

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

### **Contributors**

Greenwich (London, England). Metropolitan Borough.

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# Metropolitan Borough of Greenwich



## REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

# 1962





# Metropolitan Borough of Greenwich

## CONTENTS



## REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

# 1962

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PUBLIC HEALTH COMMITTEE  
(as at 31st December, 1962)

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Alderman Thomas E. Smith, J.P.

Chairman

Councillor D. P. Lynch

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## APPENDIX—STATISTICAL TABLES

The following tables are referred to in the Committee's annual report. They relate to the administration of the Borough, the administration of the Food and Drugs Act, 1955, and any regulations dealing with the preparation, storage and sale of Food and Drugs; the powers and duties of the Council under enactments relating to Milk and Dairies. The powers and duties contained in Section 34 of the Shops Act, 1950, relating to lighting, washing facilities and facilities for taking meals at shops, as transferred to the Council under Section 15 of the London County Council (General Powers) Act, 1958, shall be delegated to the Committee.





## PUBLIC HEALTH COMMITTEE

(as at 31st December, 1962)

---

### The Mayor:

(ex-officio)

Alderman THOMAS E. SMITH, J.P.

### Chairman :

Councillor D. P. LYNCH

### Vice-Chairman

Councillor A. C. CHRISP, L.C.C.

### Alderman:

P. NOBLE

### Councillors:

B. R. ANGELL

Mrs. M. L. BENNETT

Mrs. J. E. CHRISP

Mrs. A. D. A. KENNEDY

F. E. MANN

W. S. MANNERS, M.B.E.

Mrs. E. PENNINGTON

R. RUSTON

L. SQUIRRELL

Mrs. M. L. WENTWORTH

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### 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, by-laws and regulations dealing with the public health and the sanitary condition of the Borough; the administration of the Food and Drugs Act, 1955, and any regulations dealing with the preparation, storage and sale of Food and Drugs; the powers and duties of the Council under enactments relating to Milk and Dairies. The powers and duties contained in Section 38 of the Shops Act, 1950, relating to lighting, washing facilities and facilities for taking meals at shops, as transferred to the Council under Section 18 of the London County Council (General Powers) Act, 1958, shall be delegated to the Committee.



- 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 Sections 16 and 18 of the Food and Drugs Act, 1955, (registration of premises used in connection with manufacture or sale of ice cream, preserved food, etc.) the Food and Drugs (Milk and Dairies, etc.) Act, 1950, and the Milk (Special Designation) Act, 1949, and all regulations made or to be made under such last mentioned statutes, and under the Slaughter of Animals Act, 1958, (licensing of slaughtermen), and also the functions of the Council for dealing with the deposits of rubbish on vacant sites in the Borough shall be delegated to the Committee.
- 4.—The powers and duties of the Council conferred by Section 47 (as amended) of the National Assistance Act, 1948, shall be delegated to the Committee.
- 5.—The powers and duties conferred upon the Council by the Pet Animals Act, 1951, the Rag Flock and Other Filling Materials Act, 1951, and by the Heating Appliances (Fireguards) Act, 1952, shall be delegated to the Committee. The powers and duties of the Council under the Oil Burners (Standards) Act, 1960, and the powers and duties of the Council under the Consumer Protection Act, 1961, shall stand referred to the Committee.
- 6.—The powers and duties of the Council conferred by sub-section 1 of Section 18 of the London County Council (General Powers) Act, 1954, to register hairdressers and barbers and their places of business shall be delegated to the Committee.
- 7.—The functions of the Council under the Clean Air Act, 1956, shall stand referred to the Committee.
- 8.—The powers and duties of the Council in connection with the repair, closure or demolition of individual insanitary dwellings under the Housing Act, 1957, and the powers and duties of the Council under the Rent Act, 1957, to issue Certificates of Disrepair shall be delegated to the Committee. The powers and duties of the Council under Section 22 of the London County Council (General Powers) Act, 1959, relating to the control of movable dwellings, shall stand referred to the Committee.

9.—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.

10.—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.

11.—The Committee shall have the control of all public drinking fountains other than those provided in any open space or property belonging to the Council and coming within the jurisdiction of any other Committee.

12.—All matters arising out of the powers of the Council under the Home Safety Act, 1961, and the powers and duties of the Council under Section 69 of the London County Council (General Powers) Act, 1961, relating to the provision of meals for invalids, shall stand referred to the Committee.



**STAFF***(as at 31st December, 1962)***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.

**CHIEF PUBLIC HEALTH INSPECTOR :***abc* G. B. ALLEN**DISTRICT PUBLIC HEALTH INSPECTORS :***ab* D. J. HOPGOOD (i)*abc* S. A. RADFORD*ab* S. KELLY*ab* D. B. SMITH**SPECIALIST INSPECTORS :***ab* C. W. SPORE (*Senior Food Inspector*)*ab* W. C. SCALES (*Food Inspector*)*a* J. G. LYONS (*Clean Air Act Inspector*)**STUDENT PUBLIC HEALTH INSPECTORS :**

R. SMART (ii)

D. THEW (iii)

**PUBLIC HEALTH OFFICERS :***abdef* Miss B. HATFIELD (*Senior*)*def* Miss N. A. FLUCK*df* Mrs. M. E. CHARTERIS**ASSISTANT CLEAN AIR OFFICER :**

J. W. JOSLIN

**ADMINISTRATIVE & CLERICAL STAFF :**L. A. WESTACOTT (*Chief Clerk*)

A. H. WILCOX

(*Senior Clerk*)

C. WEYMOUTH

Mrs. M. G. SIMPSON

K. ALLUM, D.F.M.

(*Senior S/H Typist*)

J. A. SUTHERLAND

Mrs. D. F. HOWARD

Miss W. E. WILSON

W. F. GOODALL (*Conveniences Superintendent*)**CLEANSING CENTRE & DISINFECTING STAFF :**T. SMITH (*Foreman*)

J. J. KEATING

A. K. NUNN

L. WADE

Mrs. E. L. TOWLER (*Senior Cleansing Officer*)

and Staff of four women.

**RODENT CONTROL DISINFESTATION AND GENERAL DUTIES:**

Team of six men

<i>a</i>	Certificated Public Health Inspector
<i>b</i>	" Meat and Other Foods
<i>c</i>	" Smoke Inspector
<i>d</i>	" Health Visitor
<i>e</i>	" State Certified Midwife
	State Registered Nurse

- (i) commenced duties 2nd April, 1962.  
(ii) commenced duties 15th January, 1962.  
(iii) commenced duties 8th October, 1962.



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

TO THE MAYOR, ALDERMEN AND COUNCILLORS,  
METROPOLITAN BOROUGH OF GREENWICH.

I have pleasure in presenting the report on the health of Greenwich for 1962. The population, at 84,730, shows a decrease of 510 although births have increased by 49. Deaths, on the other hand, also show an increase of 38 and some mention about this will be made later in this preface.

The infantile mortality rate has increased from 23.11 to 32.66. This might be dismissed as an unfortunate statistical incident if the rate for last year had not also been above the national and the London average. The facts are that 44 infants under one year died in Greenwich during the year, and this is 14 more than in 1961 and 18 more than in 1960. In attempting an analysis of these figures it is surprising to find that only two of the infants were born at home, where it is always assumed that obstetrical deaths are more liable than in hospital. Against that is the fact, of course, that hospitals will always be likely to have a higher number of "high risk" confinements booked because of anticipated difficulties, or cases admitted in an emergency. There is now, obviously, a hard core of infant deaths in the early weeks of life, the underlying causes of which require careful and even fundamental research. These causes are the more obscure because they involve the primordial processes of foetal development, about which little of direct value is known. Premature birth caused 13 deaths, congenital malformation 6, and the causes of these conditions are not known with any certainty, and indeed the ascertainment of the precise causes of deaths in infants requires more intensive investigation. Considering further the causes of the 44 infant deaths which have been reported, there would seem to be an indication that 17 infants died from illnesses which might be thought at least potentially to be preventable. I refer to such conditions as pneumonia, bronchitis, foetal distress due to delivery complications and other obstetrical difficulties which might in other circumstances have been anticipated. Looking at the quinquennial averages of infantile mortality rates, there has been no material improvement since 1951 and since 1960 the figures have been deteriorating and the neonatal and perinatal mortality rate has been rising steadily as a proportion of the total infant mortality rate.

The perinatal mortality survey in 1958 stressed the importance of post mortem examination of every case of perinatal death but



even this information is inconclusive without knowledge of the medical history of the mother, and perhaps even of the father, before the onset of pregnancy, and the antenatal progress of the mother during pregnancy. As far as I am aware, no work of this kind has ever been attempted on any large scale. Suggestions have been made in the past that pregnancy should be made a notifiable condition in order that the preventive service can be alerted early and valuable information collected. Notification of pregnancy would at least ensure a visit from a trained officer who would give early advice and management to the expectant mother, and the co-operation and confidence of the patient would be sought. All this could be done by persuasion and I can see no other way of making even slight progress in reducing the intractable perinatal mortality rate. The whole organisation of obstetrical care in this country is long overdue for overhaul and although on balance I am still a firm advocate of hospital confinement, a great deal more information could be exchanged even now between hospitals, family doctors and local authorities about expectant mothers, which could be available for assessment after the confinement. Fortunately it is pleasant to record that there were no maternal deaths.

It is my melancholy duty to report further increases in deaths from the so-called "stress" diseases like hypertension and coronary thrombosis. Almost all conditions of malignant illness showed increase, particularly cancer of the lung and bronchus, which indicates again the folly of heavy cigarette smoking. One cause of the increased malignancy, of course, is the fact that the expectation of life is longer and more people are reaching the age when malignancy can be expected. The causes of some forms of malignancy are still wrapped in the mysteries of the phenomenon of life but lung and bronchial cancers are now, to a substantial extent, preventable. Stop smoking or, better still, never start and the chances of lung malignancy if not completely eliminated, are reduced by a great margin. This is a test of personal will and responsible behaviour. It is not the business of officialdom to impose irksome restrictions or to indulge in tedious lectures and admonitions but to present the facts with honesty and clarity, particularly to the young who have yet to acquire the smoking habit.

The total number of infectious diseases reported was 184, a decrease of 1,797 from 1961. Apart from the great reduction in measles, all the major infectious diseases with the exception of scarlet fever, showed a decline. There were only 29 cases of pulmonary tuberculosis, and whooping cough, dysentery and infantile diarrhoea were all down. No case of poliomyelitis was notified.

The discovery of a case of smallpox in a neighbouring borough occasioned strenuous efforts not only on the part of the Depart-



ment but of the London County Council. Emergency vaccination clinics were arranged to meet the insistent demands of a worried population and although on epidemiological grounds so much vaccination was unnecessary, it was felt that for reasons of morale the need had to be met. Vaccination facilities were available at the Town Hall and the local hospitals collected emergency supplies of lymph from the Department. A daily collection of lymph from Colindale was instituted and many dozens of doses distributed. Mention must be made of the tireless work of the officers at the Town Hall and of the London County Council who staffed clinics for many long hours during the period of the emergency. As expected, the demand for authentication of International Certificates of Vaccination increased, and during the year 2,766 were approved.

An account of the work in connection with old people is included in the report and towards the end of the year attention was being directed to the purchase of a holiday home for our elderly citizens as a result of new powers being conferred on the boroughs. It is hoped that by next year suitable seaside premises will have been found.

The work of the Public Health Inspectors and Food Inspectors continued along the normal lines, and figures give little impression of difficult problems faced and decisions taken daily to protect the health of the citizen. In regard to food importations, action by the Health Department in this Borough, can, if mistakes are made, have serious and even tragic consequences throughout the country. Recent outbreaks of food poisoning and the enteric fevers and dysenteries which are reported from time to time, show the importance of having an alert inspectorate and highly trained officers.

The acknowledgments which I have to make for assistance and guidance are many. The hospitals, particularly the Geriatric Unit at St. Alfege's under Dr. Mester, have never refused any reasonable request and I am much indebted to the voluntary organisations and to the general practitioners. The Public Health Laboratory Service at County Hall under Dr. Tomlinson, has dealt expertly and expeditiously with sometimes exorbitant demands and I am conscious of my debt to all members of the staff for their loyalty and understanding.

In conclusion I wish to thank my Chairman and Vice-Chairman for their help, consideration and support during the year.

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 and Kidbrooke	...	...	...	...	1,990 „
					3,858 acres

#### POPULATION—

At Census, 1961	.....	85,546
Estimated, 1962 (mid-year)	.....	84,730

DENSITY OF POPULATION (*persons per acre*) ..... 21.96

NUMBER OF INHABITED DWELLINGS—end 1962 ..... 24,601  
(*according to Rate Books*)

Structurally separate dwellings at Census, 1961 ..... 25,096

#### NUMBER OF UNINHABITED DWELLINGS—

At Census, 1961	.....	488
At end 1962	.....	224

#### NUMBER OF FAMILIES OR SEPARATE OCCUPIERS—

At Census, 1961 ..... 27,127

RATEABLE VALUE, 1962 ..... £1,842,179

SUM REPRESENTED BY A 1d. RATE, 1962 ..... £7,265



## PUBLIC OPEN SPACES

### BOROUGH COUNCIL—

Charlton House and Gardens	...	...	...	9.25 acres
East Greenwich Pleasaunce	...	...	...	5.93 „
St. Alfege Recreation and Church Grounds	...	...	...	2.30 „
Hughes Fields Recreation Grounds	...	...	...	.74 „
Batley Park	...	...	...	.97 „
Bellot Memorial Gardens...	...	...	...	.19 „
Other Open Spaces	...	...	...	6.01 „

Approximately 25.39 acres

### 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 „
King George's Field	.....	.....	.....	4¾ „
Charlotte Turner Gardens	.....	.....	.....	1¾ „

Approximately 221½ acres

TOTAL PUBLIC OPEN SPACES IN BOROUGH      Approx.      432 acres  
*(representing 11% of the total area of the Borough)*

MILEAGE OF STREETS ..... 89.5 (approx.)

## GENERAL INFORMATION AND SOCIAL CONDITIONS

The division in 1855 of the Parliamentary Borough of Greenwich as constituted under the Reform Act of 1832 gave rise to the district now known as the Metropolitan Borough of Greenwich. This comprises the ancient parishes of St. Nicholas, Deptford (*formerly West Greenwich*), Greenwich (*formerly East Greenwich*) and Charlton with the Liberty of Kidbrooke and, as from November 1900, in accordance with the Local Government Act, 1899, it became one of the twenty-eight municipalities of the County of London.

The river Ravensbourne (*Deptford Creek*) separates St. Nicholas from Greenwich, whilst the Royal Naval College and Greenwich Park divide most of the older part of Greenwich from East Greenwich, the more modern part of the borough. The latter includes a large area of marsh land which, although quite unsuitable for the erection of dwelling-houses, is appropriate for industrial development.

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 and, throughout the whole of the borough, 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.

Greenwich, which in Latin was described as *Grenovicum viridis sinus a viridariis* and in Saxon *Grenawic*, i.e. the Green Town or dwelling upon the bank of the river, lies mainly on a natural slope from the Thames to Blackheath thereby affording extensive views of London and the River and it is to this fact, coupled with its historical connection with Royalty, that it owes its fascination.

Few residential districts near the city of London are so full of historical associations as Greenwich whose streets are among the most interesting of any in the Capital and whose wealth of surviving buildings is unrivalled. History has played a large part in determining the types of industries located within its boundary with their consequent effects on the social conditions of its community.

Notwithstanding that documented history of Greenwich appears to begin only during King Alfred's reign when he was Lord of the Manor, *circa 900*, there is evidence that Greenwich has been inhabi-



ted for over 2,000 years—certainly Crooms Hill is pre-Celtic whilst Shooter's Hill, along with many other place names, is clearly of Celtic origin. Recovered coins and fragments of pottery show an almost continuous Roman settlement from 41 B.C. to 423 A.D. and Saxon burial mounds and barrows dating from the 6th century are still to be seen in Greenwich Park.

Village life, which survived the Romans' departure and the coming of the Jutes in the mid 5th century, was predominantly that of men whose business was with the sea and ships with the trade of waterman as their most important occupation. Indeed, even up to 100 years ago, fishing smacks were sailing regularly from Greenwich, a busy attractive little Thames-side town, to the North Sea, Iceland and Greenland. This was hardly surprising for here the river affords an excellent roadstead for shipping. So much so that in the time of King Ethelred (1011 A.D.) the whole Danish Fleet lay off Greenwich for three or four years whilst the army was for the most part encamped on Blackheath. This army ravaged the whole country and sacked the City of Canterbury from whence they brought Archbishop Alfege to his martyrdom at Greenwich on April 19th, 1012. Domesday Book, compiled in 1086 records the existence at that time of a church on this site, a situation which has continued to the present day.

Although efforts to obtain a Royal Charter have so far proved unsuccessful, Greenwich is unquestionably royal by association for, although the early Norman Kings preferred Winchester, at the time of St. Alfege's martyrdom the English king was resident and had a Royal Treasury at Greenwich. Later, at the Palace of Placentia, Henry VIII, his daughter Queen Elizabeth I and her half sister Mary, were born and spent much of their time and when Westminster became the centre of government Greenwich again became a royal resort and was the favourite royal palace from the time of Edward I (1272) to James II (1685). It was here in its heyday that the great Elizabethan admirals, statesmen, writers, musicians and courtiers thronged the riverside and splendid palace and it was towards the end of this "golden age" that, in 1675 on a Warrant of Charles II, the Royal Observatory was founded and, to the design of Christopher Wren, Flamsteed House was built on the site of Duke Humphrey's Tower.

Very early in the 18th century Daniel Defoe described Greenwich as "the most delightful spot of ground in Great Britain" and



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.

The Borough is well catered for in the way of parks and open spaces, the largest being Greenwich Park with its historical associations and surroundings covering an area of 185 acres. Blackheath, one of London's most famous open spaces, forms the southern boundary, 89 acres of which are within the Borough, providing unsurpassed facilities for games, sports and amusements.

Excellent recreation grounds serve the Charlton area for in addition to the Maryon and Charlton Parks, there is the L.C.C. Play Centre and Lido with its well-equipped open-air swimming bath, tennis courts and bowling greens.

In all, public open spaces amount to 11 per cent of the total area of the Borough, equivalent to approximately five acres per 1,000 of its population.

Areas located near the River Thames are, generally speaking, industrial but 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, and the Kidbrooke area, which pre-war had always been described as the "rural" part of the Borough, is almost entirely built over.

Housing has always been given a high degree of priority by the Borough Council from shortly after the first World War when, under the Housing and Town Planning Act, 1919, a number of large houses in the Blackheath area were acquired and converted into flats, to the present time when the Council have control of approximately one sixth of the total dwellings in the Borough. The earliest Council-built permanent dwellings were located in the Charlton area but today their flats and houses are situated in all parts of the Borough. In fact considerable alteration has taken place during the post-war period by the erection of modern houses and blocks of flats and the Borough Council, still pressing ahead with its new housing schemes, has behind it a record of sound achievement.

In addition, a number of sizeable estates have been built by the London County Council at Blackheath and Kidbrooke and in East and West Greenwich.



Within the Borough boundary over 200 units of accommodation are provided for elderly people by seven groups of almshouses, one group was founded as early as 1558 being the first public charity to be established after the Reformation.

Providing for the needs of the Borough residents are some 900 shops, generally of the smaller kind, many being of the old-fashioned "shop on the corner" type, selling a wide range of goods. Food shops form a large percentage of the total and whilst meat and poultry come mainly from Smithfield Market in London and sometimes directly from Kent and Surrey, the vegetables, for the most part, are supplied either from Greenwich market (which obtains its produce predominantly from the Kent area) or from the Covent Garden and Borough markets in London.

From its inception as a Borough, Greenwich has always been in the forefront of progressive health authorities and now within its area all aspects of health, personal and environmental, are amply covered. These range from the normal maternity, child welfare and school health services, to the usual general practitioner and hospital services, and from the useful municipally-run chiropody clinics to the special geriatric, thoracic and neuro-surgical units based at local hospitals.

Virtually first class educational facilities are at the disposal of residents, encompassing as they do the nursery and handicapped children's establishments as well as the normal primary, secondary, grammar and comprehensive schools. Abundant opportunities are also provided for further education whether vocational or cultural or merely for enabling persons to indulge in a particular hobby.

Of the nursery schools, that of Rachel McMillan is internationally famous for the McMillan sisters were the pioneers of nursery schools in the British Isles; and in the Roan Schools, founded in 1643 by John Roan the son of a member of the Royal household when it was at the Palace of Placentia, Greenwich has one of the oldest teaching foundations in London.

Most educational services are now under the control of the L.C.C. but there are still some private schools in the area which are conducted independently of the County Council and which cater for fee-paying pupils.

There are four excellent public libraries, each incorporating reading rooms for free access to daily newspapers, weekly and monthly periodicals, which offer a service of Braille and "talking



books" for the blind and, recently, opportunities for the borrowing of gramophone records have been made available to residents over the age of 18 years. In particular, the Central Library is admirably adapted to enable private study to be undertaken in proximity to a comprehensive reference section.

Social centres providing for all shades of cultural and educational tastes have been established at Charlton House, Kidbrooke House, the Town Hall and West Greenwich House under the auspices of the Greenwich Community Council in conjunction with the L.C.C. and, in this connection, it can be stated that there are upwards of 65 clubs and societies affiliated to this Community Council.

Besides Associations for rowing and barge sailing, the local sports clubs include the famous Blackheath Football Club (the oldest of all rugby football clubs) and the newer professional Charlton Athletic Football Club.

Fifteen "Old People's Clubs", each of which receives an annual grant from the Council, cater for the elderly residents of the Borough and in five instances accommodation for these clubs is made available by the Council free of charge. The lot of the aged, especially the "home-bound" is further ameliorated by an effective "Meals-on-Wheels" service. In suitable cases, arrangements are made for the elderly to be bathed either in their own homes or at the Council's new Bathing Centre and a special "incontinent laundry" service has been introduced for the cleansing of soiled bed linen and clothing of the bedridden.

Greenwich can boast of modern public baths. On these premises are to be found first and second class slipper and swimming baths together with newly completed Turkish and Vapour Baths as well as a public laundry. In winter the baths hall is used for recreational purposes such as badminton, table tennis and roller skating, etc.

The unique position held by Greenwich in Britain's history has its counterpart in the nation's industrial story. From earliest years its residents have been closely linked with the sea and ships and Britain's ascendancy in respect of them for over 1,000 years. This association, manifest since before the advent of the ancient "wooden walls" until after the birth of the "ironclad" has, to a very large extent, determined the pattern of industry in the Borough.



A further influence on local industry was provided early in its history by the siting close to Greenwich Palace of the Royal Armoury. By the reign of Henry VIII, russet steel suits of armour from this armoury had already become renowned, and modern metal products from Greenwich continue this distinction. Indeed, throughout its annals, the country has never demanded armaments and accoutrements from Greenwich industry in vain. Even records covering the last war will clearly reveal the great contributions made by these industries with special reference to PLUTO, FIDO and the famous Mulberry harbour.

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, Gas Works, Soap and Candle Works, L.T.E. Generating Station and Carriage 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

*General*—The Registrar General has submitted his estimate of the population of Greenwich, computed at mid-year 1962, upon which the statistics of this Report have been based. The figure returned is 84,730, indicating a decrease in the population of 510 since last year and a fall of 816 since the 1961 Census. However, the current figure shows an advance of 20,930 over that for 1945.

*Natural Increase*—The natural increase for the year, i.e. excess of births over deaths, was 382 compared with 371 for 1961.



*Expectation of Life*—From 1841, when the expectation of life at birth was 40 years for males and 42 for females, there was a gradual but persistent rise in both these figures until 1954, but since that year the expectation of life at birth has scarcely changed and now stands at 68 years for males and 74 for females.

*Age Composition of Population*—It has been expedient from time to time to make analyses of the population figures with particular regard to age distribution in relation to whooping cough, diphtheria, poliomyelitis and B.C.G. prophylaxis and, more recently, the problem of the aged. In line with the general trend throughout the country, Greenwich has an ageing population and the number of persons outside the normal working range is still increasing. Although since the end of World War II there has been a sharp rise in births compared with those of the immediate pre-war years, a fact which naturally tends to advance the proportion of "under 15s" of the population, the relative size of the "over 65s" group also continues to increase. These two factors together have augmented the pressure of dependency on the working portion of the population, viz., those between 15 and 65 years—a section of the community whose relative size has correspondingly diminished.

From details given in the following table it will be seen that the "working" population of Greenwich, i.e. those between 15 and 65 years amounts to approximately 67% and that of "dependent" groups collectively, to 33%. In effect, this means that for every two persons of "working age" there is one dependent person outside this group.

#### ESTIMATED AGE COMPOSITION OF THE POPULATION

<i>Estimated locally: Registrar General:</i>	<i>Age</i>	<i>No.</i>	<i>Approx. % of Total Population</i>
{	Under 1 year .....	1,330	1.6
	1 to 4 years ( <i>inclusive</i> )	4,870	5.7
	5 to 14 years ( <i>inclusive</i> )	11,500	13.6
	Total Child Population under 15 years .....	17,700	20.9
{	15 to 64 years ( <i>inclusive</i> )	56,808	67.0
	65 years and over .....	10,222	12.1
	Total Population	84,730	100.0

**\* EXTRACTS FROM VITAL STATISTICS OF THE YEAR**

**LIVE BIRTHS**

	Legitimate	Illegitimate	Total	Birth Rate (Crude) <u>15.95</u> (Comparable Rate 15.31)
Male	638	41	679	
Female	622	46	668	
Total	1,260	87	1,347	

**STILL BIRTHS**

	Legitimate	Illegitimate	Total	Rate per 1,000 total Births } <u>16.79</u>
Male	12	—	12	
Female	11	—	11	
Total	23	—	23	

**DEATHS—All Causes**

	Male	Female	Total	Death Rate (Crude) <u>11.42</u> (Comparable Rate 12.45)
	528	437	965	

**DEATH RATES—Special Causes**

<i>Infants under 1 year of age</i>		No.	Rate
All infants (per 1,000 live births) .....	.....	44	32.66
Legitimate Infants (per 1,000 legitimate live births) .....	.....	41	32.54
Illegitimate Infants (per 1,000 illegitimate live births) .....	.....	3	34.48
Neo-Natal Deaths (per 1,000 live births) .....	.....	30	22.27
Early Neo-Natal Deaths (per 1,000 live births) .....	.....	26	19.30
Peri-Natal Mortality (per 1,000 total births) .....	.....	49	35.76
<i>Others</i>			
Maternal Causes (per 1,000 total births) .....	.....	—	—
Tuberculosis (all forms) (per 1,000 population) .....	.....	6	0.07
Tuberculosis, Pulmonary (per 1,000 population) .....	.....	5	0.06
Cancer (per 1,000 population) .....	.....	206	2.44
Heart (per 1,000 population) .....	.....	314	3.72
Common Infectious Diseases (per 1,000 population) .....	.....	1	0.01
Influenza (per 1,000 population) .....	.....	2	0.02

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



## MARRIAGES

Mrs. V. M. Gilham, 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 during 1962. The total of 680 gives a marriage rate of 16.10, a decrease of 0.03 from that of the previous year. The comparable figure for England and Wales is 14.9.

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

Year	Churches of England								Superintendent- Registrar's Office	Total	Approximate Population
	Greenwich	Charlton and Kidbrooke	St. Nicholas	Chapels and Roman Catholic Churches							
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				
1952	191	144	4	102	279	720	90,880				
1953	221	136	4	113	305	779	90,440				
1954	200	155	5	86	325	771	90,600				
1955	197	116	5	106	290	714	89,490				
1956	194	169	6	133	221	723	88,780				
1957	177	159	2	118	226	682	88,910				
1958	189	142	10*	93	239	673	89,180				
1959	161	134	15	107	210	627	88,970				
1960	177	120	20	122	218	657	88,310				
1961	183	140	14	87	261	685	85,240				
1962	165	132	12	139	232	680	84,730				

† St. Peter's, Creek Road

‡ Holy Trinity, Blackheath Hill

† Parish Church destroyed by enemy action

\* Parish Church reopened.

} Closed

## METEOROLOGICAL OBSERVATIONS—1962

I am indebted to the Director of the National Maritime Museum and, in particular, to Lieutenant-Commander D. W. Waters, R.N., Curator of Navigation and Astronomy, for the following meteorological data for the year ended December, 1962 :—

### Temperature

Highest screen temperature 78° on 1st August.

Lowest screen temperature 20° on 1st, 2nd and 3rd January and 20th March.

Maximum in January 55° on 7th.

February 54° on 12th.

November 60° on 2nd.

December 54° on 14th.

### Sunshine

Total for year 1387.3 hours.

Sunniest day 13.5 hours on May 31st.

Number of days without sun, 71 distributed as follows :—

January	.....	.....	.....	10
February	.....	.....	.....	10
March	.....	.....	.....	5
April	.....	.....	.....	2
May	.....	.....	.....	1
June	.....	.....	.....	1
July	.....	.....	.....	2
August	.....	.....	.....	2
September	.....	.....	.....	3
October	.....	.....	.....	5
November	.....	.....	.....	16
December	.....	.....	.....	14

### Rainfall

Total 19.63 inches.

Highest fall in 24 hours 1.0 inches 26th July.

Driest month 0.34 inches in June.

Wettest month 2.53 inches in January.



## BIRTHS

The total number of live births registered in the Borough during the year was 1,788 and of this number 1,402 occurred in St. Alfege's Hospital, and 386 in private dwellings. In 894 cases the parents resided outside the Borough and these births were consequently transferred to their appropriate districts, leaving a figure of 894. To this must be added 453 births belonging to the Borough which took place in Institutions outside the Borough, thus making a final figure for Greenwich of 1,347, an increase of 49 over that of the previous year. Of this total 679 were males and 668 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:—	323	215	59	297	894
Inward Transfers:—					
1st Qtr.	38	14	4	76	132
2nd Qtr.	35	11	—	60	106
3rd Qtr.	38	12	—	68	118
4th Qtr.	24	12	1	60	97
TOTALS	458	264	64	561	1,347

The Birth Rate for the year, calculated on the figure of 1,347 births, is 15.95 per thousand of the population, 0.67 higher than that for 1961. The average rate for the previous ten years is 14.79. The Greenwich Comparability Factor for births is 0.96 which gives an adjusted rate of 15.31.

The Rates for the County of London and England and Wales are 19.6 and 18.0 respectively.

Illegitimate Births numbered 87 (representing 6.5 per cent of the total live births) a fall of 3 from the figure returned for 1961.

The number of Still Births registered was 23 (12 males-11 females), which is equivalent to a rate of 16.79 per 1,000 total births, a decrease of 5.80 from that of the previous year. London returned a rate of 16.6 and that for England and Wales was 18.1.



## DEATHS

The net number of deaths registered during 1962 was 965, of which 528 were males and 437 females, compared with last year's total of 927 comprising 486 males and 441 females.

This gives a crude Death Rate for the Borough of 11.42 per thousand of the population, representing an increase of 0.51 compared with that of the previous year and a rate which is 1.50 greater than the average for the last ten years, viz., 9.92. The Crude Death Rate figure is increased to 12.45 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 population 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 1.09 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 12.0 and 11.9 respectively.

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: —

DEATHS OF GREENWICH RESIDENTS			
Year	Total	In Public Institutions	
		No.	% of Total Deaths
1952	958	551	57.5
1953	847	489	56.5
1954	794	460	57.9
1955	829	532	64.1
1956	874	574	65.6
1957	856	565	66.0
1958	919	600	65.3
1959	881	488	55.4
1960	926	633	68.3
1961	927	647	69.8
10-year average	881	554	62.6
<u>1962</u>	<u>965</u>	<u>680</u>	<u>70.5</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	15	7	9	13	44
Between 1 and 2 years	1	—	1	—	2
Between 2 and 5 years	—	1	—	—	1
Between 5 and 15 years	—	1	1	—	2
Between 15 and 25 years	5	4	3	3	15
Between 25 and 45 years	12	6	6	13	37
Between 45 and 65 years	59	58	38	52	207
Between 65 and 75 years	81	64	56	66	267
75 years and upwards	126	97	75	92	390
Totals	299	238	189	239	965









The first quarter of the current year produced 30.9% of the year's total deaths whilst there was no variation between the 2nd and 4th quarters, each aggregating 24.8%; as expected at 19.5% the 3rd quarter yielded the least.

It will be observed from the following table that during 1962 the deaths occurring at 65 years and upwards accounted for 68.0% 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 4.9%.

Age Group	1901	1911	1921	1931	1951	1961	1962
Under 1 year of age	362	306	175	97	29	30	44
Between 1 and 5 years	187	158	80	39	7	2	3
Between 5 and 15 years	64	67	58	22	10	4	2
Between 15 and 25 years	66	60	67	65	12	8	15
Between 25 and 65 years	454	474	466	382	311	252	244
65 years and over	335	356	387	529	633	631	657
Totals	1,468	1,421	1,243	1,134	1,002	927	965

## MATERNAL MORTALITY

There were no maternal deaths recorded during the current year compared with one each for the years 1961 and 1960 with their respective rates of 0.75 and 0.78. Both these deaths were due to "self-induced" abortions.

## INFANTILE MORTALITY

Fifty years ago infant mortality in Greenwich was at the rate of 108 per 1,000 live births, the actual number of children dying before reaching the age of one year being 261. Comparable figures for the current year are 32.66 and 44 respectively.

Bad housing, overcrowding, poor sanitation, low standards of education, illegitimacy, all tend to produce higher infant mortality rates. It follows therefore that these rates should provide a reasonably accurate indication of the social circumstances of any



particular area. However, because approximately one third of all infants dying in one year will be found to have been born in the previous year, great care must be exercised when drawing conclusions from any rise or fall in infant mortality rates, for such rates are not comparable year by year unless the birth rates remain more or less constant. Further, it must be borne in mind that as infant mortality has now reached relatively small proportions, any slight deviation in the number of deaths tends to misleading fluctuations in the rate.

Although, during the last two or three decades, great advances have been made in chemotherapeutics and in diagnostic techniques which have resulted in startling reductions in infant mortality in England and Wales, there is no cause for complacency for other countries, namely, the Netherlands, New Zealand, Australia and Sweden, all have infant mortality rates which are perceptibly lower than our own.

During the last 100 years there has been a fall in the infant mortality rate from 150 per 1,000 to 21.6, the figure for 1962. Encouraging though this picture might appear at first sight, it is important to realise that such success as has been achieved in the latter years has largely been confined to the reduction of deaths occurring after the first month of life. Deaths of infants during the first week of life, which still account for some 60% of all infant deaths, constitute a proportion which has remained more or less constant for the past 20 years and it has become increasingly clear that, for any further improvement to be made in the saving of infant life, a change in emphasis would be necessary.

It has long been recognised that, as man is the result of *nature* and *nurture*, these are the main two aetiological factors to be reckoned with in the prevention and control of disease. In previous years, Medical Officers of Health and their staffs have, of necessity, concentrated chiefly on improving the environmental and personal health services—the *nurture* aspect of the problem. Indeed to such good effect that there has been an appreciable increase in the average life span and it has been estimated that, had the death rates of the early 30's continued until today, some 380,000 people now living would have died. This hard won advantage has enabled more effort to be devoted, in recent times, to the exploration of other avenues likely to lead to an amelioration of the infant mortality problem—the *nature* aspect.

Nevertheless, despite a great deal of research which has been directed towards elucidating the causes of infant mortality and the adoption of various methods for its reduction, the crux of the problem, viz. perinatal mortality, remains refractory. It is evident,



however, that, today, hazards to infant life no longer arise as a result of malnutrition or infectious disease, but mainly from prematurity, congenital malformations and inherited metabolic diseases.

The science of genetics appears to be one approach likely to provide part of the solution to a reduction in infant mortality for certainly a number of diseases are known to follow the Mendelian laws of inheritance and, although most of these are comparatively rare, as a result of the study of human chromosomes it is now possible to predict the possibility of their occurrence in other members of the same family. For example, in mongolism, a chromosomal abnormality, it is already possible to distinguish families with a high risk from others and advice can be given accordingly.

Except for the reproductive cells, each human cell contains within its nucleus 23 pairs of chromosomes and it has been estimated that each chromosome carries about 1,000 parental genes. Each gene has the ability to convey special and specific instructions in relation to body metabolism and structure and, when one considers the 50,000 genes involved with their inherent possible permutations and combinations, it can easily be seen how man's infinite variety arises. But it is also apparent that the slightest aberration in the alignment of genes at fertilisation can give rise to abnormalities in the embryo, some of which are likely to be of extreme importance in perinatal mortality.

Recent developments in medical genetics may enable us not only to assess the prospects of inherited biochemical disorders such as galactosaemia and phenylketonuria and to institute treatment before irreversible changes occur, but also to anticipate and counter genetically conveyed susceptibility to drugs. Full practical application of the knowledge gained in this field is likely to be delayed due to a shortage of persons skilled in chromosome studies for it is thought that, in one year, a single technician could hardly be expected to handle more than 100 cases.

However, substantial progress has been made in detecting and treating haemolytic disease of the newborn, an important cause of perinatal mortality. Statistics show that of every 1,000 births occurring in England and Wales, 6 will be affected by haemolytic disease due to Rh. incompatibility, of which, one will be stillborn. It has been suggested in a recent memorandum from the Standing Medical Advisory Committee that much can be achieved in these cases for, if properly treated, the mature child has a 95% chance of survival. Early and adequate antenatal attention can go a very long way in reducing deaths from this cause.



Placental changes which adversely affect the foetus in prolonged pregnancy were investigated in a Survey of Perinatal Mortality sponsored by the National Birthday Trust Fund. It was confirmed that postmaturity was a serious cause of perinatal mortality which was lowest at 39/41 weeks, doubled at 43, trebled at 44 and quintupled at 45. It was also established that the multiparous did not escape the effects of prolonged pregnancy. In this survey the importance of improving the maternity services was stressed; proper antenatal care would tend to avoid toxæmia, uterine haemorrhage and conditions leading to foetal anoxia or neonatal jaundice and extra special care exercised in the selection of cases for hospital treatment would duly make its contribution to the reduction of perinatal mortality.

There are grounds for believing that a "risk register" as has been suggested by some authoritative bodies would serve a very useful purpose. This register would record all infants who, for various reasons, such as exposure to radiation before birth—those who have special inheritance risks—those likely to develop handicapping conditions, etc., which might require special attention and, in this way, the preventive services could be concentrated where they would be most likely to prove effective.

However, it is essential to remember that the more successful are the efforts to reduce infantile mortality, the greater the future problems for public health services in general, for it is inevitable that a rise in standards of obstetrics and neonatal care will result in an increase in the number of immature, malformed, birth-injured and weakly infants who, later on, will require special attention. As a prerequisite to efficiency, it is very proper that in these cases the health services be given as accurate and as early a diagnosis as possible.

The Infantile Mortality Rate for Greenwich, measured by the deaths of children under one year of age to the number of live births registered was 32.66 per thousand live births as compared with 23.11 for last year and 18.84, the average for the previous ten years. For the County of London the rate was 21.1 in comparison with 21.6, the figure returned for England and Wales.

The present Borough figure of 32.66 shows an increase of 9.55 over that of the previous year and is 13.82 higher than the average for the last 10 years.

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 Rates for the quinquennial periods since 1931, together with the Rate for 1962 :—



DISTRICT	Average for Quinquennial Periods						Year 1962
	1931 to 1935	1936 to 1940	1941 to 1945	1946 to 1950	1951 to 1955	1956 to 1960	
Greenwich ...	75	50	40	27	18.4	18.89	32.66
London ...	63	56	60	33	23.8	21.9	21.1
England and Wales	62	55	50	36	26.9	22.7	21.4

The actual number of infantile deaths recorded during the year was 44 (14 more than last year) and these were attributed to the following causes: —

Prematurity .....	13	Pneumonia .....	7
Congenital Malformations	6	Bronchitis .....	4
Erythroblastosis .....	2	Breech Delivery (results of)	2
Inhalations—Meconium .....	1	Atelectasis .....	1
—Liquor Amni	1	Pulmonary Hypertension	1
Ante partum Haemorrhage	1	Interstitial Emphysema .....	1
Whooping Cough .....	1	Gaucher's Disease .....	1
Burns .....	1	Unascertainable .....	1

Of the above, 27 were male and 17 female; 12 died in St. Alfege's Hospital, 4 in the Brook Hospital, 4 in the Miller Hospital, 2 at home, 20 in hospitals and institutions outside the Borough and 2 were found on the river foreshore.

*Neo-Natal Mortality.*—Neo-natal mortality, i.e., infants dying before attaining the age of one month, accounted for 30 deaths, equivalent to 68.18% of all infant deaths and giving a Neo-natal Mortality Rate of 22.27 per 1,000 live births. This compares with a figure of 15.1 returned for England and Wales. Twenty-six of these neo-natal deaths occurred within the first week of birth, the main cause being Prematurity.

*Perinatal Mortality.*—The Perinatal Mortality Rate, calculated from a total of 49 still births and deaths of infants under 1 week, was 35.76 per 1,000 total births compared with 36.15 for the previous year. The equivalent rate for England and Wales is 30.8.

*Reproductive Wastage.*—A sum total of 67 Stillbirths and Infantile deaths gives a reproductive wastage rate of 48.90 per 1,000 total births, an increase of 3.72 over the 1961 figure.

### 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, 1955, should be adopted in order that local statistics can be compared with national figures and national with international.

**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.**—Under this classification comprising Measles, Scarlet Fever, Diphtheria, Whooping Cough and Diarrhoea, one death was registered for the current year compared with none for 1961, one for 1960 and a nil return for each of the years 1959 and 1958.

**SMALLPOX.**—No deaths from Smallpox have been recorded during the year, this year being the 60th since a death from this disease occurred.

**MEASLES.**—During 1962 no deaths from measles were recorded compared with none for the previous year and one for 1960. There were no deaths from this complaint during the years 1959 and 1958.

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

**WHOOPING COUGH.**—One death was credited to this cause during the current year compared with a nil return obtaining during each of the previous 8 years.

Two deaths were registered for 1953, none for 1952 and one for each of the years 1951 and 1950.

**ENTERIC FEVER.**—There were no deaths arising from this cause during the year and none have been recorded since 1941. Only 2 deaths from Typhoid Fever have been registered during the last 25 years.



**DIARRHOEA AND ZYMOTIC ENTERITIS.**—Compared with a nil return for the current year and for the years, 1961, 1960 and 1959, there was one for 1958, one for 1957 and a nil return for each of the years 1956 and 1955.

**DIPHTHERIA.**—Again it is gratifying to report that there were no deaths from Diphtheria during the year under review and that it is now 16 years since one was recorded.

**TUBERCULOSIS.**—There were 6 deaths from this disease during the year, giving a death rate of 0.07 compared with 7 deaths and a rate of 0.08 for 1961. The rate for the present year compares favourably with the average tuberculosis death rate for the previous ten years, viz., 0.13 and is a further acknowledgment, if such were needed, of the effectiveness of modern therapeutic methods.

Although in Greenwich the numbers are small and therefore liable to wide fluctuation, they do reflect the national trend, for in 1962 the rate for England and Wales in respect of all forms of tuberculosis was 0.07 compared with a figure of 0.09 for London.

Greenwich deaths from tuberculosis for the previous ten years are given, with their appropriate rates, in the following table:

<i>Year</i>	<i>No. of Deaths</i>		<i>Rate</i>	
1952	...	32	...	0.35
1953	...	18	...	0.19
1954	...	15	...	0.16
1955	...	8	...	0.08
1956	...	13	...	0.14
1957	.....	8	.....	0.09
1958	.....	7	.....	0.07
1959	...	14	...	0.15
1960	.....	4	.....	0.04
1961	.....	7	.....	0.08
<i>10-year average</i>		<u>13</u>		<u>0.13</u>
<b>1962</b>	.....	<b>6</b>	.....	<b>0.07</b>

Tuberculosis of the Respiratory System was responsible for 5 of the deaths in this category, only one death being attributed to the remaining forms of tuberculosis.

At 0.06, the Pulmonary Tuberculosis rate was 0.01 lower than that returned for last year.

**CANCER.**—In Greenwich, cancer was responsible for a total of 206 deaths giving a rate of 2.44 per thousand population compared with figures of 203 and 2.39 respectively for the previous year. It accounted for 21% of all registered deaths, a percentage five times that returned for 1901, viz. 4.2%, and indicates that approximately one in every five deaths resulted from cancer of

one form or another. The present total of 206 is 15% higher than the average for the past ten years.

Comparing the current year's figures with those of the previous 5 years, the sites of the affected parts were: —

	1957	1958	1959	1960	1961	1962
Cancer of Stomach ....	23	14	26	26	26	30
„ „ Lung, Bronchus	46	44	50	63	48	60
„ „ Breast ....	15	19	14	15	17	22
„ „ Uterus ....	5	7	2	11	7	5
„ „ all Other Sites ....	98	95	80	94	105	89
<b>Totals</b>	<b>187</b>	<b>179</b>	<b>172</b>	<b>209</b>	<b>203</b>	<b>206</b>

*Lung Cancer.*—Throughout the country in recent years there has been a tendency for cancer of the lung to increase and the following table has again been included in order that the trend in this Borough may be studied:—

DEATHS FROM CANCER OF LUNG  
(including Bronchogenic Carcinoma)

Year	AGE GROUPS								Totals		Grand Total	Rate per 1,000 Pop.
	25 and under 45 yrs.		45 and under 65 yrs.		65 and under 75 yrs.		75 and up-wards					
	M	F	M	F	M	F	M	F	M	F		
1952	2	—	15	2	9	1	1	1	27	4	31	0.34
1953	3	—	12	4	7	—	1	—	23	4	27	0.29
1954	—	—	21	3	13	5	5	—	39	8	47	0.52
1955	2	1	16	3	5	1	6	1	29	6	35	0.39
1956	1	—	29	3	16	1	8	—	54	4	58	0.65
1957	2	2	24	2	8	1	5	2	39	7	46	0.52
1958	3	1	20	5	9	—	4	2	36	8	44	0.49
1959	—	1	25	3	11	2	7	1	43	7	50	0.56
1960	2	1	25	3	19	2	7	4	53	10	63	0.71
1961	—	—	30	1	13	—	2	2	45	3	48	0.56
10 yr. Average	1.5	0.6	21.7	2.9	11.0	1.3	4.6	1.3	38.8	6.1	44.9	0.50
1962	1	1	22	3	15	4	10	4	48	12	60	0.71



From the preceding table it can be seen that the age group 45 to 65 years continues to be the period of greatest mortality, and deaths in this group consistently constitute approximately half the deaths attributed to lung cancer. At present the trends in Greenwich with regard to lung cancer closely follow those discernable in the national figures. Since 1950 the numbers dying from cancer of the lung in England and Wales has almost doubled to the current figure of 23,774 giving a rate of 0.51 per thousand of the population. This compares with a rate of 0.68 for London and 0.71 for Greenwich.

Nationally as well as locally, recent years have shown an exceptionally rapid decline in the death rate of pulmonary tuberculosis whereas that for cancer of the lung has increased, one might almost say, correspondingly and the epidemic proportions of this disease become more apparent each year. Indeed, for some time, statistics have indicated that serious illnesses and in particular lung cancer were affecting smokers rather than non-smokers.

Immediately after publication in October, 1961, of the Royal College of Physicians' Report on "Smoking and Health" which, incidentally, left no reasonable doubt as to the effect of tobacco smoking on the incidence of lung cancer, there certainly was a distinct reduction in cigarette consumption throughout the country. However, this decrease proved to be purely temporary and, aided and abetted by the re-introduction of coupons, the consumption of tobacco is again rising.

What has been achieved in persuading people to desist from smoking? Practically nothing! In the minds of many adults health education is somehow associated with the idea that it is introduced by "the authorities" primarily to stop them doing something they wish to do and therefore must be resisted at all costs.

With regard to schoolchildren, recent education campaigns conducted in various parts of the country have, in the main, been abortive. The dramatic effects of parading a model of a cancerous lung, coupled with a lecture indicating that habitual smoking can lead to this kind of result, appear to be short lived. This type of approach is obviously intended to frighten children into abstinence and their normal reaction is to refuse to succumb, thinking that it is manly not to do so.

Psychological studies have shown that cancer education with a strong fear content has the least effect in inducing permanent changes in attitudes. Moreover, as indicated in my last report, many youngsters smoke not only with their parents' consent but with their active co-operation.



Because "causes and effects" of medical problems are seldom precise, it is clear that propaganda has little effect on the immature mind, and repetition of available data merely promotes monotony. Much more is likely to be achieved by example, namely the abstaining from smoking of parents, doctors, teachers, etc.

It would appear that, with regard to health education and the advocacy of abstention in relation to smoking, insufficient emphasis is laid on the rarity of lung cancer in non-smokers. As a matter of interest I quote a diagnostic aphorism postulated by a certain specialist in New York. It is, "when a patient is brought to me with a lung tumour and is not a smoker, I immediately diagnose either an adenocarcinoma or a non-malignant disease. In five years I have been wrong only twice. There is no other diagnostic criterion which is normally so accurate as this one and I believe a history of smoking is extremely important, diagnostically."

To emphasise this fact I would point out that Doll and Bradford Hill in their paper of 1952, recorded only 7 non-smokers among 1,357 men with lung cancer and in their investigation of this disease in the medical profession they found only one non-smoker in a total of 84 dying from lung cancer. Again, in a re-examination at a Manchester hospital of 184 bronchoscopies taken during a 2½ year period to mid 1962 for the confirmation or otherwise of lung cancer, the smoking history of each case was registered. Eighty-one of these cases were proved to be non-malignant but of the 103 diagnosed as malignant all were smokers—99 of cigarettes and 4 of pipes. This kind of information, collated and properly presented, should be a good basis from which to start an effective anti-smoking campaign if given official backing and financial support.

There is no reasonable doubt that but for the smoking habit the number of deaths from lung cancer would be almost insignificant but it is paradoxical that whereas a yearly total of approximately 7,000 road deaths provoke a great deal of anxiety in the minds of the public there is almost complete complacency about the 23,000 or so lung cancer deaths.

A major argument that cancer is really due to atmospheric pollution is palpably not true for the highest male lung cancer rate was returned by the island of Jersey where there is no air pollution and where no lung cancer was recorded in a non-smoker.

Basically, all that is needed is a simple act of will-power.

**VASCULAR LESIONS OF NERVOUS SYSTEM.**—This class, which includes deaths arising from Cerebral Haemorrhage, Embolism and Thrombosis was responsible for a total of 96 deaths (45 males, 51



females). The age distribution was as follows :—3 between 25 and 45 years; 8 between 45 and 65 years; 32 between 65 and 75 years and 53 from 75 years upwards.

This year's total of 96 indicates a rise of 6 over that for 1961.

**HEART DISEASE.**—Under the new classification 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 such maladies amounted to 314 (164 males—150 females) compared with a figure of 297 for 1961, and as usual, the deaths from this category occupied the principal place in the classification of diseases in that they formed over 32% of the total deaths from all causes.

Besides being responsible for a prodigious loss of man-working capacity in the United Kingdom amounting, it is estimated, to some 12 million week days per year, cardiovascular and atherosclerotic diseases as a group are responsible for more deaths than any other single cause and, as such, constitute the greatest possible challenge to preventive medicine. The urgency of this problem becomes intensified when it is realised that deaths from arteriosclerotic and degenerative heart disease are mounting year by year.

Information has been given in previous reports relating to the aetiological factors which, in the light of present day knowledge are thought to be implicated, namely: excess of animal fat in the diet producing a rise in serum cholesterol—the association of smoking with heart disease—the lack of physical activity and coronary disease and its hypothetical connection with “stress and strain.”

Although the causes of heart and circulatory diseases are still subjects of a great deal of research, the exact aetiology remains obscure. Nevertheless, to counter some of the agencies known to be connected with heart disabilities, it would appear to be unwise to delay the introduction of preventive measures such as weight reduction, restriction of the intake of animal fat, control of smoking, introduction of regular exercise and, most important, education, until our knowledge of cause and effect is complete.

**DISEASES OF THE RESPIRATORY SYSTEM.**—There were altogether 168 deaths from these diseases. Bronchitis accounting for 92 and Pneumonia (all forms) 70. The total shows an increase of 32 over that of the previous year; deaths from Pneumonia rose by 4 and those from Bronchitis increased by 28.

Of the total deaths, 11 were children under one year of age and 131 were in respect of persons 65 years and over.



INFLUENZA.—There were 2 deaths attributed to this cause during the year compared with 4 for 1961.

DEATHS FROM VIOLENCE.—These numbered 46 including 15 from Motor Vehicle Accidents, 14 from Suicide and the remainder being accounted for under the heading of "All Other Accidents."

The number of deaths from Motor Vehicle Accidents was an increase of one over that of the previous year while the figure for Suicide increased by 5.

Accidents in the home are generally foreseeable and therefore preventable but legislation can play only a very small part in the problem, namely, in ensuring the safety of all appliances used domestically. Home safety is essentially a parental responsibility and education of prospective parents in accident prevention should be considered to be of major importance. Experience, which seems to play a great part in enabling parents to anticipate and guard against potential accident conditions, is a commodity difficult to pass on theoretically.

Road accidents, which are now the commonest cause of death in adolescents and young adults, are responsible for approximately 6,000 deaths and 60,000 serious injuries each year and the totals are mounting. Whether epidemiology can be usefully employed in this field is problematical. Some people are obviously unsuited emotionally to be in charge of a car whilst others with minor physical disabilities should perhaps be advised to give up driving. Undoubtedly safety on the roads depends ultimately upon an individual's ability to recognise and assess the responsibility which he owes to the community at large.

Contrary to general belief suicide claims a formidable number of victims. In England and Wales the number of suicides, approximately 5,000 annually, far exceeds deaths from tuberculosis and is almost equivalent to the total of deaths from motor vehicle accidents. In some countries which sustain high living standards it has become a most important psychiatric problem.

Until recently, suicide remained a felony and attempted suicide an indictable offence and a misdemeanour. It is interesting to recall that until 1824, the original penalty for suicide was to be buried at the crossroads with a stake through the heart. From then onwards until the 1880's the penalty was ameliorated to one of being buried in unconsecrated ground between 9 p.m. and midnight, without ceremony. Confiscation of goods by the Crown which constituted a further penalty was discontinued in 1870.

Society, presumably, has become mature enough to respond constructively to suicide by providing the maximum of medical care that these sick people require, for, with the introduction of



the Suicide Act, 1961, the law has been brought into line with modern thought and attempted suicide is now considered to be a medical and social problem and not one constituting an indictable offence.

In general, it is now agreed that the number of suicides could conceivably be reduced by medical means for in many instances, signs of abnormality were discernible before death and comparatively few cases had received psychiatric treatment. Depression, which appears to be a common factor in elderly suicides, did not receive as urgent attention as it might have. Much can be achieved, on the one hand, by the general practitioner in reassuring and explaining illnesses which often assume monumental proportions in the lives of the lonely and, on the other, by the lady public health officer or social worker who could help to disperse some of the financial worries and assist by bringing community welfare services to bear.

## SECTION B

### General Provision of Health and Welfare 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 1962, which will be found on the following pages in table form.

### NATIONAL WELFARE FOOD ITEMS

#### DISTRIBUTION CENTRES

#### M. & C.W. Centres

Burney Street, S.E.10	Monday	9.30 a.m.—12 noon 2 p.m.—4 p.m.
	Thursday	1.30 p.m.—4 p.m.
Charlton Lane, S.E.7	Tuesday	9.30 a.m.—12 noon
	Thursday	1.30 p.m.—4 p.m.
Chevening Road, S.E.10	Tuesday	1.30 p.m.—4 p.m.
	Wednesday	9.30 a.m.—12 noon
	Friday	1.30 p.m.—4 p.m.
Creek Road, S.E.8	Friday	1.30 p.m.—4 p.m.
Fairfield Grove, S.E.7	Tuesday	9.30 a.m.—12 noon
	Thursday	1.30 p.m.—4 p.m.
Ridgebrook Road, S.E.3	Tuesday	9.30 a.m.—12 noon
		1.30 p.m.—4 p.m.
Shooter's Hill Road, S.E.3	Monday	1.30 p.m.—4 p.m.
	Tuesday	
	Wednesday	9.30 a.m.—12 noon 1.30 p.m.—4 p.m.
	Thursday	
	Friday	
Tranquil Vale, S.E.3	Wednesday	9.30 a.m.—12 noon



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	School Children	Care of People		Miscellaneous	Unsuccessful	Total Visits
	1st visit	Re-visit			1st visit	Re-visit			Old	Others			
March	218	128	35	7	406	1,518	3,208	188	90	57	292	673	6,820
June	239	248	41	5	426	1,842	3,942	256	131	77	356	883	8,446
Sept.	188	171	34	2	404	1,503	2,891	228	109	54	268	733	6,585
Dec.	191	247	31	9	401	1,631	3,498	269	132	59	298	897	7,663
Totals	836	794	141	23	1,637	6,494	13,539	941	462	247	1,214	3,186	29,514

**2. Infant Welfare Clinics**

Quarter				Sessions	Attendances			
					0-1 year		1-2 years	2-5 years
					1st	Total	Total	Total
March	...	...	...	187	452	4,243	1,144	825
June	...	...	...	179	355	5,148	1,264	1,022
September	...	...	...	190	388	5,028	1,258	878
December	...	...	...	190½	346	4,673	1,144	864
Totals				746½	1,541	19,092	4,810	3,589

### 3. Ante and Post Natal Clinics

#### (a) Ante Natal

Quarter	Sessions	1st Attendances		Total Attendances
		This Year	Current Pregnancy	
March ...	68½	391	236	1,489
June ...	42	128	128	884
Sept. ...	51	111	110	570
Dec. ...	60½	109	105	454
Totals	222	739	579	3,397

#### (b) Post Natal (cases seen at Ante-Natal Clinics)

Quarter	1st Attendances		Total Attendances
	This Year	Since Confinement	
March ...	54	53	60
June ...	22	24	27
Sept. ...	11	11	11
Dec. ...	16	16	19
TOTALS	103	104	117

### 4. Toddlers Clinics

Quarter	Sessions	Total Attendances	Medically Examined
March ...	43	232	213
June ...	36	153	151
September ...	42½	243	232
December ...	41½	209	174
Totals	163	837	770



### 5. Relaxation and Educational Sessions

Quarter	Relaxation Sessions		Educational Sessions*	
	Sessions	Total Attendances	Sessions	Total Attendances
March ...	11	138	11	140
June ...	22	365	34	517
September ...	29	354	41	653
December ...	17	304	29	606
Totals	79	1,161	115	1,916

\* Includes a Fathercraft Class

### 6. Artificial Sunlight, Massage etc.

Quarter	Sessions	Attendances	
		First	Total
March ...	58	33	643
June ...	46	23	521
September ...	45	14	482
December ...	43	39	464
Totals	192	109	2,110

### 7. Chiropody Treatment

No. of Clinic Sessions	....	....	1,146
No. of First Attendances	....	....	501
Total Attendances	....	....	13,251

### 8. Home Help Service

#### (a) Analysis of Cases, etc.

	Cases					Home Helps	
	Mater-nity	Tuber-culosis	Chronic Sick, Aged & Infirm	Others	Total	No. Part Time	Whole Time Equivalent
On live Register at:							
1st Jan., '62	2	11	571	8	592	83	37
31st Dec., '62	—	11	589	6	606	92	37
Cases attended during 1962 :—	55	15	814	40	924	—	—

#### (b) Supervision

	Effective	Ineffective	Total
Visits made by Organising Staff :	2,675	352	3,027

## 9. Prophylaxis

### (a) Immunisation and Vaccination

(Children under 5 years)

Diphtheria immunisation (completed cases & boosters)	18
Whooping Cough immunisation (completed cases) ,...	—
Combined Antigen (Diphtheria and Whooping Cough)	9
Combined Antigen (Diphtheria and Tetanus) (including boosters) ....	57
Triple Antigen (Diphtheria, Whooping Cough and Tetanus) ....	952
Triple Antigen (boosters) ....	915
Tetanus immunisation ....	5
Vaccination (Smallpox) ....	1,397

(Persons (including children noted above) vaccinated and re-vaccinated in connection with the Smallpox incidents during January—February, 1962.)

General Practitioners ....	7,807
Clinics and Schools ....	26,606
	<hr/> 34,413 <hr/>

### (b) B.C.G. Vaccination

(Children 13 years old at Greenwich Schools)

No. of Children 13 years old ....	1,276
No. of whom parental consent was obtained ....	1,036
No. of negative reactors vaccinated ....	906
No. of positive reactors X-rayed ....	35

### (c) Poliomyelitis Inoculation

(Children born 1943-1962 resident or attending Greenwich schools)

(i) Two injections given during year ....	254
(ii) Third injection given during year ....	549
(iii) Fourth injection (Children 5-12 years) or doses of Sabin following 3 injections of Salk during the year	477
(iv) Completed courses of Sabin ....	943

(Others—mainly adults 16-40 years living or working in Greenwich and Exp. Mothers)

(i) Two injections given during year ....	186
(ii) Third injection given during year ....	492
(iii) Completed courses of Sabin ....	360

## 10. District Nursing

The staff of the Queens District Nursing Association for Charlton and Backheath made 33,234 visits during the year.

Visits carried out by the Ranyard Nurses and the Nursing Sisters of St. John the Divine were additional to those quoted above.



## 11. School Health Service

	Vision	Special Investi- gation	Minor Ailments Clinics
No. of Attendances ... ..	539	258	38,350
No. of New Cases ... ..	302	19	8,815
No. of Glasses prescribed ...	122	—	—

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

### TREATMENT CENTRES AND CLINICS

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

#### INFANT WELFARE CLINICS

Burney Street, S.E.10  
 Charlton Lane, S.E.7  
 Chevening Road, S.E.10  
 Creek Road, S.E.8  
 Fairfield House, S.E.7  
 Ridgebrook Road, S.E.3  
 Shooter's Hill Road, S.E.3  
 Tranquil Vale, S.E.3

#### ANTE & POST NATAL CLINICS

Burney Street, S.E.10  
 \*Charlton Lane, S.E.7  
 Chevening Road, S.E.10  
 Creek Road, S.E.8  
 Fairfield House, S.E.7  
 Shooter's Hill Road, S.E.3  
 Tranquil Vale, S.E.3

\* Fortnightly

#### ARTIFICIAL SUNLIGHT TREATMENT

Chevening Road, S.E.10  
 Fairfield House, S.E.7  
 Shooter's Hill Road, S.E.3

#### FOOT CLINICS

Chevening Road, S.E.10  
 Shooter's Hill Road, S.E.3  
 Fairfield House, S.E.7

#### IMMUNISATION AND VACCINATION CLINICS

Burney Street, S.E.10 ....  
 Chevening Road, S.E.10 ....  
 Creek Road, S.E.8 ....  
 Fairfield House, S.E.7 ....  
 Ridgebrook Road, S.E.3 ....  
 Shooter's Hill Road, S.E.3 ....  
 Tranquil Vale, S.E.3 ....

Wednesday		2.0
Friday	9.30	
Friday		1.30
Monday		1.30
Tuesday		1.30
Wednesday		1.30
Friday		1.30

## MINOR AILMENTS CENTRES (for School Children)

Brooklands Park School, S.E.3  
Halstow School, S.E.10  
Kidbrooke School, S.E.3

Kidbrooke Park School, S.E.3  
Sherington Road  
Treatment Centre, S.E.7

## LONDON COUNTY COUNCIL HEALTH SERVICES

Enquiries:—Divisional Medical Officer, Division 6, St. Paul's House,  
Deptford High Street, S.E.8 (TID 4621).

## CHEST CLINICS (by appointment only)

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

DAY	A.M.	P.M.
Monday	10.00 (Allergy Clinics)	2.00
Tuesday	9.30 (X-rays with Drs. letters, etc.)	2.00
Wednesday		2.00 5.00-6.30 (workers only)
Thursday	9.30	2.00 (Contacts)
Friday	9.30 (Ante-Natal)	

SCABIES & CLEANSING CLINICS  
AND BATHING CENTRE

Tunnel Avenue ... ..

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

## WOMEN'S SPECIAL CLINIC (Family Planning Association)

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

Wednesday		12.30
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## 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)

## MASS RADIOGRAPHY

New Cross General Hospital, Avonley Road, S.E.14  
(NEW Cross 1522 for appointment).

## NURSING ASSOCIATIONS

Queens District Nursing Association for Blackheath and  
Charlton, 50, Vanbrugh Park, S.E.3. (GRE 1675).  
Ranyard Nurses, 110, Kennington Road, S.E.11  
(RELiance 4671).  
Nursing Sisters of St. John the Divine, Watson Street,  
S.E.8 (TIDeway 3028).

## OTHER ORGANISATIONS

*British Red Cross Society,*  
Miss K. A. Rackham,  
Divisional Director,  
46, Vanbrugh Park, S.E.3 (GRE 0157).  
*Citizen's Advice Bureaux.*  
141, Greenwich High Road, S.E.10. (GREenwich 4981).  
71, Rectory Place, S.E.18 (WOOLwich 0047).  
173, Walworth Road, S.E.17 (RODney 2860).  
*Family Welfare Association, Area 6* (Deptford, Green-  
wich and Lewisham),  
49, Rushey Green, S.E.6 (HITher Green 1630).  
*Women's Voluntary Services,*  
Mrs. Gardener,  
56, Beaconsfield Road, S.E.3 (GRE. 0902).  
W.V.S., West Greenwich House, S.E.10 (GRE. 1383).  
W.V.S. Sub-Centre, Blackheath Park, S.E.3  
(LEE Green 0791)

## 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.	
	Sat.	9 a.m. to 11 a.m.

## SECTION C

### Sanitary circumstances of the Area

The tables on pages 99 to 100 summarise, as far as possible, the sanitary work of the Department; from these it will be seen that a total of 15,384 houses and premises have been inspected or re-inspected during the year; 363 intimation notices and 129 statutory notices were served. Of the latter figure 24 were in accordance with the Housing Act, 1957.

Registered complaints, numbering 2,097, although showing a decrease of 69 from those of the previous year, is a total greatly in excess of the pre-war average of 700.

LEGISLATION.—With reference to this Section the most important statutory instruments passed during the year are listed below:—

*The Housing (Management of Houses in Multiple Occupation) Regulations, 1962.*—Made under Section 13 of the Housing Act, 1961, and operative from 22nd May, 1962, these Regulations provide a code of management which a local authority may apply, by Order under Section 12 of the Act, to any house wholly or partly let in lodgings or occupied by members of more than one family which is in an unsatisfactory condition in consequence of defective management. They may, in certain circumstances, be applied to a tenement building or a block of flats.

Such regulations cover the interpretation of expressions, the principal duties of management with regard to good order, repair and cleanliness, etc., and the necessity for the manager to display certain documents for the information of the occupants.

*The Oil Heater Regulations, 1962.*—These regulations which came into operation on 1st June, 1962, were made under the Consumer Protection Act, 1961, and have been introduced to prevent risk of death or personal injury in relation to the use of oil burning domestic space heaters.

*The National Assistance Act, 1948 (Amendment) Act, 1962.*—This Act amends Section 31 of the 1948 Act and now enables a local authority to make provision for meals and recreation for old people.



*The Recorded Delivery Service Act, 1962.*—Passed on 3rd July, 1962, this Act came into operation on the same day and authorises the sending by the recorded delivery service of certain documents and other items required or authorised to be sent by registered post.

*The Town and County Planning Act, 1962.*—Apart from minor provisions this Act is to operate from 1st April, 1963, and is purely a consolidation of the various Town and Country Planning statutes. Apart from certain amendments resulting from the Recorded Delivery Service Act, 1962, etc., it represents existing law.

*The Landlord and Tenant Act, 1962.*—Operative from 1st November, 1962, this Act requires landlords to supply tenants with rent books or other similar documents in which certain particulars such as the name and address of the landlord, etc., must be given.

*The London County Council (General Powers) Act, 1962.*—An Act introduced to enable Borough Councils to take action in connection with buildings liable to flooding, it defines the term "refreshment house" as used in the L.C.C. (General Powers) Act, 1959, and, *inter alia*, enables arrangements to be made for reciprocal services between the County and Borough Councils.

**FACTORIES ACT, 1961.** 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

Temperature

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 521 inspections were made by the Council's Inspectors in relation to the 470 registered factories. The latter figure includes 80 premises where mechanical power is not used.

Defects were found in 40 instances, all of which were remedied.

# Factories Act, 1961

Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		In-spections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	80	24	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	376	468	14	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	14	29	—	—
TOTAL ...	470	521	15	—

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.)...	10	10	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6) ...	4	4	—	—	—
Sanitary Conveniences (S.7):					
(a) insufficient ...	1	1	—	1	—
(b) unsuitable or defective	18	18	—	14	—
(c) not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	4	4	—	—	—
TOTAL ...	40	40	—	15	—



## Outwork—(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Sect. 133 (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 unwholesome premises	Notices served	Prosecutions
Wearing } Making, etc. apparel }	27	—	—	—	—	—
Curtains and Furniture Hangings ...	1	—	—	—	—	—
Lampshades ...	4	—	—	—	—	—
Household Linen ...	1	—	—	—	—	—
Carding, etc., of Buttons, etc. ...	3	—	—	—	—	—
TOTAL ...	36	—	—	—	—	—

OUTWORKERS.—Twice yearly, February and August, the Factories 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 .....	10
(b) Outworkers resident outside the Borough .....	24

Notifications received from firms outside the Borough of:—

Outworkers resident in the Borough .....	47
Total number of Greenwich residents employed outworkers ( <i>as given in August list</i> ) .....	36

Premises where homework is carried on were visited on 49 occasions by the Lady Public Health Inspector. In no instance was it necessary to take action because of infectious disease.

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

(1) *Complaints from or on behalf of the occupier.*—The District Public Health 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 Public Health 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) *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, 1957, 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.

PIGEON NUISANCE.—A local authority is enabled by Section 121 of the Public Health (London) Act, 1936, to deal with a nuisance arising from the congregation of pigeons believed to be ownerless and it has been the practice of this Council to authorize a pigeon-catcher to deal with pigeons on the highway and other public places.

During the year some 23 complaints were received and, where justified, arrangements were made to reduce the pigeons to a reasonable number. This year's total shows an increase of 14 over that returned for the previous year.

Remarks concerning this matter bear constant repetition, viz., that whilst there can be no objection to the feeding of a limited number of pigeons in any particular area, it is reprehensible that, persons who are so inclined, make available supplies of food of such proportions that birds lose their natural feeding habits and tend to congregate in the vicinity of the source of their sustenance to the detriment of the surrounding property.

RIVER POLLUTION.—Although no complaints were made to this department during the current year, many have been lodged in previous years, not only with this department but with other riverside boroughs, concerning obnoxious smells arising from pollution of the river by sewage effluent. This has brought into relief the whole problem of sewage disposal.

In the London area, sewage and its disposal, amounting to a daily dry flow of approximately 300 million gallons, is under the control of the London County Council and after treatment at the northern and southern outfalls at Beckton and Crossness respectively, the resultant sewage effluent is discharged into the Thames. It is then considered by various authorities to be a pollutant and the predominating cause of the complaints.



By way of explanation it may be said that when the concentration of dissolved oxygen in the river falls to zero, the sulphate which is found in tidal waters is reduced by bacterial action and hydrogen sulphide is formed. In this respect, the Director of the Water Pollution Research Laboratory at Stevenage has asserted that during dry weather many miles of the Thames Estuary contains no oxygen and in this region hydrogen sulphide is evolved, giving rise to complaints both because of its smell and because of the corrosion it causes.

The Pippard Committee set up by the Ministry of Housing and Local Government in 1951 to investigate river pollution, issued its report entitled "*Pollution of the Tidal Thames*" towards the end of 1961. At the time of its appointment the Committee found that data necessary for it to reach any conclusions was so seriously deficient that the necessary scientific research had first to be instituted. This research was carried out by the Department of Scientific and Industrial Research under the supervision of the Thames Survey Committee of the Water Pollution Research Board.

Regular survey of the river revealed that its condition has gradually deteriorated and the Report, *inter alia*, makes particular reference to effluents from the London County Council's outfall works, polluting loads, storm water, effect of tributaries, synthetic detergents, heated discharges, etc. The Report concludes with an evaluation of the measures already adopted and recommends further action which could be taken to reduce pollution.

One most important point has emerged from this admirable Report—it is that the condition of the river is inherently predictable and that a positive method of control can be devised.

A statement by the London County Council's Rivers and Drainage Committee that there had been a considerable improvement in the sewage effluent discharged into the river from the Northern outfall since the new primary sedimentation tanks were brought into operation in 1955 and since the introduction in 1960 of the new aeration plant is strengthened by the Pippard Report which points out that there was a substantial reduction in pollution after these new services had been put into operation.

The fact that no complaints were received during the current year regarding smells emanating from the river supports the contention made by the London County Council that there has been a great improvement in the sewage effluent discharged into the river.

**STORM FLOODING.**—There were no instances of damage to property due to unusually heavy rainfall recorded during the current year.



*River Ravensbourne—Jurisdiction.* Although no complaints of flooding were received during the year under review, heavy storms of late have emphasised the need for preventing the overflowing of the Ravensbourne and its tributaries at times of heavy rainfall.

Many properties in the Borough in close proximity to the River Ravensbourne have suffered from inundations once or twice a year in recent years and flood waters have penetrated to the foundations, resulting in extreme discomfort to the inhabitants besides tending to produce in the dwellings ideal conditions for the spreading of dry rot.

It was reported in 1959 that the problem was being investigated under the auspices of the Ministry of Agriculture, Fisheries and Food which had invited the London County Council to consider in what way jurisdiction over the river could best be exercised.

After a number of consultations with local authorities concerned and with Ministry approval the London County Council with the Kent County Council drafted a joint Bill which was presented to Parliament and, on the 3rd August, 1961, the River Ravensbourne, etc. (Improvement and Flood Prevention) Act, 1961, received the Royal Assent.

This Act confers like powers on the London County Council and Kent County Council for "*the improvement and protection of and the prevention of flooding from the River Ravensbourne and its tributaries and for purposes connected therewith.*" In London it applies not only to the rivers Ravensbourne, Pool, and Quaggy, the Kid Brook, Kyd Brook and the Lower Kid Brook but also to the parts of all tributaries, brooks and watercourses (whether open or covered) that flow into these rivers or streams.

Powers are given to both these County Councils to make by-laws and, in the prevention of pollution,

- (a) to dredge, cleanse and scour the stream,
- (b) to reduce or remove any shoals, shelves, banks or other accumulations in the stream,
- (c) to abate or remove, or cause to be abated or removed, all or any impediments, obstructions or nuisances whatsoever in the stream or on the banks thereof.

Such powers include the purchase of any necessary land by agreement or compulsorily and the prohibition of the deposition of any articles, matter, etc. in the stream or on the banks. Dredging of



streams covered by the Act is also prohibited except with the express permission of the respective County Council. The County Council's consent is also required in connection with the erection of any buildings, etc., in or over the said streams.

Powers originally given to the Metropolitan Borough Councils under the Rivers (Prevention of Pollution) Act, 1951, are now to be enforced by the London County Council.

In advance of the main scheme some preliminary work to the extent of £20,000 is being undertaken in culverting some open sections of the River Quaggy and a start on the first stage of the major scheme, from Deptford Creek to Riverdale Mill, is expected to be made towards the end of 1963.

**ATMOSPHERIC POLLUTION—General.**—The Royal College of Physicians' publication "Smoking and Health," although very naturally concentrating on cigarette smoking and its relation to lung cancer, nevertheless suggested with some emphasis that from the evidence already to hand it would appear that air pollution might well be a potent factor in the incidence of cancer of the lung.

In my previous reports much has been written about the enormous and costly damage to life and property by air pollution but little with regard to the apportionment of responsibility.

At the time of the Beaver Committee's report on air pollution in 1954 it was already recognised that domestic smoke was deeply implicated but more recent investigations have shown that this connection is greater than at first supposed.

There is no doubt that greater quantities of dust and grit are emitted from industrial furnaces but the domestic fire, because of its comparative low temperature of burning, is responsible for a smoke much higher in hydrocarbon or tar content. Further, the industrial pollution is usually dispersed at higher levels and the concentrations are therefore well diluted by the time they reach street level. Domestic smoke on the other hand is discharged at low level from short flues with the result that it lingers and eddies thus constituting a greater danger to the local inhabitants. In this respect it has been proved that smoke concentration is relative not to the size of the town but to the density of the population and its domestic coal consumption per square mile. Research has revealed that for every ton of coal burned industrially, approximately 4½ lbs. is lost in smoke whereas the comparable figure for a domestic open coal fire is 90 lbs.



Emission of sulphur dioxide continues to engage the attention of research teams for it is conceded that this commodity is really the dangerous constituent of atmospheric pollution. So far no convenient and inexpensive method has been found for its elimination, although it has been estimated that a general change from open coal fires to closed stoves would reduce the sulphur dioxide content of the atmosphere to one third of its present level.

At first glance the obvious solution to the smoke problem seems to be either a replacement of the open coal fire with one of gas or electricity or a change to some other form of smokeless fuel. However, each new method of heating faces objections, some serious such as higher costs, unsatisfactory fuels and installations, local shortages and lack of storage space, etc., and some not so serious such as interference with personal liberty or that fumes are greater with the new smokeless fuels, all of which have to be countered in one way or another. Fortunately the present clean air policy coincides with the public's demand for cleaner and more efficient heating systems for the home. Nevertheless a great deal of prejudice has to be overcome especially in the smaller homes where the "cost" item is paramount.

*The London Fog—3rd-7th December, 1962.*—A fog which became progressively denser, developed over much of South-East England and particularly over London during the evening of Monday, 3rd December and visibility came down to 10 yards or less in many places. Although some temporary improvement was evident on the following Wednesday the fog again thickened and did not disperse until Friday, 7th December.

Weather conditions were as unfavourable to the dispersal of pollutants as in the London fog of 1952. Visibility this time was generally better but sulphur dioxide concentration levels, although as high as previously, were of shorter duration.

The Department of Scientific and Industrial Research at Warren Spring Laboratory have indicated that pollution was up to 10 times as great as normal and that during the smog there was an excess of nitric oxide over other oxides of nitrogen as compared with the usual pattern.

Full details are not yet available but it is clear that death and sickness rates were substantially lower than in the 1952 episode and it may well be that when all information and statistics have been collated it will be found that operation of the Clean Air Act has contributed in no small measure to this improvement.



In this connection it is as well to remember that much of the original work of the Department of Scientific and Industrial Research on air pollution was carried out at Greenwich and that the results obtained by this organisation were mainly responsible for the introduction of the Clean Air Act. At Warren Spring Laboratory the D.S.I.R. is still actively engaged on atmospheric pollution chiefly on behalf of the Ministry of Housing and Local Government and at present it is examining a German method of removing sulphur compounds from flue gases. Recently it has developed devices for taking measurements of air pollution over long periods and these have been produced commercially and are on sale to local authorities.

*Clean Air Act, 1956.* Provisions relating to the installation of new furnaces, smoke control areas, height of chimneys, research and publicity, came into operation on the 31st December, 1956, whilst the remaining provisions became effective on the 1st June, 1958.

In accordance with the Alkali, etc. Works Order, 1958, the Minister of Housing and Local Government has indicated the works located in the Borough which will be subject to the control of the Alkali Inspector under the Alkali, etc. Works Regulation Act, 1906; the works will include such industries as metal smelting and synthesis, gas works, electricity generation, etc. In these instances, however, it is understood that the Alkali Act deals only with the particular processes which are registered under the Act. Any other works, processes or plant carried on or operated at the premises—e.g. ordinary power plant fired by coal or oil—will not come under the Alkali Act but will be subject to the relevant provisions of the Clean Air Act, 1956.

A new Alkali, etc. Works Order, 1961, came into operation on the 1st of January, 1962 and whilst *inter alia* the Order defines a Caustic Soda Works so to include some of its products, it adds to the list of noxious or offensive gases, fumes containing uranium, beryllium, selenium, sodium potassium or their compounds, and carbon monoxide.

Within the Borough a Smoke Inspector and an Assistant are employed full time on duties in connection with atmospheric pollution and with the surveying and supervising of smoke control areas.



Procedures laid down for establishing smoke control areas are again modified by a Ministry Circular 3/62 which, in order to help speed up the completion of areas, introduced simplified arrangements with regard to privately owned dwellings yet still reserving the Minister's right to call for further information should he consider it necessary.

In Circular 4/62 authorities located in the "black areas" were asked by the Minister to review, in the light of experience gained, the whole position of smoke control in their areas with a view to improving completion dates. A reply to the effect that this Council still expected to have the whole of the Borough as a smokeless zone by 1970 was duly forwarded to the Minister.

In response to numerous representations on the difficulties encountered with regard to recommended fuel storage standards in new dwellings, the Minister issued a further Circular (50/62) suggesting that authorities increase storage facilities if, in their opinion, local conditions rendered this necessary.

Under Section 11 of the Clean Air Act, 1956, detailed inspections were completed of the Council's fourth and fifth smoke control areas which obtained Ministry approval on 15th October, 1962, and which will become operative on 1st October, 1963.

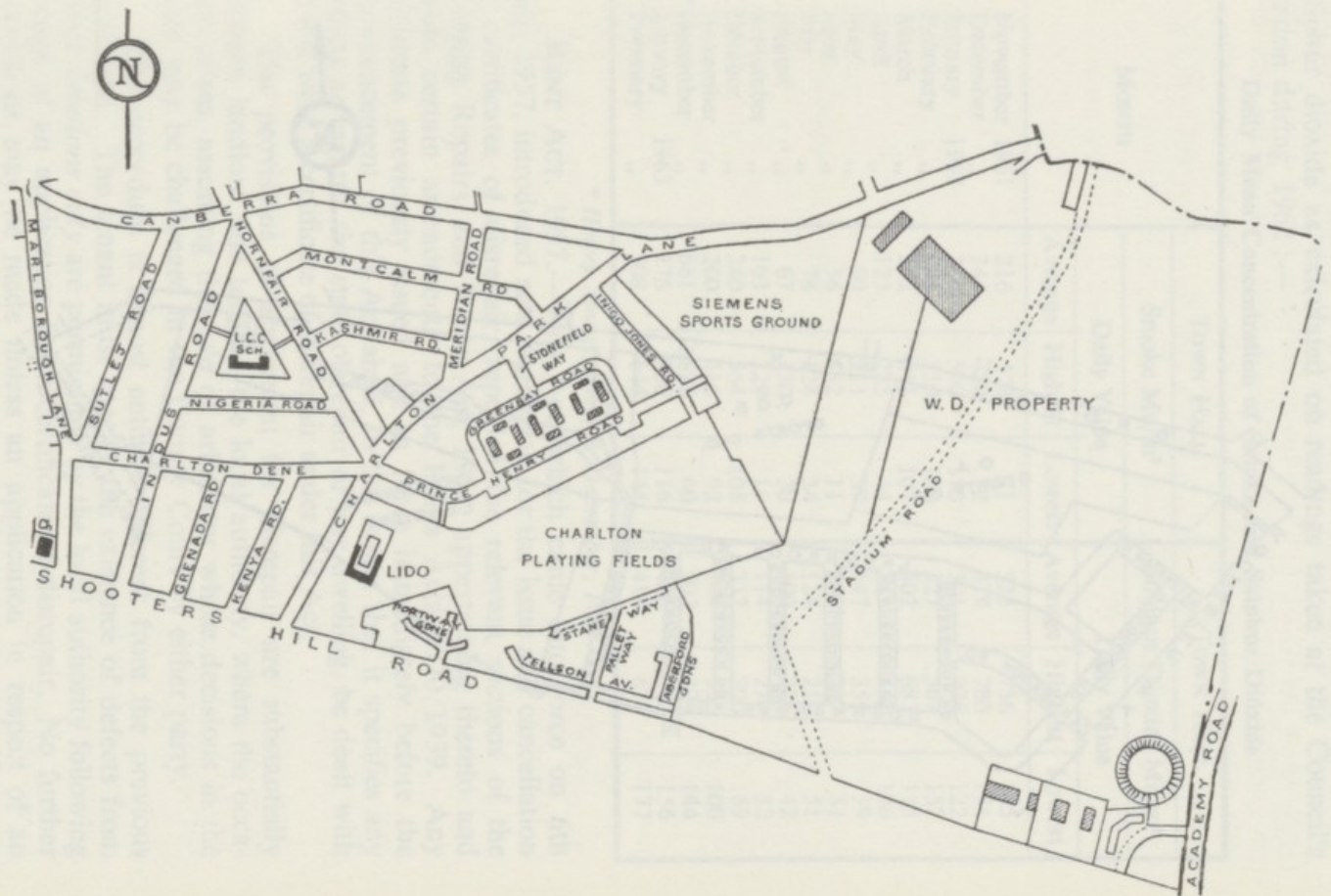
Particulars in connection with the Greenwich No. 4 and No. 5 Smoke Control Orders, 1962, are given in the following table and the accompanying plans indicate the areas concerned.

Particulars	Smoke Control Area	
	No. 4	No. 5
Approximate Acreage	262	132
No. of Industrial Premises	Nil	Nil
No. of Commercial Premises	Nil	6
No. of Dwellings	1,212	1,022
No. of Other Premises	3	1

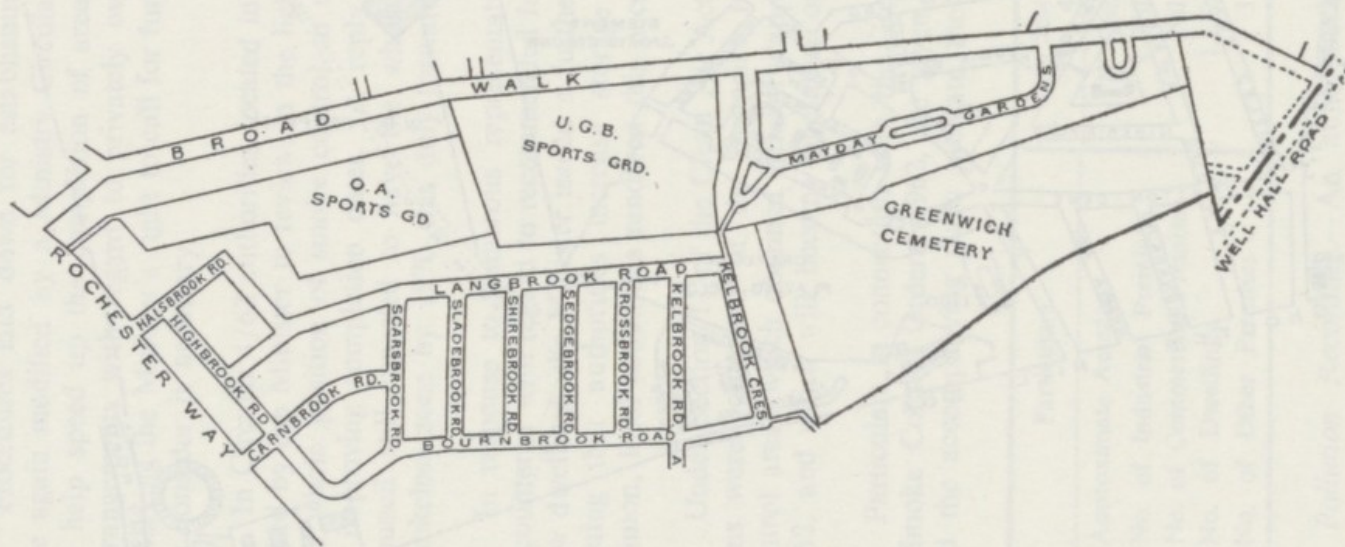
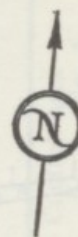
*Pollution Recording.*—An atmospheric pollution measuring station is maintained by the Council at the Town Hall and the following table gives the daily mean concentration of smoke and



GREENWICH No. 4 SMOKE CONTROL AREA



GREENWICH No. 5 SMOKE CONTROL AREA





sulphur dioxide as calculated on readings taken at the Council's station during 1962 :—

**Daily Mean Concentration of Smoke and Sulphur Dioxide**

MONTH	TOWN HALL			TOWN HALL		
	Smoke Mu/m <sup>3</sup>			Sulphur Dioxide Mu/m <sup>3</sup>		
	Daily Value			Daily Value		
	Average	Highest	Lowest	Average	Highest	Lowest
November 1961	216	578	71	325	756	125
December "	344	720	72	479	780	171
January 1962	239	590	110	301	926	122
February "	185	350	100	327	569	157
March "	252	611	101	302	683	115
April "	123	225	44	249	462	106
May "	90	211	39	147	359	39
June "	56	132	11	119	297	31
July "	78	128	34	124	217	51
August "	67	130	30	100	225	42
September "	103	228	16	114	210	32
October "	240	564	108	332	790	69
November "	260	416	92	344	526	100
*December "	661	2,896	60	902	4,429	144
January 1963	276	960	116	428	1,063	156
February "	308	644	144	418	674	177

\* Heavy Smog, 3rd/7th December, 1962.

**RENT ACT, 1957.**—This Act, which came into force on 6th July, 1957, introduced new legislation for the issue and cancellation of certificates of disrepair, repealed the relevant sections of the Housing Repairs and Rents Act, 1954, appertaining thereto and made certain amendments to the Rents Acts 1920/1939. Any certificate previously issued and in force immediately before the commencement of this Act shall, to the extent that it specifies any defects as regards the state of repair of any dwelling, be dealt with as if it were a certificate of disrepair under this Act.

The provisions of abatement for disrepair are substantially between landlord and tenant—the local authority, where the occasion arises, assuming the role of arbitrator whose decisions in the main may be challenged in the County Court by either party.

The procedure is almost entirely different from the previous legislation. The tenant must specify the existence of defects from which *deletions only* are permissible by the local authority following receipt of an application for a certificate of disrepair. No further inspections may be made unless an application in respect of an undertaking or an objection to the cancellation of a certificate is received.

Since, in either undertaking, there is no obligation on the landlord or the tenant to apply for a certificate as to whether or not the defects have been remedied, the effect of the Act as to the reasonable maintenance of properties may not be easy to assess.

The following table gives details regarding applications received, certificates issued and action taken during the current year in accordance with the Rent Act, 1957: —

#### PART I—*Applications for Certificates of Disrepair*

Number of applications for certificates .....	8
Number of decisions not to issue certificates .....	0
Number of decisions to issue certificates:	
(a) in respect of some but not all defects .....	6*
(b) in respect of all defects .....	2
	— 8
Number of undertakings given by landlords .....	3
( <i>under para. 5 of 1st Schedule</i> )	
Number of undertakings refused by Council .....	0
( <i>under proviso to para. 5 of 1st Schedule</i> )	
Number of certificates issued .....	4

\* *In one instance, following receipt of a written request from the tenant that his application be cancelled, the Council decided to take no further action.*

#### PART II—*Applications for Cancellation of Certificates*

Applications by landlords to Council for cancellation of certificates .....	4
Objections by tenants to cancellation of certificates upheld .....	1
Decisions by Council to cancel notwithstanding tenants' objection .....	1
Certificates cancelled .....	3

In addition to the foregoing, 2 applications (Form "O") received from landlords for a certificate as to the remedying of



defects which the landlord has undertaken to remedy, resulted in the issue of Certificates (Form "P") as follows :—

Applications	By whom made	Form 'P' Certificates issued in respect of:—	
		Defects Remedied	Defects not/not wholly Remedied
In respect of Form 'H' undertaking	Tenant	—	—
	Landlord	—	—
In respect of Form 'K' undertaking	Tenant	—	—
	Landlord	2	—

*Section 22.*—This section amends subsections 2 and 3 of Section 4 of the *Requisitioned Houses and Housing (Amendment) Act, 1955*, and applies the new rent limit to houses which have been released from requisition on the owner's undertaking to accept the occupant as a statutory tenant. Notices of increase of rent up to this new limit must be served on the local authority as well as on the tenant, and the local authority must be a party to any agreement affecting the rent. (Local Authorities are empowered under Section 4 (4) of the Act of 1955 to pay part of the rent in respect of these houses).

No investigations were made in connection with notices of increase served in respect of derequisitioned properties.

**NOISE ABATEMENT ACT, 1960.**—Local authorities have been empowered to deal with noise or vibration as a statutory nuisance under this Act from 27th November, 1960.

Borough Council byelaws concerning pleasure parties and street noises are already in existence and these are unaffected by the new legislation.

Recently, under Section 146 of the London Government Act, 1939, the Council made a byelaw prohibiting the operation of any wireless loudspeaker, gramophone, amplifier or similar instrument to the annoyance of the public. Similarly, a further byelaw was made banning shouting or the use of a bell, gong or other noisy instrument for the purpose of hawking, selling, distributing or advertising any article so as to cause annoyance to the inhabitants of the neighbourhood.

Previously, power to deal summarily with a noise nuisance under the Public Health (London) Act, 1936, was given to Councils of the Metropolitan Boroughs by Section 66 of the L.C.C.



(General Powers) Act, 1937, such nuisance being defined in subsection 3 as "*any excessive or unreasonable or unnecessary noise which is injurious or dangerous to health*". The new Act amends this to read "*any noise which is a nuisance*", a definition which is very vague and will have to be determined by the magistrate.

For a local authority to require its abatement, a noise or vibration nuisance now need not necessarily be injurious or dangerous to health. It must be admitted, having outlined the statutory aspect of the problem, that nuisances arising as a result of noise are extremely difficult to assess for noise constituting a nuisance to one person may pass unnoticed or even be enjoyed by a neighbour.

Generally speaking one expects noise nuisances to be a by-product of industrial processes and, by and large, this has proved to be so. However, with regard to noises and vibrations resulting from trade or business it is a defence in any proceedings to show that *the best practical means have been used to prevent or counteract the effects* and therein lies the difficulty for local authorities.

Since the introduction of the Noise Abatement Act, the public have become more noise conscious thus leading, in some cases, to complaints which may perhaps be considered of a minor nature.

During the year some 17 complaints of noise nuisance were received of which one was of such a nature as to require intensive investigation. It concerned a large local firm and the complaint was that noise, sufficient to cause nuisance to the inhabitants of the neighbourhood, was being emitted at all hours of the day and night, the nuisance being more acute during the night and more particularly on warm nights when windows were wide open.

With the co-operation of the Scientific Branch of the London County Council, noise readings were taken over a 24-hour period and, subsequently, observations were sought from the management of the firm concerned. They indicated that the nuisance arose from the fact that, due to large export orders, it was necessary to utilise the plant for the full 24 hours of the day. However, as the result of representations from the Public Health Department, efforts have been made by the management to minimise the noise and a satisfactory outcome is likely only after a period of "trial and error".

**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 Public Health 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 4 applications for entry of name in the Council's List of Persons entitled to sell Poisons included in Part II of the Poisons List were received and 62 vendors applied for retention in the Council's List. All were duly considered and approved.

Twenty-six inspections were carried out in accordance with the above Act.

**CONSUMER PROTECTION ACT, 1961.**—In seeking provisions to protect consumers this Act repeals the Heating Appliances (Fireguards) Act, 1952, and the Oil Burners (Standards) Act, 1960, although regulations made under the repealed Acts remain enforceable under the new Act which became effective from the 19th May, 1961.

These Regulations require fireguards to be fitted to gas fires, electric fires and oil heaters which are so designed that they are suitable for use in residential premises and are of such a type that, without a guard, there is a likelihood of injury by burning. Standards regarding construction, fittings for guards, tests and exemptions in cases of sales for scrap are all covered by the Regulations.

Powers and duties of the Council under this new Act have been delegated to the Public Health Committee and inspections are carried out by the Public Health Inspectors.

**HOME SAFETY ACT, 1961.**—Operative from 18th May, 1961, this Act, in repealing Section 82 of the London County Council (General Powers) Act, 1957, enables the Council to promote safety in the home and to make contributions to voluntary organisations whose activities consist of or include the promotion of safety in the home. Responsibilities of the Council under the Act have been referred to the Public Health Committee.

Lack of forethought, carelessness, and, on many occasions, sheer ignorance are the main causes of "home" accidents and the basic need would appear to be appropriate education.

As effective propaganda relies on the impact of direct appeal and contact with the public, the Public Health Committee has asked the Local Safety Advisory Council as being a more suitable organisation, to undertake this aspect of "Home Safety".

**SHOPS ACT, 1950.**—Under this Act, which became effective from 1st October, 1950, the Council is responsible for ensuring



that, in every part of a shop in which persons are employed about the business of that shop:

- (a) suitable and sufficient ventilation is provided and maintained,
- (b) suitable and sufficient temperature is provided and maintained, and
- (c) suitable and sufficient sanitary conveniences are provided and maintained.

In the event of satisfactory sanitary arrangements 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.

At the end of the year 16 exemption certificates were in operation.

From 1st January, 1959, in accordance with the *London County Council (General Powers) Act, 1958*, the County Council's powers and duties under Section 38 of the Shops Act, 1950, relating to lighting, washing facilities and arrangements for taking meals at shops were, with the excepted premises itemised under Section 18(2), transferred to the Metropolitan Borough Councils.

Routine inspections were carried out under the abovementioned Act on 427 occasions.

**HAIRDRESSERS AND BARBERS.**—Under Section 18 of the *London County Council (General Powers) Act, 1954*, with certain exceptions, no person shall carry on the business of a hairdresser or barber on any premises in the Borough unless he and those premises are registered by this Council.

Byelaws made by the Council under Sub-section 4 of Section 18, were confirmed by the Minister of Housing and Local Government on 21st August, 1956, and became operative on 1st October of the same year.

Premises registered at 31st December, 1962	.....	.....	61
Persons registered at 31st December, 1962	.....	.....	69

**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 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 Medical Officer of Health and the Public Health 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.

Three premises, at which filling and upholstering with new materials is carried out, remained on the register at the end of the year and one licence in respect of the manufacture of Rag Flock was renewed.

Based on the standard of cleanliness of filling materials issued by the British Standards Institution in 1960, regulations prescribe the standards of cleanliness for each type of filling material to which the Act applies, analysts and their fees and all records necessary for these ends, and under the Rag Flock and Other Filling Materials Regulations, 1961, three samples, one each of Rag Flock, Hair and unused Cotton Felt were obtained and submitted for examination. All proved satisfactory.

LICENSING ACT, 1961.—This Act, extending to England and Wales only, was introduced to amend the Licensing Act, 1953, to make further provisions concerning the sale and supply of intoxicating liquor and further, to introduce rules to control licensed premises and purposes connected therewith. There were two operative dates involved, namely, 1st November, 1961 and the 1st March, 1962, and the Council's duties under the Act are twofold. The first is in respect of the suitability of premises for the purpose in view (Section 27, sub-section (b)), and secondly, their conformity with the Town and Country Planning Acts.

The question of suitability of premises is referred to the Public Health Department and, in practice, objections are most likely to arise from insufficient or unsuitable sanitary accommodation or from breaches of the Food Hygiene Regulations.

During the year 40 applications for registration as licensed premises were made involving inspections by the Public Health Inspectors. Thirty-eight premises were considered satisfactory from a public health point of view and a further two were also considered suitable subject to certain structural alterations or improvements.

Subsequently, at the Magistrates' Court, three applications were refused, one on payment of £5 5s. 0d. costs.

PET ANIMALS ACT, 1951.—This Act, introduced to regulate the sale of pet animals with particular reference to their welfare prior to sale, became operative from 1st April, 1952, since when it became



an offence to keep a pet shop except under licence from the Local Authority.

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 "animal" 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, renewable annually, are issued on payment of 10/- and are valid to the 31st December of each year.

At the end of the year two licences were in operation and 6 inspections were carried out by the Public Health Inspectors in connection with the issuing of such licences.

LAND CHARGES ACT, 1925.—Under this Act, enquiries in respect of properties in the Borough are received from time to time by the Town Clerk concerning outstanding Notices served under the Public Health, Housing and Rent Acts and whether such properties are affected by any Smoke Control Area Orders, existent or proposed.

During the year 1,169 reports on such enquiries were forwarded to the Town Clerk's department.

DRAINAGE AND SEWERAGE.—During the year 558 drains were tested, 384 were opened, cleansed or repaired and there were 1,618 constructions and re-constructions, alterations and improvements effected.

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

One hundred and ninety-four plans of drainage and other sanitary works relating to existing and new buildings were examined and approved.

*Discharge of Trade Effluents into Sewers.*—Under the provisions of the London County Council (General Powers) Act, 1953, the Borough Engineer's Department consulted with various public bodies and carried out a site survey from which a list of 351 premises was compiled where trade effluents are discharged to the public sewer. A further survey of premises has increased the number of premises likely to discharge trade effluents to a total of 372. Of these, 65 connections are directly to sewers under the control of the London County Council and will be dealt with by that authority, under the provisions of the Act.



In connection with this matter the Borough Engineer has kindly supplied the following information :—

“The Council exercises the control and sampling of trade effluents under the provisions of the London County Council (General Powers) Act, 1953. As a result of an additional Drainage Inspector being appointed it has been possible to increase the number of samples taken over previous years.

Premises discharging trade effluents to local sewers .....	320
New premises discharging trade effluent to local sewers	2
Premises added as result of further survey .....	11
Premises discharging trade effluents to L.C.C. sewers	65
Number of sewer connections inspected .....	248
Number of samples taken .....	230
Number of samples found satisfactory .....	184

Of the unsatisfactory samples, 11 were from premises of the South Eastern Gas Board. In conjunction with the London County Council's Scientific Adviser a series of tests were run at the Board's premises to endeavour to establish the acceptable standards of effluent to be discharged, with particular reference to the atmospheric pollution within the sewers. The formal results of these tests are still awaited, but an early indication is that the tests run were by no means conclusive and disappointing in that it was difficult to relate an atmospheric pollution within the sewer to the volume and quality of effluent discharged.

The remaining unsatisfactory samples were found to be caused by errors in operating manufacturing plant, misuse and lack of maintenance of drainage systems. Remedial measures have been taken by the firms concerned.”

**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 24,736 dwellings with direct connections to the Board's mains.

During the year 240 water supply certificates were granted under Section 95 of the Public Health (London) Act, 1936. Water fittings have been amended, repaired or renewed in 260 cases.



*Fluoridation of Water Supplies.*—In recent years dental decay has increased especially among the younger age groups and it has been found that a minute quantity of fluorine assists the formation of healthy teeth and reduces the incidence of decay.

Authoritatively, it is suggested that fluoridation of public water supplies to the level of one p.p.m. of fluorine although not altering the colour, taste or smell of the water, would be sufficient to reduce the incidence of dental decay. This suggestion has raised a storm of controversy, especially on the grounds of "mass medication" but when one considers that water supplies in towns like Colchester, Slough and South Shields already contain fluorine in excess of this amount and that fluorine in chemical combination as fluoride is found as a trace element in many foods such as vegetables, meat, cereals, fruit, fish and tea etc., this objection cannot really be sustained. Again, in some quarters fluoridation has been opposed on grounds of expense, but it has been estimated that a reduction of one-fifth in existing dental decay would more than justify the cost.

In a five year experiment, improvements accruing in areas selected for study as a result of the treatment of water supplies by fluoride was most noticeable in those children who had been subjected to such supplies for the whole or greater part of their lives and with teeth which were calcified in that period. Briefly, for children of 3 years there was a reduction in caries of 66 per cent., for 4-year-olds the reduction was 57 per cent. and for the 5-year-olds it was 50 per cent. As expected, reductions recorded in the 6- and 7-year-olds, were somewhat less, namely, 26 and 14 per cent. respectively. Control areas also showed reductions but only of the order of 2 per cent. to 7 per cent. in a random pattern.

Possible adverse effects on health generally were countered by requests to medical practitioners in the study areas to report any cases suspected to be the result of fluoridation with specific investigation into osteochondritis juvenalis of the spine, accumulation of fluoride in the bones, mongolism, peptic ulcer, absenteeism from school and a careful study of the vital statistics. In this respect, the outcome was completely reassuring.

The results of the five year experiment can be considered a complete vindication of the attitude taken up previously by the dentists and, in consequence, the Minister of Health, in Circular 28/62, indicated that he was ready to approve under Section 28 of the National Health Service Act, 1946, the making of arrangements by Councils with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally.



It is to be hoped that suitable arrangements will eventually be made in this respect with the Metropolitan Water Board.

*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 the 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.

During September of 1953 a further shallow well was sunk on the premises of the Tunnel Glucose Refineries Ltd., at Tunnel Avenue, thus making 3 wells in all on this property and bringing the total of wells in the Borough to 41. This new well is to be used for industrial purposes only.

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. Nevertheless, during the current year, the water from this latter well was sampled chemically and bacteriologically by the Council's Public Health Inspector and results indicated that the water, although extremely hard, was suitable for drinking purposes.

**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:—

*Scavenging :*

The mileage of streets cleansed in the Borough is approximately 82 miles. This is done mainly by hand sweeping, only 7½% is swept by mechanical sweeper/collector during the night time, operating on main roads and other roads where extensive regular parking of vehicles presents difficulties during the daytime.

The scheduled frequency of sweeping the streets is as follows :—

- |                                      |      |
|--------------------------------------|------|
| (a) At least once daily (main roads) | 25 % |
| (b) Three times weekly               | 37½% |
| (c) Twice weekly                     | 37½% |



There are approximately 4,500 street gullies in the Borough which are emptied, flushed and refilled with clean water three to four times a year. This is done entirely by mechanical means using two 800 gallon capacity emptying and flushing vehicles.

Street sweepings during the year amounted to 1,061 tons, the weight of these being largely influenced by the amount of gritting required during the winter period.

### *Refuse Collection*

The total weight of household refuse collected for the year ending March 1962 was 21,651 tons including 611 tons of salvaged materials.

This was collected from 27,219 premises in the Borough, an average of approximately 16 cwts. each over the whole year or approximately 34 lbs. each per week. The average weight per 1,000 population per day was 13.9 cwts. Most of the refuse is collected from householders' individual bins, but with the increase in blocks of flats in the Borough more is being collected from large communal bins housed in chambers situated below chutes into which each individual occupier deposits refuse.

The scheduled frequency of collection throughout the Borough is once weekly. In a number of pre-war blocks of flats, however, sufficient bin storage capacity has not been provided and collections are made twice weekly and in a few cases three times weekly.

By virtue of the London County Council (General Powers) Act, 1959, it is now possible to require the provision of adequate bin storage with satisfactory accommodation in new and converted buildings. To save labour as far as possible the use of large bins is encouraged as these are tipped into the refuse collection vehicles by mechanical means.

In the Scavenging and Refuse Collection Sections of the Works Department, there is difficulty in recruiting suitable able-bodied employees who are prepared to undertake this arduous form of labour to fill the vacancies which occur on the retirement of the existing employees or take the place of those absent from work on account of illness.

### *Refuse Disposal*

Up to January 1962 the whole of the refuse collected less the 611 tons of salvaged materials was deposited into barges at the River Jetty which forms part of the Council's Tunnel Avenue



Depot, but since that date no salvage has been collected and all the refuse collected, except for 2,355 tons conveyed to Lewisham's wharf and 366 tons to Deptford's wharf for barging away (by arrangement and for convenience during adverse weather conditions), has been conveyed in the Council's vehicles to the Land Reclamation Co. Ltd.'s shoot at Stone near Dartford. Trade refuse amounting to 174 tons was disposed of in the same manner.

The 611 tons of salvaged materials collected during the first nine months of the year under review was disposed of by sales amounting to £4,141 made up as follows :—

Scrap Metal	.....	79 tons	£470
Waste Paper	.....	502 tons	£3,238
Other Salvage	.....	30 tons	£433

An income of £1,600 was obtained from the charges made by the Council for the collection and disposal of 174 tons of trade refuse arising from business premises in the Borough.

## RODENT CONTROL

*General.*—During the year the Rodent Control Scheme, as approved by the Ministry of Agriculture, Fisheries and Food, has continued, although with the introduction in 1959 of "block" grants to local authorities, direct financial assistance by the government to this service ceased.

Of a total of 742 recorded complaints (533 of rats and 209 of mice), 518 were notifications, 49 re-notifications from occupiers or other sources and 175 were found during survey. The monthly average of complaints from all sources was 61 as compared with a figure of 54 for the previous year.

In addition to the investigations of recorded complaints, 2,178 other surveys were carried out under the Prevention of Damage by Pests Act, 1949, giving a grand total of 2,737.

During investigations, infestation was found to exist on 6 occasions in local authority's premises, 492 in dwelling houses and 117 in miscellaneous properties and places of business. Of these, 2 major infestations (one of mice and one of rats) were disclosed



in dwelling houses. In all some 665 treatments were effected by the local authority and 3 by occupiers or other services.

Notwithstanding the fact that large industrial firms are inclined to make contracts with servicing companies, periodical treatments were carried out at 13 industrial premises, 4 wharves and storage places and at 3 hospitals in the Borough.

Following the policy of tracing the source of each infestation, 32 defective drainage systems were discovered. In these instances Intimation Notices were served under the Public Health (London) Act, 1936, and the drainage defects made good by the owners of the various properties concerned.

Calls were made on the services of the Borough Engineer's staff to enter sewers during colour-tests or in the tracing of disused drains and also to the lifting of paving to locate sources of infestation; these services were readily available.

Occupiers of business premises and also householders readily report any known or suspected infestation, and the value of routine investigation made in these properties is emphasised by the fact that it is rare to find occupiers tolerating infestation after being made aware of the service available under the Rodent Control scheme.

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.*—Rats and mice are notorious not only for the wholesale destruction and fouling of food-stuffs 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 been contaminated by urine or faeces from infected rats. Efficient rodent control is the first and most important defence against this type of disease.

The Prevention of Damage by Pests Act, 1949, has placed the onus for the destruction of these pests on Local Authorities and makes obligatory the notification to these authorities by occupiers of any rodent infestation. 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, Fisheries and Food, for the year ended 31st December, 1962 ::—



	TYPE OF PROPERTY				(5) Agricultural
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1), (2) & (3)	
1. Number of properties in Local Authority's District .. ..	46	24,432	4,640	29,118	
2. Total number of <i>properties inspected</i> as a result of notification	2	410	79	491	
Number of such properties found to be infested by:—					
Common rat	—	1	—	1	
Major Minor	2	210	47	259	
Ship rat	—	—	—	—	
Major Minor	—	—	3	3	
House mouse	—	1	—	1	
Major Minor	—	119	17	136	
3. Total number of <i>properties inspected</i> in the course of survey under the Act .. ..	2	1,635	212	1,849	
Number of such properties found to be infested by:—					
Common rat	—	—	—	—	
Major Minor	1	90	11	102	
Ship rat	—	—	—	—	
Major Minor	—	—	1	1	
House mouse	—	—	—	—	
Major Minor	—	22	3	25	
4. Total number of <i>properties otherwise inspected</i> (e.g. when visited primarily for some other purpose)	—	17	4	21	
Number of such properties found to be infested by:—					
Common rat	—	—	—	—	
Major Minor	—	2	2	4	
Ship rat	—	—	—	—	
Major Minor	—	—	—	—	
House mouse	—	—	—	—	
Major Minor	—	8	1	9	
5. Total inspections carried out—including re-inspections (To be completed only if figures are readily available) .. ..	9	2,314	414	2,737	
6. Number of <i>infested properties</i> (in Sections 2, 3 & 4) treated by the L.A. .. ..	3	441	79	523	
7. Total treatments carried out—including re-treatments. ..	6	539	123	668	
8. Number of notices served under Section 4 of the Act: .. ..					
(a) Treatment .. ..	—	—	—	—	
(b) Structural Work (i.e. Proofing) .. ..	—	—	—	—	
9. Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act. .. ..	—	—	—	—	
10. Legal Proceedings	—	—	—	—	
11. Number of "Block" control schemes carried out .. ..	—	—	—	—	
12. Where legal proceedings have been instituted by the Local Authority brief particulars should be given here:— .. ..	—	—	—	—	
13. Any other points of interest ..	—	—	—	—	

*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 :—

The Council continued in the use of sodium fluoracetate in ready mixed form for the baiting of sewer manholes as adopted in the previous year. Stringent safety measures were taken for the protection of the staff handling the materials and each manhole was clearly marked after baiting to indicate that poison had been used.

Between January and April of the current year an extensive treatment was carried out of all manholes to which it was possible to gain access. Immediately prior to poisoning, a test baiting of pinhead oatmeal was laid down and, by observing the takes, the following results were obtained :—

Sewer manholes listed	.....	.....	1,390
Sewer manholes baited	.....	.....	1,349
Complete "takes"	.....	.....	53
Partial "takes"	.....	.....	401
No "takes"	.....	.....	895

Complete "takes", represented about 4% of the total manholes treated and partial "takes" approximately 30%. Compared with experience of previously used poisons such as zinc phosphide and arsenious oxide where pre-baiting resulted in 30% of manholes showing complete "takes" and 30% partial "takes", this can be considered a most satisfactory result.

Direct poisoning, i.e. without pre-baiting, is a simple and apparently effective way of reducing the rat population in this Borough and therefore this system of treatment is to continue.

**ANTI-FLY AND ANTI-MOSQUITO CAMPAIGN.**—During the summer period, April to September, the campaign has continued on similar lines to previous years. Two men are employed in this important preventive aspect of the Department's work consisting of dealing with complaints and carrying out routine inspection and treatment of sites where breeding may occur. A 5 cwt. van is used to convey personnel and the necessary appliances and materials.

The major factors to be controlled include house refuse contained in the dust chutes and dustbins, food shops, cafes and canteens, static water sites, water butts, derelict baths and tanks, ponds and ditches, etc.



During the year 20 complaints regarding flies and mosquitoes were received and a further 57 instances were revealed during survey. One persistent source of complaint arose last year from the S.E.G.B.'s allotment area where, during the summer period, the Bendix outfall left pockets of stagnant water on the low-lying land which gave rise to conditions ideally suited for the breeding of mosquitoes. Effective control was then obtained with anti-malarial capsules and, as a consequence, complaints from this source were greatly reduced.

The treatment of house refuse in the dustbins was carried out by arrangement with the Borough Engineer, a small quantity of 'Gammexane' powder being sprinkled into the dustbins at each weekly collection. Dust chutes in the numerous blocks of flats received regular treatment with 'Gammexane' powder by anti-fly personnel, as soon as possible after dust collection and 2,812 treatments were so carried out.

Static water sites, ditches, etc., were sprayed with either D.D.T. in Kerosene or Malariol, and in certain instances dusted with 'Gammexane' powder.

Vacant and bombed sites are regularly inspected for offensive deposits in the nature of dead animals and food waste. It is found that these items are generally placed away from the public view and can become a potent source of fly breeding if not detected. Other deposits include mattresses, discarded clothing and sundry items of furniture, etc, surreptitiously dumped on vacant spaces because the public, in the main, are unaware that this authority will, upon request, collect and destroy such articles.

Deposits which by reason of organic substance allow fly breeding are sprayed and removed for destruction centrally and the immediate area sprayed and subjected to follow up inspection. Other items are either treated and disposed of centrally, or burned on the spot. In this connection 32 external areas were treated.

There is no doubt that since the introduction of the anti-fly scheme, control of fly and mosquito breeding has been effectively maintained and succeeding years have shown a progressive reduction in the number of complaints notified to this department.

**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 gents' slipper baths, medicated vapour and foam baths, washhouses and laundry, etc., but during the war the Ladies' 2nd Class Swimming Bath was demolished by enemy action. Subsequently the Council, with Ministry approval, decided that Turkish and Vapour Baths would replace the original Ladies' swimming bath and rebuilding with this aim in view commenced during 1957.

March 10th of 1959 saw the opening to the public of the new baths, the accommodation of which consists of the following :—

- (a) Cooling Room with 23 cubicles for resting, with Attendant's Office and additional locker accommodation for bathers not requiring a cubicle.
- (b) Shower Room, with plunge pool and adjacent lavatory accommodation, giving access to Turkish Bath, Vapour Bath, Shampooing Room and Special Baths.
- (c) Turkish bath suite comprising Tepidarium, Caledarium and Laconicum.
- (d) Vapour Bath.
- (e) Shampooing Room.
- (f) Special Baths.

Since their inauguration these baths have proved to be extremely popular and annual attendances have averaged over 12,000.

Although during the first three months of the current year the winter swimming bath was closed for repairs and redecorations, nevertheless, the swimming baths continued to be well patronised. The Council's 2nd Class bath was fully booked by the L.C.C. for instruction to school children and some use of the 1st Class bath had to be made for the same purpose.

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

ATTENDANCES.—For the year ended 31st December, 1962:—

Warm Baths	.....	69,754
Swimming Baths	.....	119,923
Russian and Turkish Baths	.....	12,176
Public Laundry	.....	5,504
<b>Total</b>	<b>.....</b>	<b>207,357</b>



In connection with the swimming 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.

A summary of 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 Bath-ers	Plate Count per ml. Yeastral Agar 24 hours 37°C.	Probable No. of Coliform bacilli. per 100 ml. MacConkey 2 days 37°C.	Faecal Coli. per 100ml.	Result
1	20.9.62 11.15 a.m.	2nd Class *Swimming 76°F.	120	20	—	—	Satisfactory
2	20.9.62 11.10 a.m.	1st Class *Swimming 76°F.	7	1	—	—	Satisfactory
3	29.10.62 12.05 p.m.	2nd Class *Swimming 75°F.	69	—	—	—	Satisfactory
4	11.12.62 11.00 a.m.	1st Class *Swimming 75°F.	60	1	—	—	Satisfactory

\* *Mixed Bathing*

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

**Particulars of Public Sanitary Conveniences in the Borough**

Convenience	MEN			WOMEN		HOURS
	W.C.'s	Lava- tory basins	Urinal stalls	W.C.'s	Lava- tory basins	
Batley Park (Blackheath)	6	2	12	4	2	7 a.m. to 11 p.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	
Shooter's Hill Road (junc. Well Hall Road)	3	1	6	3	1	
Totals ....	34	11	79	38	12	

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

On Sundays, Conveniences open at 10.30 a.m. and close at 10.30 p.m.

\*During Summer Period this convenience opens at 8.30 a.m. on Sunday.

It will be recalled that, during 1958, the Council decided to postpone action with regard to the erection of a new convenience at Woolwich Road in the vicinity of Anchor and Hope Lane. Plans were drawn up for this new convenience and work commenced during the latter part of the current year and completion is expected in August of 1963.

Notification was received from the London County Council that, in accordance with the compulsory powers obtained under the London County Council (Tunnel and Improvements)



Act, 1938, for the purposes of the Blackwall Tunnel Duplication scheme, they will be requiring, by the end of 1961, the land upon which the Tunnel Avenue Convenience is situated. However, as the work on the tunnel has been somewhat delayed, this site has not yet been required and the convenience is still open to the public.

Representations to the County Council have been made with a view to obtaining an alternative site.

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*).  
 Blackheath (*Greenwich Park*).  
 Blackheath Hill, West Greenwich (*disused*).  
 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 three urinals attached to Public Houses are cleansed daily by two attendants.

Free hand-washing facilities, introduced in the interests of Public Health during 1951, were continued with marked success during the year and the following table gives an indication of the growing use made of these facilities :—

Convenience	Men	Women	TOTAL
Batley Park ....	7,662	6,981	14,643
Creek Road ....	2,959	3,904	6,863
Greenwich South Street ....	2,581	3,653	6,234
King William Walk ....	4,196	10,815	15,011
Rodmere Street ....	3,085	6,132	9,217
Shooter's Hill Road ....	4,778	5,104	9,882
Totals ....	25,261	36,589	61,850



DISINFESTATION OF VERMINOUS PREMISES.—D.D.T. in kerosene continues to give good results in dealing with verminous premises when alternated with other vermicides such as Chlordane, Lindane and Malathion, etc., to counteract the development of organismal resistance.

During the year the department dealt with 42 cases of dirty and verminous premises compared with 75 in 1961. The disinfestation staff sprayed 123 rooms and contents as compared with 240 last year. In 2 cases the bedding and effects were removed to the Council's disinfecting station for treatment by steam or formaldehyde.

Of other pests which necessitated the treatment of 1,313 rooms and 241 external areas, the following initiated the greater number of complaints.

*Ants.* Ants carry no disease but their presence in human food-stuffs is objectionable.

Foods of a relatively high sugar content are particularly attractive to ants and the insects are prepared to go to great lengths in order to obtain a sufficiency for their community.

In the main, the 107 complaints received and the further 8 cases found on survey concerned either the black garden ant (*Lasius niger*) or the yellow meadow ant (*L. flavis*), the workers of which will gain access to houses through cracks in the walls or floors, over sills or through window frames in search of food and 152 treatments involving 223 rooms and 90 external areas were carried out to combat the reported nuisances.

One of the commonest of ants, the very small red House or Pharaoh's ant (*Monomorium pharaonis*) was also the cause of a number of complaints.

This species, being of tropical origin, is incapable of breeding in England without artificial heat. A temperature of approximately 80°F is considered to be ideal for its propagation and *ipso facto* it is found infesting bakehouses, restaurants, hospitals and houses, especially in larders and kitchens and nests may be found behind wall plasters, behind pipes or ovens, in heating ducts and under floor coverings and foundations.

As in previous years this pest was encountered at two of the large hospitals in the Borough where, despite intensive investigation the sources of infestation were not located.

The total number of treatments carried out in respect of this ant was 38, a decrease of 19 from the previous year.



Although the treatment which involved 170 rooms effected a reasonable measure of success, it must be stated that complete control can be achieved only by the destruction of the colonies, for once ants become established in a building, complete elimination is extremely difficult. Locating each individual nest, especially in old buildings, is not only extremely difficult but commercially impractical. As usual, prevention offers the best solution to the problem namely,

- (a) to block or obstruct the entry of the ant,
- (b) to keep premises clear and free from crumbs and scraps of food,
- (c) to seal holes and cracks through which ants could enter and
- (d) to use an effective insecticide, preferably of a residual nature.

*Cockroaches.* The cockroach (*Blatta orientalis*) and its smaller relative (*Blattella germanica*) are well known for their destructiveness, especially in relation to stored organic matter, ranging from foodstuffs to book bindings. Food is rendered repulsive from contamination not only with their faeces but also with the secretion from their scent glands, and the cockroach is strongly suspected of transmitting to man a number of pathogenic organisms especially those of an enteric nature.

Cockroaches shun the light and are most active during the night. Warmth, moisture, darkness and close proximity to food supplies constitute favourable conditions for breeding.

As was to be expected most of the 74 complaints received concerning this pest came from bakehouses and the three large hospitals in the Borough; very few originated from occupiers of dwelling houses. The construction of such premises offers ideal breeding sites in concealed and almost inaccessible places. Thorough investigation and treatment with D.D.T. resulted in the infestations being considerably reduced. In all, 85 treatments were effected involving 762 rooms and 5 external areas.

*Clover Mite.* Twenty-four complaints were received, mainly from tenants in blocks of flats in various parts of the Borough, concerning small red or dark brown insects (*Bryobia praetiosa*) found moving over walls and windows. This was a reduction of one from the previous year.



The clover or gooseberry mite is harmless to humans and to household property. It is vegetarian feeding on a wide range of plants and shrubs and, in some instances, on trees. During the summer months of July and August the adult females leave their feeding grounds to seek winter quarters, emerging the following April to lay eggs on plants in the vicinity. It is during these periods of migration that they cause concern when they move from their natural environment into nearby buildings. Some infestations in fact were reported from houses and flats where natural breeding conditions were non-existent but where a recent laying of turfs had occurred in the immediate neighbourhood. On 57 occasions, spraying of 30 rooms and 56 exterior surfaces with D.D.T. and Kerosene produced satisfactory results. Such treatment also extended to the spraying of trees and plants in close proximity to the source of complaint. A miscible concentrate of malathion has been used externally on a number of occasions with very good effect.

*Wasps.* Complaints received implicated three types, the Common, the German and the Tree wasp. (*Vespula vulgaris*, *V. germanica* and *V. sylvestris*).

Fear of the wasp is often misplaced for they rarely sting unless they are roused or frightened and, contrary to popular belief, wasps are not entirely harmful for in Spring and early Summer they feed mainly on insects, many of which are themselves injurious. However, after mid-summer their diet becomes more vegetarian and the workers feed on ripening fruit and other sweet substances, thus effecting serious damage in orchards, sugar warehouses, grain factories, etc., where they cause considerable wastage of goods. In houses they become a nuisance during cooking and at meal times and it is conceivable that they are instrumental in the spread of food poisoning.

The queen wasp, the only survivor from the previous year's colony, emerges from hibernation in the Spring to choose a site for nesting, usually in cavity walls, lofts, under roof tiles and other sites which evoke a certain ingenuity on the part of the disinfestors in order satisfactorily to deal with the nuisance.

Seventeen complaints regarding this pest were received and during the year some 16 nests were destroyed, mainly by means of HCN gas generated from purpose-made proprietary powder. This was a decrease of 11 from 1961.

Many other types of infestation were encountered and the



following is a list of the treatments which were carried out in connection therewith :—

	Complaints	Found on Survey	Treatments	Rooms	External Areas
Beetles :					
Black	11	2	20	28	4
Clarpet	2	—	2	3	—
Spider	2	—	4	10	1
Larder	1	—	1	3	—
Earwigs	21	36	57	—	56
Silver Fish	5	—	4	12	—
Fleas	3	—	3	16	—
Moths	5	—	14	41	—
Woodlice	1	—	1	2	—
Wild Bees	7	—	7	—	7
Misc. Insects	5	—	5	8	—

Thirty-seven requests for spraying for other reasons such as bad smells, offensive deposits, etc., were met by a further 36 treatments to 56 rooms and 6 external areas.

*Precautionary Spraying.* During the year, 432 requests were received for the collection and disposal of unwanted bedding, furniture and miscellaneous household effects. In each instance the items were sprayed as a precautionary measure prior to removal by the Borough Engineer's refuse disposal section and this involved the treatment of a further 467 rooms and 140 external areas.

AGED, INFIRM AND PHYSICALLY INCAPACITATED PERSONS.—  
LEGISLATION—Shortage of able and qualified staff has always been a great problem in social welfare. The following piece of legislation enacted during the year is likely to have, in future years, a considerable impact on local authorities and the services provided by them in carrying out their functions under Part III of the National Health Service Act, 1946, and Part III of the National Assistance Act, 1948.

*Health Visiting and Social Work (Training) Act, 1962.*—Brought into operation by a Commencement Order dated 3rd September, 1962 the Act was effective from 1st October of the current year. Its main purpose is to establish two training Councils to promote the training of health visitors and social workers.

*General.*—Ways in which local authorities can improve and augment provisions for the well-being of old people were contained in a publication issued in March, 1961, by the Ministry of Housing and Local Government jointly with the Ministry of Health (Circulars 10/61 and 12/61 respectively).



In stressing the need for the closest co-operation between housing, health, welfare and voluntary organisations the circular pointed out the extent of the problem and the role which the general practitioner would have to play if any appreciable advancement is to be made in covering the needs of the elderly.

Later in the year the circular was followed by a memorandum entitled "*Services Available to the Aged and Chronic Sick*" which had been prepared by the Standing Medical Advisory Committee. This memorandum describes the problems of an ageing population and, in order to help the general practitioner, sets out the kinds of services provided by the local health and welfare authorities, housing department and hospitals, etc., that are available to his older patients. Much of the material contained in this latter publication has already been discussed at great length in my previous Annual Reports including possible action which can be taken by the various authorities mentioned therein.

Notwithstanding all that has been written about the elderly from a social medicine point of view, fundamentally there are only two courses of action open for the treatment of their problem, viz. institutional care or home care.

Not unnaturally, it is generally agreed that old people are infinitely better off in their own homes especially when infirmity rather than illness seems to predominate but the usual assumption that this is also economically sound is rather open to question.

It has been estimated that short-term acute hospital cases could cost from £25 to £30 per week but that in the long-term stay so often met with in geriatric wards, the weekly cost may be as low as £10, a figure which is usually augmented by a contribution from the patient's pension.

On the other hand, effective home-care demands a high standard of co-operation at all levels from all the various agencies concerned with the wellbeing of the aged. In effect, this involves home nursing, home help services, meals-on-wheels, bathing and laundry services, pharmaceutical services and National Assistance, the overall costs of which are likely to outstrip the cost of a place in a geriatric ward and, moreover, it is doubtful whether such arrangements make the most economical use of personnel.

However, the salient fact in all these deliberations is not the cost in terms of money and personnel, important though it may be, but the happiness of the aged in the twilight of their lives. Undoubtedly the person most fitted to exercise an overall control



and watching brief is the Medical Officer of Health. Environmental health, which plays a vital part in maintaining the moral of the aged, is his prerogative and his department, being the centre of a collection of loosely-knit organisations, is likely to be able to ascertain very early on whether a break-down in home-care is probable and if so, what methods can be expected to provide a satisfactory solution.

So often one finds, in this connection, that the nearer one approaches the home the less enthusiastic are the people who have to bear the burden of caring for the old folk. This formidable obstacle of "family strain", so inimical to the maintenance of a smooth-running home-care system must be surmounted and a family genuinely seeking to do its best for its older members deserves our full and continued support. With this aim in view and with the co-operation of the Geriatrician at St. Alfege's Hospital, short-term admissions are arranged for the elderly to enable relatives to take a well-earned holiday.

Age often brings with it many disagreeable side effects such as failure of muscular powers, loss of memory, accident proneness, introspection, etc. Adjustments to environmental changes are badly tolerated and minor ailments which, in the young, occasion only a day or so of discomfort, confine the elderly to bed for perhaps two or three weeks. Undoubtedly health in old age is the real key to a happy retirement and if this remains good most other disadvantages can be overcome or, with suitable help, be withstood. Many elderly persons, having been relieved of their responsibilities, live happy and contented lives but, conversely, ill-health for the aged so often becomes a burden to be borne with fortitude or stoicism.

Local authorities are becoming increasingly responsible for softening the effects of some of the disadvantages arising as a result of ageing but, in a recent small geriatric survey in South East London, it became apparent that what the elderly want and what the local authorities provide are not necessarily the same. In this survey it transpired, most surprisingly, that

- (a) once retired, most elderly people were not interested in further employment which rather suggested that the retirement age should be raised;
- (b) very few old people seem to want to join a club. Only 10% of the retired belonged to clubs and even here some attend only once or twice a year;
- (c) almost 50% did not leave their homes regularly for any purpose, even for shopping, although physically they were able to do so;



- (d) many remain happy if they do not become a nuisance to themselves or others and if they retain their independence;
- (e) in general, elderly people were unaware of the facilities and services available to them, e.g. more than  $\frac{2}{3}$ ds knew nothing of welfare homes and laundry services—about  $\frac{1}{2}$  did not know about sick-room equipment and chiropody and approximately  $\frac{1}{3}$ rd were ignorant of meals-on-wheels service and clubs. It was also surprising to learn that about  $\frac{1}{4}$  had not heard of the District Nurse. The best known services were those of “home help” and “citizen’s advice bureau” but again, even here, one in five of the aged had no knowledge.
- (f) in helping the old people, relatives appeared to do their best but that this assistance was diminishing because many were now out at work and were unable to devote as much time in assisting the aged as previously.

This survey was small and does not purport to be an exhaustive study of the problems of old age but it does indicate that much more research is necessary before any particular service for the elderly is introduced.

Housing is fundamental and a major factor in the welfare of the elderly and houses, functionally designed to reduce physical effort, built to avoid the necessity of “gadgets” and in which safety has been considered of prime importance, are gradually being introduced into programmes of many local authorities, but in general, progress has been painfully slow.

During 1962, local authorities in England and Wales built some 28,000 one-bedroom dwellings and the National Old People’s Welfare Council estimated that this was only one half of the housing needs for old people and even these were not necessarily all reserved for the elderly.

Unfortunately, the total housing provisions purely for the elderly is not known neither is their housing need. As a consequence, it is difficult for any organisation to formulate any satisfactory plans for community services.

It would appear that there is room for still further co-operation between Health and Housing departments especially with regard to the social aspects of rehousing. All too often rehousing of the younger generation produces an acute home-care problem for the aged person subsequently left stranded, a situation which perhaps with a little more investigation and understanding either could



have been avoided or settled more satisfactorily. On a number of occasions the department has been instrumental in arranging for structural alterations to houses or flats to be made to enable disabled persons to pursue a more active life.

Again, once such problems as incontinence, mental confusion, lack of medical equipment, nutritional difficulties, etc., reach the department they are dealt with expeditiously.

Altogether the present position is far from satisfactory. Services provided by doctors, district nurses, health visitors, home-helps, etc., are all stretched to the limit and the same can be said for other ancillaries and voluntary bodies involved with the problem. All indications are that no satisfactory solution will be found until some government legislation is introduced giving powers to the Medical Officer of Health enabling him to unite all these various activities into an efficient, economic home-care service.

Under existing conditions the public health department acts as a "clearing house" and there are very few cases brought to its notice which fail to receive adequate help and advice. Cases are brought to the notice of the department by neighbours, district nurses, secretaries of Old People's Associations and hospital almoners and many visits by the Lady Public Health Officers to old persons result from information supplied by local practitioners. Relations between the department and other organisations have always been excellent and co-operation with Dr. Mester and his Geriatric Unit at St. Alfege's Hospital are close and cordial, all to the benefit of the elderly infirm patient.

During the year the staff dealing with this aspect of the department was increased and the following is a summary of the work carried out by the Lady Public Health Officers during 1962 :—

No. of Cases on Register at 1st January	....	....	....	....	1,320
Cases removed from Register	....	....	....	387	
Cases added to Register	....	....	....	908	
No. of Cases on Register at 31st December	....	....	....	....	1,841
Visits re :—					
First	....	....	....	....	837
Subsequent	....	....	....	....	7,125
Unsuccessful	....	....	....	....	982
Rest Homes, Hospitals, etc.	....	....	....	....	103
Miscellaneous	....	....	....	....	224
					<hr/> 9,271 <hr/>
Attendances at Home Baths	....	....	....	....	112

Arrangements made for :— (a) Statutory Services	597
(b) Others....	811
Interviews at Offices	267
Bathing Centre Sessions	137
*No. of Baths :—At Home	2,017
At Centre	1,348
No. of persons receiving foot treatment	115
No. of persons having hair washed	46
No of articles cleansed	44,777
Attendances at O.P.W. Committee	9
*Males 1,062 Females 2,303	

## Cases Referred :—

From	To
135 G.O.P.W.A.	4
102 Hospitals	61
92 Home Help Organiser	102
76 District Nurses	57
51 Relations	5
43 N.A.B.	34
37 British Red Cross	56
26 Housing Department	37
25 Doctors	76
8 Church & Club Organisations	15
5 Health Visitors	—
4 W.V.S.	—
2 District P.H.I.s	—
1 L.C.C. Welfare	7
1 Chest Clinic	1
18 Miscellaneous	9
134 Found on District	—
26 Personal Request	—
33 Neighbours	—
28 Councillors	—
19 Pensions Book Pink Card	—
16 Other Town Hall Depts.	—
— L.C.C. Admitting Officers	12
— Medical Officer of Health	6
— L.C.C. Housing	2

*Holiday Home*—For several reasons, mainly financial, holidays for the elderly of the Borough have had to be arranged to be taken at “out of season” times.



Hitherto the Council have had no property of their own which could have been utilised for this particular purpose. However, during the latter half of the year, the Council, after seriously considering the purchase of a sea-side property enabling accommodation to be available throughout the year for the elderly, finally agreed in principle that this was a desirable object and arrangements were made for suitable properties to be viewed by a sub-committee. At the end of the current year the final selection of the sub-committee was the subject of a draft agreement.

*National Assistance Act, 1948.*—Section 47 of this Act enables the Medical Officer of Health compulsorily to remove to hospital or institution any aged or infirm persons unable, adequately to care for themselves.

Where delay of even a few hours may prove decisive the Medical Officer of Health, in accordance with the *National Assistance (Amendment) Act, 1951*, is empowered to arrange for the removal of urgent cases 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 extensions of this period must be made in accordance with the procedure laid down in Section 47.

During the year no cases occurred where the provisions of the National Assistance Act for compulsory removal had to be enforced. Experience shows that friendly persuasion is the best method especially if the situation is explained carefully to old people that the Health Department is here only to serve their best interests.

*Cleansing of Old People.*—Section 43 of the London County Council (General Powers) Act, 1953, provides for the cleansing of any aged person in the district who :

- (a) is verminous or for any other reason in need of cleansing in order to prevent injury or the danger of injury to health ; and
- (b) is so enfeebled that he is unable to avail himself of any facilities for cleansing himself provided by the authority under any enactment or to cleanse himself properly.



In this respect, during the current year, 1,348 baths were given to dirty or verminous elderly persons at the Cleansing Station and 2,017 home baths were effected. Figures for the previous year were 538 and 1,499 respectively and in 1960 the figures were 544 and 1,287.

*Laundry Service.*—Under Section 122 of the Public Health (London) Act, 1936, the Council is empowered to cause to be cleansed “any articles which are filthy, dangerous or unwholesome and liable to affect or endanger health.” Advantage has been taken not only of this section but also Sections 124 and 194 to introduce a laundry service in order to deal suitably with what has always been a major problem, namely, the treatment of badly soiled clothes, bed-linen, etc., from the homes of elderly people.

Cases in need of such assistance are brought to the notice of the department by Hospitals, District Nurses, Doctors and by ordinary routine investigation of complaints.

From the Council's limited stocks of bedding and clothing it is possible in certain circumstances for temporary supplies of linen, etc., to be made to people whose own is being laundered, and co-operation with voluntary organisations often results in the repair or replacement of outworn articles.

By the end of the year the laundry service, supervised by the Lady Public Health Inspector, had been extended to 222 separate individuals and during the current year, the staff at the Cleansing Station have dealt with 44,777 articles which were collected, laundered and delivered.

#### NEW CLEANSING AND BATHING CENTRE

This new cleansing and bathing centre opened on 26th October, 1961, provides for the logical development of services for the elderly citizens of Greenwich which were commenced on a modest scale in September, 1954. In that year about 5,000 articles from aged, infirm and incontinent persons were being laundered per annum and a few carefully selected patients were bathed either in their own homes or at the old premises. There was, at that time, one ordinary domestic washing machine in use and laundry and bathing duties were being performed by one lady attendant. By 1960, such was the expansion that over 30,000 articles were laundered and nearly 2,000 baths were given in that year. The staff had been increased to the equivalent of four full-time attendants who were by then using four large capacity domestic washing machines.



Recent census figures indicate that there are now approximately 11,000 citizens in Greenwich over the age of 65 years, constituting almost 13 per cent of the populace. This compares with 9.8 per cent in 1951 and present population trends suggest that by 1977 one citizen in five in this borough will be of pensionable age. It had, therefore, long been apparent to the Health Committee that the old premises were inadequate to meet the needs of the rapidly increasing demands for these services but, because of economic conditions, it had been found to be impossible greatly to improve the facilities apart from providing more staff and equipment in a very restricted space.

At last permission was given by the Government to build a new centre and this building has been designed specifically to cater for the cleansing needs of the elderly. Opportunity has been taken also to provide modern facilities for the cleansing of schoolchildren and for the treatment of scabies and verminous conditions. It is hoped that the facilities now provided will meet in the future the increased needs of an ageing population for certain basic services which, although perhaps lacking in glamour, are necessary for the well-being and indeed the self respect of those citizens who become handicapped or neglected in advanced years.

These services are part of the wider concept of prevention of illness and promotion of health in this particular field and will supplement the already extensive home visiting of the elderly which is undertaken by the Women Health Officers and also the work of the Old People's Welfare Association on which are co-opted most of the voluntary agencies concerned with the welfare of the aged. It may be of interest to note that home visits by the Women Public Health Officers to the old people during the last year totalled over 9,000 and the number of old people on the register in the Health Department who have been found to require regular visiting and supervision is now over 1,800 and is increasing every week.

It is felt that, apart from the laundering and bathing facilities provided in this building, the mere contact with the outside world which a visit to this centre will give is of inestimable benefit to elderly home-bound citizens. An attempt has been made to make the centre friendly and bright and it is hoped that the old folk who make use of it will look forward to their regular visits as much as they did to the outdated building where so much valuable and pioneer work in this new sphere was performed.

A full description of the building and its equipment with plans indicating the lay-out of the various rooms was given in my report for 1961.



GREENWICH OLD PEOPLE'S WELFARE ASSOCIATION.—This association set up in July, 1954, co-ordinates the activities of Old People's Clubs in the Borough which provide for the physical and mental recreation of their members and although the association obtains money from various sources such as the street appeal and other donations, the bulk of the association's expenditure is sustained by the grant received from the Borough Council. The following are extracts from the ninth Annual Report of the Association.

*"Old People's Clubs—*As is customary, we commence our report by referring to the Darby and Joan Clubs, the Federation Clubs and Church Clubs, our main source of contact with persons requiring our services in the Borough. Due to the untiring efforts of members of voluntary bodies who organise these clubs, together with their helpers, the 16 clubs in the Borough continue to thrive and attract new members to replace the membership lost through death or serious illness.

The clubs, whilst receiving a small grant made each year by the Borough Council, are self supporting, and we would like to extend our sincere appreciation to the club leaders and their helpers for their efforts on behalf of the many hundreds of elderly folk who attend.

*Day Rooms at Community Centres—*

(a) General.

Day rooms at the three centres have been maintained as comfortable club rooms where the elderly may find companionship and relaxation.

(b) Charlton House Day Club.

This Club has now been in operation for seven years and has proved very popular, attendances having been maintained except during the severe winter months. Members took part in a day's outing to Bognor in September of last year and, the weather being kind, had a very enjoyable time.

(c) Kidbrooke House Day Club.

It gives us pleasure to report that the scheme for transporting elderly invalids, by minibus, from their homes to Kidbrooke House, was extended on the 15th March, 1963, to cover four days per week. Forty persons are now catered for by this service, and the clubs function in a very friendly and happy atmosphere.

We are very grateful indeed to members of the Women's Voluntary Service and British Red Cross Society for the invaluable assistance they have given in escorting the invalids to and from the club and caring for their needs during the day.



## (d) West Greenwich House.

This club is still the most popular of the three, attendances having been well maintained despite the severe weather experienced at the beginning of this year. Members of this club also enjoyed a day's outing to Bognor last year.

It is opportune here to express our sincere appreciation to Mrs. Markson, Miss Eastwood and Mr. and Mrs. Jones for the efficient manner in which they have supervised and assisted in the day-to-day running of Charlton House and West Greenwich House clubs.

*Meals on Wheels*—With the exception of one day in February when severe icing of the roads made driving hazardous, the four vehicles used by the Association, augmented by a Borough Council vehicle, have functioned continuously, and we would like to express our sincere thanks and appreciation to the drivers and helpers for their loyalty and devotion in maintaining the service in all weathers.

The demand for this service has increased steadily and the following is a statement of the number of meals served during the financial year 1st April, 1962 to 31st March, 1963 :—

British Red Cross Society Van	.....	.....	8,059
Old People's Welfare Association Minibus No. 1			8,000
Old People's Welfare Association Minibus No. 2			8,085
Women's Voluntary Service Van	.....	.....	7,662
Borough Council Van	.....	.....	1,046
Grand Total	.....	.....	32,852

The above figures show an increase of 3,942 meals supplied as compared with the previous year; the increase having resulted in the Women's Voluntary Service Van being used to augment the service on five days per week instead of four, as in the past.

We are indebted to the members of the British Red Cross Society for the supervision of the delivery of Meals on Wheels and would express our gratitude to the Greenwich Borough Council for the grant made to the Association, thus enabling us to continue this very essential service.

*Holidays for Elderly Persons*—As reported at the last Annual meeting, accommodation, reserved for the 1962 holiday parties, was again reserved for this year's holiday makers. During the period 3rd to 31st May, this year, two parties, each comprising 154 persons, spent a fortnight's holiday at Clacton and a large number of letters have been received praising the accommodation,



services and entertainment provided. The weather proved kind and reports would indicate that all concerned greatly benefited from their holiday.

The Worshipful the Mayor, accompanied by the Chairman and a member of the Executive Committee, visited the first holiday party on the 9th May and reported that, having met the majority of the elderly people concerned, not one complaint had been received. Members of the Committee travelled with the coaches as escorts on each occasion.

*Invalid Holidays for Elderly Persons*—As reported to the Quarterly Meeting on the 9th April, 1962, accommodation was reserved at Lancing for 48 handicapped persons to spend a fortnights' holiday during the period 1st June to 27th July, 1963.

Two parties of 14 have already spent a very enjoyable holiday at Lancing, the third party of ten is on holiday, and the final party of ten will be leaving for Lancing on the 15th July.

In view of the incidents which occurred last year due to illness, etc., and the fact that no nursing attention is available, arrangements have been made for a suitable escort to remain at Lancing with each party, and cater for their needs.

We would like to place on record our thanks to the Greenwich Borough Council for the considerable grant which they make towards the cost of this service and also to the drivers and escorts who look after these handicapped persons on the outward and homeward journeys.

*Frozen Dinners*—Having thoroughly explored the benefits to be gained by providing a frozen dinner service, we were of the opinion that such a service would be a practical and beneficial proposition.

Accordingly, meals were stored in the Town Hall in deep freeze, dinners being provided for those persons attending the Kidbrooke House Day Clubs. The service commenced on the 12th March, 1963, in conjunction with the re-opening of the clubs after the winter recess, the meals being prepared on the premises by members of the Women's Voluntary Service and British Red Cross Society, the necessary equipment having been provided for their use. From the large number of foods available it has been possible to provide an extremely varied menu and, so far, members of the club have had nothing but praise for the quality and appetising appearance of the meals.

In anticipation that this service will expand rapidly, the storage and issue of meals has been taken over by the Public Health



Department of the Borough Council, and negotiations are proceeding with a view to opening luncheon clubs, and extending the service as widely as possible.

*Welfare Foods for Old People*—The Welfare Food Scheme continues to expand and many more elderly persons are benefiting therefrom and, with "Ribena", seven foods are now available. Sales up to the 31st March, 1963 amounted to £1,666 7s. 0d. compared with £1,325 11s. 5d. in the previous financial year, an increase of £340 16s. 7d. Naturally, a commensurate amount of extra work is necessary in the distribution of these foods and we are greatly indebted to members of the Women's Voluntary Service for the part they play in maintaining this service.

Forty-three welfare food permits were issued on behalf of homebound elderly persons during the past year, making a total of 128 in all, and it is hoped that this service will continue to expand until all handicapped elderly persons in the Borough receive the benefits available.

*Linen Store*—In view of the magnificent response to the street appeal and house-to-house collection, we arranged for the sum of £60 to be allocated for the purchase of bed linen, draw sheets, etc., to be held in store for issue on loan to homebound elderly persons, in difficulties at home, under the supervision of the Medical Officer of Health. Needless to say, during the recent winter months those items have been in constant demand.

*Concert for Elderly People*—The Greenwich Street Traders' Association presented a concert in the Borough Hall on the 24th September, 1962, when nearly 700 elderly people attended. In addition the Street Traders provided 200 food parcels which were distributed during the evening and all who attended were unanimous in praising the standard of entertainment provided.

We would like to take this opportunity of placing on record our sincere thanks and appreciation to the members of the concert party.

*Carol Service*—Arrangements were made to hold the annual Carol Service for elderly persons, at St. Alfege's Church on Thursday, 6th December, 1962.

Unfortunately the borough was blanketed by thick smog on that day and the service had to be cancelled. However, 33 stalwarts turned up and were served tea, sandwiches and cakes by members of the Women's Fellowship, in the church hall. The



party then sang four carols, and returned home at 3.30 p.m. Surplus refreshments were distributed to other elderly persons locally.

It was a great disappointment to have to cancel the service and we would like to express our sincere thanks and appreciation to the members of the Women's Fellowship who carried out the catering despite the very bad weather.

*Christmas Food Parcels for the Homebound*—With the aid of a grant from the Greenwich Borough Council, an order was placed with Kearley and Tonge Limited, for the supply of 450 food parcels of similar content to previous years. Parcels were also distributed to persons aged 85 or over, and it was found necessary to increase the order to 500 parcels. In accordance with normal practice, members of the Borough Council were invited to nominate genuine homebound persons, or persons aged 85 or over, to receive these parcels.

Members of the Committee and friends met in the Minor Hall on the 10th December and packed the parcels, distribution being carried out by members of the British Red Cross Society, Women's Voluntary Service, the Committee and the Association's Meals on Wheels staff.

We are greatly indebted to all who gave their time and assistance in packing and distribution, and the many letters of appreciation received indicate that this is a very worthwhile and appreciated service.

In addition to parcels distributed by the Association, requests received from firms and other organisations for the names of elderly persons, to whom gifts and parcels would be distributed, resulted in 272 additional names being sent out.

*Circus, Olympia*—Having received complimentary tickets through the auspices of the British Red Cross Society, we were enabled to make arrangements for a party of 44 elderly persons, accompanied by 3 escorts, to visit the circus at Olympia on the 22nd January, 1963. Biscuits and an urn of tea were provided and dispensed in the coach after the show and a very enjoyable time was had by all concerned.

*Homebound Luncheon Parties*—Luncheon parties were arranged in the Minor Hall for parties of 30 homebound persons, in November and December, 1962 respectively, and despite smog on the 4th December, were fully attended and greatly enjoyed by the elderly people.



Our sincere thanks and congratulations must be recorded to the drivers who turned out in such terrible weather to bring the old people to the Town Hall and return them safely to their homes during the late afternoon.

Arising from these events an approach was made to the Greenwich Community Council with a request that the Association might be permitted to borrow, free of charge, catering equipment for use at old people's luncheons, Christmas, or tea parties. We are pleased to report that the necessary permission was granted and our sincere thanks are due to the members of the Community Council for their co-operation.

In this connection also, an approach was made to the Greenwich Borough Council requesting agreement to the free use of the Minor Hall being granted to the Association on all occasions, for the purpose of holding such events. This request was acceded to, and we would take this opportunity of expressing to the members of the Borough Council our sincere thanks and appreciation.

*Outing to Kent*—In July, 1962, a party of 20 invalids visited the home of the Medical Officer of Health and his wife, tea being provided on the lawn in brilliant sunlight. We are grateful indeed to the Medical Officer of Health and Mrs. Kerr Brown for their wonderful hospitality on this occasion.

*Invalid Chairs*—During the year we have purchased 1 heavy-weight, 5 medium and 1 small invalid chair, thus bringing our stock up to 17. These chairs are issued free on loan to handicapped elderly persons, thus enabling friends and relatives to take them out of their homes during fine weather.

*Young Christian Workers Scheme*—Three boys, all members of the Young Christian Workers, continue to visit 3 of our senior citizens and carry out small tasks around the house. Visits average at least one per week, and these youths are providing much needed company and assistance. They are to be sincerely congratulated for giving up their time to this very worthwhile service.

*Acknowledgments*—We have made many individual acknowledgments throughout the foregoing report, although it is not possible to mention personally everyone who has assisted with the work of the Association during the past year. It gives us great pleasure therefore to take this opportunity of placing on record our sincere thanks and appreciation to the members of all voluntary organisations, and the many others who have given so much of their time on behalf of the elderly in the Borough. Special mention must once again be made of the Greenwich Borough Council for the many and varied services and facilities which they have con-



tinued to make available to the Association; for the increasing financial grants, and also for the free use of the Minor and Borough Halls. This report would not be complete without expressing our thanks to the Town Clerk, Medical Officer of Health, Borough Treasurer, and their staffs, for the able and willing assistance given by them during another busy and expending year, which has taken us one step further towards the realisation of our ambition to extend our services to benefit all senior citizens in the Borough."

*Executive Committee, 1962/63*—The Committee for the past year has been as follows :—

*Council Representatives :*

Councillor Mrs. M. L. Wentworth (Chairman)

Councillor Mrs. M. L. Bennett

Councillor Mrs. J. E. Chrisp

Councillor H. W. H. Icough

Councillor H. Ingle

Councillor C. S. Jones

Councillor Mrs. E. Pennington

*Elected Representatives :*

Mr. A. S. Churchill (*Blackheath Branch N.F.O.A.P.A.*)

Mrs. M. Gardener (*Women's Voluntary Services*)

Mrs. L. Hilldrith (*Greenwich Labour Party Charlton Women's Section*)

Mrs. Howard (*Oaklands Darby and Joan Club*)

Mrs. N. C. Lewis (*Inner Wheel Club of Greenwich*)

Mrs. I. Phillips (*British Legion—Women's Section*)

Miss K. Rackham (Vice-Chairman) (*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 1962, arrangements were made under the above Act for the burial of 11 bodies, 6 male and 5 female, at a total cost to the Council of £20 17s. 6d.



EXHUMATIONS.—11 exhumations were carried out during the current year. In addition to one ordinary exhumation from Greenwich Cemetery, the bodies of 10 German Prisoners of War were exhumed for reinterment at Cannock Chase Military Burial Ground. In all cases the Public Health Inspector was present to see that the usual precautions were observed.

**Summary of Work Performed by the Public Health Inspectors during the Year 1962**

**INSPECTIONS—**

Houses inspected (House-to-House)	169
"    "    (Complaints, nuisances)	822
"    "    (Infectious Disease)	251
"    "    (Overcrowding)	56
Inspections of Factories	521
"    "    Shops	65
"    "    Canteens	39
"    "    Hairdressers or Barbers	67
"    "    Licensed Victuallers and Clubs	85
"    "    Underground Rooms	14
"    "    Pet Shops	6
"    "    Stables and yards	2
"    "    Urinals	20
"    "    Houses in Multiple Occupation	44
"    "    Outworkers premises	49
"    "    Under Clean Air Act	4,360
"    "    Miscellaneous	1,184
Inspections of Premises (Pharmacy & Poisons Act, 1933)	26
"    "    "    (Slum Clearance)	107
"    "    "    (Rent Acts)	17
Investigations (Rats and Mice)	314
Investigations (Insect Pests)	43
On notice from Architects and Builders	644
Re-inspections, calls made, etc.	6,479
	<u>15,384</u>

**DRAINS—**

Drains tested—by smoke	107
"    "    —by water	451
Opened, cleansed and repaired	384
Reconstructions and additions	284
Inspection chambers constructed	266
New covers to manholes	166
Soil and vent shafts repaired or renewed	260
Traps (gully)	397
Drains sealed off, etc.	170
Yards and forecourts drained	75

**WATERCLOSETS AND URINALS—**

W.C. Compartments erected or repaired	328
W.C. fittings repaired or renewed	253
W.C. pedestals installed or renewed	406
Sanitary conveniences or improvements effected to Factories and Workplaces	21
Urinals cleansed or repaired	20

DUSTBINS—							
Provided	....	....	....	....	....	....	134
PAVINGS—							
Yards and Forecourts	....	....	....	....	....	....	50
GENERAL WATER SUPPLY—							
Water Fittings amended	....	....	....	....	....	....	260
Water supply restored	....	....	....	....	....	....	13
Extra water supply to tenement houses	....	....	....	....	....	....	—
Water supply certificates granted (Sect. 95)	..	....	....	....	....	....	240
OTHER IMPROVEMENTS—							
Houses generally repaired	....	....	....	....	....	....	113
Rooms cleansed and repaired	....	....	....	....	....	....	503
Rooms and staircases lighted and ventilated	....	....	....	....	....	....	19
Verminous rooms cleansed	....	....	....	....	....	....	31
Roofs, gutters and rainwater pipes repaired	....	....	....	....	....	....	324
Dampness abated	....	....	....	....	....	....	191
Underground Rooms (enforcement of Regulations)	....	....	....	....	....	....	45
Sinks, baths and lavatory basins provided	....	....	....	....	....	....	774
Sink, lavatory and bath waste pipes trapped or amended	....	....	....	....	....	....	471
Stoves and fireplaces	....	....	....	....	....	....	76
Washing coppers repaired or provided	....	....	....	....	....	....	1
Floors repaired	....	....	....	....	....	....	124
Provision for storage of food	....	....	....	....	....	....	214
Miscellaneous repairs	....	....	....	....	....	....	443
OTHER NUISANCES ABATED—							
Illegal use of Underground rooms discontinued	....	....	....	....	....	....	3
Overcrowding abated	....	....	....	....	....	....	7
Animals kept in unfit places discontinued or removed	....	....	....	....	....	....	2
Dung receptacles provided	....	....	....	....	....	....	—
Accumulation of manure and other obnoxious matter removed	....	....	....	....	....	....	67
Rat infestation abated	....	....	....	....	....	....	55
SMOKE NUISANCES—							
Observations	....	....	....	....	....	....	316
Statutory Notices served	....	....	....	....	....	....	—
NOTICES, &c.—							
Intimations served under Public Health (London) Act, 1936	....	....	....	....	....	....	363
Statutory Notices served	....	....	....	....	....	....	129
Houses rendered fit by informal action	....	....	....	....	....	....	97

### Legal Proceedings

Premises	Offence	Result of Proceedings
118, Calvert Road	Non-compliance with Statutory Notice	Order for work to be executed within 14 days. £10 fine and £4 4s. costs.
61, Eversley Road	do.	Order for work to be executed within 21 days. £1 1s. costs.



## SECTION D

### **Housing**

It would be wrong for anyone to pretend that the housing problem will be solved easily and quickly—it isn't that kind of problem. But curiously enough the term "Housing Problem" has different meanings for different people. To some it is the continued existence of slums or the homeless in Part III accommodation—to others, heavy mortgage costs or the exorbitant price of building land. Again, to some it means lack of houses to rent and to others the shortage of accommodation for the elderly.

It is patent that the problem is the sum total not only of these points but also of a number of others not itemised, such as finance, materials, building resources and skills, etc. In the final analysis the problem, as a whole, cannot be dealt with on its own but must be judged and afforded its right priority in the light of the Country's economic position. One thing is sure and that is, if emphasis is laid on one aspect of the problem then supporters of other points of view will consider it unjustified.

Clearance of substandard dwellings still remains the main method of providing housing in urban areas but if we are not to be left a legacy of psychological problems in the future, this must proceed with utmost prudence and humanity. It must be remembered that slum clearance means the uprooting of families from life-long environments and the destruction of well established and successful communities and that these items are not necessarily reproduced by modern dwellings in new areas. This aspect is particularly noticeable with the rehousing of the elderly, for many are provided with accommodation and amenities beyond their dreams and yet some seem to wither in their new surroundings.

However, with regard to slum clearance, whatever the merits or otherwise of any particular project, it is almost certain to be affected by a labour shortage problem for the rate of slum clearance is determined by the number of new dwellings a local authority is able to provide. Available manpower resources in the building trade are insufficient to rebuild our "twilight" areas in the near future and there is no shadow of doubt that developing and re-developing all suitable sites is as much as the building industry can cope with for the next decade at least. To forestall any slowing down or hiatus in the provision of further housing accommodation perhaps local authorities could, with advantage, review their slum clearance schemes. Some properties may have been included in schemes on the basis that renovation or conversion would have only a limited life of say 20 years and, by today's standards, this



might have been considered unsound financially. Productivity is rising and it may well be practical in these days of urgency to countenance such expenditure with a view to writing it off within a few years, e.g. it is now taken for granted that a motor car produced today will be written off in a few years' time.

Preserving some properties which, on paper at least, are doomed for demolition will give local authorities vital breathing space. Much of the scorn poured on Victorian building is "fashion" stimulated but many an excellent conversion has been made from such a property to enable it to serve the community still further. Doubtless it was with this aim in mind that the Minister of Housing and Local Government issued, on 2nd August of the current year, his Circular 42/62 entitled "Improvement of Houses". In it he urged local authorities to increase the number of houses being improved by systematically selecting streets or areas in which suitable properties were situated and to exhort the owners and tenants to avail themselves of the facilities provided. In order to arouse interest in the matter he also suggested that not only should local authorities offer guidance to these people (with particular reference to the preparation of plans) but that in suitable cases loans might well be arranged. The Minister indicated that he will readily sanction loans for the purchase of properties where owners, who for any reason, were unable to improve their houses but were willing to sell to the local authority or for compulsory purchases in cases of intransigence.

When expediency is the order of the day a medical opinion in housing matters has very little practical weight, except perhaps in cases of slum clearance. Such an opinion is hardly ever sought prior to, or in the early stages of, planning and even when given in connection with "re-housing" or "transfers" it has a very limited effect, however serious the case or despite the need, due mainly to the lack of spare accommodation available to local authorities. The situation would appear to be one of "putting the cart before the horse" in the sense that many medical problems arising in a community often have a connection, directly or indirectly, with housing conditions. So much so that one would expect the medical aspects of the physical and mental needs of the people to be given a high priority in the formulation of any housing scheme.

Perhaps housing estates might be better balanced and therefore more satisfactory if they were planned not merely as so many units of accommodation as they so often are but also with a greater than hitherto emphasis on the potential social, health and welfare effects for, in the long run, it is these matters which will determine the happiness of the coming generation. For example, in urban



areas, the lack of play space for children is serious yet car parks far exceed the number of playgrounds and, although new housing schemes must include a proportionate space for the parking of cars, there is no such legislation for play.

Again, we are told that the multi-storey dwelling is now an indispensable part of the modern urban housing scheme, but scant attention is paid to the mental strain occasioned to mothers who, living in accommodation above say the 5th floor, are more than concerned for the safety of their young children. The hazards to children of lifts, stairs and windows at that height, lack of facilities for play in the immediate vicinity of the dwelling under the eye of the mother, the inadvisability of children to indulge in any hobby that is noisy and likely to be a nuisance to occupants of flats above and below thus tending to lead to bad neighbour relationships, the reluctance of tradesmen to deliver goods to storied dwellings, necessitating greater thought on shopping lists, all militate against the peace of mind of the parent. Are we sure that these matters are given their full weight in the preparatory planning of housing schemes?

Re-housing is now a social duty which is often and so easily performed without heart or humanity. It is true to say that the reply "I live on a council estate" to the question "where do you live?" conjures up a particular kind of picture in most people's minds.

Experiences of housing schemes such as Becontree at Dagenham, Speke near Liverpool, Clifton at Nottingham, etc., have shown that wider streets appear to foster only casual friendliness whereas narrower streets and cul-de-sacs or "banjos" tend to closer relationships. Planners often lose sight of the fact that shopping in the old areas was "handy" and the pub was just round the corner, whereas in the newer schemes such facilities are often very distant to most inhabitants. These and other points, small in themselves, have a tendency to divide rather than unite a community and make the work of the social and health worker a great deal more difficult than it need be. Earlier mistakes in planning are doubtless being corrected, nevertheless there is a crying need for housing estates to be planned and erected not so much in accordance with clinical architectural accuracy but more as loosely-knit communities with due regard to the human implications.

In his Circular 12/62, the Minister of Housing and Local Government drew attention to the excellent work in the field of housing by Housing Associations and pointed out the wider opportunities afforded to local authorities under the Housing Act, 1961, to give these associations even greater assistance.



The Circular emphasised the improved subsidy available to Housing Associations and the availability now of "special arrangements" with the Minister with regard to building specifically for the needs of the elderly. With the establishment of a £25 million loan fund, non-profit making housing associations are encouraged to erect houses and flats to let on a self-supporting basis whilst co-partnership schemes and improvements and conversions are to be stimulated.

Attention on the Report of the Housing Standards Sub-Committee of the Central Housing Advisory Committee is focused by Circular 13/62 entitled "Homes for Today and Tomorrow". This informs local authorities of the changes, since the Dudley Committee of 1944, of recommended housing standards especially with regard to space and equipment. These will give greater flexibility to housing committees' schemes and architects' plans in ensuring that the right kind of dwellings are provided for different family needs. It further emphasises the importance of heating, the provision of sufficient and suitable play space for children of all ages and the necessity for allowing enough room for the expected increase in car ownership. The Minister indicated that this would inevitably lead to larger and better houses and he hoped that, in these days of financial stress, the rents would reflect these improvements.

**LEGISLATION—***The Housing (Management of Houses in Multiple Occupation) Regulations, 1962.*—These Regulations, made under Section 13 of the Housing Act, 1961, and operative from 22nd May, provide a code of management which a local authority may apply, by order under Section 12 of the Act, to any house wholly or partly let in lodgings or occupied by members of more than one family, which is in an unsatisfactory condition in consequence of defective management. In the case of a building which comprises separate dwellings (e.g. a tenement building or a block of flats) the regulations may be applied, in the circumstances mentioned in Section 21 of the Act, to the building as a whole instead of to individual dwellings therein.

Application and interpretation are dealt with in Part I of the Regulations whilst Part II, which is the essence of the code of management, prescribes the duties to be carried out by the manager of the house and, finally, Part III lays down the ancillary requirements including the provision of information. In addition, the Regulations impose certain obligations on occupants in order that the manager shall carry out his duties effectively.

These Regulations are to be used in conjunction with the Housing Act, 1957, and with the new powers relating to the provision



of additional services and facilities and the prevention of overcrowding contained in the 1961 Act.

HOUSING ACT 1961—*Houses in Multiple Occupation*.—In connection with these types of properties, the general powers given to the Council under the previous legislation, viz.—

Natural Lighting

Ventilation

Water Supply

Drainage and Sanitary Conveniences

Facilities for storage, preparation and cooking of food and for the disposal of waste water

Prevention of overcrowding of sleeping rooms

were retained under Sections 36 and 90 of the 1957 Act. However, powers enabling the Council to enforce standards under Section 36 proved to be inadequate and were repealed by Part II of the Housing Act, 1961. Regulations made by the Minister during the year under Section 13 of the new Act providing a management code for Councils to apply to "Houses in Multiple Occupation" are outlined above. Further, for the purpose of implementing the provisions of Section 15 of the Housing Act, 1961, the Council, on the 14th November of the current year, adopted the standards of provision of amenities, as suggested in the joint report of the Advisory Bodies of Town Clerks and Medical Officers of Health of metropolitan borough councils. The schedule is as follows :—

(a) *Natural and artificial lighting*.—Natural. (i) The provision and maintenance in every habitable room, of a window or windows (capable of being opened at the top), opening directly to the external air and having, where practicable, a glass area equal to at least one-tenth of the floor area. It should be borne in mind that one tenth of the floor area may not be attainable and in given circumstances might not be enough. (ii) The provision and maintenance, wherever practicable, of adequate means of natural light to a common staircase. When not practicable, adequate artificial lighting shall be provided.

Artificial. There shall be provided and maintained suitable means for securing adequate artificial lighting either by electricity or gas in each habitable room, bathroom and water-closet. (Staircase lighting is already dealt with under Byelaws.)

(b) *Ventilation*.—The provision and maintenance of adequate means of ventilation, including permanent ventillation, for every passage, room, water-closet, apartment and staircase.



(c) *Water supply.*—(i) The provision of one tap per floor of piped water suitable for drinking and, if more than one letting, one tap inside each letting. In each case the provision of a sink of suitable size and pattern and efficient means for carrying off any waste water from the tap.

(ii) The provision in every hostel, boarding house, guest house and boarding school of a piped supply of water suitable for drinking reasonably accessible to the occupants of each sleeping room.

In addition to the requirements of the Metropolitan Water Board Byelaw No. 24 (1950) relating to the provision of a stop tap for each separately chargeable supply, it is suggested that a stop tap should be fitted for each floor or each separate letting, whichever is the more convenient.

(d) *Personal washing facilities.*—In each letting there shall be provided a hot and cold water supply at a wash-hand basin or at a sink. There shall also be provided in connection with each letting a fixed bath or shower in a bathroom with hot and cold water. Where it is impracticable for the bathroom to be within the dwelling, it shall be in such a position within the curtilage of the building as to be readily accessible from the letting. In such cases, wherever practicable, regard shall be had to the mention in the Ministry of Housing and Local Government Circular 16/62 of a suggested scale of provision of two baths or one bath and one shower per ten persons. In any event, the minimum provision shall be in the ratio of one fixed bath or shower to ten persons irrespective of age.

(e) *Drainage and sanitary conveniences.*—In all cases regard shall be had to the mention in the Ministry of Housing and Local Government Circular 16/26 of a suggested scale of provision of two W.C.s per ten persons, but if this cannot be attained then :—

(i) If practicable, the provision and maintenance of one water-closet for every four habitable rooms, or one water-closet for every eight persons irrespective of age; existing accommodation is to be deemed insufficient if it fails to conform to both of these requirements, or if it is not reasonably accessible to the persons for whom it is intended; *except in the case of :*

(ii) hostels, boarding houses and similar establishments where one water-closet for every eight persons, sited so as to be conveniently accessible in relation to sleeping rooms, shall be deemed sufficient; and

(iii) boarding schools, where a standard of one water-closet for every five pupils, as laid down in the Standards for School Premises Regulations, 1959, should be borne in mind; and



(iv) future conversion to single room lettings, where one water-closet for every four lettings and not more than one floor distant shall be required; and

(v) existing single room lettings where, if practicable, there must be a provision of one water-closet for every four lettings or for every eight persons irrespective of age, the accommodation to be deemed insufficient if it fails to conform to both of these requirements.

(f) *Facilities for the storage and preparation and cooking of food and for the disposal of waste water.*—The provision inside each separate dwelling (as distinct from a stair-case or landing in common use), of adequate facilities for cooking food, and a food cupboard ventilated to the external air and of dimensions not less than :—

One-room dwelling, 3 cu. ft.; A two-room dwelling, 4 cu. ft.; A three-room dwelling, 6 cu. ft.; A dwelling comprising more than 3 rooms, 8 cu. ft.

(These requirements relate to separate dwellings in family occupation. In the case of bed-sitting rooms in use as bachelor apartments, facilities for storing, preparing and cooking foods are normally not necessary, and in such circumstances these provisions will not be required.)

(g) *Installations for space heating or for the use of space heating appliances.*—In each dwelling there shall be provided an adequate number of appliances for space heating and/or suitable points to which gas or electric space heating appliances can be attached.

By-laws as to artificial lighting of common staircases in tenement houses and flats made under Section 63 of the L.C.C. (General Powers) Act, 1956, were confirmed by the Minister and came into operation on 1st August, 1961.

During the year 44 visits were made by Public Health Inspectors to houses in multiple occupation and 58 notices were served as follow :—

Notice of entry for the purpose of inspection, etc., to occupiers and to owners where known	32
Notice requiring statement of persons sleeping in a house	14
Notice requiring information as to ownership of premises	6
Notice regarding overcrowded conditions	2
Notice to abate overcrowding	2*
Informal notice requiring execution of works	2

\* The owner made application to the County Court to appeal against the notices but later requested an adjournment of the hearing which was granted 'sine die'. Subsequently the terms of the notices were fully complied with.



**HOUSING ACT, 1957**—The following procedures were carried out under Part II of the above Act during 1961.

*Underground Rooms*—The Council's powers to close underground rooms are provided by Section 18 of the Act of 1957, as qualified by the Housing (Underground Rooms) Act, 1959. New regulations for securing the proper ventilation, lighting and the protection against dampness and effluvia or exhalation of underground rooms received the Minister's approval and became operative on 28th August, 1961.

At the undermentioned property two rooms being rooms, the surface of the floors of which were more than 3 ft. below adjoining ground level and not complying with the Local Authority's Regulations, were considered unfit for human habitation and were represented as such. In the case of one room approval was given for its use as a food store.

752 Woolwich Road, S.E.7. (*Closing Order.*)

*Slum Clearance*—Under Part III of the Act, three sites comprising some 42 dwellings were represented for slum clearance. Ministry approval for the Shooter's Hill Road area was obtained in October but is still awaited for the remaining 2 sites.

Area	Houses	Persons to be Displaced	Families
No. 1 (Shooter's Hill Road) Clearance Area, 1962	2	2(a)	1
No. 2 (Maryon Road) Clearance Area, 1962	8	24(b)	11
No. 3 (Rolfe Road) Clearance Area, 1962	32	108(c)	38

(a) Adults. (b) 19 Adults, 5 Children. (c) 93 Adults, 15 Children.

*Redevelopment*.—A number of houses which would have been included in the Council's slum clearance schemes have already been dealt with by the Trustees of the Morden College Estate in their own redevelopment schemes. Since the war, and up to the end of 1961, some 45 houses and a number of prefabricated dwellings had been demolished and some 91 dwellings and 12 garages had been erected.

During 1962, the Trustees were responsible for the following operations :—

*Properties Demolished*—14/18 (consec.), 34/39 (consec.) Bennett Grove, 11 dwellings. 1/51 (odd) Morden Street, 26 dwellings.

These properties form part of a larger demolition scheme relating to the redevelopment of the Coldbath Estate. Demolition commenced during 1960 and has continued throughout the current year as tenants were rehoused.



*New Properties Completed*—69/99 (odd) Pelton Road, 16 dwellings. 18/21 (consec.) John Penn Street, 4 dwellings. 22/35 (consec.) Bennett Grove, 14 dwellings. 1/35 (odd) Coldbath Street,

In addition, 12 garages were provided adjoining 69/99 Pelton Road and a further 10 in Bennett Grove.

I am indebted to Mr. K. B. Leverton, Surveyor to the Morden College Estate, who so kindly provided this information.

HOUSE PURCHASE AND HOUSING ACTS, 1958 AND 1959.—*Improvement Grants*.—Section 20 of the Housing Act, 1949, as modified by Section 16 of the Housing Repairs and Rents Act, 1954, empowering local authorities to make grants to private owners for improvements and conversions of sums up to £400 or half the cost, whichever is the less, where the dwellings would provide satisfactory accommodation for more than 15 years, has now been replaced by Section 30 of the Housing (Financial Provisions) Act, 1958. These grants are now known as *discretionary grants*.

During the year 118 grants were so made.

Section 4 of the House Purchase and Housing Act, 1959, introduces a new system of grants known as *standard grants* which, if certain conditions are fulfilled, can be claimed *as a right*.

Up to the close of the year 34 such grants had been agreed.

#### RE-HOUSING.—

(a) *Borough Council*.—There were 74 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 300. Of this number 4 were in respect of overcrowded cases and 18 families re-housed from outside the Borough.

The Housing Department now has control of 4,246 Council-owned units of accommodation, an increase of 76 over that of the previous year.

(b) *London County Council*.—During the year ended 31st December, 1962, the L.C.C. had provided alternative accommodation for a total of 362 Greenwich families of which 1 had been certified as an overcrowded case. Of this figure, 256 were housed on L.C.C. housing estates outside the Borough. Two families from outside Greenwich were rehoused in the Borough under the L.C.C. scheme.

(c) *Other*.—A further 2 families were rehoused by other means.

OVERCROWDING.—As a direct result of rehousing carried out under (a), (b) and (c) above 7 cases of overcrowding were abated during the year under review. The number of unabated certified cases of overcrowding in the Borough now amounts to 36.

During 1962 there was a slight fall in the number of complaints received concerning overcrowding, the year's figure of 34 showing a decrease of 3 from that of the previous year. Each complaint was investigated by the Public Health Inspector concerned and as a result of these investigations 4 families were found to be overcrowded according to the standards laid down by the Housing Act, 1957, 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 1946 in the number of families found to be living in overcrowded conditions in the Borough :—

<i>Year</i>	<i>No. of cases of overcrowding reported</i>
1946	261
1947	128
1948	162
1949	168
1950	148
1951	56
1952	52
1953	53
1954	39
1955	39
1956	38
1957	25
1958	18
1959	10
1960	2
1961	5
<i>16-year average</i>	<i>75</i>
<u>1962</u>	<u>4</u>

NEW HOUSING ACCOMMODATION.—The following table lists the new dwellings erected in the Borough during 1962 :—

Type of Dwelling	G.B.C.	L.C.C.	Private	Total
Houses ... ..	4	63	6	73
Flats and Maisonettes ...	70	28	69	167
Total No. of Dwellings...	74	91	75	240



Excluding the families accommodated in requisitioned property, the total number of dwellings provided in the Borough since the termination of the war is now 5,955.

COUNCIL HOUSING SCHEMES.—(*Information supplied by the Borough Engineer*).

(a) Schemes in progress at the end of the current year :—

<u>Site</u>	<u>Dwellings</u>
Haddo Street .....	164
Lansdowne Lane .....	54
Vanbrugh Park .....	176
31-32 Gloucester Circus .....	21

(b) Building programme for rehousing envisaged for 1963, *et seq* with estimated completion dates :—

<u>Site</u>	<u>Dwellings</u>
<i>1963</i>	
Lansdowne Lane .....	54
Plumbridge Street .....	2
Wellington Gardens .....	14
Vanbrugh Park .....	176
31-32 Gloucester Circus .....	21
<i>1964</i>	
Heathway .....	51
Maze Hill .....	25
Coleraine Road .....	40
280 Shooter's Hill Road .....	29
Woolwich Road/Charlton Church Lane .....	23
Kidbrooke Park Close .....	77
<i>1965/66</i>	
Old Dover Road .....	181

Several other schemes are envisaged, some of which will be carried out by Private Architects, but at this stage it is impossible to forecast completion dates.

*Movable Dwellings.*—The current year saw a substantial increase in the number of homeless seeking accommodation from the County Council. As a consequence, formal applications were received from the London County Council for licences to utilise vacant sites in the Borough for movable dwellings.

By the end of the year and in accordance with Section 22 of the London County Council (General Powers) Act, 1959, the 3 undermentioned sites had been so licensed for a maximum period of three years subject to the following condition :—

“That compliance be required with the standards recommended by the Metropolitan Boroughs’ Standing Joint Committee in connection with the licensing of movable dwellings, with the exception of Condition (1) in as far as it applies to the distance from the boundary of the site and the distance between the dwellings and Condition (2) relating to fire-fighting equipment.”

Site	Area	Movable Dwellings
Farjeon/Holburne Road	.35 acres	6
McMillan St./Creek Road	.3 acres	6
Fairfield Grove	.35 acres	7

*NOTE : Town planning permission is deemed by virtue of the provisions of Section 42 of the Town and Country Planning Act, 1962.*

*Improvement of Houses.*—In accordance with the Minister’s Circular 42/62 issued on 2nd August of the current year entitled “Improvement of Houses”, a preliminary survey of 61 houses in Aldeburgh Street was carried out in December with the following results :—

No. of dwellings in need of improvement	....	....	....	54
No. of dwellings where amenities fully exist	....	....	....	2
No. of dwellings not surveyed (vacant or no access)	....	....	....	5
No. of owner/occupiers	....	....	....	7
No. of tenanted dwellings (involving 12 separate owners)	....	....	....	48
No. of vacant dwellings	....	....	....	1
No. of tenants objecting to improvements and to payment of higher rent	....	....	....	15
No. of tenants undecided thereon	....	....	....	5
No. of rehousing cases likely to be necessary	....	....	....	3
No. of instances where housing bonus might accrue	....	....	....	6

**TOWN AND COUNTRY PLANNING ACT, 1962.**—In exercise of powers under Section 22 of this Act and of article 12 of the Town and Country Planning General Development Order, 1963, the Minister of Housing and Local Government continues the policy originally laid down in the *Town and Country Planning (Housing Accommodation) Direction, 1952.*

Consequent upon the issue of this Direction, the Borough Council is consulted by the London County Council (the Planning



Authority) before any application for planning permission involving change of use of premises from use as a dwelling is determined. Such consultations are designed to prevent any unnecessary aggravation of the housing situation by the encroachment of business premises into residential property.

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 1962 :—

“I am pleased to be able to report a year of continued progress in the work associated with housing. 74 new dwellings were completed and handed over for letting, included in which were 54 flats and maisonettes in the Burney Street-Gloucester Circus area, the “MARIBOR” Estate named after the twin town of that name in Yugoslavia with which Greenwich is linked.

In pursuance of the Council's policy of acquisition of under-occupied dwellings in which Group B housing applicants are living, and the acquisition of suitable vacant properties offered for sale in the open market, many dwellings have been inspected and purchased where considered suitable. Some of the properties are being given a new lease of life by virtue of the improvement and repair works carried out by the Council. It is the Council's policy to acquire dilapidated properties, under suitable circumstances, to prevent their rapid decline into unfit houses. Other properties acquired for site redevelopment are given minimum repair works sufficient to make them reasonably habitable until the site is required for the erection of new dwellings.

At the latter end of the year the completion took place of conversion work to the first of three large houses adjoining each other in Hervey Road. These houses have been acquired and converted into single room flatlets for elderly persons, the whole scheme providing 23 flatlets plus warden's flat. Central heating provides background warmth, each room having a panel fire for additional warmth to personal requirements. Toilet and bathrooms are provided on a sharing basis and cleaning of these rooms plus the entrance halls and staircases is undertaken by the Council. The elderly tenants look after themselves in comfortable surroundings safe in the knowledge that the warden is at hand to help them should they need assistance at any time.

The year saw the demolition of the last of the temporary hutments erected at the end of the war for the emergency rehousing of bombed-out and homeless families. These hutments were not equipped to the standard of “prefabricated” bungalow type dwellings which still attract the smaller families. Although the hut-



ments fulfilled a pressing need at the time they were built, their passing did not come too soon. Unfortunately the sites of many of these hutments form land zoned for industrial purposes, so the land could not be utilised for building new dwellings.

On the Council's Estates and in older properties improvement works have continued to be carried out to bring these properties up to modern standards of amenities with lavatory basins, hot water systems and additional electric power points.

For the past few years I have been able to report a continued fall in the number of registered applicants on the general waiting list but this trend has not continued during 1962. 432 new registrations were made but these were counterbalanced by an almost equal number of cancellations as a result of either being rehoused or failure to renew the applications. The cancellation of the application where renewal is not made annually ensures that the register is not artificially inflated by persons no longer wishing to be considered. The net result was an increase of 6 in the total number of applicants on the Housing Register which stood at 1,647 at the close of this year.

Mutual exchanges totalled 47, an increase which is to be expected because this means of helping tenants to solve their own housing problem is actively fostered.

The mutual exchange register is maintained in the department and in order to keep it up-to-date and free of addresses of persons who have lost interest in an exchange, the Housing Committee decided to limit registration to one year, after which renewal must be made otherwise the entry is removed from the register.

Some tenants cannot solve their difficulties by means of an exchange, so have to be transferred where the need is urgent. 84 such transfers were carried out of which 17 were from addresses where the person or family in occupation had at least two rooms surplus to requirements."



## SECTION E

### **Inspection of Food and Supervision of Food Premises**

In last year's report I speculated upon the effect that Britain's entry into the Common Market would have with regard to foods imported from the member countries, its standards, inspection, methods of production, packeting and marketing, etc. Our failure to gain entry into the Common Market makes the problems of standardisation of food hygiene and quality standards, etc., matters of less urgency for the time being at least.

Nevertheless, it must be remembered that in food production this nation is not self-supporting and depends to a very large extent upon imports from abroad. In this connection it may be surprising for some people to learn that approximately 50% of all the food and some 60% of all meat imports to the United Kingdom are received at the London wharves. When it is realised that the  $7\frac{1}{2}$  million tons involved is valued at about £700 million, then there can be no dispute about the prodigious responsibilities resting not only upon the Port of London Health Authority but also riparian authorities with regard to its inspection especially when one considers the extensive and constantly varying nature of the foods imported. Recent years have seen the importation on a larger scale of unusual items such as egg albumen, frogs' legs, shark soup, yam flour, to name a few of the exotic foods which add to the complexities of the duties of public health staffs in their efforts to maintain effective control.

Food examination in bygone days generally meant chemical analysis, usually instituted to detect deliberate adulteration, but the pattern is changing. As a direct result of legislation beginning in 1860 and the compulsory appointment of Public Analysts in 1875, deliberate adulteration has been almost eliminated and there is greater emphasis on bacteriological investigation of foods since, in cases of outbreaks of food poisoning, the causes, when established, are almost always due to bacterial contamination. Whilst, under existing conditions, complete sterility is unobtainable and indeed may not in fact be desirable, there are limits beyond which, from the public health point of view, it would not be wise nor safe to go.

To a riparian authority food inspection is complicated and often arduous, for examination of food on wharves often requires a quick decision in order that there should be no delay to the importer or his distributors. A difficult position is often aggravated by (a) the time taken for results of chemical and bacteriological



examination to be obtained and (b) the lack of storage accommodation ashore. When, due to lack of storage space it is necessary to move unexamined foods, care must be taken to see that the receiving authority is made aware of the situation in order that it can take appropriate action.

Chemical examination of foods to-day involves modern techniques in testing for "additives" and their legally permissible concentrations, quality, labelling and advertising. Even so, much still remains to be achieved but, all in all, the standards of purity and quality of the foods in this country are as high as anywhere in the world.

It is generally agreed that substantial progress has been made in food hygiene as a result of recent legislation but it is evident that the powers necessary for the compulsory registration of eating houses still constitutes a serious omission and domestic animals are still not specifically banned from cafés and food shops. Some reprehensible practices, such as the touching of food when setting it out and the serving of meat sandwiches and cakes by hand still exist and further, the pernicious habit of cooking a joint today for tomorrow's meal persistently produces its yearly crop of infections of staphylococcal origin.

Fundamentally, progress in food hygiene and even the maintenance of existing standards are based on human factors and no amount of legislation can eliminate this human element. For example, making staffs personally responsible for the notification of certain ailments, although well-intentioned, runs counter to the personal interests of the worker who fears the resultant reduction in wages. Yet it is likely that the majority of our outbreaks of food poisoning arise from just this situation where the food handler fails to notify his illness (assuming he is aware of its potential danger), continues with his duties and so constitutes a hazard to the public at large.

The answer to most food contamination problems lies in personal cleanliness and health education but any clean food campaign would be incomplete without public support and, logically, this support must be cultivated at an early age. Children are very impressionable and receptive to information which is given in school time, especially if it provides a break from their normal routine. Suitably schooled children, on reaching adult age will then demand from the caterers and shop-keepers a higher standard of hygiene, and it is here that the foundations of success lie.

**LEGISLATION.**—Of the new legislation introduced in the current year concerning food, the following regulations were considered the more important.



*The Milk and Dairies (Emulsifiers and Stabilisers) Regulations, 1962.*—These Regulations, made under Sections 29 and 123 of the Food and Drugs Act, 1955, came into operation on 11th April, 1962, and prohibit the addition of any emulsifier or stabiliser to milk and the sale of any milk to which such an addition has been made.

*The Milk and Dairies (Legal Proceedings) Regulations, 1962.*—Made under Sections 29 and 123 of the Food and Drugs Act, 1955, these Regulations, operative from 27th June, amend the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, and the Milk and Dairies (General) Regulations, 1959, by specifically applying certain sections of the 1955 Act relating to legal proceedings.

*The Food and Drugs (Legal Proceedings) Regulations, 1962.*—These Regulations were made under Sections 4, 7, 13, and 123 of the Food and Drugs Act, 1955, and by applying specifically certain sections of this Act, they amend the regulations specified in the Schedule as well as the Slaughterhouses (Hygiene) Regulations, 1958, the Meat (Staining and Sterilisation) Regulations, 1960, and the Lead in Food Regulations, 1961. They came into force on 27th June, 1962.

*The Food Standards (Table Jellies) (Amendment and Revocation) Regulations, 1962.*—Effective from 12th July these Regulations revoke the Food Standards (Table Jellies) Order, 1949, as amended and exempts from laid-down standards, prepacked foods which are labelled in accordance with the provisions of the Labelling of Food Order, 1953.

*The Emulsifiers and Stabilisers in Food Regulations, 1962.*—Made under Sections 4, 7, and 123 of the Food and Drugs Act, 1955, and operative from 14th July of the current year, these Regulations prohibit, with certain exceptions, the use of emulsifiers and stabilisers in foods.

*The Milk and Dairies (Preservatives) Regulations, 1962.*—The addition of any preservative to milk and the sale of any milk to which such an addition has been made is prohibited under these Regulations which came into operation on 26th July.

*The Preservatives in Food Regulations, 1962.*—These Regulations re-enact with amendments the Public Health (Preservatives etc. in Food) Regulations, 1925/58, and they came into force on 26th July of this year. *Inter alia*, they extend the list of permitted preservatives in specified foods and some foods are to be permitted to contain an excess of the limits under certain circumstances.



Foods containing any preservative not permitted by the Regulations may be considered as unfit for human consumption.

During the current year in Circulars 1/62, 3/62, 8/62 and 12/62 the Minister of Agriculture, Fisheries and Food has approved the use of specified chemicals as alternatives to steam or boiling water in the cleansing of vessels used for storage or conveyance of milk and for the purposes of the Public Health (Imported Food) Regulations, 1937/48, certificates in respect of South Africa and South West Africa were officially recognised.

### MILK

Milk consists of approximately 87% of water holding proteins, sugar, vitamins and certain salts in solution, has an average specific gravity of 1.032 and has suspended in it finely divided globules of fat to which it owes its whiteness. Normally milk contains 3% fat and 8.5% solids-not-fat; it freezes at about  $-0.53^{\circ}\text{C}$ . and its chemical composition is subject to variation on a number of counts such as the season and time of milking, the breed of cow, type of feeding, etc. 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. It is, therefore, to be expected that this commodity is one which is sampled extensively 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 Agriculture, Fisheries and 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 (General) Regulations, 1959.*—Under the provisions of these Regulations each person retailing milk in the Borough must be registered as a Distributor. The number of Distributors registered at the end of the year was 112, an increase of 3 over 1961.

On 52 occasions the premises of distributors and dairies were visited other than for sampling purposes, and defects, when detected were remedied as and when necessary.

*The Milk (Special Designation) Regulations, 1960.*—These regulations, operative from the 1st October, 1960, replaced and consolidated, with amendments, The Milk (Special Designation) (Raw Milk) Regulations, 1949-1954 and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953. 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.

With the coming into force of the new Regulations, the granting of Supplementary Licences (issued to firms who sold within the Borough but whose premises were outside) has been discontinued and, in accordance with these Regulations, licences (which previously were annually renewed) have a fixed five year period at the end of which they become renewable for a further five years.

No milk processing plants are located in the Borough and all licences granted were in relation to milk obtained in pre-packed form for sale to the general public. The following licences had been granted and were in force on the 31st December, 1962:—

	<u>Licences</u> <u>issued</u>	<u>In Operation</u> <u>31.12.62.</u>
Distribution of Sterilised Milk ...	1	92
„ „ Pasteurised Milk ...	2	65
„ „ Tuberculin Tested ...	1	42

*Sampling.*—Under provisions of the Third Schedule to the above-mentioned Regulations, Methylene Blue and Phosphatase tests are 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 and, with regard to Tuberculin Tested Milk, the new Regulations have introduced a further test—the clot-on-boiling test.

During the year, 22 samples of milk consisting of 7 Pasteurised and 15 T.T. Pasteurised were examined in accordance with the prescribed tests. Of these, one sample of T.T. Pasteurised milk, taken from a machine, failed the Methylene Blue test but the ‘follow-up’ sample proved satisfactory.

*Analytical Examination of Milk.*—All designated milks being sold in the Borough were sampled, including those of the super-fatted variety, viz., Channel Island, Jersey, South Devon, etc. A total of 18 formal samples were submitted to chemical analysis and all proved to be genuine.

Two samples of cream were sampled and found to be genuine.

Summaries of samples taken from L.C.C. Schools and Nurseries for chemical and bacteriological examination continued to be furnished regularly to that authority.



**PRESERVED FOOD AND ICE CREAM PREMISES.**—In accordance with the provisions of the Food and Drugs Act, 1955, Section 16, all premises with the exception of schools, clubs, hotels or restaurants used :—

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

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

*Preserved Food Premises (meat, fish, etc.).*—The total number of premises on the register at 31st December, was 90.

One hundred and twenty two visits of inspection were made to Preserved Food premises and Fried Fish shops as a result of which 3 improvements were made and several sanitary defects remedied.

*Ice Cream Premises.*—By the end of the year the total number of registered Ice Cream premises stood at 239.

Visits to these premises were made on 160 occasions and 2 improvements effected.

**MANUFACTURE AND SALE OF ICE CREAM.**—As the public's appreciation of the food value of ice cream increases, so consumption rises but, as yet, no legal bacteriological standard exists.

From time to time representations have been made to the Minister of Health with a view to the adoption of a bacteriological standard of cleanliness but he has made it known that he is satisfied that no existing test is precise or selective enough to justify its adoption as a statutory measure. In his opinion the methylene blue reductase test affords a simple and valuable "rule of thumb" method for the measurement of the bacterial cleanliness of ice cream indicating the necessity or otherwise of further investigation into methods of production.

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."

*The Ice Cream (Heat Treatment, etc.) Regulations, 1959.*—In consolidating and amending the previous Regulations 1947 to 1952, these Regulations, operative from 27th April, 1959 require, *inter*



*alia*, that ingredients used in the manufacture of ice-cream be *pasteurised* by one or other of three specified methods, viz.:—

Method I. The mixture shall be raised to and kept at a temperature of not less than 150°F. for at least 30 minutes.

Method II. The mixture shall be raised to and kept at a temperature of not less than 160°F. for at least 10 minutes.

Method III. The mixture shall be raised to and kept at a temperature of not less than 175°F. for at least 15 seconds.

An alternative to pasteurisation is given, namely, *sterilisation* and in this instance the mixture shall be raised to and kept at a temperature of not less than 300°F. for at least 2 seconds.

Subsequent to pasteurisation or sterilisation the mixture shall be reduced to a temperature of not more than 45°F. within 1½ hours and shall be kept at such a temperature until frozen, after which it must be kept at a temperature not exceeding 28°F. up to the time of sale.

*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 60 samples were submitted for examination and the ice-cream graded 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 this year's reports is given below :—

Samples taken	Time taken to Reduce Methylene Blue	Provisional Grade	Observations
29	4½ hours or more	1	Satisfactory
11	2½ to 4 hours	2	Sub-standard
14	½ to 2 hours	3	Unsatisfactory
5	0 hours	4	Most Unsatisfactory
1	Ice-lolly ... ..	Plate count and bacteria reports showed this sample to be satisfactory.	



On receipt of a Grade 3 or 4 report it is the practice in this Borough to obtain further samples from a vendor before administrative action is taken. It was not necessary during the year to have recourse to "administrative action."

Significantly all the unsatisfactory samples were of the "soft" type, and were graded as such in accordance with the Ministry's scheme. However, in these cases, plate counts discounted any danger to health but, in so doing, they cast doubts on the reliability of the methylene blue test. Some factors as yet undetermined, but apparently unrelated to the method of manufacture or the hygiene of the product, are affecting the gradings. With the reductase test, which in reality is a test for organismal activity, it is quite possible for a sample to obtain a low grading of 3 or 4 and yet still be fit for human consumption—the bleaching of methylene blue being equally effected by non-pathogenic as well as pathogenic organisms. Conversely, it would be possible under similar circumstances for a sample to obtain a high grading and yet contain *b. coli* in sufficient quantity to warrant its classification as unsatisfactory.

Investigations into the vagaries of "soft" ice cream are to be undertaken to re-assess in these instances, the true value of the methylene blue tests or perhaps to indicate other and more reliable methods.

*Quantitative Analysis.*—Standards for the composition of ice cream are contained in the Food Standards (Ice-Cream) Regulations, 1959.

In connection with quantitative analysis, five ice creams were examined in the normal course of food sampling. All samples proved to be satisfactory and reference to the Analyses will be found under the heading of Food and Drugs Act, 1955.

**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. One hundred and twenty-four 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.**—At 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



Constant supervision of refreshment stalls, etc., 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 all, 14 visits were made to the fair during the holiday periods.

Regulation 26 of the Food Hygiene (General) Regulations, 1960, requires *inter alia*, that each stallholder's name and address shall be clearly displayed on his stall. In the past it has been necessary, on occasions, to warn vendors but such action was not required during the current year.

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 the London County Council (General Powers) Acts, 1947, 1957 and 1958, registration with the local Council is compulsory for all street traders. During the year 39 applications were made and licences granted to street traders engaged in the retailing of articles of food. Only certain streets in the Borough are designated for street trading; it is not the policy of the Council to grant licences for such trading in streets other than those designated.

No contraventions of Regulations 26 to 28 of the Food Hygiene (General) Regulations, 1960, were observed.

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, cafes, 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 establishments the Food Inspectors made 3,172 visits, as a result of which 26 premises were improved.

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.



Premises Inspected or Visits Made	No. of Visits	No. of Premises at which Improve- ments were effected
Caterers', Restaurants, etc. ....	158	7
Grocers, Greengrocers ....	268	10
Butchers' Shops ....	119	5
Dairies and Milk Distributors ....	52	—
Wharves and Factories ....	701	—
Bakehouses and Bakers' Shops ....	37	2
Ice-Cream Premises, Confectioners, etc. ....	160	2
Fried Fish Shops ....	27	—
Other Fish Shops ....	26	—
Cooked Meat & Preserved Foods ....	122	*
Visits Re. Shops Act ....	356	—
"    "    Infestations ....	4	—
"    "    Food and Drugs Act ....	261	—
"    "    Merchandise Marks Act & Markets ....	124	—
"    "    Food Poisoning ....	8	—
Sampling Visits ....	208	—
Fair Visits ....	14	—
School Visits ....	4	—
Miscellaneous Visits (including Flour Mills- Cyanide Fumigation) ....	472	—
Interviews ....	18	—
Complaints Investigated ....	33	—
<b>TOTALS</b> ....	<b>3,172</b>	<b>26</b>

\* Included under Grocers' and Butchers' Shops.

**BAKEHOUSES.**—At the end of the year, 8 premises in the Borough were being used as bakehouses, none of which was underground.

Bakehouses and bakers' shops were visited on 37 occasions and, as a result of the inspections two improvements were effected.

**CATERING ESTABLISHMENTS.**—Public demand for communal catering continues and as a result of this practice of "eating out" the inspection and supervision of cafes, restaurants, works' canteens etc., remains one of the most important duties of the Food Inspectors. Disregard of normal hygiene in the handling and preparation of food at such establishments can lead to an outbreak of food poisoning on a large scale and it is a tribute to the Inspectors' vigilance that no such outbreaks have occurred.

As a result of 158 visits of inspection to the catering establishments, insanitary conditions were remedied and improvements, mainly redecoration and cleansing of kitchens, were effected on 7 occasions.

Many licensed victuallers have instituted a catering service during the last few years, some providing prepared food to be



consumed at the bar counter and others supplying a cooked lunch in a separate dining room. Three improvements were carried out at public houses as a result of informal action and in one instance, due to redevelopment, one public house was substantially altered structurally to the department's satisfaction.

**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	...	...	...	...	594	lbs.
Pork	...	...	...	...	69	"
Bacon	...	...	...	...	25	"
Rabbits	...	...	...	...	230	"
Lambs' Hearts	...	...	...	...	320	"
Ox Kidneys	...	...	...	...	54	"
Chicken	...	...	...	...	24	"
Sausages	...	...	...	...	48	"
						<hr/> 1,364 lbs.

*Canned and Other Foods—*

Foods, Various (Canned)	...	...	...	...	1,549	"
Meats (Canned)	...	...	...	...	3,226	"
Cheese	...	...	...	...	23	"
Fish	...	...	...	...	42	"
Fish (Canned)	...	...	...	...	430	"
Prunes	...	...	...	...	684	"
Tomatoes (Canned)	...	...	...	...	2,901	"
Fruit (Canned)	...	...	...	...	1,551	"
Fruit Juice (Canned)	...	...	...	...	346	"
Fruit Pulp (Canned)	...	...	...	...	256	"
Ice Cream	...	...	...	...	2,101	"
						<hr/> 13,109 lbs.

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14,473 lbs.  

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Compared with the previous year, the amount of meat rejected fell by 5,622 lbs. during 1962, and the total of all food rejected by 51,821 lbs.

**PUBLIC HEALTH (MEAT) REGULATIONS, 1924/52.**—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 119 visits of inspection and arranged for the correction of insanitary defects at 5 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 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 various importers. 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 Agriculture, Fisheries and 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.

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

The following foods were rejected at the wharves :—

*Meat—*

Mutton and Lamb	...	...	...	10,028	lbs.
Beef	...	...	...	2,596	"
Pork	...	...	...	517	"
Ox Livers	...	...	...	48	"
Melts	...	...	...	15	"
					<hr/>
					13,204 lbs.

*Canned and Other Foods—*

Foods, Various (Canned)	...	...	...	2,384	"
Cooked Meats (Canned)	...	...	...	1,080	"
Sugar	...	...	...	560	"
Flour	...	...	...	420	"
Confectionery	...	...	...	784	"
Fruit (Canned)	...	...	...	1,130	"
Dates	...	...	...	130	"
					<hr/>
					6,488 lbs.

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19,692 lbs.



*Caseous Lymphadenitis.* This disease, sometimes called "pseudo-tuberculosis" occurs mainly in sheep although it is occasionally found in cattle, rabbits and chickens. It is met 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.

Results of examinations for caseous lymphadenitis are given below.

	<i>Landed</i>	<i>Examined</i>	<i>Rejected</i>	<i>Weight</i>
New Zealand Sheep ... ..	38,291	388	2	60 lbs.

*Bechuanaland Boneless Beef.*—Early in 1961 consignments of this commodity began arriving at one of the Cold Stores in the Borough of which an excessive number of samples were positive for *Salmonellae*.

Representations made to the Ministry of Agriculture, Fisheries and Food (Slaughterhouses Division) brought about a great improvement in the bacterial quality of the meat and subsequent sampling has been most satisfactory.

During the current year a further 33 samples were taken from a consignment of 1,383 cartons, all of which proved to be satisfactory.

*Swedish Pig Carcasses.*—During 1960 the importation of Swedish Chilled and Frozen Pig Carcasses through the docks and wharves of Riparian Authorities caused grave concern due to the high percentage found to be diseased.

The situation was considered so serious that a meeting convened by the Medical Officer of Health of the Port and City of London at which a Veterinary Officer of the Riparian Authorities was present, it was decided at that time to place all Swedish Whole Pig Carcasses under detention pending examination.

Since representations were made to the Swedish Authorities there has been a marked improvement in the standard which has enabled a lower percentage examination to be entertained. During 1962, 42 carcasses were examined from a total of 4,431 landed and all were passed as satisfactory.

*Frozen Cooked Meat.*—The first landings of Australian Frozen Cooked Meat were received into a Cold Store in the Borough in September 1961, which, it was stated by the importers, were destined for a high temperature canning process. Landings during the



current year amounted to 10,473 cartons from which 78 samples were taken before the commodity was sent for canning.

*Rumanian Boneless Horse Meat.*—Importations of this kind recently received into the London wharves were causing the Port Health Authority some anxiety due to its poor bacterial quality. A small consignment of 348 bags of horse meat arriving at one of the Cold Stores in the Borough was sampled and found to be bacteriologically satisfactory.

*New Zealand Boneless Veal.*—Ten cartons of a small consignment of 12 were destroyed after being proved to be contaminated by *Salmonella typhimurium*.

*Dried Egg Albumen and Other Imported Egg Products.*—(Conditional Releases.)—Importations of Dried Egg Albumen and other Egg Products continued during the year with the following results:—

Country of Origin	Quantity Imported	Containers Sampled	No. of Positives
<i>Dried Egg Albumen</i>			
America	5,680 × 50 lb. cartons	522	3
"	612 × 44 lb. cartons	59	—
"	111 × 100 lb. cartons	15	—
"	30 × 120 lb. cartons	5	—
"	15 × 150 lb. cartons	10	—
Denmark	140 × 112 lb. drums	5	—
"	404 × 33 lb. boxes	41	—
"	80 × 56 lb. cartons	8	—
Sweden	40 × 110 lb. drums	8	—
"	30 × 150 lb. drums	3	—
China	120 × 110 lb. tins	17	3
<i>Dried Whole Egg</i>			
America	33 × 175 lb. drums	13	—
"	13 × 100 lb. drums	2	—
"	12,458 × 44 lb. tins	241	4
Poland	500 × 44 lb. cartons	45	2
China	950 × 110 lb. tins	75	2
Holland	629 × 100 lbs. bags	90	3
"	649 × 112 lb. cartons	56	—
"	13 × 168 lb. drums	5	—
Denmark	40 × 50 lb. cartons	3	—
"	14 × 40 lb. cartons	3	—
"	198 × 39 lb. tins	8	—
Mexico	1,678 × 66 lb. boxes	35	—
South Africa	20 × 56 lb. cartons	4	—
Canada	12 × 44 lb. cartons	3	—
Australia	40 × 56 lb. tins	5	—



Country of Origin	Quantity Imported	Containers Sampled	No. of Positives
<i>Frozen Whole Egg</i>			
Holland	6,800 × 36 lb. tins	132	—
"	420 × 28 lb. tins	50	—
"	2,940 × 12 kilos. tins	66	—
"	250 × 13 kilos tins	15	—
"	700 × 33 lb. tins	19	—
"	650 × 13 lb. tins	13	—
Australia	96,116 × 28 lb. tins	768	64
Poland	3,599 × 28 lb. tins	104	—
<i>Dried Egg Yoke</i>			
America	26 × 175 lb. drums	13	—
"	13 × 100 lb. drums	5	—

### Incidence of Salmonella

Organism Found	Samples		
	Dried Egg Albumen	Dried Whole Egg	Frozen Whole Egg
<i>Salmonella tennessee</i> ... ..	—	1	—
" <i>montevideo</i> ... ..	2	—	—
" <i>anatum</i> ... ..	—	5	6
" <i>oranienburg</i> ... ..	1	2	—
" <i>typhimurium</i> ... ..	—	1	45
" <i>thompson</i> ... ..	2	—	—
" <i>infantis</i> ... ..	1	—	—
" <i>bareilly</i> ... ..	—	1	13
" <i>enteriditis</i> ... ..	—	1	—

EXPORT CERTIFICATES.—Many consignments of meat are exported from the Cold Stores located within the Borough and each has to be accompanied by an appropriate "Certificate" to the effect that such consignments have been examined and are considered fit for export for human consumption.

During the year 45 certificates were so issued and the following table indicates the country of origin of the samples, their destinations and the amounts involved:—

Country of Origin	Certificates Issued		Total Weight of Meat Exported
	Country	No.	
New Zealand	Malta	4	} 41,149 lbs.
	Cyprus	4	
	Norway	1	
	Curacao	1	
	Bermuda	3	
Argentina	Saudi Arabia	17	} 96,119 lbs.
	Cyprus	2	
Australia	Bermuda	1	} 59,244 lbs.
	Malta	3	
	Cyprus	9	
	Curacao	1	
England	Dutch West Indies	1	201 lbs.

FOOD AND DRUGS ACT, 1955.—In accordance with the Council's contract with the Public Analyst, 449 samples were presented for examination, of which 96 were obtained in accordance with the Public Health (Imported Food) Regulations. The remaining samples, consisting of 36 formal and 317 informal were obtained in the normal course of sampling.

Of all the samples obtained, 21 were considered by the Public Analyst to be non-genuine and of this total, eight were in respect of imported foods not on sale to the general public. In these instances representations were made to the importers and the matters brought to the notice of the various Trade Commissioners.

Of the remaining 13 non-genuine samples, all informal, 5 were incorrectly labelled and have therefore been excluded from the calculation of the adulteration figure which at 1.4% shows a decrease of 1.6% from that of last year.

Again milk was one of the main foods sampled and in all 18 samples were procured, of which 4 were in respect of Channel Island Milk. No milk sample was adversely reported upon and, in respect of milk other than Channel Island, the average percentage of milk fat was 3.55% and solids-not-fat 8.66% the standard being 3.00% and 8.50% respectively. However in accordance with the



*Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956*, milks in these categories must contain a minimum of 4% milk fat and 8.50% solids-not-fat. Channel Islands milks sampled in the Borough during the year proved to have an average content of 4.46% and 8.94% respectively.

*Flour (Composition) Regulations, 1956*.—These regulations provide for the fortification of flour with added nutrients. Three samples of flour were specially tested for the added nutrients and all were found to comply with the requirements of the regulations.

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

PHARMACY AND MEDICINES ACT, 1941.—One sample of Children's Asthma Mixture was taken for analysis during 1962 and was found to comply with the provisions of this Act.

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.

There was one sample examined during the current year which proved to be satisfactory.

THE CONDENSED MILK REGULATIONS, 1959.—In addition to minimum percentages of milk-fat and milk-solids of condensed milk, the standards of labelling of receptacles are covered under the provisions of these Regulations.

There were no samples examined during the current year.

OTHER FOOD EXAMINATIONS.—In addition to those obtained under the Food and Drugs Act, other articles not procured in the normal course of sampling were examined either by the Public Analyst or at the Public Health Service Laboratory. These examinations were the outcome of complaints from members of the public or as a result of special investigations into certain foods carried out by the Food Inspectors or as the “follow-up” to reported food poisoning cases.

Information concerning the analyses of these samples is given in the following table :—

Article	How Obtained	EXAMINATION		Action Taken
		Bact. or Chem.	Result	
Marzipan Chocolate	Taken from imported trial consignment to ascertain fitness for human consumption.	Chem.	Satisfactory.	Importer notified.
Meat Pie	Complaint by member of public that pie contained foreign body.	Chem.	Sample contained $1\frac{3}{4}$ " of sisal twine.	Manufacturer warned that further incident might lead to legal proceedings.
Orange Drink	Taken from machine (on request) to ascertain fitness for human consumption.	Chem.	Satisfactory.	Vendor notified.
Chocolate Drink	Taken from machine (on request) to ascertain fitness for human consumption.	Bact.	Satisfactory.	Vendor notified.
Lamb Tongues (canned)	Request from Importer to assess fitness for human consumption.	Chem.	Iron content higher than normal and samples discoloured due to formation of iron sulphide. Objectionable but not injurious to health.	Importer notified.
Lamb Tongues (canned)	Request from Importer to assess fitness for human consumption.	Bact.	Satisfactory.	Importer notified.
Raw Sugar	Request from Importer to assess fitness for human consumption. Packed in bags used for the carrying of chemical.	Chem.	Satisfactory.	Importer notified.



Article	How Obtained	EXAMINATION		Action Taken
		Bact. or Chem.	Result	
Foam Sugar Sweets	'Follow-up' sample to previous importation which contained prohibited colouring matter.	Chem.	Satisfactory.	Importer notified.
Whole Rice	On request from Importer. Alleged to be weevil infested.	Chem.	Slight infestation of <i>Ephestia</i> moth. No weevils.	Importer notified. Barge disinfested.
Guinness Stout	Complaint from member of public that bottle contained foreign object.	Chem.	Foreign object consisted of dried mould about one grain.	Brewers notified. Complainant informed of action.
Wholemeal Loaf	Complaint by member of public that bread contained foreign body.	Chem.	Foreign matter consisted of charred bread.	Complainant notified. No further action.
Wrapped Sliced White Loaf	Complaint by member of public that bread contained foreign matter.	Chem.	Foreign matter consisted of dust, charred bread and grease.	Baker warned of serious nature of offence and that future offences would be likely to result in legal proceedings.
Sliced White Loaf	Complaint by member of public that bread contained foreign matter.	Chem.	Foreign matter consisted of baked dough, charred bread and grease (half of which was mineral).	Installation of new machinery reputed to be cause. Baker warned.
Ice Cream	Complaint by member of public re fitness for human consumption.	Chem.	Slightly stale and unpalatable but not inedible.	Complainant notified.
Soup Preparation	Complaint by member of public of foreign body.	Chem.	Contained small 'Compositae' flower head.	Satisfactory explanation from manufacturer who contacted complainant.

Article	How Obtained	EXAMINATION		Action Taken
		Bact. or Chem.	Result	
Milk	Complaint by a member of public that it was unfit for human consumption.	Chem.	Bottle had obviously not been cleansed. Milk however was fresh and of normal taste and composition.	Warning letter to Dairy Co.
Well Water (from tap in factory)	On request to ascertain its fitness for drinking purposes.	Bact.	Satisfactory.	Firm notified.
Well Water (from tap in factory)	On request to ascertain its fitness for drinking purposes.	Chem.	Although very hard and containing a high proportion of dissolved mineral sulphates was suitable for use by adults for drinking purposes.	Firm notified.
Dinner (Ex Meals- on-Wheels Service)	Alleged to be rancid and unfit for consumption.	Chem.	No fermentation, mould growth or taint detectable. No foreign matter found. Fit for human consumption.	Welfare Organisation notified.



## NOTIFICATION OF FOOD POISONING

Under the provisions of Section 26 of the Food and Drugs Act, 1955, 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.

There were 7 notifications received during the year, 15 less than for the previous year. There were 42 cases in 1960, 43 for 1959, 39 for 1958, 17 for 1957, 23 for 1956, 14 for 1955, 12 for 1954 and 9 for 1953.

All cases, which were of the sporadic type, were investigated with the following results :—

No. of Cases	Organism (if known)	No. of Hospital Cases	Remarks
3	<i>Salmonella typhimurium</i>	1	No particular food was suspected in any case.
1	<i>Staphylococcus pyogenes</i>	1	No particular food suspected.
3	Unknown	—	No particular food was suspected.
7		2	

## FOOD AND DRUGS ACT, 1955

**Number and Description of Samples Submitted for Analysis under  
the above Act during the year 1962**

*(including samples taken under the Public Health (Imported Food) Regulations)*

ARTICLE	Number Examined			Number Adulterated, &c.		
	Formal	Informal	Total	Formal	Informal	Total
Aspirin Tablets	—	1	1	—	—	—
Baby Food, Canned	—	2	2*	—	—	—
Barley, Pearl	—	3	3*	—	—	—
Beans, Butter	—	1	1	—	—	—
Beer, Bottled	—	1	1*	—	—	—
Beer, Canned	—	1	1*	—	—	—
Beverage	—	1	1	—	—	—
Biscuits	—	9	9*	—	—	—
Bread	—	3	3	—	—	—
Brandy	4	—	4	—	—	—
Butter	—	7	7*	—	—	—
Cake Decoration	—	1	1*	—	—	—
Cake	—	1	1	—	—	—
Cake Mixture	—	1	1	—	—	—
Cake Flour	—	1	1	—	—	—
Cheese & Cheese Spread	—	7	7	—	—	—
Cheese Flaps, Canned	—	2	2	—	—	—
Chinese Food (Chow Mien)	—	1	1*	—	—	—
Chocolate, Drinking	—	1	1	—	—	—
Cocoa Mass	—	1	1	—	—	—
Coffee	—	1	1	—	—	—
Coffee Extract, Dry	—	2	2*	—	—	—
Coffee Essence	—	1	1*	—	—	—
Coconut, Dessicated	—	1	1*	—	—	—
Confectionery, Flour	—	11	11*	—	2	2
Confectionery, Diabetic	—	1	1*	—	—	—
Confectionery, Sugar	—	20	20*	—	3	3
Cooking Fat	—	1	1	—	—	—
Cornflour	—	1	1*	—	—	—
Corn, Sweet, Canned	—	1	1*	—	—	—
Cream	—	2	2*	—	—	—
Cream, Imitation, Canned	—	1	1*	—	—	—
Custard Powder	—	2	2*	—	—	—
Dessert Powder	—	1	1*	—	—	—
Drinks, Soft	—	12	12*	—	—	—
Drink, Butter Milk	—	1	1	—	1	1
Drinks, Soft, Powder	—	2	2*	—	—	—
Fig Coffee	—	1	1	—	—	—
Fish	—	3	3*	—	3	3



ARTICLE	Number Examined			Number Adulterated, &c.		
	Formal	Informal	Total	Formal	Informal	Total
Fish, Bottled	—	3	3*	—	1	1
Fish, Canned	—	37	37*	—	2	2
Fish Paste	—	3	3*	—	—	—
Flavouring Essence	—	2	2	—	—	—
Flour	—	6	6	—	—	—
Fruit, Bottled	—	2	2*	—	—	—
Fruit, Canned	—	27	27*	—	—	—
Fruit, Dried	—	17	17*	—	2	2
Fruit Curd	—	2	2*	—	—	—
Fruit Juice, Canned	—	4	4*	—	—	—
Fruit Syrup, Canned	—	1	1*	—	—	—
Fritter Mixture	—	1	1	—	—	—
Gin	5	—	5	—	—	—
Ginger	—	1	1*	—	—	—
Herbs	—	1	1	—	—	—
Honey	—	2	2*	—	—	—
Ice Cream	—	5	5*	—	—	—
Icing Compound	—	1	1*	—	—	—
Jam	—	4	4*	—	—	—
Jelly Tablet	—	3	3*	—	—	—
Lard	—	3	3	—	1	1
Lentils	—	1	1	—	—	—
Marmalade	—	1	1*	—	—	—
Macaroni	—	1	1	—	—	—
Macaroni in Sauce, Canned	—	1	1	—	—	—
Margarine	—	4	4*	—	—	—
Marzipan	—	3	3*	—	1	1
Meat, Minced	—	1	1*	—	—	—
Meat Products	—	13	13*	—	—	—
Meat Products, Canned	—	39	39*	—	2	2
Meat Paste	—	1	1*	—	—	—
Medicines	—	5	5*	—	—	—
Milk (incl. C.I.)	18	—	18*	—	—	—
Milk, Dried	—	1	1	—	1	1
Mincemeat	—	3	3*	—	—	—
Mustard, Prepared	—	3	3*	—	—	—
Nuts	—	7	7	—	—	—
Oil, Cooking	—	1	1	—	—	—
Pea Flour	—	1	1	—	—	—
Peas, Split	—	1	1	—	—	—
Pickles	—	6	6*	—	—	—
Potato Crackers	—	1	1	—	—	—
Potatoes, Instant	—	1	1*	—	—	—
Proprietary Food	—	3	3	—	—	—
Pudding, Sponge	—	2	2*	—	—	—
Pudding, Christmas	—	1	1	—	—	—
Ravioli in Tomato Sauce, Canned	—	1	1	—	—	—
Rice	—	4	4	—	—	—
Rolls, Starch Reduced	—	1	1	—	—	—

ARTICLE	Number Examined			Number Adulterated, &c.		
	Formal	Informal	Total	Formal	Informal	Total
Risotto, Canned	—	1	1	—	—	—
Rum	3	—	3	—	—	—
Salad Cream	—	2	2*	—	—	—
Saccharine Tablets	—	1	1	—	—	—
Sauce	—	11	11*	—	—	—
Sausages	—	15	15*	—	1	1
Spice	—	3	3	—	—	—
Sugar	—	5	5*	—	—	—
Sugar Preparation	—	1	1*	—	1	1
Soup, Canned	—	1	1	—	—	—
Soup Preparation	—	2	2	—	—	—
Syrup	—	1	1*	—	—	—
Tea	—	6	6	—	—	—
Treacle	—	1	1*	—	—	—
Vegetables, Canned	—	13	13*	—	—	—
Vegetables, Dried	—	4	4*	—	—	—
Vinegar	—	2	2*	—	—	—
Whisky	6	—	6	—	—	—
Yoghurt	—	2	2	—	—	—
TOTALS	36	413	449	—	21	21

*Samples of items marked \* were tested for preservatives.*



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

Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
<i>(a) In respect of normal sampling.</i>			
T. 26	Minced Beef, Canned	The sample was tainted and considered unfit for consumption.	Entire stock withdrawn and destroyed.
T. 78	Rollmop Herrings, Bottled	The sample was fermenting when received, due to insufficient acidity in the pickling liquor (1.6% acetic acid).	Stock which had been displayed under unsuitable conditions, was withdrawn and destroyed.
T. 79	Kippers	Contained artificial colouring matter, the presence of which was not disclosed on the label.	No action. (permitted dye used.)
T. 96	Kipper Fillets	Contained artificial colouring matter, the presence of which was not disclosed on the label.	No action. (permitted dye used.)
T. 100	Vienna Sausages, Canned	Contained meat, 64 per cent. Vienna sausages normally contain at least 80 per cent. of meat.	Letter to Importer (Product of S. Africa.)
T. 127	Butter Milk Drink	Consisted of a soured separated milk containing:— Milk-fat, 0.1 per cent. Milk-solids not fat, 9.0 per cent. The description "Butter Milk Drink" as applied to an article that contained neither butter nor milk was considered likely to be misleading.	Satisfactory explanation from Manufacturer.
T. 136	Rum and Coffee Chocolate Flavoured Cream	Contained no rum. The label was considered unsatisfactory and possibly misleading owing to the words "Flavoured Cream" being separated from and printed much less conspicuously than the words "Rum and Coffee".	Manufacturer agreed to re-label product.
T. 169	Dried Apricots	Contained sulphur dioxide, 2,200 parts per million. Dried apricots should not contain more than 2,000 parts per million of sulphur dioxide.	Importer agreed to withdraw balance of stock.
T. 181	Onion Sauce Preparation	Contained Skimmed Milk Powder, approximately 15 per cent., the presence of which was not disclosed on the label.	Following representations Manufacturer agreed to amend label.

Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
T. 271	Shrimp Salad, Bottled	Contained Benzoic acid, 800 parts per million, an added preservative not permitted in this article.	Satisfactory explanation from Importers.
T. 292	Pork Sausages, Preserved	Contained:— Fat, 39%; Fat-free meat, 29%; Total meat, 68%; The proportion of fat in sausages should not exceed 50% of the total meat content.	Manufacture informed. Insufficient mixing of ingredients was the explanation.
T. 314	Marzipan	Contained Sorbic acid:—320 parts per million. Sorbic acid is an added preservative permitted by the Preservatives in Food Regulations, 1962, but its presence is required by the Labelling of Food Order, 1953, to be disclosed on the label.	Importer agreed to amend labels.
T. 315	Buttermilk Scones	Contained Lactose, 0.4%, corresponding to only 1% of buttermilk solids. Buttermilk scones should contain at least 3.6% of buttermilk solids.	Satisfactory agreement with baker for an alteration in recipe.

(b) *In respect of samples taken under Imported Food Regulations.*

TT. 23	Foam Sugar Sweets	Contained a red dye not permitted by the Colouring Matter in Food Regulations.	Stock withdrawn.
TT. 29	Dried Apricots	Contained sulphur dioxide, 2,300 parts per million. Dried apricots should not contain more than 2,000 parts per million of sulphur dioxide.	Undertaking given by Importer that consignment will be mixed with others to reduce overall content of sulphur dioxide.
TT. 32	Full Cream Milk Powder	Contained milk-fat, 23.8 per cent. Dried Full Cream Milk (unless sold in a receptacle whose gross weight exceeds ten pounds) should contain at least 26 per cent. of milk-fat.	Commodity not subject to Dried Milk Regs. (packed in $\frac{1}{2}$ cwt. bags). Milk to be used for chocolate manufacture.
TT. 36	Lard	Consisted of cooking fat.	Ship's manifest showed commodity to be 'Compound Lard'. No action possible.



Sample No.	Article	Nature of adulteration and/or irregularity	Action taken
TT. 70	Middlecut Natural (Salmon Style), Canned	The article consisted of mackerel, but was not described as such on the label of the can. This showed two illustrations of salmon, one of the whole fish and one of a middle cut, and was consequently considered misleading.	Consignment for manufacturing purposes only — not on sale to public.
TT. 79	Honey Cakes	The cakes were embellished with glazed coloured paper and other inedible decorations which could not be detached and were therefore considered unsuitable for consumption.	Intended for decoration purposes only.
TT. 84	Vanilla Sugar	The article consisted of a mixture of icing sugar, wheat flour and vanillin, but the label did not include the packer's name and address or any statement of ingredients as required by the Labelling of Food Order.	To be used for Ship's Stores only. No action possible.
TT. 91	Herring Tid-Bits, Canned	Contained Benzoic acid, 1,100 parts per million, an added preservative not permitted in this article.	Intended for Ship's Stores only. No action possible.

## SECTION F

### **Prevalence of, and Control over, Infectious and Other Diseases**

The current year was one of note if only for the emergency measures introduced as a result of an outbreak of smallpox in England and Wales between December 1961 and April 1962. During this period Britain was receiving a number of immigrants from Pakistan who, on their way, had passed through Karachi which at that time was suffering from a smallpox epidemic. Five of these travellers who arrived at London airport on different days developed *variola major*, two of whom eventually died, one at St. Pancras and the other at Bradford. Subsequently, sixty-two indigenous cases were notified and, of these, a further twenty-five died.

For a number of years in my Report I have drawn attention to the fall in the vaccinal state of the country as a whole and in Greenwich in particular, now that vaccination is no longer compulsory. The continued need for vaccination is more than ever necessary in these days of high speed travel between the United Kingdom and areas where smallpox is endemic. This was never more exemplified than in the early months of 1962 when an outbreak of smallpox precipitated an insistent and often unreasonable demand for vaccination from a public who had consistently "cold shouldered" efforts of local authorities to increase acceptance of vaccination especially in the very young.

Although no actual case of smallpox arose in Greenwich, at the time of the first reports, certain local precautionary measures were taken. Stocks of vaccine lymph held in the department were increased by a daily collection from the Public Health Laboratory at Colindale. In addition, the four local hospitals were contacted and arrangements were made for the vaccinal state of the staff to be brought up to date. Further, considerable quantities of vaccine were supplied from the department to the Miller, Seamen's and St. Alfege's Hospitals and the general practitioners were given vaccine to deal with their patients who were considered to be at risk. Certain staff at the Town Hall and others of the Council's establishments who were likely to be in close contact with the general public were offered vaccination and at this stage some 100 had taken advantage of the facilities afforded by the department.

It transpired later that a case of smallpox at Woolwich had been in an infectious state since the 15th January although diagnosis had not been confirmed until the 25th of the same month. This case had been on combined Civil Defence exercises



during his infectious period and many of his contacts were Greenwich residents. These and their families were all vaccinated either at the Town Hall or in their own homes by your Medical Officer of Health. In connection with this case some assistance was afforded to Woolwich from this department in respect of treatment of suspect laundry.

Persistent public demand for vaccination, although epidemiologically unreasonable, was satisfied by the L.C.C. Health Services in the establishment of special clinics. In this area the County Council records show that the emergency resulted in 34,413 vaccinations, 26,606 at their own schools and clinics and 7,807 by local general practitioners. In addition, your Medical Officer of Health vaccinated a further 703 persons which total included members of the Council's staff, L.C.C. Fire Service personnel, dairy workers, travellers of local firms, etc.

LEGISLATION.—During the current year no legislation concerning infectious diseases was enacted.

The total number of Infectious Diseases notified under Section 144 of the Public Health Act, 1936, Section 192 of the Public Health (London) Act, 1936, and associated Orders and Regulations was 151. Under the Public Health (Tuberculosis) Regulations, 1952, there were 33 notifications, giving a consolidated total of 184 cases notified during the year. The following table indicates the figures for the previous ten years :—

<i>Year</i>	<i>No. of corrected notifications</i>
1952	1,565
1953	1,242
1954	569
1955	2,120
1956	844
1957	1,558
1958	607
1959	1,102
1960	542
1961	1,981
—	—
<i>10-year average</i>	1,213
—	—
<b>1962</b>	<b>184</b>
—	—

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

If a Medical Officer of Health requests a person to discontinue his employment with a view to preventing the spread of an infectious disease and issues a certificate accordingly, this often results in hardship, for National Health benefits are considerably less than a person's normal earnings. However, under Section 26 of the London County Council (General Powers) Act, 1959, the Council may, if they think fit, compensate such person for any loss occasioned by his compliance with the Medical Officer of Health's request.

During the past three years it has not been necessary to issue any such certificates.

**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 Smallpox cases willing to submit themselves for treatment. As a result of the outbreaks mentioned at the beginning of the Section some 703 vaccinations were so effected.

*Vaccination.*—Smallpox is a very dangerous and disfiguring disease and prior to the introduction of compulsory vaccination in 1853, nine-tenths of smallpox victims were children under 5 years of age. Subsequent to this period, children, by and large, escaped. However, since 1898, when the 'conscientious objection' clause made its appearance, vaccinations have declined steeply and the position deteriorated still further from 1948 when vaccination became optional.



Glycerinated calf lymph is the standard vaccine used in this country and the number of vaccinations carried out in the Borough at the County Council clinics during 1962 was 1,397. This is an increase of 859 over that of the previous year.

In Greenwich during the last 12 years 15,833 births have been registered, and for the same period only 8,826 vaccinations have been effected, a figure equivalent to 55.7%. In this connection it is only fair to state that a number of these vaccinations were effected in conformity with the requirements concerning the issue of international vaccination certificates.

Occasionally a smallpox scare in the country results in a jump in the number of vaccinations effected, as witnessed at the beginning of the current year, but generally the trend is downwards.

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 the number of vaccinations this fortunate state of affairs cannot be expected to continue.

In order that a high vaccinal state be maintained in the department, your Medical Officer of Health carried out 359 vaccinations to members of the staff and other Council employees who would most likely be involved should any outbreak of smallpox occur in the area.

INTERNATIONAL CERTIFICATES (MINISTRY OF HEALTH CIRCULAR 20/52).—The question of authentication of International Certificates of vaccination has now been settled by the adoption of the International Sanitary Regulations (W.H.O. Regulations No. 2) which replaced the International Sanitary Conventions on 1st October, 1952. The Regulations prescribe *inter alia*, new forms of International Certificates of vaccination against Cholera and Smallpox and, to be valid, the certificate must bear an approved stamp which certifies that the signature of the Vaccinator is that of a practising medical practitioner.

During the year some 2,766 certificates of persons proceeding abroad were so authenticated, of these 2,695 were in respect of Smallpox, 46 for Cholera, 23 for Typhoid and 2 for Yellow Fever.

MEASLES.—The normal biennial fluctuation was evident in the number of cases notified during the year which fell from a total of 1,820 in 1961 to 57, the figure for the current year. Of the 57 cases, 23 were males and 34 females and only one case was over the age of 15 years.



Two cases were removed to hospital but there were no deaths recorded.

The distribution of the cases was as follows:—East Greenwich 11; West Greenwich 8; St. Nicholas, Deptford 11, Charlton and Kidbrooke 27.

During 1960 there were 47 cases, in 1959 there were 637, in 1958 there were 306 and during 1957 1,194 cases were recorded. In 1956 there were 44.

**WHOOPING COUGH.**—Altogether 13 notifications were received in 1962, a decrease of 13 from those of the previous year. The years 1960, 1959 and 1958 produced 168, 34 and 55 respectively whilst there were 97 registered for 1957.

Area distribution for the current period was:—West Greenwich 4 and Charlton and Kidbrooke 9.

Two cases were admitted to hospital and there was one death.

With regard to children under 5 years, 9 children received a combined antigen (whooping cough and diphtheria) and a further 952 received a triple antigen (whooping cough, diphtheria and tetanus) giving a final total of 961 whooping cough immunisations carried out during the year by the County Council. This is an increase of 251 over the total for the previous year.

**DIPHTHERIA.**—No notifications were received for the current year, a result similar to that for the previous year and for the years 1960, 1959, 1958, 1957 and 1956.

One case was confirmed in each of the years 1955 and 1954; there was none in 1953; 4 in 1952; and a nil return was recorded for 1951.

Diphtheria immunisation is a County Council service and during the year there were 1,036 completed immunisations carried out in the Borough, an increase of 302 over that of the previous year. Most diphtheria immunisations given formed part of combined antigen therapy.

**Antitoxin.**—Since January, 1949, arrangements have been made for a small stock of diphtheria antitoxin to be held at St. Alfege's Hospital for use by general practitioners in emergencies.

**ACUTE PRIMARY PNEUMONIA AND ACUTE INFLUENZAL PNEUMONIA.**—Only 5 cases attributed to these causes were registered during the year as compared with a similar figure for 1961, 12 for 1960, 20 for 1959, 42 for 1958, 28 for 1957 and 14 for each of the years 1956 and 1955. One occurred in East Greenwich, 1 in West Greenwich, 1 in St. Nicholas, Deptford, and 2 in Charlton and Kidbrooke.

Four cases were removed to hospital but there were no deaths.



**TYPHOID.**—No cases were notified during the year compared with 2 for 1961, a nil return for the years 1960 and 1959, one for 1958, two for 1957 and one for 1956.

**SCARLET FEVER.**—A total of 33 confirmed cases for the year shows an increase of 3 over that returned for 1961 compared with 44 notifications for 1960. There were 68 for 1959, 106 for 1958, 102 for 1957, 58 for 1956 and 57 for 1955. Seven occurred in East Greenwich, 20 in West Greenwich, 1 in St. Nicholas, Deptford, and 5 in Charlton and Kidbrooke.

No case was removed to hospital and no fatalities were recorded.

**ERYSIPELAS.**—There were 2 notifications received during the year, a similar figure being returned for the previous year compared with a nil return for 1960, 6 for 1959, 3 for 1958, a nil return for 1957, 4 for 1956 and 6 for 1955.

**ZYMOTIC ENTERITIS OR EPIDEMIC DIARRHOEA (Children under 5 years of age).**—Eleven cases were recorded as confirmed compared with 19 for the previous year, 57 for 1960, 30 for 1959, 9 for 1958, 12 for 1957 and 17 for 1956.

No case received hospital treatment.

**SONNE DYSENTERY.**—This disease is usually characterised by diarrhoea, fever and, to a lesser extent, vomiting. Although modern methods of treatment are effective and usually fairly rapid, nevertheless the disease has become a serious nuisance and difficult to control. It is normally mild but in infants and young children it can produce serious illness and debility, especially if the patients are already slightly below normal health. In adults it is an irksome inconvenience and, if they work in the food trade, it can cause economic hardship.

The total of 29 notifications received during the current year shows a fall of 6 from that of the previous year and 121 from 1960. The present figure is approximately 6% of that returned for 1956, viz. 480, the year in which a detailed investigation and analysis was made of a most explosive outbreak.

The distribution of the cases was 7 in West Greenwich, 18 in St. Nicholas, Deptford, and 4 in Charlton and Kidbrooke.

Six cases were removed to hospital but there were no fatalities.

**SCABIES.**—One case was notified during 1962 compared with 4 for 1961, a nil return for 1960, 4 for 1959, 1 for 1958, 4 for 1957 and 6 for 1956.



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

**PUERPERAL PYREXIA.**—During the year there were no notifications received in accordance with the 1951 Regulations but from other sources 7 cases concerning Greenwich residents were brought to the notice of the department, a figure of 5 being returned for the year 1961, 9 for 1960 and 18 for 1959.

All patients received hospital treatment. There were no fatalities.

**MENINGOCOCCAL INFECTION.**—Similar to the previous year there were no notifications received during the current year compared with one for 1960, two for 1959, none for 1958, 2 during 1957, a nil return for 1956 and 5 for 1955.

**ACUTE ENCEPHALITIS. (Infective or Post Infectious.)**—A nil return is recorded for the current year, a similar return to those for the years 1961, 1960, 1959, 1958, 1957, 1956 and 1955.

**OPHTHALMIA NEONATORUM.**—In respect of this disease no notifications were received. There was a nil return for 1961, one for 1960, none for 1959 and one was recorded for 1958. However, from other sources, 2 cases concerning Greenwich residents were brought to the notice of the department both of whom received hospital treatment.

**POLIOMYELITIS.**—It has previously been pointed out that the vagaries of notification procedure have led to misleading statistics concerning specified administrative areas but this proved of no consequence during the current year as no notifications of poliomyelitis were received.

Of school children undertaking a poliomyelitis inoculation course, 254 received two and 549 received their third injection during the year. For persons between the ages of 16 and 40 years the figures were 186 and 492 respectively. In addition, a fourth injection was given to 477 children between the ages of 5 and 12 years. School children completing a *Sabin* course numbered 943 and over school age there were 360.



MALARIA.—Compared with a nil return for this year and for the years 1961 and 1960, one notification of benign tertian was registered for 1959.

TUBERCULOSIS.—During the year 33 notifications in respect of confirmed cases of tuberculosis were received compared with 37 for 1961. Of these, 29 were of the pulmonary type and 4 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 ... ..	7	1	8
West Greenwich ... ..	8	2	10
St. Nicolas, Deptford ...	1	—	1
Charlton and Kidbrooke	13	1	14
TOTALS ...	29	4	33

Disinfection was offered and carried out in 2 cases including 7 rooms.

During 1962, some 906 Greenwich school children received B.C.G. vaccination under the direction of the School Medical Officer.

The number of notified cases of Tuberculosis remaining on the Register at 31st December, 1962, was as follows:—

PULMONARY					NON-PULMONARY				
Men	Women	Children		Total	Men	Women	Children		Total
		M	F				M	F	
569	451	25	19	1,064	28	44	10	6	88

For further clarification I append herewith copy of Form T.137 (revised) for the year under review as forwarded to the County Medical Officer of Health.

**PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952**

**Part I.**—Summary of notifications of Tuberculosis during the period from the 1st January, 1962, to the 31st December, 1962.

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	1	3	3	2	7	4	—	23
Respiratory, Females ... ..	—	—	—	—	—	—	1	1	1	1	1	—	1	6
Non-Respiratory, Males ... ..	—	—	—	—	—	—	—	2	—	—	1	—	—	3
Non-Respiratory, Females ... ..	—	—	—	—	—	—	—	1	—	—	—	—	—	1

**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	—	—	—	—	—	—	—	—	—	—	—	1	—	1	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	1	—	—	—	—	1	(D)
Death Returns from Registrar-General (Transferable deaths)	Respiratory	M	—	—	—	—	—	—	—	—	1	—	—	—	—	1	(A)
		F	—	—	—	—	—	—	—	—	—	—	1	—	—	1	(B)
	Non-Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(C)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(D)
Posthumous Notifications	Respiratory	M	—	—	—	—	—	—	—	—	—	—	1	—	—	1	(A)
		F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	(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) 2 (B) 2  
(C) — (D) 1



MASS RADIOGRAPHY.—In London, Mass Radiography was originally carried out under the direction of the London County Council, but since January, 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 treatment is made possible at a very early stage, thereby enabling a much more favourable prognosis to be entertained.

Although no major surveys were undertaken, short visits were carried out in the Borough during the year by the South East London Mass Radiography Unit and I am indebted to Dr. J. M. Morgan, the Director for the following analysis of the results received so far :—

SUMMARY OF SURVEYS CARRIED OUT IN THE BOROUGH FROM  
1ST JANUARY TO 31ST DECEMBER, 1962.

PART I.—General Analysis

	<i>Men</i>	<i>Women</i>	<i>Total</i>
(a) Total X-rayed ... ..	7,815	1,294	9,109
(b) Total previously X-rayed (within 5 years) ... ..	6,319	739	7,058
(c) Total number reviewed ...	333	19	352
(d) Number considered abnormal after review ... ..	232	11	243
(e) Not yet attended after review	1	—	1

PART II.—Analysis of Abnormal Films

(1) Cases considered tuberculous and referred for further investigation :

	<i>Men</i>	<i>Women</i>	<i>Total</i>
(a) No further action required.....	—	—	—
(b) Occasional Supervision ...	5	—	5
(c) Requiring close supervision or treatment ... ..	6	—	6
(d) Still under investigation .....	—	—	—
(e) Refused further investigation	—	—	—

	<i>Men</i>	<i>Women</i>	<i>Total</i>
(2) Previously known tuberculous cases ... ..	7	—	7
(3) Non-tuberculous cases :			
(a) investigated ... ..	31	3	34
(b) still under investigation ...	1	—	1
(4) Cardio-vascular lesions ... ..	21	2	23
(5) Abnormalities requiring no action ... ..	161	6	167

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 Public Health 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 ... ..	12	11
Children under school age... ..	4	1
School children ... ..	48	2
No. of home visits by Lady Public Health Inspector ... ..	...	...
No. of home revisits by Lady Public Health Inspector ... ..	...	...

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 the circumstances of the case. Bedding and wearing apparel can 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 31st December, 1962

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 ... ..	16	17	3	2	2	8	4	16	—	—	1	22	—	—	—	58
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ... ..	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer ... ..	4	3	—	3	1	7	—	5	1	—	—	—	—	—	—	17
Meningococcal Infection ...	7	9	—	1	—	—	—	4	—	—	—	—	—	—	—	5
Puerperal Pyrexia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-Myelitis ... ..	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ... ..	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scabies ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases ... ..	68	17	3	7	1	16	—	10	—	—	—	—	58	6	—	101
Verminous Premises ...	2	1	1	3	—	—	—	—	—	—	—	—	—	—	—	4
<b>TOTAL ... ..</b>	<b>101</b>	<b>58</b>	<b>7</b>	<b>16</b>	<b>4</b>	<b>31</b>	<b>4</b>	<b>35</b>	<b>1</b>	<b>—</b>	<b>1</b>	<b>22</b>	<b>58</b>	<b>6</b>	<b>—</b>	<b>185</b>
<b>Articles Destroyed ...</b>	<b>—</b>	<b>—</b>	<b>18</b>	<b>65</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>—</b>	<b>5</b>	<b>—</b>	<b>240</b>	<b>70</b>	<b>—</b>	<b>—</b>	<b>410</b>

Library Books Disinfected .... 65

## CHEST CLINIC REPORT

I am indebted to Drs. P. Forgacs and D. G. Wraith, Chest Physicians at the Greenwich Chest Clinic, for the following Report on Tuberculosis in the Borough.

The Clinic Tuberculosis register is as under:—

	Men	Women	Boys	Girls	Total
Pulmonary Tuberculosis ...	523	413	19	17	972
Non-pulmonary Tuberculosis ...	18	19	3	6	46
					<hr/> 1,018 <hr/>

Total No. of attendances (*This includes both tuberculous and non-tuberculous chest conditions*) ... 7,583

Deaths (all causes) (*9 results of pulmonary tuberculosis*) ... 21

Thirty new cases of pulmonary tuberculosis were notified during the year in the undermentioned age groups:—

Males	Years	Females
3	10-20	—
2	21-30	1
4	31-40	2
2	41-50	1
5	51-60	1
7	61-70	—
1	71-80	1

Fifteen were referred to the Chest Clinic by their own doctors with chest symptoms, 1 was referred because his son had a positive tuberculin test, 1 was a contact of his wife who had tuberculosis, 2 as a result of routine Mass X-ray, 10 diagnosed in other hospitals and 1 diagnosed posthumously.

Four cases of non-tuberculosis were notified 3 men (Renal, Cervical adenitis and Neck lymphadenitis) and 1 woman (tuberculous knee).

Twenty-seven patients have been transferred out to other Clinics and 24 have been transferred into this Clinic. One hundred and twenty-eight ante-natal patients have been X-rayed but no tuberculous disease was found amongst these. Eighty-eight children and young adults were given B.C.G. inoculation because they were contacts of cases with tuberculosis. Twenty-eight Positive Mantoux children were referred to us from school because they were found to have positive tuberculin tests. None of these had



active tuberculosis but the father of one was found to have tuberculosis disease as previously mentioned. One hundred and eighty-four new contacts of tuberculous patients were X-rayed and one found to have tuberculosis as previously mentioned.

As in the past we continued to keep under supervision with annual X-rays those persons who had tuberculous disease because there does seem to be a possibility of a relapse of the disease especially in those who were treated before the introduction of treatment with adequate antituberculous drugs, five of these actually relapsed.

It has been found necessary to treat only a few of the active cases of pulmonary tuberculosis in Grove Park Hospital because many of these can be quite successfully treated at home with antituberculous drugs under the supervision of the Chest Clinic. Those who are liable to infect others at home or who are so ill as not to be adequately nursed at home, are admitted to hospital.

Investigations are carried out for the detection of cancer of the lung. Investigation of bronchitis and asthma is still very important and continues to form a large part of the Clinic's work and every effort is being made to look into the various possible causes that might play a part in these conditions so that the progress of this can be checked before they become more severely and permanently disabled. The employment and social problems of all these patients are also thoroughly investigated with a view to helping them as much as possible. Those who are unable to continue at work derive much benefit from the help of our Occupational Therapist.

## SECTION G

### Miscellaneous

**GUILD OF HYGIENE.**—As indicated in previous Reports the new Food Hygiene Regulations and their amendments have to a very large extent superseded the Codes of practice which were drawn up by this Department some years ago as a qualification for membership of the Guild.

However, the standard demanded of members of the Guild is still a little higher than that which is legally enforceable, and it has been found that enlightened food traders still value the membership certificates of the Guild which acts as a safeguard to the public that the premises and the conduct of the business from hygienic aspects have official approval.

During the course of the year there were no new certificates issued leaving a final total of 81 certificates in operation at the end of the year.

### MEDICAL INSPECTION—

*Superannuation.*—All medical examinations of the staff for Superannuation purposes are undertaken by the Medical Officer of Health, and during the current year 118 examinations were so made. Of these, one candidate was considered unfit for admission to the Council's Superannuation Scheme.

*Sick Persons.*—In addition, the Medical Officer of Health carried out 41 medical examinations of Council's employees who for medical reasons had been absent for 4 weeks from their employment. In consequence, the Council was advised that ten of their servants were no longer capable of discharging their duties efficiently by reason of permanent infirmity. In one of these instances it became necessary for the Medical Officer of Health to make a domiciliary visit.

### INTERVIEWS

*Rehousing.*—Under the Council's Rehousing Scheme, additional points are attracted if an applicant's case is supported on medical grounds.

In order to ascertain from a medical point of view the degree of priority to be allocated to the housing applicants in the Borough the Medical Officer of Health gave 7 interviews during the year.



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**TOTAL CAUSES OF, AND AGES AT, DEATH during the year ended 31st December, 1962.**

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. Alfege'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 ...	5	...	...	...	...	...	...	1	2	2	1	3	...	1	1	...	...	...	...	...	...	2	7
2	Tuberculosis, Other ...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	1
3	Syphilitic Disease ...	1	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	6
4	Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
5	Whooping Cough ...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	1
6	Meningococcal Infections ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7	Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
8	Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9	Other Infective and Parasitic Diseases ...	2	...	...	...	...	...	...	2	...	...	1	1	...	...	1	1	...	...	...	...	...	...	3
10	Malignant Neoplasm, Stomach ...	29	...	...	...	...	...	1	9	9	10	8	6	...	15	12	...	2	...	...	...	4	35	
11	Malignant, Neoplasm, Lung, Bronchus ...	59	...	...	...	...	...	2	23	20	14	24	13	...	22	23	3	1	...	4	1	12	83	
12	Malignant Neoplasm, Breast ...	22	...	...	...	...	...	3	11	3	5	7	1	1	13	9	...	...	...	...	...	5	21	
13	Malignant Neoplasm, Uterus ...	5	...	...	...	...	...	1	2	2	...	...	1	...	4	...	...	1	...	...	...	3	5	
14	Other Malignant and Lymphatic Neoplasms...	85	...	...	...	...	...	7	31	25	22	33	9	2	41	31	1	7	...	...	1	21	130	
15	Leukaemia, Aleukaemia ...	3	...	...	...	...	1	...	...	2	...	...	1	...	2	...	1	...	...	1	...	1	8	
16	Diabetes ...	2	...	...	...	...	...	1	...	1	...	2	...	...	...	2	...	...	...	...	...	...	7	
17	Vascular Lesions of Nervous System ...	99	...	...	...	...	...	3	9	35	52	35	19	2	43	41	2	7	...	5	...	10	198	
18	Coronary Disease, Angina ...	147	...	...	...	...	...	...	44	49	54	41	26	4	76	35	1	15	...	2	1	25	137	
19	Hypertension with Heart Disease ...	27	...	...	...	...	...	2	6	8	11	8	5	1	13	5	2	1	...	...	1	3	21	
20	Other Heart Disease ...	93	...	...	...	...	...	1	22	23	47	35	18	4	36	34	1	8	...	6	1	19	165	
21	Other Circulatory Disease ...	85	...	...	...	...	...	...	3	16	66	37	17	1	30	42	2	6	...	1	1	11	125	
22	Influenza ...	2	...	...	...	...	...	1	...	...	1	...	...	...	2	...	...	...	1	...	...	1	1	
23	Pneumonia ...	66	2	2	...	...	...	1	5	14	42	23	12	...	31	32	3	4	...	3	...	10	145	
24	Bronchitis ...	90	1	6	...	...	...	...	16	31	36	32	13	6	39	31	2	9	...	...	1	12	117	
25	Other Diseases of Respiratory System ...	7	...	...	...	...	...	1	...	5	1	5	...	...	2	1	...	3	...	1	...	1	15	
26	Ulcer of Stomach and Duodenum ...	7	...	...	...	...	...	...	...	3	4	3	2	...	2	4	...	1	...	...	...	1	17	
27	Gastritis, Enteritis and Diarrhoea ...	3	...	...	...	...	...	...	1	...	2	...	1	...	2	1	...	1	...	...	...	...	9	
28	Nephritis and Nephrosis ...	9	...	...	...	...	2	1	2	3	1	4	...	...	5	5	...	1	...	...	...	3	16	
29	Hyperplasia of Prostate ...	3	...	...	...	...	...	...	...	...	3	...	1	...	2	1	1	...	...	...	...	1	5	
30	Pregnancy, Childbirth, abortion...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
31	Congenital Malformations ...	9	4	5	...	...	...	...	...	...	...	1	3	...	5	1	...	1	...	2	...	5	10	
32	Other defined and ill-defined Diseases ...	53	21	1	2	...	...	2	5	12	10	18	11	3	21	16	2	3	...	1	1	20	102	
33	Motor Vehicle Accidents ...	11	...	...	...	1	3	5	...	2	...	2	...	1	8	2	...	1	...	1	...	7	22	
34	All other Accidents ...	21	1	...	...	...	...	4	6	1	5	4	16	3	...	2	8	...	3	...	1	1	7	48
35	Suicide ...	14	...	...	...	...	...	2	4	5	2	1	3	1	...	10	3	...	1	...	...	...	5	11
36	Homicide and Operations of War ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...		961	30	14	2	1	3	14	37	202	269	389	340	168	25	428	343	22	76	1	29	9	189	1,473

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

# TOTAL CAUSES OF AND AGES AT DEATH DURING THE YEAR 1925

Cause of Death	Deaths in England and Wales, 1925										Total Deaths
	1	2	3	4	5	6	7	8	9	10	
War	...	...	...	...	...	...	...	...	...	...	...
Accidents and Operations of	...	...	...	...	...	...	...	...	...	...	...
Electricity	...	...	...	...	...	...	...	...	...	...	...
Motor Vehicle Accidents	...	...	...	...	...	...	...	...	...	...	...
Other Accidents	...	...	...	...	...	...	...	...	...	...	...
Deaths	...	...	...	...	...	...	...	...	...	...	...
Heart Disease	...	...	...	...	...	...	...	...	...	...	...
Coronary Arteriosclerosis	...	...	...	...	...	...	...	...	...	...	...
Myocarditis	...	...	...	...	...	...	...	...	...	...	...
Valvular Disease	...	...	...	...	...	...	...	...	...	...	...
Other Heart Disease	...	...	...	...	...	...	...	...	...	...	...
Stroke	...	...	...	...	...	...	...	...	...	...	...
Apoplexy	...	...	...	...	...	...	...	...	...	...	...
Paralysis	...	...	...	...	...	...	...	...	...	...	...
Other Cerebrovascular Disease	...	...	...	...	...	...	...	...	...	...	...
Other Cerebral Disease	...	...	...	...	...	...	...	...	...	...	...
Alcoholism	...	...	...	...	...	...	...	...	...	...	...
Drug Poisoning	...	...	...	...	...	...	...	...	...	...	...
Other Poisoning	...	...	...	...	...	...	...	...	...	...	...
Other Infectious Diseases	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...
Other Infectious Diseases	...	...	...	...	...	...	...	...	...	...	...
Other Causes	...	...	...	...	...	...	...	...	...	...	...
TOTAL	...	...	...	...	...	...	...	...	...	...	...

Note.—The "Infectious Diseases" of London, i.e., persons resident in the Borough who died of these diseases, are shown in the column headed "Deaths in London". The "Deaths in London" column is a sub-total of the "Deaths in England and Wales" column.



# INFANTILE MORTALITY DURING THE YEAR 1962

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	...	...	...	...	1
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...
Influenza... ..	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis ... ..	...	...	...	...	...	...	...	...	...	...
Acute Bronchitis ... ..	...	...	...	...	...	...	1	...	...	1
Capillary Bronchitis ... ..	1	...	...	...	1	2	...	...	...	3
Acute Tracheo-bronchitis ... ..	...	...	...	...	...	...	2	1	...	3
Bronchopneumonia ... ..	...	1	...	...	1	1	1	...	...	3
Pneumonia ... ..	...	1	...	...	1	...	...	...	...	1
Premature Birth ... ..	13	...	...	...	13	...	...	...	...	13
Congenital Malformation ... ..	1	...	1	...	2	2	...	2	...	6
Atelectasis (Pulmonary) ... ..	1	...	...	...	1	...	...	...	...	1
Pulmonary Hypertension (Primary) ... ..	...	...	...	...	...	1	...	...	...	1
Interstitial Emphysema ... ..	1	...	...	...	1	...	...	...	...	1
Inhalation of Meconium ... ..	1	...	...	...	1	...	...	...	...	1
Inhalation of Liquor Amni ... ..	1	...	...	...	1	...	...	...	...	1
Erythroblastosis Foetalis ... ..	2	...	...	...	2	...	...	...	...	2
Breech Delivery (Results of) ... ..	2	...	...	...	2	...	...	...	...	2
Ante Partum Haemorrhage ... ..	1	...	...	...	1	...	...	...	...	1
Burns ... ..	1	...	...	...	1	...	...	...	...	1
Gaucher's Disease with Hepatic Failure ... ..	...	...	...	...	...	1	...	...	...	1
Unascertainable... ..	1	...	...	...	1	...	...	...	...	1
TOTALS ... ..	26	2	1	1	30	7	4	3	—	44
Male ... ..	...	...	...	...	...	...	27			
Female ... ..	...	...	...	...	...	...	17			





CASES OF INFECTIOUS DISEASE notified during the Year ended 31st December, 1962

NOTIFIABLE DISEASE	CASES NOTIFIED IN WHOLE DISTRICT																						TOTAL CASES NOTIFIED IN EACH LOCALITY				No. of Cases removed to Hospital from each Locality						
	Age & Sex Group																																
	At all Ages		0 to 1		1-2		2-3		3-4		4-5		5-10		10-15		15-25		25-45		45-65		65 and over		Greenwich East	Greenwich West	St. Nicholas	Charlton Kidbrooke	Greenwich East	Greenwich West	St. Nicholas	Charlton and Kidbrooke	TOTAL
Malaria ... .. .	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F									
Hall-Pox ... .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Encephalitis { Infectious Post-Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria ... .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dysentery ... .. .	16	13	-	-	1	2	2	1	1	2	1	1	3	3	1	2	1	4	2	-	1	1	-	-	7	18	4	-	1	2	3		
Erysipelas ... .. .	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	-	-	-	1	-	-		
Acute Polio-Myelitis { P. N.P.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Scarlet Fever ... .. .	18	15	-	-	-	1	2	2	2	2	1	2	9	7	3	-	1	1	-	-	-	-	-	7	20	1	5	-	-	-	-		
Typhoid Fever ... .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Paratyphoid Fever ... .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Scabies ... .. .	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-		
Cutaneous Pyrexia ... .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-		
Meningococcal Infection ... .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Measles ... .. .	23	34	-	2	2	6	3	4	2	1	5	8	8	11	2	2	1	-	-	-	-	-	-	11	8	11	27	-	-	1	-		
Whooping Cough ... .. .	3	10	-	1	-	1	2	3	1	-	-	2	1	2	-	2	-	-	-	-	-	-	-	-	8	-	9	-	1	-	1		
Diarrhoea ... .. .	4	7	-	1	1	4	3	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	7	2	-	2	-	-	-	-		
Ophthalmia Neonatorum ... .. .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Pneumonia, Acute Primary or Acute Influenzal	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	2	-	-	-	1	1	1	2	-	-	1	1		
Tuberculosis, Pulmonary ... .. .	23	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	6	2	9	2	4	1	7	8	1	13	-	5	2		
" Non-Pulmonary ... .. .	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	-	-	-	-	1	2	-	1	1	-	1		
TOTALS ... .. .	96	88	-	6	4	14	12	8	5	6	7	13	21	23	6	4	8	4	15	5	13	4	5	1	34	53	33	64	1	7	5	7	20

NOTE:—The above Table refers to "Corrected Notifications" only, i.e. all cases in which diagnosis was not confirmed have been ignored.







