated chimneys are being dismantled as quickly as possible—a further 6 boilers with low chimneys have been scrapped. More will follow as rebuilding proceeds. Boilers are being connected with tall stacks. Low chimneys will become redundant on the introduction of newer plant.

Greenwich Generating Station.—As a result of experiments, modified secondary air equipment has been designed and ordered for all boilers. Seventeen boilers have been equipped and material is available for a further 6. Early delivery has been promised for the remaining 3 units.

From his own observations, Dr. Parker of the Fuel Research Station has noted the improvement. Continuous attention is given to maintenance on collecting and secondary air plants. The Executive's Civil Engineering Department is considering increasing the height of the 2 short stacks.

Information is being sought from L.C.C. with regard to their Grit Survey of last winter.

It appears that, from a practical point of view, every effort is being made by the Authorities concerned to meet our demands.

SMELLS FROM THE RIVER.—For the last 3 or 4 years obnoxious smells, emanating from the River, have been a source of complaint not only in Greenwich but in many of the Riverside Boroughs as

far up as Fulham and Chelsea and in many areas on the lower reaches of the Thames.

The Port Medical Officer of Health has confirmed the presence of a permanent concentration of sewage effluent moving up and down with the tides and this is doubtless the predominating cause of the complaints.

Existing sewage disposal works at Beckton in Essex and Crossness in Kent have for some time been unable satisfactorily to cope with the extra sewage from a growing London, with the result that a somewhat foul effluent is being discharged prematurely.

The London County Council has been mindful of the need for extensions to these plants at the northern and southern outfalls and has recently taken steps to improve the situation.

Work was commenced in September 1950 at the northern outfall for an extension of 16 new sedimentation tanks with electrically-driven mechanical screens, disintegrators, etc., and it is anticipated that the project will be completed during 1953. No real improvement can be expected before this time, but the installation of a chlorination plant was to provide an interim measure.

In addition, a new programme was introduced which included a scheme for the treatment of a further 30,000,000 gallons of sedimented sewage per day at each outfall by diffused air-activated sludge plants.

After further consideration and after consultation with the Ministry of Health in February of this year, it was agreed that the plant capacity in the new scheme should be increased to 60,000,000 gallons at each outfall.

The whole scheme will take a number of years to complete and the final cost of the improvements is expected to be in the region of £10,000,000.

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.

NUISANCES ARISING FROM BOMBED SITES AND E.W.S. TANKS.—These sites continue to exercise the attention of this Department, though on a somewhat lesser scale than hitherto.

Nuisances arise mainly during the summer period in connection with the deposit of refuse and the accumulation of stagnant water. With the co-operation of the London Fire Brigade most of the water can be extracted from the static water tanks, but the mounting quantities of rubbish, old iron, etc., constitute quite a problem.

In general, the public seem unaware of the fact that this Authority will, upon request, collect and destroy unwanted mattresses and bedding. Consequently there is a tendency for articles of this description to be surreptitiously dumped on vacant spaces.

Nuisances are minimised by the Disinfestation Squad's use of D.D.T. in their routine visits to E.W.S. tanks and "bombed sites."

The introduction by the Council of a bye-law made under Section 146 of the London Government Act, 1939, served to alleviate the position, but once more I must reiterate the need of a national policy in order entirely to eliminate this form of nuisance.

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 12; these have been visited by the Lady Sanitary Inspector on 27 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 one application for a certificate was received and duly granted.

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.

One application was received and a report granted.

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

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.

During the year 5 applications for licences to sell poisons under Part II were received and 67 vendors applied for retention in the Council's List. All were duly considered and approved.

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

SHOPS ACT, 1950.—This Act, which became effective from 1st October, 1950, superseded the Act of 1934 and, with amendments, was virtually a consolidation of the Shops Acts 1912/1938 and their associated Regulations.

The Council is responsible, *inter alia*, for ensuring that adequate and proper sanitary accommodation and washing facilities are available at each shop in the Borough. In the event of such accommodation not being available at the premises the Council is empowered under Section 38 of the Act to grant exemption from this provision if it is satisfied that suitable facilities are readily accessible elsewhere.

During the year, 6 Exemption Certificates were granted, 2 in respect of sanitary accommodation and 4 in respect of sanitary and washing facilities.

— At the end of the year 12 such exemption certificates were in operation.

Routine inspections were carried out under the abovementioned Act on 404 occasions.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.—The introduction of this Act, which became operative on the 1st November, 1951, brought about the repeal of the previous Rag and Flock Acts of 1911 and 1928 as well as Section 136 of the Public Health (London) Act, 1936.

This new Act seeks to secure the use of clean filling materials in upholstered or other articles which are stuffed or lined, and it can be said to be a consolidation of the previous Acts of 1911 and 1928.

It is the duty of the Local Authority to enforce the Act and the following is a summary of the most important provisions :—

- (a) All premises where rag flock is manufactured or stored must be licensed. Licences (renewed annually) to be issued on payment of £1.
- (b) Filling materials to which the Act applies may not now be used in the course of any business except on premises registered by the Local Authority. Registration fee to be £1—change of occupier must be notified to Local Authority. (Exemptions : re-making or reconditioning of any article in connection with railway carriages, road vehicles, ships or aircraft).
- (c) It is now an offence to receive rag flock into registered premises except from licensed premises. (Exemptions : second-hand articles delivered for remaking).
- (d) With the exception of second-hand goods it is now an offence to sell or offer for sale any article to which the Act applies which is upholstered with unclean filling materials.
- (e) Occupiers of premises licensed for the manufacture of filling materials must record all consignments from the premises.
- (f) Occupiers of registered premises must record all consignments of filling materials received on the premises.

The Medical Officer of Health and the Sanitary Inspectors, being duly authorised officers of the Council, have the right at all reasonable times and on production of their 'authority' to enter and inspect premises and take samples for the purposes of the Act.

Regulations have been made under the new Act prescribing standards of cleanliness for each type of filling material to which

the Act applies ; the form in which records are to be kept ; the analysts to whom samples should be sent and the fees to be paid for analyses of such samples.

At the end of the year one premises had been licensed and three premises registered under the provisions of this Act.

SANITARY OFFICERS (LONDON) REGULATIONS, 1951.—Operative from the 1st July, 1951, these regulations amend the Sanitary Officers Order, 1926, and the Sanitary Officers (London) Regulations, 1935, and are intended to relax central controls over Metropolitan Borough Councils regarding vacancies, appointments and salaries of Medical Officers of Health and Sanitary Inspectors, but still to retain for these officers security of tenure.

With Medical Officers of Health, however, it is still necessary for the Ministry's consent to be obtained to proposals for filling vacant appointments.

HYDROGEN CYANIDE (FUMIGATION OF BUILDINGS) REGULATIONS, 1951.—This Statutory Instrument No. 1759 of 1951, revokes the previous Regulations of 1938 and introduces more detailed provisions as to the precautions to be taken in carrying out fumigation of buildings.

The main requirements being that prior to fumigation the operator shall sign and present to the occupier a statement regarding exclusion from the area of all unauthorised persons and indicating precautionary measures to be adopted. After treatment has been completed a certificate is to be issued to the effect that full ventilation and all other necessary safeguards have been carried out.

Further provisions are included concerning :—

- (a) Composition of fumigant ;
- (b) Type of container ;
- (c) Precautions to be observed when handling fumigant ;
- (d) Employment of protective apparatus and first-aid equipment.

These regulations will come into effect on 1st February, 1952.

PET ANIMALS ACT, 1951.—From 1st April, 1952 when this Act becomes effective it will be an offence to keep a pet shop except under licence from the Local Authority.

Inspections will be carried out by the Sanitary Inspector whose duty it will be to see that premises are suitable as respects size, temperature, lighting, ventilation and cleanliness, whilst taking into account arrangements for feeding, etc., as well as available fire precautions.

The Act defines " the keeping of a pet shop " as the carrying on at premises of any nature (including a private dwelling) of a

business of selling animals as pets and as including the keeping of animals in such premises with a view to their being sold in the course of such business, whether by the keeper thereof or by any other person. The term "animals" includes any form of vertebrate. "Premises" includes any stall or barrow *in a market but not any stall elsewhere or any part of a street or public place.*

Licences, issued on a payment of 10/-, will be operative to the 31st December of each year.

DRAINAGE AND SEWERAGE.—During the year, 583 drains were tested, 477 were opened, cleansed or repaired and there were 1,201 constructions and re-constructions, alterations and improvements effected.

Under the London County Council (General Powers) Act, 1951, some amendment to the Public Health (London) Act, 1936, has been made regarding appeals and the recovery of expenses in connection with drainage work.

Only two cesspools remain in use in the Borough and under the Borough Engineer's direction these are emptied on request.

Eighty-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 22,059 dwellings with direct connection to the Board's mains.

One complaint was received during the year concerning the unpleasant and brackish taste of drinking water at the British Railways' Works located in Siebert Road, Blackheath. Samples were taken and submitted for chemical and bacteriological examination and in each instance the water was classed as 'satisfactory for drinking purposes.'

During the year 468 water supply certificates were granted under Section 95 of the Public Health (London) Act, 1936. Water fittings have been amended in 141 cases and extra water supply to a tenement house was provided.

UNDERGROUND WATER SUPPLIES (WELLS).—In August 1947, at the request of the Ministry of Health, a survey of underground water supplies was made and full particulars were given in my Report for that year.

In all, 40 wells are listed, only 2 of which are used for the supply of water for drinking purposes. 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.

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. Water from the other well is regularly tested by the commercial firm concerned but a further 2 samples from this well were obtained by the Food Inspector. Both proved to be bacteriologically satisfactory.

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 1951 the amount of house and trade refuse and street sweepings collected amounted to 19,878 tons and 1,748 tons respectively, the greater portion of which was tipped into barges alongside the jetty at the Council's Tunnel Avenue Depot and taken down the river to controlled refuse tips in the Thames Estuary. The increase in tonnage over the previous year is accounted for by the further housing development taking place in the Borough, which would have been more noticeable had the Salvage Scheme (mentioned later) not been in operation.

The Council, continuing its policy of modernising its refuse collection vehicles took delivery of one of the special type vehicles and progress has been made in adapting dust chutes to hold the refuse containers operated in conjunction with this vehicle. The scheme has been adopted at the various hospitals and housing estates in the Borough.

The Council agreed early in the year, in view of the National economic conditions, to resume the collection of waste paper and rags and this was put in operation on the 30th April. The scheme adopted by the Council embodied the payment of a bonus to the employees, dependent upon the amount of material collected, and during the year in question this service has proceeded on a satisfactory basis, both to the Council and to the employees.

The collection of kitchen waste still continues and the same remarks reported last year still apply.

Further progress was made in connection with the Joint Refuse Disposal Scheme, but it is anticipated that it will be some time before this can be finally settled and put into operation.

A scheme was formulated to deal with the refuse from the Borough should an emergency arise, resulting in this not being disposed of through the usual channels, but fortunately the need for operating this did not arise.”

RODENT CONTROL

General.—During the year the Rodent Control scheme, as approved by the Ministry of Agriculture and Fisheries, has been continued. A total of 2,316 investigations were made and infestations were found to exist at 559 premises, 19 factories and warehouses, 8 shops, 5 hospitals and 7 bombed sites. There were 15 major infestations, 13 of them caused by the brown rat and 2 by the black rat. Periodical treatments were carried out in each of these infestations which occurred in large industrial premises. Throughout the year there were 30 instances only of re-infestation after treatment.

The monthly average of complaints received was 46 as compared with 49 last year.

Bombed sites and dumps have been test-baited but in only 7 instances was it found necessary to carry out treatment.

In 52 instances rat infestation was found to be due to defective drainage; all of these were repaired after service of Intimation Notices.

Block treatments were carried out in 24 small areas involving 423 premises.

Frequent calls have been made on the services of the Borough Engineer's staff to open up paving to trace the source of infestation and this service has been readily available.

The premises of Messrs. Robinson's Mills, Deptford Bridge, have been receiving continuous treatment throughout the year and over 1,000 rats have been recovered from traps used inside the premises. Baiting and poisoning methods also have been used on open sites nearby. The infestation in these Mills has been greatly reduced by these methods. It is, however, possible that new colonies of rats invade the property from time to time from the lighters and elsewhere.

The Blue Cross Kennels, Shooter's Hill Road, were given three treatments with excellent results, 54 bodies being picked up after the first treatment. A large section of the old wooden kennels has been demolished and is being replaced by brick built kennels with concrete runs, thus eliminating all soft surroundings. Arrangements were also made with the builder for poison treatments to be carried out just prior to the demolition of sections of the wooden kennels to prevent, as far as possible, the dispersal of rats to adjacent properties. This arrangement has so far proved successful.

There is no doubt that the Rodent Control free service to

owners and occupiers of private houses is much appreciated and has resulted in the early notification of the presence of rats to this department. Only rarely are rats discovered during routine investigations.

Many of the large industrial firms in the Borough continue to use the Rodent Control Service and in many cases regular treatments are carried out, for which service a charge is made.

The Rodent Control personnel have performed their duties with diligence throughout the year and have given the Department good service.

Prevention of Damage by Pests Act, 1949.—Under previous legislation responsibility for the eradication of rats and mice rested with each individual occupier but the introduction of the Prevention of Damage by Pests Act, 1949, whilst repealing the Rats and Mice (Destruction) Act, 1919, and the Infestation Order, 1943, places the onus for the destruction of these pests on Local Authorities. The 1949 Act also makes it obligatory for occupiers to notify the Local Authority of any rodent infestation.

Rats and mice are notorious not only for the wholesale destruction and fouling of foodstuffs and for the structural damage they cause to buildings, but also for their part in the spread of disease. Leptospirosis (Weil's disease) is primarily a disease of rats and is one which can be fatal to man. The disease is transmitted by means of food, dust, mud, slime and water which has become contaminated by urine or faeces from infected rats, with the result that this complaint is prevalent among sewermen, miners, farm workers and others of similar occupation. Efficient rodent control is the first and most important defence against this type of disease.

One fatal case of Weil's disease occurred to a non-resident of the Borough who was employed by a Contractor engaged in the building of a bridge across Deptford Creek.

Rodent control expenses incurred by the Council at commercial or industrial premises have to be recovered from the occupiers, but under the Prevention of Damage by Pests Act, 1949, similar work at other properties carries a 50% grant from the Ministry of Agriculture and Fisheries.

It has not been found necessary during the year to take legal action to enforce the provisions of the Act.

The following report was submitted to the Ministry of Agriculture and Fisheries for the year 1951 :—

	Type of Property				Total
	Local Authority	Dwelling Houses	Agri-cultural	All other (includg. Business & Industrial)	
1. Total number of properties in Local Authority's District	32	21,108	—	3,276	24,416
2. Number of properties inspected by the Local Authority during 1951 as a result of	(a) 3	506	—	35	544
(a) of notification or					
(b) otherwise	(b) 20	1,724	—	153	1,897
3. Number of properties (under 2) found to be infested by rats	Major —	57	—	15	72
	Minor 3	298	—	52	353
4. Number of properties (under 2) found to be seriously infested by mice	—	189	—	10	199
5. Number of infested properties (under 3 & 4) treated by the Local Authority	3	544	—	77	624
6. Number of Notices served under Sec. 4:—					
(1) Treatment	—	—	—	—	—
(2) Structural Works (i.e. Proofing)	—	—	—	—	—
TOTAL	61	24,426	—	3,618	28,105
7. Number of cases in which default action was taken by Local Authority following issue of Notice under Section 4	—	—	—	—	—
8. Legal Proceedings	—	—	—	—	—
9. Number of "block" control schemes carried out	24 (involving 423 premises).				

During the current year the Ministry of Agriculture and Fisheries have been experimenting with a new type of bait called "Warfarin" containing an anti-coagulant chemical "Hydroxycoumarin." It is claimed that the new bait is undetectable by rats and as such does not give rise to 'poison prejudice.' "Warfarin" has to be taken by rodents over a period and although the effects are slow they are inevitably fatal, even in the very low concentrations in which it is used. This low concentration makes the preparation relatively safe for humans and domestic animals. It is expected that "Warfarin" will become generally available in the early part of 1952.

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	
	3rd to 21st Dec., 1951	4th to 22nd June, 1951
1. No. of Manholes in foul and connected systems	1,165	1,165
2. Bait base and poison used	Sausage rusk and zinc phosphide	
3. No. of Manholes baited	1,165	1,165
4. No. of Manholes showing prebait takes	542	509
5. No. of Manholes showing complete prebait take (on one or both days)	347	368
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	Nil	Nil
<i>Remarks:</i> With regard to these treatments, the whole of the manholes were treated in the normal way — therefore no test-baiting was undertaken.		

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

ANTI-FLY AND ANTI-MOSQUITO CAMPAIGN.—During the summer period, April to September, the campaign was continued on similar lines to those of previous years, 4 men with the use of 2 motor-cycles and sidecars being employed in this important preventive aspect of the Department's work.

The major factors to be controlled include house refuse, static water sites, ponds, ditches, cafes and food shops generally.

Once more the treatment of house refuse was successfully accomplished by arrangement with the Borough Engineer whereby at each weekly collection a small quantity of "Gammexane" powder was introduced to each refuse bin by means of sprinkler-top tins. In addition, the collecting vans were sprayed with D.D.T. in kerosene and dust chutes in the numerous blocks of flats all received fortnightly treatment, this latter work being carried out as soon as possible after dust collection.

Static water sites, ponds, ditches, etc. were sprayed with D.D.T. and in certain instances "Gammexane" powder was employed. Much ingenuity is necessary for the purpose of overcoming the difficulties encountered at many of the places not easily accessible for treatment.

Food shops and cafes are difficult subjects to deal with in this respect and great care has to be exercised in the use of D.D.T. and "Gammexane," but these premises generally were treated with good results.

Offensive deposits, such as old mattresses, dead animals, food debris, etc., on vacant and bombed sites are a constant source of nuisance: in these cases combustible materials are burned on the site or collected and destroyed centrally and the site is then sprayed in the usual way.

DISINFESTATION OF VERMINOUS PREMISES.—D.D.T. in kerosene continues to prove the most effective vermicidal agent in dealing with verminous houses.

During the year the Sanitary Inspectors dealt with 149 cases of dirty and verminous houses compared with 174 for 1950. The Disinfestation staff sprayed 399 rooms and contents as compared with 448 last year.

In 304 cases the bedding and effects were removed to the Council's Disinfecting Station for steam disinfection.

Other pests, such as cockroaches, ants, moths, and wasps, were rather more troublesome this year and 119 houses were treated effectively with D.D.T.

Complaints were received during the Autumn of flies appearing in houses in swarms. Upon investigation these were found to be 'Thaumatomyia Notata' probably seeking winter shelter. Efforts were made to trace the source of these infestations without success.

PUBLIC BATHS AND WASHHOUSES.—Greenwich is in the happy position of having a modern establishment for its Public Baths and Washhouses, situated in Trafalgar Road and covering an area of $1\frac{1}{4}$ acres. Originally there were 3 large swimming baths, 74 ladies

and gent's slipper baths, medicated vapour and foam baths, washhouses and laundry, etc.

During the war the Ladies 2nd Class Swimming Bath was demolished by enemy action and it has been decided that when Ministry permission is obtained for reinstatement the bath will in future be utilised not for swimming but for Turkish Vapour Baths.

The swimming baths are constructed of reinforced concrete and lined with white marble terrazzo. Each bath is fitted with teak dressing cubicles, shower and footbaths and has adequate sanitary accommodation.

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.

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

ATTENDANCES.—For the year ended 31st December, 1951 :—				
Slipper Baths	...	...	...	85,678
*Swimming Baths	...	...	...	102,855
Vapour and Medicated Baths	...	...	...	9,960
Public Laundry	...	...	...	9,895
				<hr/>
Total	...	...	...	208,388

**Includes 35,624 School-children.*

A Summary of the Bacteriological Samples taken during the year, with the results of the examinations, is given in the following table, particulars of which were communicated to the Adoptive Acts Committee and the Baths Superintendent at the time of receipt of the Reports :—

Sample No.	Date & Time	Nature & Temperature	No. of Bathers	Plate Count per ml. Yeast Agar 2 days 37°C.	Probable No. of Coliform bacilli. MacConkey 2 days 37°C.	Result
1	9.5.51 10.50 a.m.	1st Class Swimming (Mixed Bathing) 72°F.	50	40	Nil	Satisfactory
2	9.5.51 11.0 a.m.	2nd Class Swimming (Mixed Bathing) 74°F.	60	96	Nil	Satisfactory
3	24.7.51 11.30 a.m.	1st Class Swimming (Mixed Bathing) 75°F.	35	Nil	Nil	Satisfactory
4	24.7.51 11.35 a.m.	2nd Class Swimming (Mixed Bathing) 75°F.	60	2	Nil	Satisfactory
5	24.10.51 10.50 a.m.	1st Class Swimming (Mixed Bathing) 74°F.	60	4	Nil	Satisfactory

PUBLIC SANITARY CONVENIENCES, ETC.—The need for public conveniences is as great as ever and the 9 Council conveniences situated in the main arteries of traffic continue to provide a most satisfactory service.

As reported previously, the Blackwall Lane Convenience was to be closed as being unfit and unsuitable for renovation. At the end of the current year the new Convenience at Rodmere Street, which is to replace the old one, was erected and almost ready to operate.

Unfortunately, there have been no further developments with

regard to the new convenience envisaged at Woolwich Road in the vicinity of Anchor and Hope Lane.

In April of this year free hand-washing facilities were introduced at various conveniences and these have proved a welcome addition to the services already provided. The following table gives an indication of the use made of these facilities. The larger figures shown for King William Walk Convenience is doubtless due to the influx of visitors to the Borough during the summer period :—

Convenience	Men	Women
Batley Park	672	370
Blackwall Lane	49	117
Creek Road	1,090	603
King William Walk	1,204	1,859
Greenwich South Street	128	162
Shooter's Hill Road	460	414

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 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	
Rodmere Street*	5	3	12	5	3	
Shooters Hill Road (junc. Well Hall Rd.)	3	1	6	3	1	
Totals ...	34	11	79	38	12	

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.

*Opened 3rd March, 1952. During Summer Period this convenience opens at 8.30 a.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.

AGED, INFIRM AND PHYSICALLY INCAPACITATED PERSONS.—
The problems associated with the old people continue to occupy a large proportion of the Lady Sanitary Inspector's time. Many sources of information are available to her and this Department is a sort of "clearing house" for the troubles of the aged. She is called upon to advise on health matters; to arrange on occasions for the provision of adequate domiciliary help and nursing facilities; to provide for cleansing and bathing where required and to obtain admission to hospitals and homes. It is apparent, therefore, that close liaison must exist between the Public Health Department and the hospitals, institutions, G.P's and Local Health Authority

services. Co-operation between the various bodies in this respect is satisfactory and there are few cases brought to our notice that fail to receive adequate and appropriate help.

Nevertheless, despite the admirable co-operation between all concerned with the elderly, it seems that the time may be opportune to form an Old People's Welfare Committee in Greenwich where the voluntary organisations and the Local Authority would be represented at member and officer level. In this way all available information could be pooled and the local services co-ordinated. A much clearer picture could then be obtained of the precise needs of the old people.

In our experience and considering the size of this Borough, facilities for the healthy old people are adequate ; there are several "Darby & Joan" Clubs and an Old Age Pensioners' Association which provide company and recreation for the old folk. No active old person need be lonely in Greenwich ; it is the infirm and home-bound person who presents the problem. In such cases there is loneliness and a feeling of being a burden on younger relatives. To combat this a certain amount of voluntary visiting is being done, but perhaps it does not entirely cover the need. In this connection, the Home Help Service of the Local Health Authority and the "Meals on Wheels" scheme operated by the Red Cross play an important part. Some scheme for the provision of annual holidays for such people would also be a progressive step.

The greatest problem, of course, is the provision of hospital and institution beds for the chronic sick ; although it must be stated that in Greenwich we can usually obtain beds with little delay and the need, although continuous, is not clamant in this Borough.

The newly formed geriatric unit in St. Alfege's Hospital seems to be functioning smoothly ; the treatment and subsequent rehabilitation of the elderly chronic sick have been systematized and no call from this Department to St. Alfege's for assistance has gone unanswered for long. We are grateful for the help they give us.

Housing of the aged is another matter which requires careful study and formulation of a definite local policy. Thus it can be seen that there are many services available to the elderly and many suggestions for expansion to be considered and it seems that the local organisations adequately co-ordinated by the occasional meetings of an Old People's Welfare Committee, could study the requirements of the old people in the Borough and make recommendations to the appropriate statutory authorities as well as perhaps organising services on its own account.

The following is a summary of the work performed by the Lady Sanitary Inspector during the year 1951 :—

No. of dirty and verminous premises inspected ...	...	...	262
No. of verminous rooms cleansed ...	...	...	41
No. of verminous persons treated :—Heads ...	...	...	32
Other ...	...	...	16
No. of scabies cases visited ...	...	...	18
No. of factories inspected :—(a) with mechanical power ...	...	...	50
(b) without mechanical power ...	...	...	1
(c) other premises ...	...	...	—
No. of Outworkers' premises inspected ...	...	...	160
No. of inspections of Houses Let-in-Lodgings ...	...	...	27
No. of inspections of Women's Conveniences ...	...	...	76
No. of Bathing Centre sessions ...	...	...	12
No. of Infirm Persons visited ...	...	...	1,349
No. of visits to Rest Homes, Hospitals, etc. ...	...	...	12
No. of Miscellaneous visits ...	...	...	213
No. of re-inspections, calls made, etc. ...	...	...	298
No. of visits re : housing ...	...	...	21
No. of complaints received ...	...	...	91
No. of Intimation Notices served ...	4		

National Assistance Act, 1948. No action under Section 47 of the above Act has been required in respect of compulsory removal of aged and infirm persons unable adequately to care for themselves.

It has long been considered that the provisions of Section 47 failed to cover really urgent cases of this nature and in order to meet the situation the National Assistance (Amendment) Act, 1951, was introduced and put into operation on 1st September of the current year.

This alternative procedure enables the Local Authority or the Medical Officer of Health, if so authorised by the Council, to remove urgent cases where delay of even a few hours may prove decisive, without the necessity of giving 7 days notice.

Orders for removal can be made by a Court of Summary Jurisdiction or a single Justice on an application certified by the Medical Officer of Health and another registered general medical practitioner and where agreement to receive such patients has been reached with the Hospital or Institution authorities. If necessary, the court or justice may act *ex parte*.

Orders so made under the Amendment Act are limited to a period not exceeding 3 weeks and applications for extension of this period must be made in accordance with the procedure laid down in Section 47.

Transported Meals for Old People.—The British Red Cross Society, Greenwich and Deptford Division, continued during the year to run a very satisfactory scheme for "Meals on Wheels" and the Council maintained the rate of grant at £200 per annum.

An average of a little over 130 meals per week were delivered to old persons who were homebound and about 60 meals per week were delivered to the O.A.P's Club in Swallowfield Road. For these meals the recipients paid 8d. each and the balance was met by subsidy from the London County Council.

Over 40 homebound persons had meals twice per week and in the first half of the year the delivery service was running to full capacity. There was some reduction in the numbers at midsummer, when it is usually found that there are some old people who refuse the meals. This, however, is seasonal and the advent of cooler weather generally sees their names return to the delivery list.

There are instances where a lighter diet for the old people would be preferable but the extension of the scheme to include invalid diets would be very difficult to organise and at the moment local facilities do not exist for an extension of this kind. In addition, the need for such a service is problematical and any old person so ill as to require a special diet should be nursed in hospital or admitted to an old persons' home.

At the end of the year there were still facilities for a little expansion of the scheme and the possibility of the inclusion of other Old People's Clubs was under consideration by the W.V.S. and the British Red Cross Society.

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 1951 arrangements were made under the above Act for the burial of 9 bodies (4 males and 5 females). The total expenses of these burials amounted to £75 17s. 6d. of which the sum of £39 3s. 7d. was recovered, making the nett cost to the Council of £36 13s. 11d.

EXHUMATION.—During the year there was one exhumation at the Council's Cemeteries concerning the removal of a body to another grave in the near vicinity of the original interment. 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 1951

INSPECTIONS—

Houses inspected (House-to-House)	274
" " (Complaints, nuisances)	1,933
" " (Infectious Disease)	228
" " (Overcrowding)	256
Re-inspections, calls made, etc.	13,804
Inspections of Factories	337
" " Shops	96
" " Stables and yards	47
" " Urinals	143
" " Miscellaneous	355
" " Houses let in Lodgings	27
" " Outworkers premises	160
Inspection of Premises (Pharmacy and Poisons Act, 1933)	16
Investigations (Rats and Mice)	530
On notice from Builder	1,080
	<hr/>
	19,286

DRAINS—

Drains tested—by smoke	251
" " —by water	332
Opened, cleansed and repaired	477
Reconstructions and additions	265
Inspection chambers constructed	191
New covers to manholes	158
Soil and vent shafts repaired or renewed	170
Traps (gully)	284
Drains sealed off, etc.	41
Yards and forecourts drained	92

WATERCLOSETS AND URINALS—

Closets erected	120
W.C.s repaired	266
Sanitary conveniences or improvements effected to Factories, Workshops and Workplaces	14
W.C. pedestals installed	329
Urinals cleansed or repaired	30

Legal Proceedings

Premises	Offence	Result of Proceedings
51, Collierston Road, S.E.10	Non-compliance of Statutory Notice	Summons withdrawn on payment of 6/- costs
14, Hopedale Road, S.E.7	do.	Work completed after adjournment
16, Hopedale Road, S.E.7	do.	Work completed after adjournment
113, The Stowage, S.E.8	do.	Summons withdrawn on payment of 6/- costs
52, Blackheath Road, S.E.10	do.	Summons withdrawn on payment of 6/- costs
20, Little Heath, S.E.7	do.	Work completed after adjournment
53, Elliscombe Road, S.E.7	do.	Order made for compliance within 6 weeks
35, Collierston Road, S.E.10	do.	Summons withdrawn on payment of 6/- costs
25, Aldeburgh Street, S.E.10	do.	Order made for compliance within 3 weeks
25a Aldeburgh Street, S.E.10	do.	Order made for compliance within 3 weeks
41, Collierston Road, S.E.10	do.	Summons withdrawn on payment of 6/- costs
43, Collierston Road, S.E.10	do.	Summons withdrawn on payment of 6/- costs
17, Collierston Road, S.E.10	do.	Summons withdrawn on payment of 6/- costs
19, Collierston Road, S.E.10	do.	Summons withdrawn on payment of 6/- costs
4, Selcroft Road, S.E.10	do.	Summons withdrawn on payment of 6/- costs
432, Woolwich Road, S.E.7	do.	Order made for compliance within 2 months
57, Collierston Road, S.E.10	do.	Summons withdrawn on payment of 6/- costs

SECTION D

Housing.

Housing, by reason of its importance in the field of preventive medicine, is to a great extent a public health problem and responsibility. The provision of houses of good standard is a pre-requisite for the elimination of disease, mental and physical, and the following remarks indicate a public health attitude towards housing matters.

GENERAL.—As indicated in previous Reports, housing has become of paramount importance throughout the country during the post-war period. Prior to 1939 housing difficulties had been encountered mainly in the lower income groups and, until the Housing Act, 1949, Local Authorities' housing powers were restricted to the benefit of persons of the working class only ; but to-day all income groups are concerned with this vital question. The house is the basis of family life and good family life is the basis of a healthy and prosperous nation. The need for homes, therefore, makes housing the most urgent of social problems.

The pre-war rate of house building, which reached its peak during 1938, was sufficiently satisfactory to enable slum clearance schemes to operate ; but the recent war so altered the situation that these schemes had to be postponed and a system of "repair and maintenance" of property was forced upon Local Authorities. It is this latter point which gives so much trouble to Public Health Departments especially as rigid rent control and the steep rise in the cost of repairs make property owners reluctant to comply with Sanitary Notices.

Owners are finding it impossible to keep property in a reasonable state of repair under present conditions and there is a need for some revision of existing rent and housing legislation.

During the latter half of the nineteenth century an urgent and insistent demand for thousands of houses resulted in urban areas becoming congested with dwellings of poor design erected with scant regard for rational planning or the comfort and needs of the tenants.

In the period between the two World wars, measures culminating in the 1936 Housing Act, were introduced to provide remedies for this unsatisfactory state of affairs. Unfortunately, the present-day shortage of accommodation precludes the use of Section 11 of the 1936 Act in all but the most exceptional cases and under Section 9 the Local Authority is enabled to insist on houses being made fit for human habitation only in cases where such repairs can

be effected at reasonable cost. It is clear that most sub-standard houses cannot be brought up to a modern standard without an expense which is wholly out of proportion to the value of the property.

Nevertheless, it is evident that the repair of houses will, for many years to come, be a most important factor in the drive for greater housing accommodation. As a result perhaps of a leaky roof, dilapidations continue to occur whilst much time is spent in taking the case to Court under the Public Health (London) Act, 1936. Means must be found for defects of an urgent nature to be remedied without the delay occasioned by present legislation.

According to expert opinion, new building is only just keeping pace with houses becoming outworn and it is obvious that houses which in other times would have been demolished must, of necessity, have their lives prolonged. No progress is made if every new house is cancelled out by an old one falling down because the owner is unable to afford to save it.

According to the rate books there were 22,059 inhabited and 96 uninhabited dwellings in the Borough on 31st December, 1951, but in any general survey of housing conditions the following points must be given their due weight :

- (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.

With regard to (a) above there is no reliable figure for the number of houses that are outworn but it is generally assumed that a house has outlived its usefulness after it has become 60 to 80 years old, the average being 70 years. There are many such properties in the Borough.

In considering sub-para (i) of (b) the only solution appears to be some revision of the Rent Acts which will ally rents to cost of repairs, whilst the difficulty outlined in sub-para (ii) is gradually being overcome by substitute materials such as plastic tiles, reconstituted wood waste, etc.

In connection with para (c) the following observations can be made. 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 in the conversion of houses and other buildings. Likewise, Local Authorities are empowered under Section 20 of this same Act to make grants to private owners for similar purposes. In respect of this Borough, the powers contained in Section 20 relating to Local Authorities have been delegated to the London County Council.

It is clear, however, that until there is a significant increase in the provision of new dwellings, conditions existing in the older type properties will have to be prevented from deteriorating. This duty falls to the Sanitary Inspector and naturally much of his time which is taken up with routine complaints and re-visits could, in more normal times, be more usefully employed in preventive house-to-house inspections.

During the current year the gap between the number of units of new housing accommodation made available since 1945 and the number of marriages solemnised during the same period has widened.

The following table shows the position in this respect for each year since 1945 :—

	(a) <i>New units of accommodation erected since 1945 up to :—</i>	(b) <i>Marriages since 1945</i>	(c) <i>Difference between (a) and (b)</i>
31st Dec. 1946	517	776	259
" " 1947	1,052	1,552	500
" " 1948	2,061	2,363	302
" " 1949	2,578	3,048	470
" " 1950	2,704	3,700	996
" " 1951	3,172	4,370	1,198

Although not an accurate method of assessing the housing situation the above figures do indicate a disturbing feature *viz* : that the number of homes being set up by newly married couples is in excess of the new accommodation becoming available. The complications implicit in the figures are obvious.

In fairness it may be said that many married couples probably took up residence outside the Borough but this is doubtless offset by the fact that much of the new accommodation built in the Borough by the L.C.C. since the war was allocated to non-residents.

RE-HOUSING.—

(a) *Borough Council*.—There were 369 new dwellings provided by the Council during the year and the number of families housed

and re-housed including transfers, casual voids, etc., amounted to 605. Of this number 61 were in respect of overcrowded cases and 5 in respect of closures under the Housing Act.

The Housing Department now has control of 2,481 Council-owned units of accommodation, an increase of 401 over that of the previous year.

At the end of the year, in addition to 104 occupied hutments, a total of 1,019 properties giving 1,792 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, 1951, the L.C.C. had provided alternative accommodation for a total of 333 Greenwich families of which 49 had been certified as overcrowded cases. Of this figure, 239 were housed on L.C.C. housing estates outside the Borough.

OVERCROWDING.—As a direct result of rehousing carried out by the Housing departments of the Council and the County Council, 110 cases of overcrowding were abated during the year under review. The number of unabated certified cases of overcrowding in the Borough now amounts to 286.

During 1951, there was a substantial fall in the number of complaints received concerning overcrowding, the year's figure of 148 shows a decline of 274 from that of the previous year. Each complaint was investigated by the Sanitary Inspector concerned and as a result of these investigations, 56 families were found to be overcrowded according to the standards laid down by the Housing Act, 1936, and were subsequently certified as such.

It can be seen by the figures in the following table that there has been a definite decline since 1945 in the number of families certified as living in overcrowded conditions in the Borough:—

<u>Year</u>	<u>No. of cases of overcrowding reported</u>
1946	261
1947	128
1948	162
1949	168
1950	148
<hr/>	
5-year Average	173
<u>1951</u>	<u>56</u>

NEW HOUSING ACCOMMODATION.—The following table lists the new dwellings erected in the Borough during 1951 :—

Type of Dwelling	G.B.C.	L.C.C	Private	Total
Permanent Houses ...	8	3	19	30
Permanent Houses (rebuilt)	—	—	14	14
Flats ...	361	—	39	400
Flats (rebuilt) ...	—	—	24	24
Total No. of Dwellings ...	369	3	96	468

Excluding the families accommodated in requisitioned property, the total number of dwellings provided in the Borough since the termination of the war is now 3,172.

COUNCIL HOUSING SCHEMES.

Springfield Estate.—This estate which is planned to provide 230 flats in 9 blocks for approximately 1,095 persons was largely completed by the end of 1951, the remaining flats, 28 in number, were due to be completed early in 1952.

Victoria Way (North).—In June of the current year this estate, which was finally named 'Harold Gibbons Court,' was completed and its 72 flats occupied.

Coldbath Street.—Part of this scheme known as 'Crescent House' comprising 40 dwellings was completed and occupied by September of this year.

Cherry Orchard (Central).—During the year a further section of this estate, providing for another 68 flats, was completed and occupied during November of the year under review.

It can truly be said that the Council is fully cognisant of the serious housing situation and is making determined efforts to overcome the lack of housing accommodation in the Borough. The following table gives an indication of the dwellings in the course of construction at the end of the current year :—

<u>Site</u>	<u>Dwellings</u>
Springfield Estate ...	28
Cherry Orchard ...	252
Maitland Close ...	18
Charlton Village ...	6 (and 4 shops)
Plumbridge Street ...	13 (and 9 shops)

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

<u>Site</u>	<u>Dwellings</u>
Coldbath Street ...	88
Blackheath Hill ...	22
Ashburnham Place ...	12
Elliscombe Road ...	12
Invieta Road ...	18
Beaconsfield Road ...	60
Kinveachy Gardens ...	16
Pond Road ...	91
Charlton Village ...	3 (and 3 shops)
Tuskar Steet ...	4
Woolwich Road ...	8

PROCEDURE UNDER HOUSING ACT, 1936.—The following representations were made under Part II of the above Act during 1951 :—

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

27, Caradoc Street, S.E.10

40, Earlswood Street, S.E.10

19, Vanbrugh Park, S.E.3

HOUSING SURVEY.—Through the courtesy of Mr. F. H. Dore, the Housing Manager, the following extracts are quoted from his observations on the housing position in 1951 :—

“ An outstanding feature of 1951 was the marked increase in the number of lettings and transfers effected during the year. This was primarily due to the fact that the major portion of the Springfield Grove Estate, together with Harold Gibbons Court, Crescent House and the first section of the 272 flats on the Cherry Orchard (Central) Estate, were completed and handed over for occupation. As a result, compared with 1950, considerably more than double the number of families from the Housing Register were fixed up in permanent homes and nearly twice as many transfers from one Council-controlled property to another were effected.

In spite of this increased housing activity, however, the number of new applications for accommodation was such that the total number of families on the waiting list at the end of the year was a little higher than at the beginning.

The Housing Register.—The following statement gives an indication of the position in 1951, compared with 1950 :—

<u>1950</u>			<u>1951</u>
3,880	Registered applicants at beginning of year		3,532
796	New applications registered during the year		837
<u>4,676</u>			<u>4,369</u>
	<i>Deduct :</i>		
	Families housed by the Greenwich		
158	Borough Council	347	
107	Families housed by the L.C.C.	117	
869	*Cancellations for other reasons	316	
1,134	—	—	780
<u>3,532</u>	Registered applicants as at the 30th		<u>3,589</u>
	December		

**Cancellations for other reasons were mainly due to applicants failing to make the annual re-registration as required by the Council's scheme, even after a written reminder had been issued.*

Lettings.—The figure of 347 cases rehoused by this authority compares with 158 during 1950. The large increase was due to the handing over of new properties as mentioned in the introductory paragraph, although only about half the new flats were used for applicants from the housing register. The remainder were made available for the transfer of families from requisitioned properties, being those who had been in such accommodation for a number of years, a large proportion of whom had outgrown their accommodation. This meant of course that the homes from which these families were moved became available for other approved housing applicants, some of whom did not feel they could afford the rents of post-war flats and who would otherwise not have been dealt with.

Transfers.—The need for transferring families from one Council-controlled property to another is continuously arising as a result of families outgrowing their accommodation or of under-occupation where families have diminished in size, medical considerations, etc., and the necessary investigations and consequent approval of families suitable for transfer is an important part of good housing management. In addition to the proportion of new properties used for transfers from requisitioned properties, the majority of vacancies arising in pre-war houses and flats have also been allocated

for this purpose and in addition families are from time to time moved from one requisitioned property to another. Altogether 323 transfers were carried out, 21 of which were to enable the release of requisitioned properties to the owners. This compares with 181 transfers in 1950.

Mutual Exchanges.—Arrangements whereby two families agree to exchange accommodation, either with a view to more satisfactory occupation as regards sizes of dwellings, proximity to places of employment, rent reasons, etc., continue to receive sympathetic consideration from the Housing Committee and during the year 34 such mutual exchanges were fixed up. This is a considerable reduction on the previous year's figure of 58. The reason for this is not readily apparent."

SECTION E

Inspection of Food and Supervision of Food Premises

The handicap of staff deficiency in the Food sub-section persisted until almost mid-year, at which time Mr. F. A. Saunders was appointed as Junior Food Inspector. From May onwards, however, the systematic inspection of food and the supervision of food premises was continued at a high level.

The inauguration last year of the Guild of Hygiene has led to very many improvements being carried out in food premises on a purely voluntary basis. This was a desirable trend especially in view of the fact that the new L.C.C. food bye-laws, based on the model bye-laws published by the Ministry of Food in 1949, did not make their expected appearance in the year under review.

In order to obtain better supervision, all premises used in connection with the sale or storage of food are being listed. Unfortunately, under present legislation, all food premises are not legally required to be registered, but it cannot be too strongly emphasised that until this step is taken the ideal standards of food hygiene to which the local authorities wish to aspire will be unattainable.

LEGISLATION.—Of new or revised legislation introduced in the current year concerning food, 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 replaced the whole of Part II of the Food and Drugs Act, 1938 and the Milk (Special Designations) Act, 1949 when it came into operation on the 1st January, 1951.

Milk (Special Designations) (Specified Areas) Order, 1951.—In connection with the sale of milk, this Order, operative from 1st October 1951, enforces the use of special designations in the areas listed in the accompanying schedule. As for a number of years all milk supplied to the Borough has been pasteurised or otherwise heat treated, the Order effected no alteration in this area.

Cream (Revocation) Order, 1951.—In revoking the previous Order of 1950, this Statutory Instrument had the effect of removing certain restrictions on the manufacture and supply of cream, both home produced and imported, from 30th April, 1951. At the same time the Food Standards (Cream) Order, 1951, was introduced prescribing the minimum fat content for cream made from cow's milk.

Food Standards (Ice-Cream) Order, 1951.—This piece of legislation, which became effective from 1st March this year, marks a great step forward in as much as it is the first time a standard has been laid down for the composition of ice-cream and the Order prescribes the minimum percentages for fat, sugar and milk solids other than fat. Latterly, the standards have been modified in the light of shortages in supply of some of the ingredients but the fact remains that there is now a legal standard for the composition of ice-cream.

In connection with this commodity, amendments to the existing heat treatment Regulations were introduced whereby local authorities may require the use of indicating and recording thermometers to register mixing and cooling temperatures.

Regulation of Movement of Swine (Amendment) Order 1950.—This Order, made under the Diseases of Animals Acts 1894/1937 by the Minister of Agriculture and Fisheries, extends to the whole of Great Britain the 1950 Order which prescribed a scheduled area as one in which no sale of swine shall be held in any market, fairground or saleyard unless such sales are authorised by the local authority and in addition, places restriction on the movement of swine from any market, fairground, or saleyard or from any collecting centre used by the Minister of Food or from the premises of any pig dealer. The Order became effective from 8th January of the current year.

Slaughter of Animals (Amendment) Act, 1951.—Operative from the first day of October, 1951, this Act which amends the previous Act of 1933, makes provision for the supply of water and food to animals in slaughterhouses and knackers' yards and while in lairages awaiting slaughter. It also amends paragraph 3 of the Second Schedule to the old Act which deals with the fastening of the heads of certain animals before stunning.

Other Statutory Instruments were introduced during the year concerning the abolition of controls over dried eggs, standards for edible gelatine and meat and fish pastes, etc.

MILK.—Milk consists of approximately 87 % of water holding proteins, sugar and certain salts in solution and having suspended in it finely divided globules of fat to which the milk owes its whiteness. This most important food is used in many familiar ways. It is encountered in many beverages, hot and cold, and is a staple constituent in numerous food preparations.

Milk, as drawn aseptically from a healthy cow, contains few bacteria but as it forms an excellent medium for the growth of organisms every precaution should be taken to prevent its contamination.

Wise application of many branches of science is required for the production and distribution of a pure milk supply. The hygienic handling of milk is of vital importance to the health and well-being of the nation and the eradication of bovine Tuberculosis, Typhoid and Undulant Fever, Diarrhoea and many other diseases is largely dependent on this factor. It is, therefore, to be expected that this commodity formed the largest class of food sampled during the year.

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 was 94, which total includes a Distributor registered for the sale of cream as legislated for under the Cream (Revocation) Order, 1951.

At the beginning of the year 8 premises were registered as Dairies, being premises where milk is handled and not retailed in the unopened containers in which it is received. One Dairy ceased to operate, leaving a total of 7 registered dairy premises at the 31st December, 1951.

On 124 occasions the premises of distributors and dairies were visited, other than for sampling purposes, and as a result of these inspections the following defects were detected and remedied:—

Shops cleansed and painted	...	...	5
Hot and cold water installed	...	...	2
Water closet defect made good	...	...	1
Refrigerator installed	...	...	1
Dairy cleansed and limewashed	...	...	1
Washing facilities improved	...	...	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, 1951 :—

<u>Principal Licences</u>		<u>Licences issued</u>	<u>In Operation 31. 12. 51.</u>
Distribution of Sterilised Milk	...	67	64
" " Pasteurised Milk	...	42	40
" " Tuberculin Tested	...	31	30
<u>Supplementary Licences</u>			
Distribution of Sterilised Milk	...	20	19
" " Pasteurised Milk	...	20	19
" " Tuberculin Tested	...	19	18

Sampling.—Under provisions of the third Schedule to the first of the above-mentioned Regulations, Methylene Blue and Phosphates 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 38 samples of milk, 32 of pasteurised and 6 of sterilised, were submitted to these tests. The samples, all of which proved genuine, were obtained mainly from schools and hospitals.

Analytical Examination of Milk.—Five of the 22 formal and 32 informal milk samples submitted to chemical analysis proved non-genuine. In the case of each non-genuine report the presence of up to 1% added water was indicated. However, as the total solid content was in fact greater than that legally required, it was considered that the discrepancy was due to the normal seasonal decline in milk-solids other than fat and the samples were regarded as those of good milk.

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).—No applications were received for registration during the year and the total number of premises on the register remained the same as that for 1950, viz : 107.

Two hundred and three visits of inspection were made to these premises, as a result of which improvements were made and sanitary defects remedied in 15 instances.

Ice Cream Premises.—By the end of the year the number of registered Ice Cream premises had increased by 16 to a total of 204. Of the newer registrations, one concerned a mobile canteen permanently situated at Sayes Court Recreation Ground and one was a request to vary the original registration to enable the manufacture of ' ice-lollies ' to proceed.

MANUFACTURE AND SALE OF ICE CREAM.—The increase this year in the number of premises registered for the sale, etc., of ice-cream, tends to suggest that consumption of this commodity in the Borough is still rising.

Continued sweet rationing has undoubtedly sustained the demand for ice-cream during the winter months and there is now no marked seasonal decline in sales as was usual before the war. Relative cheapness of the ' ice-lolly ' is probably the predominant reason for its popularity in all seasons, especially among the younger folk.

However, in order to minimise the risk of contamination and the spread of infection, the policy in Greenwich has been to encourage the sale of ' wrapped ' or ' carton ' ice-cream in preference to the manufacture and sale of it ' loose.'

Factories in the area which produce ' Ice Lollies ' or ' Lolly ' syrup are regularly and carefully supervised.

The Ice Cream (Heat Treatment, etc.) Regulations, 1947 to 1951.—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.

Since last year a further amendment to the 'heat treatment' Regulations has been introduced by which local authorities may insist on the use of thermometers to register mixing and cooling temperatures.

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 92 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
56	4½ hours or more	1	Satisfactory
22	2½ to 4 hours	2	Sub-standard
12	½ to 2 hours	3	Unsatisfactory
2	0 hours	4	Most Unsatisfactory

On receipt of a Grade 3 or 4 report it is the practice in this area to obtain further samples from a vendor before administrative action is taken. However, in no instance during the year was the latter course necessary, although the Food Inspectors visited the vendors premises to inspect the equipment and to offer advice with a view to preventing further contamination.

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.

Quantitative Analysis. (Ministry of Food Circular 3/49).—During 1949, allocations of sugar and fat were increased by the Minister of Food to ice-cream manufacturers who undertook to ensure that the fat content of their product would not fall below 2½ per cent. The Minister was at pains to point out that although this did not constitute a legal standard he hoped that, in accordance with his Circular 3/49, local authorities would co-operate by forwarding details of analyses of all routine samples taken.

On 1st March 1951, however, the Food Standards (Ice Cream) Order 1951 was introduced giving, for the very first time, a legal standard for the composition of ice-cream and in his covering

Circular 1/51 the Minister thanked local authorities for their co-operation but intimated that information previously furnished was now no longer necessary and his Circular 3/49 was therefore cancelled.

In the Schedule to the new Order, it is stated that the standard of ice-cream shall be as follows :—

“Ice-cream shall contain not less than 5 per cent. fat, 10 per cent. sugar, and $7\frac{1}{2}$ per cent. milk solids other than fat.

Provided that :—

1. Ice-cream containing any fruit, fruit pulp or fruit purée shall either conform to the standard set forth above or, alternatively, the total content of fat, sugar and milk solids other than fat shall be not less than 25 per cent. of the ice-cream including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of fat, sugar and milk solids other than fat shall include not less than $7\frac{1}{2}$ per cent. fat, 10 per cent. sugar and 2 per cent. milk solids other than fat ;

2. “Parev” (Kosher) ice sold, offered or exposed for sale under that description shall contain not less than 10 per cent. fat and not less than 14 per cent. sugar, and the standard for ice-cream set forth above shall not apply to this product.”

Ice Lollies are not affected by the Order.

In connection with quantitative analysis 50 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.—

Meat—

Beef, pieces of hindquarter	...	...	916	lbs.
Beef and mutton trimmings	...	...	16 $\frac{3}{4}$	„
Pork	...	...	8 $\frac{1}{2}$	„
Rabbits	...	...	459 $\frac{1}{2}$	„
Ox Tongue	...	...	13 $\frac{1}{4}$	„
Ox tripe	...	...	20	„
Sweetbreads	...	...	18 $\frac{1}{2}$	„
				<hr/>
				1,452 $\frac{1}{2}$ lbs.

Other Foods—

Meat, Canned—various	...	...	2,806	lbs.
Provisions, various	...	...	1,499 $\frac{3}{4}$	„
Fish	...	...	1,034	„
Tomatoes	...	...	224	„
Onions	...	...	220	„
Condensed Milk...	...	...	135	„
Cheese trimmings	...	...	118 $\frac{1}{4}$	„
Swiss Rolls	...	...	87	„
Spaghetti	...	...	87	„
Eggs	...	...	80	„
Sugar	...	...	56	„
Butter	...	...	24	„
Dried Fruit	...	...	15 $\frac{3}{4}$	„
Arrowroot	...	...	8	„
Sweets	...	...	7	„
				<hr/> 6,401 $\frac{3}{4}$ lbs.

TOTAL FOOD REJECTED 7,854 $\frac{1}{4}$ lbs.

It will be observed that the largest category of food rejected was “canned meats” and it must be recorded that, of this total, 2,300 lbs. was in respect of imported ham. This food which is brought into the country under private licence, suffered greatly from decomposition probably indicating inadequate preparation or imperfect canning.

As this problem was nation wide, attention focussed on the fact that such canned goods are not sterilised but only pasteurised. It is apparent that the heat treatment given is such that deep-seated parts of the ham may only reach approximately 170°F. Little is known of the numbers and the nature of bacteria that are likely to be found in such material before canning but, according to data accumulated at the Low Temperature Research Station at Cambridge, faecal streptococci and salt-tolerant strains of bacillus are capable of surviving the canning process. This latter point certainly provides a logical explanation for at least a portion of the heavy loss of tinned ham during the year.

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.—These are under the constant supervision of the Food Inspectors who made 268 visits of inspection and arranged for the correction of insanitary defects at 14 premises.

As with other premises, legal proceedings are instituted only after disregard of the Officer's warning and in no instance was it necessary to resort to this procedure.

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. This may be in the form of a certificate, label, mark, stamp or voucher which is recognised by the Ministry of Food as a guarantee that the accompanying product was inspected *ante* and *post mortem* and passed as fit in accordance with criteria satisfactory to the Minister and that any necessary packing or preparation had been executed under hygienic conditions.

A number of circulars were received from the Ministry during the year illustrating official certificates 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—

Ox liver	...	...	...	...	290	lbs.
Lambs legs	...	...	...	...	11	"
						301 lbs.

Other Foods—

Onions	...	...	...	...	106,300	lbs.
Apricot pulp	...	...	...	...	60,530	"
Orange Juice	...	...	...	...	14,970	"
Guava purée	...	...	...	...	4,893	"
Potatoes	...	...	...	...	4,645	"
Mincemeat	...	...	...	...	2,447	"
Cake mixture...	...	...	...	...	550	"
Orange segments	...	...	...	...	92	"
Meat, canned—various	...	...	...	...	79 $\frac{3}{4}$	"
Condensed milk	...	...	...	...	63	"
Prunes	...	...	...	...	57	"
Jelly crystals	...	...	...	...	27	"
Sweetened fat	...	...	...	...	17	"
						194,670 $\frac{3}{4}$ lbs.

TOTAL IMPORTED FOOD REJECTED 194,971 $\frac{3}{4}$ lbs.

From the above table it can be seen that very little meat was rejected but that the total food condemned was approximately three times that for 1950. Onions stored too long on quays and fruit pulp which had burst its containers were mainly responsible for the increase.

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 usually 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 86,000 carcasses and bags of boneless meat were landed and the following summary indicates that the quantity of meat condemned was negligible :—

	<u>Landed</u>	<u>Examined</u>	<u>Rejected</u>	<u>Weight</u>
Mutton and Lamb Carcasses ...	73,360	743	4	22 lbs.
Bags of boneless Mutton ...	8,325	34	—	—
Wethers ...	5,178	44	1	1 lb.

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. Four hundred and eighty-six 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, famous for its association with Wat Tyler and the Peasants' Revolt in 1381 and again with Jack Cade and the Kentish Insurgents in 1480, has become the scene of an established institution—the 'Fair.'

Here, during Easter, Whitsun and the August Bank Holiday, many thousands of Londoners from this and adjacent Boroughs once again availed themselves of the opportunity of making a visit to this source of entertainment.

The gathering of such numbers inevitably leads to the presentation of numerous problems, not the least of which is the provision for their refreshment. From the humble stall or barrow to the modern mobile canteen, light refreshments such as shellfish, jellied eels, apple-fritters, fish and chips, ice-cream, candy-floss, minerals, etc., in varying degrees of attractiveness, were offered for sale to the visitors.

Constant supervision was necessary to ensure that a safe standard of cleanliness was maintained by the vendors and to this end a Food Inspector was always in attendance.

In previous years a number of contraventions of Section 16 of the Food and Drugs Act, 1938, which demands a conspicuous display of the name and address of the vendor on his stall, vehicle or container, had been detected and dealt with, but in the current year no such infringements were noted.

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 57 applications were made and licences granted to street traders

engaged in the retailing of articles of food. Five licences were revoked at the request of the vendors concerned reducing the total number of licences in force on 31st December to 52.

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.—In addition to the more general type of premises, such as restaurants, cafés, bakehouses, fish shops, etc. where food is provided, the Borough has numerous other premises at which food and drugs are prepared. Such premises include those of the manufacturers of pharmaceutical sundries, mineral waters and ice-cream as well as fruit-canning factories, flour millers and brewers. To these premises the Food Inspectors made 4,294 visits, as a result of which 140 improvements were effected. It is pleasing to record that of the improvements obtained only 4 were prompted by the issue of Notices, the remainder being accomplished on verbal instructions, indicating the close co-operation existing between local firms and the Council's officers. The fact that so few Notices have been necessary during the year is further evidence of the improved standard of food traders' premises which is, to a large extent, due to the Food Inspectors' vigilance and persistence over the past few years.

The unhygienic practice that customers have of taking their dogs into food shops has long been a source of trouble to Health Authorities.

However, during the latter part of this year the Minister of Food recommended that Local Authorities should issue a notice over the signature of the Medical Officer of Health to be displayed in food premises, pointing out that in the interests of hygiene customers should be requested not to take their dogs into premises where food is sold. The Public Health Committee agreed that the Minister's recommendation should be implemented and notices to this effect were accordingly issued.

It may be mentioned that the Minister's action had the full support of the National Representative Bodies of the Retail Food Traders.

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. These figures show an anticipated advance over the previous year during the greater portion of which, only one Inspector was available.

Premises Inspected or Visits Made.	No of Visits	No. of Improve- ments effected.
Caterers', Restaurants, etc.	406	40
Butchers' Shops	268	14
Dairies, Milkshops	124	7
Wharves and Factories	97	2
Bakehouses	166	8
Ice Cream Shops etc.	436	18
Fried Fish Shops	136	4
Other Fish Shops	60	1
Cooked Meat & Preserved Foods	67	15
Visits Re. Shops Act	308	—
„ „ Rat Infestation... ..	19	—
„ „ Food & Drugs Act	865	—
„ „ Merchandise Marks Act & Markets	486	—
Sampling Visits	468	—
Other Visits	163	—
Fair Visits	26	—
School Visits	20	1
Miscellaneous Visits & Interviews	85	30
Complaints Investigated	94	—
TOTALS ...	4,294	140

BAKEHOUSES.—Of the 18 premises in the Borough being used as bakehouses at the end of the year, 5 were of the basement type in respect of which Suitability Certificates were in operation. Bakehouses and bakers' shops were visited on 166 occasions and, as a result of the inspections, 8 improvements were realised. These alterations were effected solely by informal action.

During the year one bakehouse was closed under Section 54 (1) of the Factories Act, 1937, being a basement bakehouse which had not been used as such for a period exceeding twelve months.

In connection with the basement bakehouse at 29, Blackheath Road, S.E.10, the Certificate of Suitability, which was due to expire in December 1951, has now been extended for such a limited period as to enable the alternative premises being erected in Plumbridge Street to be completed.

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 with the help of the Greenwich Guild of Hygiene.

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 addition to the normal summer visitors, the Festival of Britain, 1951, brought an inundation of foreign tourists into the Borough, all anxious to make their acquaintance with its buildings, monuments and relics, etc., of historical interest.

It was, therefore, of paramount importance that the hygiene practised in our catering establishments should be of a high standard in order that our visitors could carry away with them only the best of impressions. In the main this has been accomplished due to the untiring efforts of the Food Inspectors who were always 'on hand' for any advice or action which became necessary.

As a result of 406 visits of inspection to the catering establishments, insanitary conditions at 40 premises were remedied and the following summary indicates the type of improvements carried out :—

<i>Type of Improvement Effected</i>						<i>Total No.</i>
Cleansed and painted	...	...	...	...	...	28
New Shop front	...	...	...	...	...	1
New Sinks fitted	...	...	...	...	...	11
Hot and/or Cold Water installed	...	...	...	...	...	4
Stoves and Water Heaters installed	...	...	...	...	...	3
New Flooring	...	...	...	...	...	3
Miscellaneous improvements (new sanitary equipment etc.)	...	...	...	...	...	6
Total						56

FOOD AND DRUGS ACT, 1938.—Altogether 461 samples were submitted to the Public Analyst during the year for analysis in accordance with the provisions of the above Act and of these 33 were formal and 428 informal. Three formal and 32 informal samples were reported as being non-genuine or otherwise unsatisfactory, the resultant adulteration figure of 7.5% showing an increase of 3.6% over that of last year. In recording this increase during the current year, however, it must be emphasised that in many instances no fault was to be found with the actual constituents, the infringements being in respect of wrong or incomplete labelling. A further 15 samples were also examined by the Public Analyst but as these were taken in consequence of complaints and not in the normal course of sampling, the results have not been included in the above figures.

As in previous years, Milk was the main food sampled and of the 54 samples submitted for analysis 5 proved to be adulterated. In the analysis of each of the latter 5 cases the equivalent of up to 1% added water was presumed, but as the total solid content was more than the legal requirement, each was considered to be a sample of good milk and the very small deficiency in milk-solids other than fat was assumed to be due to the seasonal decline.

Fifty-four samples of Ice-cream and 6 of "Ice-lollies" were submitted for examination and all proved to be genuine. The standard shown by these samples was much higher than that demanded in the Food Standards (Ice Cream) Order, 1951. The maximum fat content recorded for Chocolate-coated Ice-cream was 26.3% and the minimum 20%. In the case of ordinary Ice-cream the comparable figures were 16.3% and 7.8% respectively.

Legal proceedings were instituted in respect of a formal sample of Sal Volatile which had proved to be considerably deficient in free ammonia and ammonium carbonate: the chemist was fined five guineas and ordered to pay costs.

As the result of tests, confirming the existence of a tin content far in excess of the 2% normally considered dangerous to health, samples of canned Concentrated Tomato Soup were the subject of non-genuine reports to the Public Health Committee on several occasions during the year. Intensive efforts were made to trace the whole of the consignment received into the country and a warning letter was sent to the District Manager of the firm concerned who took immediate steps to prevent the sale of the suspected soup from shops in his area. His action brought about the withdrawal

of 218 tins from sale in this area and his Head Office furnished a list of premises at which a total of 48,578 tins of this commodity were being held pending inspection. Medical Officers of Health of the districts concerned were acquainted with the position and were given the location and quantity of tins held for investigation in their areas. Replies were received from the majority of the Medical Officers of the 62 areas involved, giving details of the chemical examinations and subsequent condemnation.

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.

No samples were taken during the current year.

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 one sample was examined and pronounced genuine.

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.

Four notifications were received during the year compared with 12 in 1950, 6 in 1949 and 5 in 1948.

The 4 cases were of the sporadic type and in two instances the agent identified was *Salmonella typhimurium*. Although each case was thoroughly investigated no direct connection with any specific food was established.

A complete recovery was made by all patients.

FOOD AND DRUGS ACT, 1938.

Number and Description of Samples Submitted for Analysis
under the above Act during the Year 1951

ARTICLE	Number Examined			Number Adulterated, &c.		
	Formal	Informal	Total	Formal	Informal	Total
Aspirin tablets	—	6	6	—	—	—
Barley, pearl	—	1	1	—	—	—
Baking powder and golden raising powder	—	6	6	—	—	—
Blackcurrant syrup	—	1	1	—	—	—
Butter	—	11	11	—	—	—
Cake	—	4	4	—	2	2
Cake and pudding mixtures	—	11	11	—	1	1
Castor oil	—	1	1	—	—	—
Chocolate, drinking	—	1	1	—	—	—
Coconut, desiccated	—	2	2	—	—	—
Coffee & chicory essence	—	6	6	—	—	—
Confectionery, sugar	—	6	6	—	—	—
Cooking fat	—	9	9	—	—	—
Cough mixture	—	1	1	—	—	—
Cream powder, imitation	—	2	2	—	—	—
Curry powder	—	5	5	—	1	1
Custard powder	—	4	4	—	—	—
Dessert powder	—	2	2	—	—	—
Drinks, soft	—	4	4	—	—	—
Drink, tablets	—	2	2	—	—	—
Dripping	—	2	2	—	—	—
Epsom salts	—	1	1	—	—	—
Figs, compound syrup of	—	1	1	—	—	—
Fish, cake	—	1	1	—	—	—
Fish, canned	—	11	11	—	—	—
Fish paste	—	6	6	—	—	—
Flour	—	3	3	—	—	—
Fruit, canned	—	7	7	—	1	1
Fruit, dried	—	7	7	—	3	3
Fruit, juice	—	3	3	—	—	—
Gelatine	—	2	2	—	—	—
Gin	3	—	3	—	—	—
Gravy preparations	—	3	3	—	—	—
Guava jelly	—	1	1	—	—	—
Herbs, dried	—	2	2	—	—	—
Honey	—	4	4	—	—	—
Ice cream	—	50	50	—	—	—
Ice lollies	—	6	6	—	—	—
Jam	—	4	4	—	—	—
Jelly tablets and crystals	—	6	6	—	3	3
Lard	—	1	1	—	—	—
Lemonade powder	—	2	2	—	—	—
Lemon curd	—	1	1	—	—	—

ARTICLE	Number Examined			Number Adulterated &c.		
	Formal	Informal	Total	Formal	Informal	Total
Margarine	—	11	11	—	—	—
Meat pie	—	7	7	—	—	—
Meat products	—	5	5	—	1	1
Meat products, canned	—	7	7	—	—	—
Milk	22	32	54	1	4	5
Milk, condensed	—	1	1	—	—	—
Mincemeat	—	2	2	—	—	—
Mustard	—	1	1	—	—	—
Nutmeg galantine	—	1	1	—	—	—
Oats, rolled	—	2	2	—	—	—
Paraffin, medicinal	—	1	1	—	—	—
Pea flour	—	1	1	—	—	—
Peanut butter	—	1	1	—	—	—
Peas, dried	—	1	1	—	—	—
Peel, candied	—	1	1	—	—	—
Pepper and substitutes	—	9	9	—	—	—
Pickles	—	3	3	—	1	1
Pudding, Christmas	—	1	1	—	—	—
Rice	—	4	4	—	1	1
Rum	1	—	1	—	—	—
Rusks	—	1	1	—	—	—
Saccharin tablets	—	2	2	—	—	—
Sago	—	1	1	—	—	—
Salad cream and mayonnaise	—	5	5	—	—	—
Sal volatile, spirit of	1	2	3	1	1	2
Sandwich spread	—	2	2	—	—	—
Sauces	—	22	22	—	2	2
Sausages and sausage-meat	1	10	11	—	1	1
Sausage, cooked	—	2	2	—	—	—
Seidlitz powder	—	1	1	—	—	—
Semolina	—	1	1	—	—	—
Soda, bicarbonate of	—	5	5	—	—	—
Soup, canned	—	15	15	—	7	7
Soup, powder	—	5	5	—	—	—
Soya flour	—	1	1	—	—	—
Spaghetti, canned	—	2	2	—	—	—
Spices	—	4	4	—	—	—
Stuffing mixture	—	1	1	—	—	—
Suet, shredded	1	3	4	1	1	2
Tapioca	—	4	4	—	—	—
Tea substitute	—	1	1	—	—	—
Tomatoes, juice and purée	—	5	5	—	1	1
Treacle	—	1	1	—	—	—
Vegetables	—	21	21	—	—	—
Vermicelli	—	1	1	—	—	—
Vinegar and substitutes	—	9	9	—	1	1
Whisky	4	—	4	—	—	—
Wine, alcoholic	—	1	1	—	—	—
TOTALS	33	428	461	3	32	35

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

Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
T. 9	Horseradish Sauce	The presence of flour was not disclosed in the statement of contents on the label, and according to the Code of Practice, was deficient in edible vegetable oil.	Satisfactory explanation received from Manufacturer.
T. 48	Milk	Deficiency of milk-solids other than milk-fat indicated the presence of 1% of added water	Warning letter to Distributor.
T. 51	Table Jelly	Failed to comply with the setting test prescribed by the Food Standards (Table Jellies) Order, 1949.	Warning letter to Manufacturer
T. 52	Shredded Suet	Was deficient in fat according to the Food Standards (Shredded Suet) Order, 1944.	Formal sample to be taken.
T. 102) T. 112) T. 113)	Concentrated Tomato Soup, Canned.	Contained an excessive proportion of tin.	Vendors stock destroyed. Entire consignment received in the U.K. traced and the M.O's.H. of the Boroughs concerned acquainted with the position. See report under Food and Drugs Act.
T. 108	Milk	Judged by the recognised standard this sample contained the equivalent of 0.7% of added water.	As the solid content was more than required by law this sample is regarded as a good milk. Further action not required.
T. 114	Pork Sausages	Contained an excess of Sulphur Dioxide preservative.	Warning letter to Manufacturer.
T. 135	Milk	Judged by the recognised standard this sample contained the equivalent of 0.5% of added water.	As the total solid content was more than required by law this sample is regarded as a good milk.

Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
T. 146	Table Jelly	Failed to comply with the setting test prescribed by the Food Standards (Table Jellies) Order, 1949.	Reported to M.O.F. who stated appropriate action already taken as the result of previous information.
T. 203	" Non-brewed "	No indication given on label as to the contents of the bottle. Analysis showed the sample to be one of imitation vinegar in which case it was .25% by weight in volume deficient in Acetic Acid.	Warning letter to Vendor.
T. 216	Tomato-ketchup	Contained an excess of Benzoic Acid.	Stock destroyed.
T. 221	Bun Flour Mixture	Contained not less than 20% ground rice which was not indicated as an ingredient on the label.	Satisfactory explanation received from Manufacturer
T. 238	Jelly Dessert	Failed to comply with the setting test prescribed by the Food Standards (Table Jellies) Order, 1949.	Stock sold. Further sample unobtainable.
T. 244	Tomato Soup (Canned)	Contained an excessive proportion of dissolved tin.	Stock destroyed.
T. 246	Red Cherries (Canned)	Contained an excessive proportion of dissolved iron.	Stock destroyed.
T. 273	Spirit of Sal Volatile, B.P.	By the standard laid down in the British Pharmacopoeia the proportion of free ammonia in the sample was 70% deficient and the proportion of ammonium carbonate, 55% deficient.	Formal sample to be purchased.
T. 276	Milk	Judged by the recognised standard this sample contained the equivalent of 0.8% of added water.	Warning letter.
T. 299	Tomato Soup (Canned)	The proportion of tin in the sample was excessive.	Stock destroyed.
T. 315	Mixed Dried Fruit with Candied Peel and Sugar	Contained sand and silicious matter—0.2%.	Warning letter. Referred to M.O.F.

Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
T. 331	Tomato Soup (Canned)	Contained an excessive proportion of iron.	Further samples to be purchased.
T. 335	Figs	Infested by maggots and mites.	Stock destroyed.
T. 341	Figs	Infested by mites and damaged by black mould.	Stock destroyed.
T. 343	Ground Rice	Infested by insects, a large quantity of webbing and other debris.	Stock destroyed.
T. 354	Curry Powder	Contained an excessive proportion of lead.	Warning letter to Manufacturer. Manufacture discontinued. Stock destroyed.
T. 356	Tomato Soup (Canned)	Contained an excessive proportion of tin.	Stock destroyed.
T. 361	Tomato Chutney, preserved	The label did not declare the preservative used in the form prescribed by the Public Health (Preservatives, etc. in Food) Regulations, 1925-1940	Satisfactory explanation received from Manufacturer. Remaining stock withdrawn from sale.
T. 369	Sweetened Coconut Cake Mixture	The presence of potato farina not included in the statement of ingredients on the label.	Warning letter.
T. 375	Tomato Purée	Deficient in tomato solid content as compared with the quantity claimed on the label.	Matter reported to the M.O.F. who suggested action against the importers. A letter of enquiry resulted in a satisfactory explanation being received.
T. 378	Potted Meat (Canned)	Contained cereal filler the presence of which was not disclosed on the label. Potted meat should not contain cereal filler.	Imported under Lend Lease Scheme. Stock withdrawn from sale.
T. 387	Sweetened Cake Flour Mixture	Infested with tyroglyphid mites.	Stock destroyed.

Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
918	Milk	Judged by the recognised standard this sample contained the equivalent of 1% of added water.	As the total solid content was more than that required by law this is regarded as a good milk.
922	Shredded Suet	Was deficient in fat according to the Food Standards (Shredded Suet) Order, 1944.	Legal proceedings considered but after due consideration, not instituted. Warning letter sent to Manufacturer.
932	Spirit of Sal Volatile, B.P.	Judged by the standard laid down in the British Pharmacopoeia the proportion of free ammonia in the sample was 70% deficient and the proportion of ammonium carbonate 38% deficient.	Legal action recommended, and instituted. Vendor fined 5 guineas and costs.

SECTION F

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

During the year under review, additional legislation in respect of infectious and other diseases was provided by:—

(a) *Public Health (Leprosy) Regulations, 1951.*—The responsibility for the enforcement of these regulations lies with the Local Authority, and, briefly these regulations, which came into operation on 22nd June, 1951, require every medical practitioner who is attending or who is called in to visit a person suffering from Leprosy to notify the Chief Medical Officer of the Ministry of Health of the particulars of the case.

This method of notification is a departure from the normal procedure regarding infectious diseases, but it follows that if such a patient is notified directly to the Chief Medical Officer the local Medical Officer of Health will be unaware of a case in his area. In these circumstances, it is difficult to see how the Local Authority will be able to discharge its responsibility as laid down in the regulations. Happily, as cases are very rare in the area this objection is largely academic.

The causal agent of Leprosy is the *mycobacterium leprae*, a type of bacillus closely resembling that of Tuberculosis, and although cases do occur from time to time in England, this disease is mainly one of tropical and sub-tropical countries.

It is generally agreed that infection is spread by bacilli from lesions or nasal secretions entering bruises, cuts or insect bites, etc., and consequently the disease is communicable only by intimate personal contact and is usually found among primitive people living in overcrowded and unhygienic conditions.

(b) *Puerperal Pyrexia Regulations, 1951.* Under these regulations, which became operative on 1st August, 1951, the Puerperal Pyrexia Regulations, 1939, and the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, in so far as they were still in force, were revoked. However, this Statutory Instrument continues to demand the notification of Puerperal Pyrexia by medical practitioners, although it does vary the definition of "Pyrexia." Now, Puerperal Pyrexia means any febrile condition occurring in a woman in whom a temperature of 100.4°F. or more has occurred within 14 days after childbirth or

miscarriage. Previously the temperature had to be sustained for 24 hours before notification became necessary, and the period originally was 3 weeks after childbirth or miscarriage.

In these circumstances, it is only to be expected that the numbers notified under the new regulations will tend to increase.

(c) *Parrots (Prohibition of Import) (Revocation) Regulations, 1951.* During the year the Minister of Health introduced these regulations in order to repeal the regulations of 1930 which prohibited, subject to certain exceptions, the importation of birds of the parrot species.

It is interesting to record that prior to 1930 there had been a considerable number of cases of psittacosis in England and Wales and it was thought that for the protection of the public health the only method of controlling this disease would be to ban the importation of parrots and like birds.

Recently it has been found that psittacosis is enzootic among such birds as seagulls, pigeons, ducks, turkeys, etc., hence the revocation of the original regulations.

The total number of Infectious Diseases notified under Section 192 of the Public Health (London) Act, 1936, and associated Orders and Regulations was 2,143. Under the Public Health (Tuberculosis) Regulations, 1930, there was 149 notifications, giving a consolidated total of 2,292 cases notified during the year. In 26 of these cases the diagnoses were not confirmed, thus giving a corrected figure of 2,266. The following table indicates the figures for five years :—

<i>Year</i>	<i>No. of corrected notifications</i>
1946	1,691
1947	1,013
1948	1,671
1949	1,335
1950	1,644
—	—
5-year Average	1,471
1951	2,266

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

NATIONAL INSURANCE ACT, 1946.—From time to time it is necessary for the Medical Officer of Health to insist that a suspected 'carrier' of, or a person in contact with, an infectious disease should be precluded from working in order that the risk of transmission of the disease is minimised. This is especially necessary when the person concerned is a 'food handler.'

Regulation 3 (b) of the National Insurance (Unemployment and Sickness Benefit) Regulations, 1948, made under the above Act, enables any person so excluded to claim sickness benefit on production of a certificate issued by the Medical Officer of Health.

In the Ministry of Health Circular 115/48 it has been suggested that the Medical Officer of Health should be prepared to furnish such a certificate if, in his opinion, circumstances are such that this action becomes necessary.

During the current year 2 certificates were so issued.

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.

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.

It will be recalled that at the close of 1950 and in the early part of 1951 there had been an outbreak of Smallpox at Brighton. An R.A.F. Officer on leave from India became ill the day after landing in England when on his way to Brighton; here he took to his bed and had medical treatment for a supposed recurrence of Malaria. It transpired that, in fact, he had a modified form of Smallpox.

Arising from this incident 29 cases of Smallpox were finally confirmed, 10 of which proved fatal: of the 10 fatal cases 7 occurred in unvaccinated persons, the remaining three had been vaccinated in infancy.

As a direct result of this outbreak 28 vaccinations were carried out on request by your Medical Officer of Health.

Smallpox is one of the most dangerous and disfiguring of diseases and this is an opportune moment to emphasise the need for vaccination.

Free State vaccination became available in 1840 and prior to the introduction of compulsory vaccination of children in 1853

approximately 9/10ths of Smallpox victims were children under 5 years of age.

In the epidemics subsequent to compulsory vaccination the children, by and large, escaped; since 1898, however, when the "conscientious objection" clause made its appearance, vaccination has declined steeply. In 1948 vaccination became optional and from that time the position shows a further deterioration.

Today, although every precaution is taken at seaports and airports, infected persons do occasionally slip through, but the comparative immunity of the country has hitherto been due mainly to its high vaccination state. With the fall in vaccinations this fortunate state of affairs cannot be expected to continue.

It is a remarkable thing that the public, who at the present time are reluctant to protect themselves, rush for vaccination in the event of an outbreak, and in infected cases it is then usually too late.

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 or inoculation. Signatures to such certificates are not acceptable by the countries concerned unless certified by the Medical Officer of Health as being those of doctors practising within the area.

During the year some 61 certificates were so authenticated, of these 52 were in respect of Smallpox, 7 for Cholera and 2 for Typhoid; in 11 instances the necessary vaccinations were actually carried out by your Medical Officer of Health.

MEASLES.—The final figure of 1,482 remained the same as the number of notifications received, for although 2 were not confirmed, a case of Meningococcal Infection and another of Zymotic Enteritis were subsequently re-diagnosed as Measles. This total of 1,482 compares with 935 for the previous year and 789 for 1949. The distribution of the cases was as follows:—East Greenwich 513; West Greenwich 199; St. Nicholas, Deptford 34; Charlton and Kidbrooke 736.

Fifty-two cases occurred in children under one year of age, 911 between 1 and 5 years, and 504 between the ages of 5 and 15.

The very high incidence experienced at the close of the previous year continued unabated to the end of March and then slowly fell away, finally subsiding in June. Thirty-nine cases were removed to Hospital but there were no fatalities.

WHOOPING COUGH.—There were 388 notifications received, 4 of which were not confirmed. The final figure of 384 compares with 309 for the previous year and 194 for 1949. Of these 384 cases, 192 occurred in East Greenwich; 68 in West Greenwich; 11 in St. Nicholas, Deptford; and 113 in Charlton and Kidbrooke. Thirty-five cases were under one year of age, 215 between 1 and 5 years, and 128 between the ages of 5 and 15.

Twenty-three cases were removed to hospital.

There was one fatality.

DIPHTHERIA.—Four notifications were received in respect of this disease and in each instance the diagnosis was not upheld. It is, therefore, a pleasure to record NIL cases for the first occasion since the introduction of compulsory notification. The total represented over the present and past two years is 3 cases without any fatality. When compared with the figure of 367 cases including 3 deaths for the year 1935 there can be little doubt as to the complete vindication of the Immunisation programme introduced during 1936.

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

Such a low incidence of diphtheria is undoubtedly cause for satisfaction but the inherent danger of apathy towards immunisation should not be allowed to develop and 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. No requests were dealt with during the current year.

During 1950 arrangements were made for a supply of this Antitoxin to be made available at St. Alfege's Hospital.

ACUTE PRIMARY PNEUMONIA AND ACUTE INFLUENZAL PNEUMONIA.—There were 29 cases attributed to these causes as compared with 30 for each of the two previous years. Twelve

occurred in East Greenwich ; 5 in West Greenwich ; 1 in St. Nicholas, Deptford ; and 11 in Charlton and Kidbrooke. There was one death ascribed to Acute Influenzal Pneumonia. Four cases were removed to hospital.

TYPHOID FEVER.—One notification was received in respect of this disease compared with Nil cases for the previous year and 2 in 1949. Despite thorough investigation, including the taking of specimens of urine and faeces from all known contacts, no relationship with any other cases or source of infection could be established.

However, the data collated proved to be of an unusual nature and merits some special mention. An expectant Mother came to reside with relations resident in Greenwich prior to her confinement in a hospital outside the Borough. Approximately four weeks after her admittance the Mother was transferred to the Brook Hospital as a case of Typhoid Fever. Five days later the baby, now aged one month, was discharged to the Greenwich address but within 2 days was also removed to hospital suffering from this disease. Although never a resident of Greenwich in the accepted sense, notification in respect of the child was held by this department. Both patients made a complete recovery.

SCARLET FEVER.—With 10 of the 102 notified cases subsequently rediagnosed, the final figure of 92 compares with 160 in 1950 and 128 in 1949. The distribution was 35 in East Greenwich ; 9 in West Greenwich ; 3 in St. Nicholas, Deptford ; and 45 in Charlton and Kidbrooke.

Thirty-four cases received hospital treatment.

No deaths resulted from this disease.

ERYSIPELAS.—Compared with 7 in 1950, 4 cases were notified during the current year and of these, 1 was removed to hospital.

There were no fatalities.

ZYMOTIC ENTERITIS OR EPIDEMIC DIARRHOEA (Children under 5 years of age).—Originally 19 cases were notified but this figure was modified and 15 were eventually recorded as confirmed, compared with 13 for the previous year. Of these, all of which made a complete recovery, 11 were under one year and 4 between 1 and 5 years.

DYSENTERY.—This year saw a brisk increase in the incidence of Sonne Dysentery, a comparatively mild illness but highly infectious and troublesome to eradicate. The cases occurred mostly in private families and there were no major outbreaks involving hospitals, schools, nurseries, canteens or food premises.

In order to limit the spread of infection, every case notified was visited by the Sanitary Inspector. Faecal specimens were taken from all cases and contacts in the household. Any found bacteriologically positive were notified to their private doctors who arranged for appropriate treatment. This Department was responsible for the collection and examination of subsequent specimens. Treatment was continued until two consecutive specimens were negative bacteriologically.

Positive cases involved in food handling or working with pre-schoolchildren, nursery and schoolchildren, were excluded until rendered negative.

Four drugs were used in the treatment of cases and contacts according to the severity of the illness and the individual preference of the physicians :

- (1) Succinyl sulphathiazole (sulphasuxidine).
- (2) Sulphaguanidine.
- (3) Phthalyl sulphathiazole.
- (4) Chloromycetin (chloramphenicol).

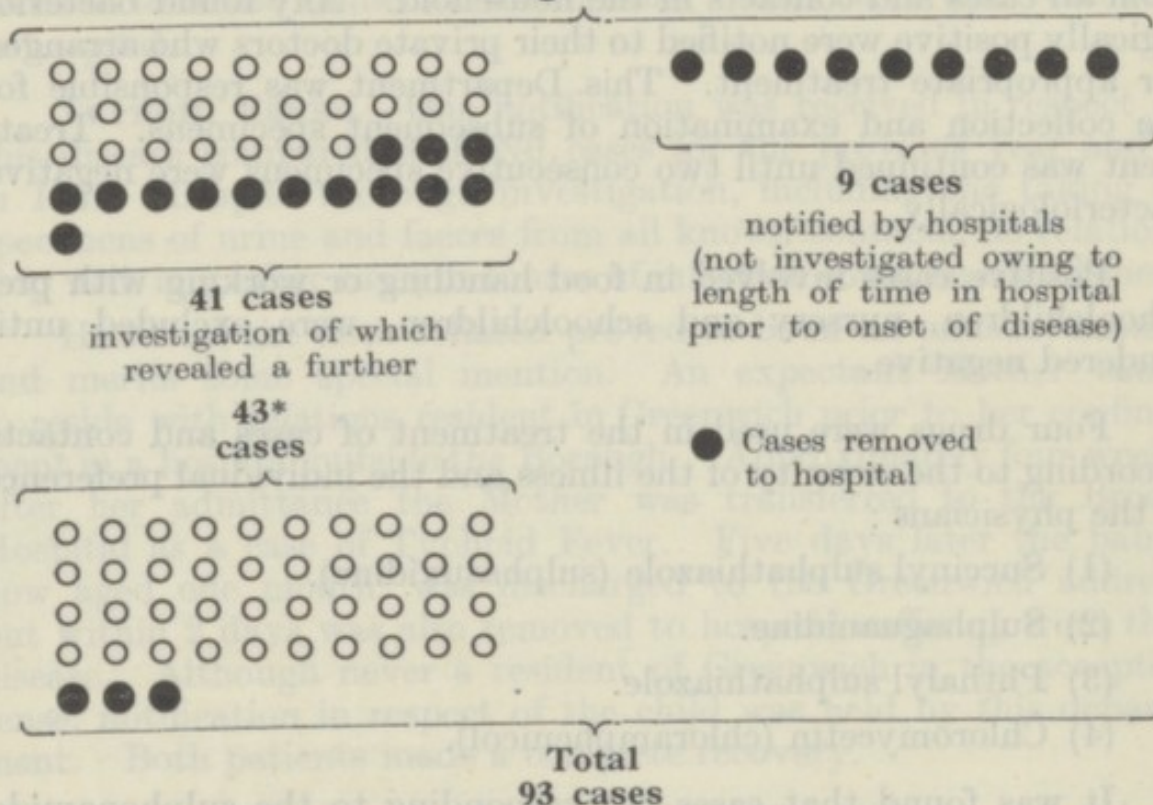
It was found that cases not responding to the sulphonamide drugs cleared quickly with chloromycetin, which seems to have a rapid and effective action. It seems also that cases treated with this antibiotic are less liable to subsequent relapse. In refractory cases it was found useful, in the absence of chloromycetin, to treat with one of the sulphonamides and follow it immediately with another similar preparation. Sulphaguanidine followed by sulphasuxidine was very useful in rendering specimens negative and another good combination was sulphasuxidine followed by phthalyl sulphathiazole.

A striking feature of the outbreak was the high proportion of a family found to be positive carriers where a case had occurred. In some instances all members of a family were found to be harbouring the organism and it seems that search for and treatment of carriers is of the utmost importance in dealing with any outbreak. This form of Dysentery would appear to be spread by individuals carrying and excreting the organisms. There is evidence that such persons may be infective for very long periods. One individual known to us was positive for four months.

Despite diligent investigation, in no case could we establish infected food as the primary causative agent. I am certain that our efforts to find and treat positive excretors limited the incidence considerably.

NOTIFIED CASES OF SONNE DYSENTERY.

50 Original Cases



Age Group	No. of Cases
0—5 years	38
5—15 years	23
15—25 years	3
25—45 years	22
45—65 years	5
65 years and over	2
TOTAL	93

44 families
involved.

Specimen faeces taken	No.
From Positive cases treated at home	208
From cases removed to hospital following positive specimen ...	3
From contacts whose initial specimen proved negative ...	131
TOTAL ...	342

*This figure includes 2 members of a family of three which entered the Borough Rest Centre from Chelsea on 15th March, 1951. It appears that on 12th March, prior to the move to Greenwich, specimen faeces had been taken from the third member of the family a child of 4 years. Information was received on 15th from Chelsea that this case was positive and the child was immediately removed to Hospital. The remaining 2 members of the family were examined on 16th March and both were subsequently found to be positive.

Responsibility for the first case in this family was accepted by Chelsea.

SCABIES.—This disease continues to be notifiable under the County of London (Scabies) Regulations, 1943, and during the year 5 cases were so notified. In one instance the diagnosis was not confirmed and the final total of 4 compares with 5 for the previous year.

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

PUERPERAL PYREXIA.—Compared with 9 in 1950, and 4 in 1949, 10 cases were attributed to this disease during the year under review. All patients received hospital treatment. There was one fatality.

OPHTHALMIA NEONATORUM.—One notification was received in respect of this disease. The case, which occurred in East Greenwich, was treated at home and kept under observation by the Health Visitor until full recovery.

MENINGOCOCCAL INFECTION.—Diagnosis of the only case notified was not upheld. One case occurred in the previous year.

ACUTE ENCEPHALITIS. (Infective or Post-infectious).—One notification under the sub-heading 'Infective' was received during the current year. The case received hospital treatment and made a complete recovery.

POLIOMYELITIS.—In complete contrast to the previous year when 23 confirmed cases occurred, no notifications were recorded in respect of this disease. Following the previous outbreak in 1947, in which there were 16 cases, figures for the years 1948 and 1949 were 5 and 4 respectively.

CONTINUED FEVER.—No notifications were received in respect of this disease.

MALARIA.—One notification, a case of induced Malaria, was received during the year under review.

DISINFECTION.—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 circumstances. 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 :—

Rooms and Articles Disinfected, Year ended December, 1951

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	88	142	31	85	46	162	164	249	35	12	34	245	225	13	57	1,358
Diphtheria	9	12	2	8	3	13	15	12	3	—	2	21	12	1	4	96
Tuberculosis	68	144	28	54	34	134	82	145	21	24	27	199	114	3	32	897
Cancer	12	17	4	8	7	31	11	21	4	14	3	16	9	2	2	132
Meningococcal Infection	12	19	3	14	6	25	21	31	3	6	7	29	25	1	7	178
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-Myelitis	1	1	—	1	—	3	2	2	—	—	—	—	1	—	—	9
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ...	1	1	1	1	1	1	2	2	—	—	2	6	2	—	—	18
Measles	15	21	1	28	—	38	33	59	1	5	4	56	40	2	10	277
Scabies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	83	92	19	67	19	134	79	135	13	11	17	90	116	4	21	725
Vermineous Premises ...	15	—	13	19	16	38	22	51	5	18	9	179	151	1	6	528
TOTAL ...	304	449	102	285	132	579	431	707	85	90	105	841	695	27	139	4,218
Articles destroyed	—	—	21	29	7	20	8	10	—	3	1	101	31	1	3	235

TUBERCULOSIS.—During the year 149 cases of Tuberculosis were notified in the Borough, 4 more than in 1950. Of this number, 127 were of the pulmonary type, ordinarily known as consumption, and 22 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 ...	52	10	62
West Greenwich ...	15	3	18
St. Nicholas, Deptford ...	5	—	5
Charlton and Kidbrooke	55	9	64
Totals	127	22	149

Disinfection was offered and carried out in 68 cases, including 144 rooms and 897 articles of bedding and clothing, etc.

The number of notified Tuberculosis cases remaining on the Register at 31st December, 1951, was as follows :—

PULMONARY					NON-PULMONARY				
Men	Women	Children		Total	Men	Women	Children		Total
		M	F				M	F	
444	343	51	47	885	17	35	17	11	80

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

MASS RADIOGRAPHY.—In London, Mass Radiography was originally carried out under the direction of the London County Council, but since July 1948 the responsibility for this service has rested with the South East Metropolitan Regional Hospital Board.

Introduced primarily for the early detection of Tuberculosis, the Mass Radiography service is responsible for revealing many other chest malformations and disabilities which would doubtless have remained undetected perhaps for years.

As a direct consequence of the diagnosis of these ailments, in this way it may be possible to commence treatment at a very early stage, thereby enabling a much more favourable prognosis to be entertained.

The South East London Mass Radiography Unit carried out a public survey in Greenwich during April and May. Information was supplied, appointments made, local firms informed and every assistance was given by the Health Department in order to make the unit's visit a success and I am indebted to Dr. J. M. Morgan, the Director, for the following analysis of the results :—

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930

Part I.—Summary of notifications of Tuberculosis during the period from the 1st January, 1951, to the 31st December, 1951.

AGE PERIODS	Formal Notifications													
	Number of Primary Notifications of new cases of tuberculosis													
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total (all ages)
Respiratory, Males	—	—	3	3	1	11	8	13	10	7	11	2	1	70
Respiratory, Females	—	—	1	3	2	8	15	16	2	1	1	2	—	51
Non-Respiratory, Males	—	—	2	—	1	—	—	—	3	—	—	1	—	7
Non-Respiratory, Females	—	—	1	2	2	4	1	1	4	—	—	—	—	15

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	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(A)	
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(B)	
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)	
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)	
Posthumous Notifications	Respiratory	M	—	—	1	—	—	—	—	—	—	—	—	2	—	3	(A)	
		F	—	—	—	—	—	—	—	—	—	—	1	—	1	2	(B)	
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)	
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)	
“Transfers” from other Areas (excluding transferable deaths)	Respiratory	M	—	—	—	1	1	2	3	10	3	1	1	—	—	22	(A)	
		F	—	—	2	1	—	1	4	14	1	1	—	—	—	24	(B)	
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)	
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)	
Other Sources	Respiratory	M	—	—	—	—	—	—	—	1	1	1	—	—	—	3	(A)	
		F	—	—	—	—	—	—	—	1	—	—	—	—	—	1	(B)	
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)	
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(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) 28 (B) 27
(C) — (D) —

SURVEY CARRIED OUT IN RESPECT OF THE GENERAL PUBLIC
AT PUBLIC BATHS, TRAFALGAR ROAD, GREENWICH
FROM 26TH APRIL TO 15TH MAY 1951

PART I.—Stages of Procedure

	MEN	WOMEN	TOTAL
Total radiographed	1,255	1,300	2,555
Total recalled for large film ...	58	55	113
Number normal on large film ...	5	7	12
Number abnormal on large film...	52	48	100
Not yet attended for large film...	1	—	1

PART II.—Analysis of Abnormal Large Films

	MEN	WOMEN	TOTAL
Probably significant new cases of pulmonary tuberculosis for further investigation ...	15	15	30*
Probably significant non-tuberculous cases for further investigation	1	2	3
Previously known tuberculous cases	6	1	7
Cardio vascular lesions	4	13	17
Abnormalities requiring no action	26	17	43
Examination not yet completed	—	—	—

COMMENTS

**This figure representing 1.18% of the total X-rayed was high, but after investigation 14 of the cases were found to be inactive; 15 were active and 1 doubtful. The final figure of 0.59% is still a shade high but not significantly so.*

SURVEY CARRIED OUT IN RESPECT OF SCHOOLCHILDREN
AT PUBLIC BATHS, TRAFALGAR ROAD, GREENWICH
FROM 26 APRIL TO 15 MAY, 1951

PART I.—Stages of Procedure

	MALE	FEMALE	TOTAL
Total radiographed	339	814	1,153
Total recalled for large film ...	1	15	16
Number normal on large film...	—	3	3
Number abnormal on large film	1	12	13
Not yet attended for large film	—	—	—

PART II.—Analysis of Abnormal Large Films

	MALE	FEMALE	TOTAL
Probably significant new cases of pulmonary tuberculosis for further investigation...	—	6	6
Probably significant non-tuberculous cases for further investigation ...	—	—	—
Previously known tuberculous cases	—	—	—
Cardio vascular lesions ...	—	1	1
Abnormalities requiring no action	1	4	5
Examination not yet completed	—	1	1

It is to be regretted that more people did not avail themselves of this service whilst it was in the area. Nevertheless it is patent that Mass Radiography will have a progressively large part to play in preventive medicine in future years. From the patient's angle this service is very confidential and from the practical point of view it is rapid and economical. In times of less stringent economy it is likely that this form of chest examination will become an annual or even biannual event.

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	27	25
Children under school age	34	9
School children	525	23
No. of home visits by Lady Sanitary Inspector re verminous conditions	280	
No. of home revisits by Lady Sanitary Inspector	...	298

TUBERCULOSIS REPORT

I am indebted to Dr. C. W. L. Jeanes, Chest Physician at the Greenwich Chest Clinic, for the following Report on Tuberculosis in the Borough, this being the first full Report on Tuberculosis services since the South East Metropolitan Regional Hospital Board assumed responsibility :—

STAFF.

Physicians.—Dr. C. W. L. Jeanes,
Dr. V. H. Springett.

Tuberculosis Health Visitors.—
Miss D. M. Noakes,
Mrs. L. M. Smith,
Miss E. Wells.

Clinic Nurse.—Mrs. Hawkins.

Radiographer.—Mrs. L. Saunders.

Tuberculosis Care Organiser.—

Miss M. O'Regan. (*from June, 1952—Miss A. R. Derry*).

Clerical Staff.—Miss L. Merricks,
Mrs. E. M. Brown,
Mrs. M. E. N. Shackleton.

Handicraft Instructress.—Mrs. D. Appleby.

Caretaker.—Mr. J. F. Nash.

I have much pleasure in submitting the first full report since the inauguration of the National Health Service. The Greenwich Chest Clinic which was formerly run by the Greenwich Borough Council has now come under the control of the South-East Metropolitan Regional Hospital Board and forms part of the Miller and St. Alfege's Hospital Group.

During the past year the Clinic has been completely re-organised and fully equipped with the latest apparatus. The building, erected in 1913, has been re-planned to provide in addition to the existing accommodation, a new X-ray Department and dark room, an Almoner's room, a Clerks' office, and adequate dressing cubicles for patients.

The X-ray Department has been equipped with a full major X-ray unit for all types of radiography, including tomography. In addition an Odelca camera unit for taking miniature X-rays has been installed—one of the first in the country. With this apparatus, it will now be possible, in spite of the great shortage of X-ray film, not only to increase the scope of the present X-ray work, but also to provide an X-ray service for general practitioners and for the local maternity clinics.

There have recently been revolutionary changes in the treatment of pulmonary tuberculosis. Streptomycin and para-aminosalicylic acid having become freely available, the use of these substances has had a profound effect not only in reducing mortality, but also in enabling advanced cases to be so improved as to be brought within reach of collapse treatment which would otherwise have been impossible. A further new drug of great promise, isonicotinic acid hydrazide, is at present undergoing trials in which several Greenwich patients are included. There have been great advances in the surgical treatment of tuberculosis.

Coinciding with improved methods of treatment have been the more widespread use of mass radiography in the detection of unsuspected cases and the introduction of B.C.G. as a preventive measure.

The most important fact to be singled out from the tables which follow, is the remarkable fall in the death rate which in 1951 was the lowest ever recorded in Greenwich.

At the beginning of 1951, the waiting list for admission to Sanatoria and Chest Hospitals was very long, patients often having to wait 18 months for treatment. By re-organisation this waiting time has been largely eliminated. Some admissions are now arranged direct with the hospitals concerned and not through the central office.

A short term treatment unit for early cases has been set up at Kettlewell Hospital, Swanley, and patients are admitted there within 2 weeks of tuberculosis being diagnosed. Twenty-eight patients were admitted there during 1951, and the majority of them had returned home within 3 months, the active part of their treatment having been completed. This scheme has undoubtedly been an outstanding success.

The waiting time for general treatment had been reduced to about 8 weeks by the end of the year and some 50 patients were admitted for long term treatment to such Sanatoria as the Grosvenor at Ashford, Lenham, Fairlight, the Royal National at Ventnor, and the Eversfield Chest Hospital, Hastings.

The centres for major thoracic surgical treatment of tuberculosis are at Grove Park, and Preston Hall Hospitals. Pneumonectomy, lobectomy, plumbage, or thoracoplasty has been carried out on 25 patients during the year, with only one death. A surgical unit for non-tuberculous chest diseases has now been opened at the Brook Hospital. Close liaison has been established there and several patients from the Clinic have been admitted for treatment of lung carcinoma and bronchiectasis.

Pleural effusions are sent to the special unit at Queen Mary's

Hospital, Sidcup, and cases of bone tuberculosis to the Royal Sea Bathing Hospital at Margate.

During the year a new scheme for the treatment of suitable cases in Switzerland was started, and four patients were sent to Sanatoria at Davos Platz.

As will be seen from the preceding paragraphs, a patient may be treated in one or several hospitals which may often be at some distance from his home. The Chest Clinic is the essential link in the overall treatment and management of the individual case. By regular visits to the various hospitals and sanatoria, the Chest Physician not only maintains contact with the patient undergoing treatment, but also by direct consultation and co-operation with the Medical Staff concerned, can plan his future treatment and after-care.

In all this work the co-operation and enthusiasm of the Health Visitors, Almoner, and Clerical Staff is of paramount importance.

At the end of 1951 there were 965 patients on the register consisting of:—

<i>Pulmonary Tuberculosis</i>			<i>Non-pulmonary Tuberculosis</i>		
<i>M.</i>	<i>W.</i>	<i>Children</i>	<i>M.</i>	<i>W.</i>	<i>Children</i>
444	343	98	17	35	28

There were 124 new notifications of pulmonary tuberculosis and 22 of non-pulmonary tuberculosis.

During the year 35 patients were discharged from the Clinic as recovered cases.

There were 40 deaths in the year.

Year	Population of Borough	Notifications		Incidence per 1,000 of population		Deaths	
		Pulm. Tub.	Non-Pulm. Tub.	Pulm. Tub.	Non-Pulm. Tub.	Total	Rate per 1,000
1938	95,770	153	38	1.59	0.39	53	0.55
1939	94,790	93	14	0.98	0.14	60	0.67
1940	74,280	125	17	1.68	0.23	73	0.97
1941	57,070	138	32	2.42	0.56	74	1.30
1942	60,530	164	18	2.70	0.29	64	1.06
1943	62,870	117	26	1.86	0.41	60	0.96
1944	61,800	113	16	1.82	0.26	47	0.76
1945	63,800	149	16	2.33	0.25	53	0.83
1946	76,840	173	18	2.25	0.23	56	0.73
1947	82,230	171	13	2.08	0.16	67	0.82
1948	84,410	112	17	1.32	0.20	62	0.73
1949	87,680	118	10	1.35	0.11	53	0.61
1950	89,570	126	18	1.41	0.20	50	0.56
1951	89,390	124	22	1.39	0.24	40	0.44

The remarkable fall in the death rate during the past five years will be noted. This has been effected firstly by earlier diagnosis due to the more widespread use of X-rays, and secondly, by the great advances in treatment referred to earlier. Early diagnosis means that treatment takes less time and the results are much more favourable. In this respect it is of interest to study the sources of the 146 cases newly diagnosed during the year.

Mass Radiography Units	29	} 56 cases.
Routine contact examination	27 including 1 O.T.	
Referred by General Practitioners	40	} 90 cases.
Referred by other Hospitals	50 including 21 O.T.	

It will be seen that 56 cases (38.4%) were detected by case finding methods. These patients were almost without exception free from symptoms and outwardly in good health. The disease was usually in the early stages and suitable for short term treatment without delay, often before the infectious stage had been reached.

The second group of cases (90) had been referred to hospital after consulting a general practitioner on account of symptoms. These cases tended to have more extensive disease than the first group and also contained some very advanced cases.

Deaths. There were 40 deaths—the lowest ever to be recorded in Greenwich.

The age and sex distribution was

<i>Male</i>		<i>Female</i>
1	0—4 years	0
0	5—14 years	1
1	15—24 years	1
2	25—34 years	3
3	35—44 years	1
5	45—54 years	2
7	55—64 years	1
10	65 years and over	2
—		—
29		11
—		—

It will be seen that the greatest number of deaths now occurs in men over the age of 50 years; 12 of the deaths were in patients over the age of 65 years, the oldest being 83 years.

Analysis of causes of death.

1	{	Advanced cases untreatable on diagnosis	20	}	24
		Death from old age in patients with tuberculosis	4		
2	{	Suicide in patients with tuberculosis	2	}	5
		Peritonitis due to appendicitis in patient with tuberculosis	1		
		Acute pneumonia associated with pulmonary tuberculosis	2		
3	{	Tuberculous Meningitis	2	}	11
		Tuberculous Peritonitis	1		
		Renal Tuberculosis	1		
		Post operative surgical death due to haemorrhage	1		
		Uncomplicated pulmonary tuberculosis deaths	6		

Group 1 cases, numbering 24, were too far advanced on diagnosis for any treatment to be of avail. This group is very important from the point of view of spread of infection as such cases may have been sputum positive for months or years and a potential menace to the community.

Group 2 cases, numbering 5, died from a variety of causes other than tuberculosis and their deaths were not attributable to tuberculosis.

Group 3 cases had had various methods of treatment carried out, which had unfortunately not checked the course of the disease. These 11 cases may be regarded as the only failures of treatment.

THE TREATMENT OF PULMONARY TUBERCULOSIS.—After the war there was a great shortage of sanatorium beds, and patients often had to wait twelve to eighteen months for a bed in hospital. From 1946 till 1950 therefore, much active treatment was carried on in patients' homes, including chemotherapy and collapse therapy. The results of this were very encouraging and many patients owe their lives to it.

Now, fortunately, beds are more freely available and early cases are admitted within two weeks.

Rest in bed is still the most important single factor which can speed the healing process in tuberculosis. In certain types of case streptomycin and para-amino-salicylic acid are given. These substances have a remarkable effect in controlling acute disease.

Collapse therapy, either pneumothorax or pneumoperitoneum, may be necessary in some cases. There are at present 123 patients attending for this treatment made up as follows :—

	<i>Male</i>	<i>Female</i>
Unilateral artificial pneumothorax	33	26
Bilateral artificial pneumothorax	4	7
Pneumoperitoneum with or without phrenic crush	19	27
Pneumothorax and pneumoperitoneum	1	2
Pneumothorax and contralateral thoracoplasty	4	—
Total number of refills during the year		4,199

This form of collapse treatment is maintained by air refills at regular intervals, usually weekly or fortnightly, for from 2 to 8 years with an average of 4 years.

In 30 cases refills were stopped during 1951. In 19 patients this was a planned procedure as the original disease appeared to be arrested. In the other 11 cases refills were stopped usually because some complication had occurred.

Since 1936, refills have been abandoned in 153 patients, with the following results :—

	<i>Male</i>	<i>Female</i>
Disease arrested	51	57
Further treatment, usually surgical has been required	2	5
Disease still active	12	3
Died	10	13

SURGICAL TREATMENT.—Due to improved technique and the new drugs, surgical treatment of lung tuberculosis has made enormous advances recently. Thoracoplasty, lobectomy, pneumonectomy and lucite plumbage, are the usual operations. 25 patients were so treated during the year. There was one post-operative death, the patient unfortunately, having a haemorrhage from his pulmonary artery 10 days after the operation.

There are now 66 patients attending the clinic who have had major thoracic surgical treatment. Five of these still have some active disease but are well in themselves, and their lives have undoubtedly been prolonged considerably by their treatment. The remaining 61, who had their operation at least one year ago, and in some cases as long as 5 years, are well with no signs of any active disease in their chests.

After the active phase of treatment is completed, careful follow up and after care is essential. Patients are kept under supervision for at least 5 years, and regular attendance for medical examination and X-ray is arranged. Here the work of the Health Visitors is of great importance, especially in encouraging the more difficult patient who fails to attend regularly.

One of the great problems is the management of the chronic incurable cases of pulmonary tuberculosis. These are usually in the older age groups and unsuitable for any active treatment. Although such patients have active infectious disease, they may remain comparatively well for years. Their expectation of life has even been increased since P.A.S. became available. Education of these patients in simple hygiene and the prevention of the spread of infection, is extremely important. Home supervision of these patients and their contacts forms a considerable part of the Health Visitors' work.

There are 93 such chronic cases known to the Chest Physician (65 men and 28 women) of whom 65 are sputum positive at present. 25 of the men and 2 women are working under suitable conditions in sheltered industry.

B.C.G. VACCINE.—This vaccine became freely available during the year and has now been given to more than 250 child contacts, nurses, and other hospital staff. In cases without previously acquired resistance to tuberculosis, a considerable degree of immunity is conferred by this vaccine.

HOUSING.—Good housing conditions are essential for sufferers from tuberculosis and their families. During the past six years general housing conditions in the Borough have improved enormously. Over 3,000 new houses and flats have been erected. A generous proportion of these has been allocated to cases of tuberculosis. Many families from more congested areas of London have been re-housed on the new estates at Kidbrooke, and many Greenwich families have been moved to the Springfield and Cherry Orchard Estates of the Greenwich Borough Council. In spite of these, there are unfortunately, still many cases needing re-housing.

General Statistics.

No. of X-rays taken	...	...	5,511
Total patients' attendances at clinic	...	...	9,402 (inc. A.Ps.)
No. of new patients attending	...	...	1,276
No. of new contacts examinations	...	...	726
No. of home visits by Health Visitors	...	...	2,428
No. of home visits by Chest Physician	...	...	380

In this report emphasis has been laid on the progress made in both the diagnosis and treatment of tuberculosis. The rapid fall in the number of deaths is extremely encouraging and one can be very optimistic about the future. The ultimate control of tuberculosis appears to be within sight.

Medico-Social Activities.

Miss M. Chave-Jones resigned in March, and was succeeded by Miss Mary O'Regan as Local Tuberculosis Care Organiser.

Tuberculosis After Care is very important and there are innumerable difficulties to be overcome. Besides arranging for National Health Insurance and National Assistance grants, the Almoner deals with the widest variety of social problems. A patient with tuberculosis, perhaps the bread winner of a family, may be off work for one or even two years. During these months of great stress, in addition to assistance in cash and kind, the patient and his family need moral and spiritual help which can most effectively be given by the Almoner and Health Visitors who get to know the family really well.

The rehabilitation of patients and their resettlement in industry is an essential part of their treatment. Co-operation with the Disablement Rehabilitation Officer and Welfare Officers of large firms is necessary.

The Almoner also administers a very active handicraft and diversional therapy centre, under an L.C.C. instructress.

An innovation for which the greatest credit must be paid to Miss O'Regan, is the establishment of a library for patients. This has now about 1,000 volumes, and by making this available to infectious patients, it is hoped to discourage them from borrowing books from the public library with the possible risk of conveying infection.

The Almoner also acts as Secretary to the Care Committee which is an extremely energetic organisation, having adequate funds, derived from voluntary sources, to assist patients in so many ways, especially in times of great trouble or emergency.

The Care Committee finances the Handicrafts Centre to a considerable extent and with its funds is able to provide many amenities for patients.

During the summer 60 patients were taken on a day's outing to Eastbourne. Numerous patients have been sent on convalescent holidays at the Committee's expense. By the kindness of Miss

Selby, and with the very helpful co-operation of the British Red Cross Society, accommodation has been made available on a farm at Wadhurst, to which families in need of a country holiday can be sent.

All these schemes cost a considerable amount of money which the Care Committee has to raise itself. The main source of income is the Christmas Seals Sale, which is augmented by special events such as Dances, Horse Shows, concerts, etc. The Committee is widely representative of all branches of local social activity and co-operates fully with these. Greenwich can be justly proud of the activities of the Care Committee and the work it carries out.

GREENWICH TUBERCULOSIS CARE COMMITTEE

CHAIRMAN.

Councillor Mrs. J. Gollogly, L.C.C.

Representing.

Greenwich Borough Council.

VICE-CHAIRMAN.

Mrs. B. Gibbons.

MEMBERS.

Alderman Mrs. C. Berry,	Greenwich Borough Council
Alderman Mrs. F. Carter,	" " "
Councillor Mrs. A. Kennedy,	" " "
Councillor W. F. Mills, J.P.	" " "
Councillor Mrs. L. Hildrith,	L.C.C. Divisional Health Committee
Councillor Lady Hume,	
Councillor Dr. W. Smith,	London Medical Committee.
Dr. F. R. Waldron,	Divisional Medical Officer, L.C.C.
Dr. McKenzie,	Deputy " " " "
Dr. J. Kerr Brown,	Medical Officer of Health,
	Greenwich Borough Council
Miss Kernick,	Invalid Children's Aid Association.
Miss Leys,	Almoner, St. Alfege's Hospital.
Miss Walton,	L.C.C. School Care Committee.
Mrs. Wigley,	British Red Cross Society.
F. A. Harrison, Esq.,	Greenwich Rotary Club.
B. H. Broughton, Esq.,	" " "
T W A. Saunders, Esq.,	British Legion.
L. G. Bennett, Esq.,	National Assistance Board.
Mrs. Dabin,	
Mrs. R. Gorman,	
Mrs. C. G. Lewis,	
Mrs. E. Woolven,	
W. J. Worlock, Esq.,	
Dr. C. W. L. Jeanes,	Chest Physician.
Miss Mary O'Regan, B.Soc.Sc.	
(Union of South Africa)	Care Committee.
Councillor Geo. Bruce, J.P.	Honorary Auditor.

SECTION G

Greenwich Guild of Hygiene

Guidance, encouragement and official recognition of effort was given to the local food traders by the inauguration of the Guild of Hygiene last year and it is to be recorded that progress towards a higher standard of cleanliness among food handlers continued unabated.

At the Annual General Meeting of the Guild, presided over by His Worship the Mayor, Councillor P. Noble, J.P., it was disclosed that during the current year a further 19 Certificates of Hygiene had been awarded, bringing the total number of certificates issued to 65.

An opportunity was taken at this meeting, after a short introduction by the Medical Officer of Health, to show to the members present, three films from the Central Office of Information, viz: "The Town Rat," "The Good Housewife in her Kitchen" and "Behind the Menu."

Following the film exhibition, which was very well received, the meeting was opened for what became a very lively and interesting hour of "question and answer" on Food and the Public Health. It can be said that the meeting proved to be highly satisfactory.

As a result of the formation of the Guild, food traders are improving their methods of food handling and production, and interest has been generally stimulated. In premises where food is handled or sold, notable improvements such as wall tiling, glass counter guards, etc., are now being voluntarily introduced. This latter refinement is a considerable achievement, not only giving protection to provisions and other foods eaten as purchased, but in particular, preventing the indiscriminate handling of food by the less enlightened patrons as well as guarding the stock against the coughing and sneezing of customers in the near vicinity.

The increasing number of certificates on display throughout the Borough is undoubtedly causing other traders to consider membership of the Guild and new aspirants are given advice and every technical assistance in order that their premises may reach the required standard.

For the future, while maintaining the stimulation of hygiene among traders, it is sound tactics to inculcate the local populace with the necessity of dealing only with hygienic shopkeepers. From this point it is a logical step to impress upon the younger generation, at the appropriate time, the vital need of hygiene now and in their future employment. It is hoped that, if the authorities are amenable, a series of lectures in local schools will be given and suitable diagrams used to create lasting impressions of this important aspect of the national life in order that many undesirable habits inimical to the community may be checked.

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INFANTILE MORTALITY DURING THE YEAR 1951
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
Diarrhoea (all forms) ... ..	...	...	...	...	...	...	...	...	...	...
Gastro-Enteritis ... ..	...	...	...	...	...	...	2	...	...	2
Injury at Birth	2	...	...	...	2	...	...	...	...	2
Atelectasis	1	...	...	...	1	...	...	...	...	1
Congenital Malformation	2	...	...	...	2	1	1	...	1	5
Premature Birth	9	...	...	...	9	...	...	...	...	9
Erythroblastosis Foetalis	2	...	...	...	2	...	...	...	...	2
Atrophy, Debility and Marasmus ... ..	...	...	...	...	...	...	...	...	...	...
Renal Insufficiency (Polycystic kidneys)	1	...	...	...	1	...	...	...	...	1
Asphyxia (inhalation of regurgitated food) ... ..	...	...	...	...	...	...	1	...	...	1
Anoxia (difficult labour)	1	...	...	...	1	...	...	...	...	1
„ (inhalation of maternal fluids)	1	...	...	...	1	...	...	...	...	1
Other Causes ... ..	...	...	...	...	...	...	...	...	...	...
TOTALS	19	...	...	...	19	2	5	1	2	29
Male ... ..	...	...	...	...	...	13				
Female ... ..	...	...	...	...	...	16				

CASES OF INFECTIOUS DISEASE notified during the Year ended 31st December, 1951.

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											
Malaria (<i>induced</i>)	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	1
Small-Pox	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1		
Acute Encephalitis	Infectious	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	
	Post-Infectious	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	36	57	2	2	5	12	8	9	5	14	2	2	...	3	9	13	4	1	1	1	25	17	21	30	5	1	4	16	26
Dysentery	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	3	...	...	1	...	...	...	1	...
Erysipelas	P.
Acute Polio-Myelitis	N.P.
Scarlet Fever	...	40	52	...	...	...	3	12	12	23	32	4	2	1	3	...	...	...	...	...	35	9	3	45	15	1	1	17	34
Enteric Fever...	...	1	...	1	...	...	...	...	...	...	...	...	1	1	...	1	...	...	1	...	3	1	...	...	...	...	...	1	1
Scabies	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	3	1	...	...	...	...	...	...	...
Puerperal Pyrexia	10	...	...	...	...	...	...	...	...	...	...	...	3	...	7	...	...	...	5	2	...	3	5	2	...	3	10	
Meningococcal Infection
Measles	...	762	720	23	29	203	175	281	252	239	249	9	7	4	5	3	3	...	...	513	199	34	736	3	5	1	30	39	
Whooping Cough	...	175	209	17	18	44	48	51	72	57	65	4	2	...	1	2	3	...	...	192	68	11	113	8	7	2	6	23	
Diarrhoea	...	12	3	8	3	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	8	2	...	5	7	2	...	5	14
Ophthalmia Neonatorum	...	1	...	1	1
Pneumonia, Acute Primary or Acute Influenzal	...	11	18	1	1	...	...	1	1	2	...	...	...	...	2	7	2	3	3	5	12	5	1	11	...	1	...	3	4
Tuberculosis, Pulmonary	...	73	54	1	4	...	3	3	1	2	18	23	24	18	18	3	5	4	52	15	5	55	6	3	...	5	14
" Non Pulmonary	...	7	15	...	...	...	...	2	1	...	2	1	2	...	5	3	5	...	...	1	10	3	...	9	6	3	...	5	14
TOTALS	...	1122	1144	53	53	255	239	360	347	330	365	22	19	23	43	44	56	25	11	10	11	860	321	75	1010	56	25	8	93	182

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, 1951.

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. Algece's Hospital	Seamen'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 ...	31	...	...	...	...	2	7	11	8	3	12	4	3	12	7	...	...	...	...	...	8	70
2	Tuberculosis, Other ...	4	...	...	...	1	1	...	2	...	...	1	1	...	2	3	...	...	...	...	...	1	6
3	Syphilitic Disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
4	Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5	Whooping Cough ...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	2
6	Meningococcal Infections ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8	Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
9	Other Infective and Parasitic Diseases ...	2	...	...	...	...	...	1	1	...	...	1	1	...	...	2	...	...	...	...	...	...	3
10	Malignant Neoplasm, Stomach ...	24	...	...	...	...	1	...	9	9	5	9	3	2	10	8	...	5	...	...	...	4	34
11	Malignant, Neoplasm, Lung, Bronchus ...	51	...	...	...	...	...	1	29	16	5	15	11	3	22	14	4	2	...	...	...	9	65
12	Malignant Neoplasm, Breast ...	14	...	...	...	...	...	1	9	2	2	5	...	...	9	3	...	...	...	...	...	4	14
13	Malignant Neoplasm, Uterus ...	11	...	...	...	...	...	...	5	5	1	7	2	1	1	2	...	...	...	...	...	5	7
14	Other Malignant and Lymphatic Neoplasms ...	98	...	...	...	1	...	7	31	35	24	32	22	7	37	23	6	8	...	1	...	28	107
15	Leukaemia, Aleukaemia ...	7	...	...	...	...	3	...	1	1	2	...	3	2	...	2	1	...	1	...	...	2	9
16	Diabetes ...	6	...	...	...	...	...	1	...	1	...	4	1	1	...	4	2	...	...	...	1	...	10
17	Vascular Lesions of Nervous System ...	91	1	21	33	36	35	21	2	33	31	1	3	...	2	...	14	135
18	Coronary Disease, Angina ...	99	...	...	...	...	...	4	30	35	30	35	21	3	40	15	6	7	...	...	1	10	85
19	Hypertension with Heart Disease ...	38	...	...	...	...	...	1	7	15	15	11	13	1	13	16	...	4	...	...	1	4	63
20	Other Heart Disease ...	154	...	...	...	...	...	7	15	49	83	55	31	10	58	32	1	1	...	...	1	31	97
21	Other Circulatory Disease ...	57	...	...	...	...	...	1	10	14	32	25	17	4	11	28	...	2	...	...	...	12	97
22	Influenza ...	19	...	...	...	...	1	...	6	6	6	8	7	1	3	...	...	...	...	...	...	2	2
23	Pneumonia ...	38	...	1	1	1	...	...	1	6	9	19	16	8	2	12	16	...	2	...	...	8	81
24	Bronchitis ...	83	...	1	...	...	...	2	17	28	35	27	25	4	27	9	2	...	...	...	...	6	35
25	Other Diseases of Respiratory System ...	9	...	...	...	...	1	...	...	3	4	1	3	...	...	6	1	...	...	...	...	1	12
26	Ulcer of Stomach and Duodenum ...	15	...	...	...	...	...	1	5	5	4	6	4	1	4	5	21	4	...	...	...	3	35
27	Gastritis, Enteritis and Diarrhoea...	10	...	2	...	...	...	...	5	2	1	3	2	...	5	3	...	2	...	...	...	2	15
28	Nephritis and Nephrosis ...	8	...	...	...	...	...	2	1	3	2	4	4	...	...	4	1	1	...	...	...	...	15
29	Hyperplasia of Prostate ...	10	...	...	...	...	...	...	2	...	8	2	3	...	5	3	...	1	...	...	...	4	12
30	Pregnancy, Childbirth, abortion ...	4	...	...	...	...	...	4	...	...	...	2	...	...	2	2	...	...	...	...	...	2	2
31	Congenital Malformations ...	7	4	...	1	...	1	...	1	...	...	2	2	...	3	...	...	...	...	...	...	6	3
32	Other defined and ill-defined Diseases ...	75	18	1	1	1	2	1	8	19	10	14	15	21	...	39	21	2	8	...	2	...	22	145
33	Motor Vehicle Accidents ...	9	...	...	...	...	1	3	...	3	...	2	3	...	1	5	4	...	1	...	...	4	16
34	All other Accidents ...	19	1	...	...	...	2	3	3	2	8	6	3	1	9	8	...	...	...	...	...	9	32
35	Suicide ...	8	...	...	...	...	1	4	2	...	1	5	...	...	3	2	...	...	...	...	...	1	7
36	Homicide and Operations of War ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	TOTALS ...	1002	23	6	3	4	10	12	56	255	292	341	349	229	46	378	265	44	52	...	7	3	203	1,218

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.

List of Fishes of the Pacific Ocean		List of Fishes of the Pacific Ocean	
No.	Name	No.	Name
1	Therapsid	1	Therapsid
2	Therapsid	2	Therapsid
3	Therapsid	3	Therapsid
4	Therapsid	4	Therapsid
5	Therapsid	5	Therapsid
6	Therapsid	6	Therapsid
7	Therapsid	7	Therapsid
8	Therapsid	8	Therapsid
9	Therapsid	9	Therapsid
10	Therapsid	10	Therapsid
11	Therapsid	11	Therapsid
12	Therapsid	12	Therapsid
13	Therapsid	13	Therapsid
14	Therapsid	14	Therapsid
15	Therapsid	15	Therapsid
16	Therapsid	16	Therapsid
17	Therapsid	17	Therapsid
18	Therapsid	18	Therapsid
19	Therapsid	19	Therapsid
20	Therapsid	20	Therapsid
21	Therapsid	21	Therapsid
22	Therapsid	22	Therapsid
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