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

Contributors

Greenwich (London, England). Metropolitan Borough.

Publication/Creation

[1969?]

Persistent URL

https://wellcomecollection.org/works/ad4kjvuc

wellcome collection

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

London Borough of

GREENWICH

REPORT

of the

MEDICAL OFFICER OF HEALTH
DIRECTOR OF SOCIAL SERVICES
and
PRINCIPAL SCHOOL MEDICAL OFFICER

1968

London Borough of

GREENWICH

REPORT

of the

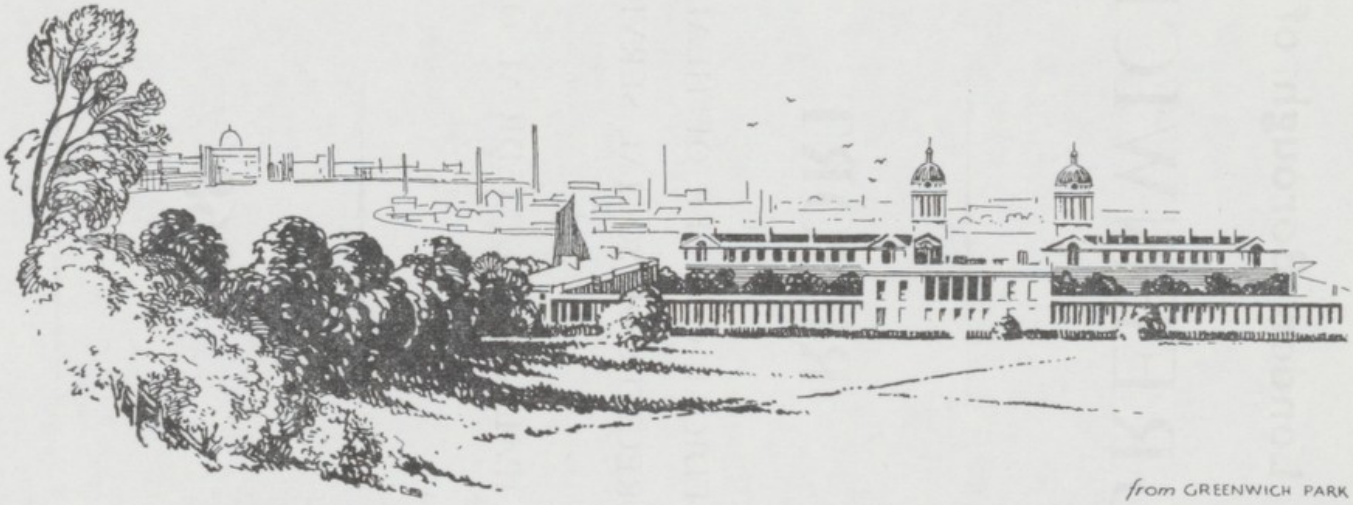
MEDICAL OFFICER OF HEALTH

DIRECTOR OF SOCIAL SERVICES

and

PRINCIPAL SCHOOL MEDICAL OFFICER

1968



from GREENWICH PARK

CONTENTS

HEALTH COMMITTEE

(as at 31st December, 1968)

The Mayor:

(ex-officio)

Councillor L. J. SMITH, J.P.

Chairman:

Councillor Mrs. W. MITCHELL

Vice-Chairman:

Councillor Dr. A. L. de SILVA

Alderman:

A. C. CHRISP

Councillors:

P. T. S. BATTERBURY
Mrs. M. D. COLE
G. GIBBS
Mrs. W. H. M. HULBERT
P. G. MORNINGTON
M. J. PATTENDEN
Miss K. E. H. ROSS
N. R. J. SIMS
L. SQUIRRELL
G. W. STOW
E. WILLIAMS
Mrs. O. I. WOOD

Terms of Reference:

(1) The Committee shall consist of 15 members of the Council (exclusive of the Mayor and the Leaders of the Council and Opposition).

(2) The Council's powers and duties pertaining to the general health services (personal and environmental) and sanitation of the borough, including the school health service and nurseries.

(3) The powers and duties of the Council under the Clean Air Act, 1956, the Shops Acts, the Offices, Shops and Railway Premises Act, 1963, Food and Drugs Acts, Acts relating to consumer protection and public control, Gaming Acts and related legislation, and matters relating to markets and street trading and the control and welfare of animals.

(4) The powers and duties of the Council under the Mental Health Acts and related legislation.

(5) The powers and duties of the Council relating to houses in multiple occupation, individual unfit houses, the declaration of improvement areas, the reception of representations as to Clearance areas and the issue of certificates of disrepair under the Rent Acts.

(6) Home Safety.

WELFARE COMMITTEE

(as at 31st December, 1968)

The Mayor:
(ex-officio)
Councillor L. J. SMITH, J.P.

Chairman:
Councillor F. B. NEWLAND

Vice-Chairman:
Councillor M. J. PATTENDEN

Alderman:
A. C. CHRISP

Councillors:

Mrs. G. M. BARRY
S. P. BERTRAM
E. A. CHAPMAN
P. R. CONIE
J. HELM
Mrs. E. M. KING
T. A. J. MALONE
Mrs. M. MENDEZ
F. E. MILLS
Miss J. RIGBY
Miss K. E. H. ROSS
W. F. STRONG

Terms of Reference:

(1) The Committee shall consist of 15 members of the Council (exclusive of the Mayor and the Leaders of the Council and Opposition).

(2) The Council's powers and duties in relation to the welfare of the aged, the physically handicapped and the homeless.

(3) The provision and management of homes for unmarried mothers.

(4) The burial or cremation of dead persons where this has otherwise not been arranged.

STAFF
HEALTH AND WELFARE DEPARTMENT
(31st December, 1968)

Senior Officers

Medical Officer of Health, Director of Social Services and Principal School Medical Officer:	Dr. J. Kerr Brown
Deputy Medical Officer of Health:	Dr. M. E. Watts
Associate Medical Officer of Health:	Dr. T. Standring (*Retired* 31.12.68)
Principal Medical Officer:	Dr. C. C. A. Jansz
Medical Officers:	Dr. B. W. Hordern
	Dr. J. M. Oldfield
	Dr. G. G. Sherriff
	Dr. F. I. Winfield
Chief Dental Officer and Principal School Dental Officer:	F. Elston
Visiting Medical Officers:	Dr. R. S. L. Hood
	Dr. G. F. Horton
	Dr. S. L. Price
	Dr. W. D. H. Troughton
	Dr. R. G. Taylor
	Dr. P. D. Warren
	Dr. J. R. Wood
Consultant Chest Physicians:	Dr. P. Forgacs
	Dr. A. MacManus
	Dr. D. G. Wraith
Consultant Geriatrician:	Dr. R. V. Boyd
Public Analyst:	Dr. H. A. Williams
Borough Welfare Officer:	R. E. Haymes

Community Care

Co-ordinator of Community Care & Chief Mental Health Officer:	B. A. Freeman

COMMUNITY CARE TEAMS

Area "A"—*Supervisor:*	Miss B. Hatfield
Team Leader:	D. L. R. Neill
Area "B"—*Supervisor:*	J. E. Allen
Team Leader:	Miss N. E. L. Irwin
Area "C"—*Supervisor:*	R. C. Baldock
Team Leader:	Miss N. A. Fluck
Area "D"—*Supervisor:*	Mrs. J. Y. White
Team Leader:	J. M. Ashton

RESIDENTIAL AND ANCILLIARY SERVICES

Matrons of Old People's Homes:	Mrs. D. M. Bell (*Resigned* 8.9.68)
	Miss M. Campbell
	Miss K. Mansfield
	Miss M. Troup
Greenwich Hotel Superintendent:	Miss W. E. Wilson
Homeless Families' Units Supervisor:	D. A. Upton
Workshop for the Blind Manager:	R. J. Nottage
Training Centre Supervisors:	Miss B. A. Godfrey
	P. Rickards
	Mrs. I. A. Robbins

Personal Health

Chief Nursing Officer:	Miss M. Naunton
Deputy Chief Nursing Officer:	Miss M. E. Turner (*from* 2.12.68)
Supervisor of Midwives and Home Nursing Services:	Miss J. A. Waugh
Chief Chiropodists:	K. D. Reeve
	B. L. Berry (*from* 1.11.68)
Home Help Organisers:	Miss P. M. Calland
	Mrs. D. Greeno
	Mrs. M. O. Black (*from* 11.11.68)

Environmental Health

Chief Public Health Inspector:	G. B. ALLEN (*from* 1.11.68)
Deputy Chief Public Health Inspector:	W. F. N. TROUGHTON (*from* 11.12.68)
Principal Food Inspectors:	F. J. HOINES C. W. SPORE
Principal Housing Inspector:	W. F. WHEAL (*Retired* 29.9.68)
Senior District Public Health Inspector and Hygiene Officer:	M. E. POULTNEY (*from* 4.4.69)
Principal Public Health (*Clean Air*) Inspector:	W. E. MCLELLAND
Disinfection and Disinfestation Inspector:	J. G. LYONS
Rodent Control Inspector:	J. W. DENNARD

Administration

Chief Administrative Officer:	L. M. LONGHURST
Deputy Chief Administrative Officers:	L. A. WESTACOTT (*Departmental*) C. A. WEBB (*Establishment*)

Section Heads

Finance and Supplies:	R. E. SWEETT
Community Care:	R. G. GARRATT
Residential & Ancillary:	J. W. SHORTER
Personal Health:	J. HANNEN
Environmental Health:	K. G. ALLUM
Staff:	R. AUGUSTIN
Planning and Development:	R.BRUTY
Health Education, Publicity and Research:	A. H. WILCOX J. E. KAY
Transport:	W. F. GOODALL
Typing:	Mrs. M. HOGAN *(from 3.1.69)*

DIRECTORATE OF SOCIAL SERVICES,
MUNICIPAL OFFICES,
ROYAL HILL, S.E.10.

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

Ladies and Gentlemen,

I am pleased to present this account of the Health and Community Care Services of the London Borough of Greenwich for 1968. The progress along a broad front which was chronicled last year has continued. Local Government is in the painful process of trying to adapt its functions and structure to modern needs while attempting to utilise new techniques and management within a framework designed for a different age, for a more leisurely tempo and for entirely different purposes.

As a result of the Maud recommendations and after the most careful analysis of all the facts and arguments, the Council have created a Directorate of Social Services embracing the health, welfare and children's services elements of the Council's responsibility. The Council is satisfied that this seems the most efficient and economic way of providing a properly co-ordinated comprehensive family service and it is to be hoped that the opportunity will be given to prove that they were correct in their assessment.

This is the age of reports by experts on problems of the day and one is overwhelmed with a deluge of concentrated wisdom and facile solutions to intractable problems. This year has been no exception. Generally, the Green Paper on the Health Services Administration and Organisation has been given an unfavourable reception and another draft from the Government will be forthcoming next year. The long-delayed and much heralded Seebohm Report finally appeared in July. I think it is fair to say that, in the most responsible circles, it has been received with some reserve for the conclusions and recommendations seem to bear little relation to the main body of evidence and opinions which were given to the Committee. It is not difficult to recognise that the text was written by an already committed few and it seems as much an exercise in propaganda as a sober compilation of future social needs. It reserves its panegyrics for the favoured few. Although it is repetitive and at times is self contradictory and indulges in pseudo-sociological sermonising based on inadequate fieldwork research and enquiry, the Report is not without virtue in that it encompasses a great deal of interesting information about the social services. It is the obvious lack of objectivity which

disappoints. Since publication, the indefatigable Chairman is proving to be an enthusiastic votary for the radical reorganisation of the social services and he has pursued his declared aim with a dogged elan, while making it clear that his recommendations are not negotiable. In the climate which has now been created, a statement of the Government's intentions is long overdue, since the prolonged interregnum is not contributing to stability in the health and social services. In the meantime, the experiment in this Borough of area multi-disciplinary teams continues and I am grateful to all who are making generous and successful efforts to integrate.

The state of the vital statistics for the year indicates a satisfactory trend. The infant and maternal mortality rates are down and although total deaths in the Borough show an increase of of 2.2%, apart from heart disease, all other major causes of death have declined. The total number of notifiable infectious diseases has diminished substantially, mainly because of the measles biennial fluctuation. This biennial pattern is likely to be altered as a result of the measles immunisation campaign, although it has been found that parents do not show the same concern for this protection as for diphtheria, whooping cough, poliomyelitis and tetanus.

During the year under review, several new ventures were launched: "Task Force" has become established in the area and, if the present momentum can be maintained, should prove to be a useful addition to the domiciliary services for the aged and the handicapped. The Council are fully aware of increasing problems in the care of the aged and have determined a policy for providing small residential homes over the next few years to meet future reasonable needs. According to this programme, all Greenwich elderly will have been moved from Southern Grove by the end of next year, when two new small homes will be in full occupation. A further 3 lunch clubs were opened during the year, bringing the total to 15 and excellent day centre facilities are now available at Federation Hall for the homebound and handicapped elderly.

Although our transport fleet has been increased considerably and regularly over the years, there are still deficiencies which are difficult to overcome. Even with the most rational deployment of vehicles, it is impossible to meet all our known commitments. In a service for the homebound or disabled, transport is a crucial element and is absolutely essential if outdoor activities are to be encouraged.

The mental health services were given further resources. A new hostel for mentally-handicapped children at Ashburnham Grove was opened but staff are not being recruited in the numbers necessary to maintain full occupation. Our new industrial training centre for

mentally handicapped, which has been architect-designed, is nearing completion and should be in operation early next year. Combined centres at Federation Hall and Riverdale have now been opened and are a valuable addition to the Directorate's establishments.

Problems of homelessness have been under continual review and the Housing Committee have helped the Welfare Committee enormously in discharging their responsibility. Further improvements to temporary accommodation were undertaken and the importance of close social work support to vulnerable families has been recognised by increasing the number of social workers allocated to this service. In this connection, the benefits of the multi-disciplinary area teams have now been amply demonstrated and experts in the various health and social services specialties have been deployed easily and without normal inter-departmental confusions and uncertainties. Notwithstanding the present comprehensiveness of the service, other methods of dealing with homelessness are being examined and, very shortly, the Council will be undertaking a long term review of the general position. A Working Party will be set up and it may be that their recommendations will be available for consideration next year.

When we turn to the environmental services, mention must be made of the serious floods in September. The Directorate was heavily involved and the public health inspectors and the residential services staff in particular were fully employed in organising emergency services. The planned programmes for slum clearance and smoke control areas were fulfilled.

The home nursing service was under heavy pressure but despite the increasing numbers of patients requiring nursing care, all demands were able to be met, although this is placing a strain on our nursing resources. New stringent legislation in regard to the registration of child minders has necessitated a review of our supervising arrangements.

An important aspect of the work of the Social Services Directorate is the encouragement of staff to become fully qualified in their chosen speciality and the Council has authorised a considerable programme of fulltime release or secondment of officers for training. The Directorate also has staff "in-service" training courses regularly organised for nurses, midwives, home helps, child helps and administrative staff.

It is with regret that I announce the retirement towards the end of the year of Dr. T. Standring, the Associate Medical Officer of Health, and Mr. Frank A. Andrew, the Chief Public Health Inspector, both of whom left the Borough's service after distinguished careers. Dr. Standring, during his long tenure as Medical Officer of Health for Woolwich, was an acknowledged expert in

environmental medicine and in the course of his career had shown great skill as an epidemiologist, particularly when faced with outbreaks of serious infectious disease. I acknowledge, gratefully, the experience which he put unselfishly at my disposal during the difficult days when the Department was formed in 1964/65. Mr. Andrew, who worked closely with Dr. Standring, was also a recognised expert in his own field and there are many public health inspectors, now in senior responsible positions, who would testify to the kindness, consideration and practical help which they received from him when they came to Woolwich or Greenwich as students. Both officers were regarded with affection and respect in the Directorate and all good wishes go to them in their retirement.

Mention was made last year about Thamesmead and the Working Party formed to examine the feasibility of a main centre serving all the health and community needs of the area. The Report is now completed and will be published early next year. In considering the future scope of the services to be provided by this Directorate, the Council will wish to examine all schemes carefully, particularly in relation to proven need and subject to some measurement of performance. Cost is no longer an insignificant by-product and, in determining this future provision, much thought will be required about the problems not only as to whether they are necessary or desirable but of ways and means; for within these problems is naturally subsumed the question of priorities, available resources and all the many different things society considers as socially necessary. Above all, prolonged high pressure persuasion and anachronistic views masquerading in modern guise must be resisted. In the welter of conflicting counsel, one of the few unifying forces is the habit of logical analysis, the recognition of demonstrable evidence and reliance upon observation and orderly thought.

During the course of the year, I have had the unusual experience of serving directly no fewer than five Chairmen. Alderman Chrisp and Councillor Malone retired as Chairmen of the Health and Welfare Committees respectively and were replaced by Councillor Mrs. Wendy Mitchell and Councillor Mrs. Jean Avery who, on her translation to the chairmanship of another senior committee was in turn replaced by Councillor Newland. It is a testimony to their kindness and consideration to me when I say that these changes have been effected with no disruption to the continuity or to the scope of the Borough social services.

Even the most perfunctory glance at this document will indicate the diversity of the work of the Directorate and it is clear that the head of such an organisation must be entirely dependent on the abilities and industry of key members of the staff. In this respect,

I am singularly fortunate and my indebtedness to all my senior colleagues is hereby gratefully acknowledged. My Deputy, Dr. M. E. Watts, carries her considerable responsibilities willingly, cheerfully, efficiently and with determination.

In conclusion, I trust the Council will feel that the resources which they provide are being utilised under their instructions in the best interest of the local residents.

Your obedient Servant,

J. KERR BROWN,

Medical Officer of Health and

Director of Social Services.

SECTION I

GENERAL STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

ELEVATION—Varies from below high-water mark up to 416 feet above sea level.

*AREA OF THE BOROUGH AND DISTRICTS

Land and Inland Water—			
Greenwich ...	3,863 acres		
Woolwich ...	7,861 acres	11,724	acres
Foreshore and Tidal Waters		839	acres
		12,563	acres

POPULATION—	
*At Census, 1961	230,250
At Census, 1966 (10% sample)	*226,980*
Estimated, 1968 (mid-year)	229,700
DENSITY OF POPULATION (*persons per acre*) ...	19.59
NUMBER OF INHABITED DWELLINGS—end 1968 ...	73,400
(according to Rate Books)	
*Structurally separate dwellings at Census, 1961	70,175
At Census, 1966 (10% sample)	*70,140*
NUMBER OF UNINHABITED DWELLINGS—	
*At Census, 1961	1,031
At Census, 1966 (10% sample)	*1,710*
At end 1968	1,800
NUMBER OF FAMILIES OR SEPARATE OCCUPIERS—	
*At Census, 1961	75,803
At Census, 1966 (10% sample)	*74,050*
RATEABLE VALUE, 1968	£12,759,639
SUM REPRESENTED BY A 1d. RATE, 1968	£50,600

**Adjusted to accord with Boundary Changes introduced under the London Government Act, 1963.*

PUBLIC OPEN SPACES

BOROUGH COUNCIL—

	Approx. Acreage
Altash Gardens	1.90
Batley Park	0.97
Bellott Memorial Gardens	0.19
Bostall Gardens, McLeod Road ...	2.75
Briset Road Recreation Ground ...	3.79
Charlton House and Gardens ...	9.25
Coldharbour Open Space	7.90
Dallin Road Open Space	0.50
East Greenwich Pleasaunce	5.93
Eltham Green	6.00
Horn Park Open Space	8.55
Hughes Fields Recreation Ground	0.74
Middle Park Children's Playing Field	8.00
Pippinhall Farm, Bexley Road ...	3.40
Plumstead Gardens, Church Manorway	6.31
Queen's Gardens, Coldharbour Estate	1.50
Queenscroft Recreation Ground ...	12.50
Rockcliff Gardens	5.21
St. Alfege Recreation and Church Grounds	2.30
St. Mary's Churchyard	3.36
St. Nicholas Gardens, S.E.18 ...	2.80
Sidcup Road Open Space	9.13
Southwood Road Recreation Ground	1.26
Sunbury Street Recreation Ground	0.30
Sutcliffe Park and Harrow Meadow Playing Field	65.00
The Tarn, Court Road	10.45
Villas Road	0.16
Well Hall Pleasaunce	12.17
William Barefoot Gardens	0.79
Other Open Spaces	6.01
	——— 199.12 acres

GREATER LONDON COUNCIL—

Avery Hill, Eltham (with Nurseries)	83.00		
Blackheath (part of)	89.00		
Blackheath — Rangers House and Gardens	2.50		
Bostall Heath	71.50		
Bostall Woods	62.00		
Castlewood, Shooter's Hill	22.50		
Charlotte Turner Gardens	1.75		
Charlton Park	42.75		
Eaglesfield, Shooter's Hill	9.00		
Eltham Common, Shooter's Hill ...	32.00		
Eltham Park, South	41.50		
Eltham Park, North	14.00		
Fairy Hill	11.50		
Hornfair (formerly Charlton Playing Field)	26.00		
Jackwood, Shooter's Hill	45.00		
King George's Field	4.75		
Maryon and Maryon Wilson Parks	51.50		
Oxleas and Shepherdleas Woods ...	212.50		
Plumstead Common	103.50		
Sayes Court Recreation Grounds ...	3.25		
Shrewsbury Park	27.50		
	———	957.00	acres
H.M. OFFICE OF WORKS			
Greenwich Park		185.00	acres
WAR OFFICE DEPARTMENT			
Woolwich Common		159.00	acres
TOTAL PUBLIC OPEN SPACES IN BOROUGH		1,500.12	acres
(representing 12.8% of the total area of the Borough)			
MILEAGE OF ROADS *(1st April, 1968)* ...	Approx.	249.19	

GENERAL INFORMATION AND SOCIAL CONDITIONS

Re-organisation of local government in London was effected by the London Government Act, 1963, and Greater London now consists of 32 London Boroughs with the City and the Temples. Twelve of these are designated Inner London Boroughs, of which Greenwich is one, and on 1st April, 1965, under the title of the London Borough of Greenwich, the previous Metropolitan Boroughs of Greenwich and Woolwich were united. Amalgamation of these two areas (with the exclusion of North Woolwich) has resulted in the formation of a Borough which is second to none in historical background and diverse interests.

As a riparian authority, the Council now has jurisdiction over a river frontage of almost nine miles extending eastwards from just short of the Surrey Commercial Docks and Limehouse Reach, through the Greenwich, Blackwell, Bugsby, Woolwich and Gallions' Reaches almost to Crossness on the Erith Marshes in Barking Reach. Averaging approximately $\frac{1}{4}$ mile in width, the River Thames forms the northern boundary of the new Borough which ranges southwards for about 5 miles from this base line in a triangular shape closely resembling that of a map of India. The resultant area is 18.32 square miles.

With the exception of the Kidbrooke/Shooters Hill region which is mainly clay, the sub-soil of the greater portion of the Borough consists of gravel and sand and, throughout the whole of the area, the altitude varies from a few feet below high-water mark on the Marshes up to 416 feet above sea level on Shooters Hill. It is a steady climb at every point from the low lying land adjacent to the Thames to the raised plateau of Blackheath where extensive views of London and the river obtainable from this escarpment are incomparable.

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 upon the social conditions of its community. Its particularly favourable siting on the banks of the Thames, its unique place in English history and its close connection with Royalty through the ages give Greenwich an air and a fascination difficult to resist.

In the days of Caesar, Greenwich, which in Latin was described as *Grenovicum viridis sinus a viridariis* and in Saxon, *Grenawic*, i.e., the flourishing village in the pleasant green hollow, was in the Roman province of *Britannia Primo* and all evidence points to the

fact that the present Royal Naval College stands on a site where once stood handsome Roman villas and courts.

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 inhabited for over 2,000 years—certainly Crooms Hill is pre-Celtic whilst Maidenstone Hill and Shooters Hill along with many other place names, are clearly of Celtic origin. Charlton is a corruption of Ceorl-tun, the Romano-Celtic "freeman's village". 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.

Although early English kings had no settled domicile, in 1012 A.D. Ethelred II had a residence at Greenwich, and Eltham was prominent in royal affairs for some 200 years during the Plantagenet period. Later, when Henry IV (the first of the Lancastrians) was king, Greenwich was regarded as one of the seats of government and, from then on, the court at the Palace of Placentia became world famous. Especially was this so during the Tudor period and particularly during the reigns of Henry VIII and his daughter Queen Elizabeth when the palace was frequented by the most eminent people of the time.

The founding of the Navy Office and Trinity House and the establishment of the Deptford and Woolwich Dockyards by Henry VIII merely confirmed the Borough's long standing affinity with the sea and shipbuilding. Present basic industries of the area owe their origins to these latter occupations with their associated trades and skills and also to the fact that, somewhat later, manufacture and testing of the country's arms and equipment became located at Woolwich Arsenal.

At the opening of the present century the Greenwich and Woolwich areas, which were still predominantly shipbuilding and engineering centres, were already feeling the effects of the change-over from sail to steam. Acceptance of the steamship had led to the building of bigger ships and, as a consequence, this trade passed to other and more suitable areas of the country with the result that many local industries were seriously affected. Sail-makers and repairers were no longer required; men engaged in the refitting, etc., of the sailing vessels lost their employment and concerns which catered for the revictualling of such vessels saw their trade wither away. Firms were compelled to close down owing to competition and the heavy rates and taxes imposed and such movements of industry only tended to aggravate the unemployment problem in

the area and there was great hardship among the workers. In this respect, the people in the neighbourhood of Woolwich were a little more fortunate in that some compensation was provided by the increasing demand for labour at the government's armaments depot at Woolwich and the expansion of electrical engineering at a riverside factory.

During the 1914-18 war, a number of industries returned to the area although the post-war period saw the closing of the Foreign Animals' wharf (locally known as the Deptford Cattle Market), the site being acquired by the Government for a Supply Reserve Depot. Still later, a further compensating movement began and some of the larger buildings and dwellings were utilised as new factories and commercial undertakings.

Areas in close proximity to the River Thames are, generally speaking, industrial but, as the result of a pattern of living inherited from the Industrial Revolution era, these districts tend to be more densely populated than other parts of the Borough. However, the scene has been changing and, in recent years, there has been a movement of people away from the riverside to Eltham and Kidbrooke regions which earlier in the century had been considered "rural". These areas are now almost entirely built over.

Prior to 1919, housing was considered hardly a local government responsibility and, in 1915, 1,000 houses and a large number of timber bungalows were erected in the Borough by the Government for its munitions and other workers. Subsequent to this, however, housing has always been given a high degree of priority, a policy which started with the conversion into flats of a number of large houses in Blackheath acquired under the Housing and Town Planning Act in 1919. This was followed by the purchase for housing of Page's Estate (previously known as Eltham Estate) and an area in Charlton known as "Hanging Wood Lane". Gradually other sites such as Charlton Park, Middle Park, Horn Park, Cherry Orchard, Victoria Way, Timbercroft Lane and Woodlands Estate, etc., were acquired and development proceeded until halted by the second World War in 1939. By this time, 14,474 dwellings had been erected in the Borough since the year 1919, 9,648 in the Woolwich area and 4,826 in Greenwich and, of this total, the local authority had been responsible for 5,891. Of the remainder, the majority were built in accordance with private enterprise plans although from 1934 the London County Council had also been operating housing schemes within the Borough boundaries.

During the second World War, when new building had necessarily ceased, the Borough suffered heavily from bomb damage and destruction of its residential areas. Requisitioning of property

became imperative in order to resolve the serious housing problems thereby arising and in this respect over 3,000 units of accommodation were so acquired.

Following the war, the respective local authorities immediately proceeded to plan and organise housing programmes to meet residents' needs, and, as first priority, arranged for the erection in the Borough of 1,801 Emergency Factory Made Bungalows (later to become known as "pre-fabs"). Meanwhile, traditional building began and continued apace and work on the completion of 2 pre-war estates was commenced in December, 1945, in accordance with modernised plans. By the end of 1947, 112 flats and 48 houses had been erected and occupied at Cherry Orchard and the construction of a further 24 houses at Marlborough Lane and 24 old people's flats at East Mascalls was well under way. Other schemes, including the Coldharbour Estate which was begun in the same year, were advancing rapidly and Borough residents were reaping the rewards of the foresight shown by the authorities. Substantial support to these efforts was forthcoming from the London County Council which was developing estates in this area. In April, 1965, at the inauguration of the new Borough, nearly 15,500 dwellings of all types came into the control of the Council.

Supplies of building land which, until recently, had been fairly readily available especially in the Woolwich area, became exhausted and, with the exception of the Plumstead Marshes Scheme (a project being actively pursued by the Greater London Council for the accommodation of 60,000 persons over a period of 15 years), new housing can come only from clearance of sub-standard houses and redevelopment in areas similar to those at St. Mary's, Glyndon, Lewisham Road, Maryon Road, etc. An exception to this generalisation is the housing scheme in the Kidbrooke area. Here the Greater London Council has acquired the old Kidbrooke R.A.F. Depot as a development site which, eventually, will provide homes for some 7,000 persons, a large shopping centre, 3 schools and 27 acres of open space. Commenced in 1966, the scheme is expected to be completed by 1977.

Housing in the Borough is provided not only by the Council, the G.L.C. and private enterprise but also by a number of other agencies which serve special classes of citizens, i.e. the aged, widows, elderly spinsters, and widowers, etc. Organisations such as the Greenwich Housing Society provide assistance in the housing of elderly people not likely to qualify for such help from the local authority and over 200 units of accommodation for aged persons are furnished by ten groups of almshouses one of which was founded as early as 1558, being the first public charity to be established after the reformation.

Although the future housing problem is monumental there is no doubt that it will be tackled by the Council in a manner as firm and resolute as has been demonstrated in previous years.

Providing for the needs of Borough residents there are, at the present time, more than 2,000 shops, generally of the smaller kind, many being of the old-fashioned "shop on the corner" type selling a wide range of goods. However, this situation is changing, possibly contrary to the interests of many sections of the public. Town planning is demanding the concentration of traders into "*shopping centres*" which tend to become dominated by big combines and which often lead to burdensome and sometimes costly journeys for the elderly and women with large families. Of the existing shops, a large percentage are food establishments to which supplies of meat and poultry come mainly from Smithfield Market and sometimes direct from Kent and Surrey. Fruit and vegetables, for the most part, arrive from Kent or from the Covent Garden, Borough, Greenwich, or Spitalfields Markets. The rights of a flourishing daily open-air market in Beresford Square mainly for the sale of meat, fish and poultry, are vested in the Council and date from the reign of James I. A "new market", under cover, in Plumstead Road, is also a popular centre for the daily and week-end shoppers of south-east London.

Full-time supervision is afforded by the Borough's Food Inspectors to the private slaughterhouse at Woodlands Farm, Garland Road, one of the most up-to-date and busiest abattoirs in the Metropolitan area.

Both the previous local council, now united in the London Borough of Greenwich, had always been in the forefront of progressive health authorities and, within the new area, this forward looking attitude persists and all aspects of health and welfare, both personal and environmental, continue to be 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 usual municipally-run chiropody clinics to the special maternity, paediatric, geriatric, thoracic and neuro-surgical units based at local hospitals of which there are twelve.

Comprehensive Borough Community Care services include 4 modern, purpose-built "Old People's Homes" and future plans provide for further "small home" accommodation. To overcome urgent and unexpected crises, a Reception Centre gives shelter to homeless families and a Main Unit caters for the more intractable cases.

At 2 Centres and several voluntarily supported clubs, social rehabilitation of persons with differing physical handicaps is pro-

moted by tuition, training and the introduction of pastime activities. Blind people are offered a service of Braille and "talking" books obtained from the National Library for the Blind and allied organisations, and sheltered employment is provided at the Greenwich Workshops for the Blind where mattresses, baskets and "fend-offs" are manufactured. Substantial assistance is given to the severely mentally handicapped child by the Borough's modern, specially designed "Junior Centre" and older persons in this category are encouraged to become self-supporting at the Council's 2 Industrial Training Centres.

Sixty-two "Old People's Clubs", each of which receives a little financial assistance from the Council, cater for the elderly residents of the Borough and, in seven instances, Council premises are made available free of charge. In addition to the fifteen luncheon clubs, which are responsible for dispensing almost 190,000 meals a year, and the supplying of meals to three other establishments, viz. two for handicapped and one for elderly homebound, there is an effective "Meals-on-Wheels" service. Daily deliveries are made to over 625 homebound persons and the number of meals provided is at the rate of 162,500 annually. A Day Club for the home-bound and 4 Day Rooms have been founded to ameliorate still further the lot of the retired person.

More recently, realizing the substantial benefits accruing to the aged from a satisfying holiday, the Council purchased two first-class hotels at Westgate-on-Sea for the exclusive use of its elderly residents and holidays have now been made available to them throughout the year at nominal cost.

In suitable cases, arrangements are made for the elderly to be bathed either in their own homes or at the Council's Bathing Centres and a special "incontinent laundry" service has been introduced for the cleansing of soiled bed linen and clothing of the bedridden.

By appointing a Geriatric Advisor, the Council has demonstrated its fervent support of "preventive medicine" and, furthermore, has recently introduced Geriatric Clinics for the early detection of disorders to which the elderly become prone.

Serving the Borough are 13 libraries, 9 main and 4 part-time, supplemented by a mobile library intended to cater for the more "remote" parts of the area. The main branches are admirably adapted to enable private study to be undertaken in close proximity to comprehensive reference sections and they afford access to daily newspapers as well as weekly and monthly periodicals. Special facilities are provided for children, hospital patients, homebound invalids and elderly persons and, furthermore, opportunities for the borrowing of gramophone records and original prints by con-

temporary British artists have been made available to residents over the age of 18 years. "Large print" books are stocked for the particular use of the elderly and partially sighted. A museum at Plumstead, an Art Gallery at the Tudor Barn and a Local History Section are all the responsibility of the Borough Librarian and Curator.

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, technical 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.

A women's residential training college located at Avery Hill and opened in 1906 was the first to be established by the London County Council. Today, it is a "mixed" training college catering for upwards of 1,165 students and is a constituent college of the University of London Institute of Education with an annexe for 300 mature students at Mile End. Woolwich Polytechnic, now catering for nearly 700 full-time students and over 2,000 part-timers released by industrial concerns, is unique in that it is the only polytechnic in the London area which may be aided by the local Council. Eltham College, originally founded in 1842 as a "Home and School for the Sons of Missionaries" lies just beyond the Borough boundary in Bromley and is recognised as a Public School.

The name Rachel McMillan is internationally famous, for the McMillan sisters were the pioneers of nursery schools in the British Isles and their *avant garde* methods met with world wide acclaim. To cater for an increasing demand for this type of education, expansion and extensive adaptation has taken place at the College of Education based upon the original Rachel McMillan Training College at the Deptford end of the Borough.

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 I.L.E.A. or church organisations but there are still some private schools in the area which are conducted independently of the Education Authority and which cater for fee-paying pupils.

Within the Borough, the "Arts" are well patronised and the Rangers House on Blackheath is becoming noted for its art displays, poetry reading sessions, etc. Recently, the building of a theatre on

the site of the old Parthenon Music Hall has been given the Council's blessing and financial support. Municipal entertainment, especially for the very young and the elderly, is a prominent feature in the Council's policies.

Social centres providing for all shades of cultural and educational tastes have been established at Charlton House, Kidbrooke House, and West Greenwich House under the auspices of the Greenwich Community Council in conjunction with the I.L.E.A. and, in this connection, it can be stated that there are upwards of 178 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. It is hard to believe that the area supports 2 golf clubs, one of which is the Royal Blackheath, the oldest golf club in the world. With royal sanction it was formed nearly 360 years ago as the "Society of Blackheath Goffers" at a time when James I was wont to play with his friends while holding court at Greenwich. It is reputed that the army title of "Field Marshal" which dates from 1736 was copied from the appellation used by the Blackheath Club a century earlier.

Considering that the Borough is a constituent part of the country's greatest conurbation, it is well served with parks and open spaces. These are evently distributed throughout its area and form 12.8% of its total acreage, equivalent to 6½ acres per 1,000 of its population. Shooters Hill, which encompasses Oxleas and Shepherdleas Woods, Castlewood, Jackwood and Eltham Common in total amounting to some 312 acres, gives a continuous expanse of woodland as attractive and extensive as Hampstead Heath. Greenwich Park, designed by Le Notre of Versailles fame, with its historical associations and surroundings, covers an area of 185 acres of rich fauna and flora. On its southern boundary is Blackheath, one of London's most famous open spaces, 89 acres of which are within the Borough providing unsurpassed facilities for games, sports and amusements. Excellent recreation grounds serve the Charlton area for, as well as the Maryon and Charlton Parks, there is the Greater London Council's Play Centre and Lido with its well-equipped open-air swimming bath, tennis courts and bowling greens. In addition to 65 acres at Sutcliffe Park allocated for a variety of sports, and a beautiful natural lake at the Tarn, Eltham, the Council has control of attractive formal gardens and grounds at Well Hall Pleasaunce. Among other delightful attributes, Avery Hill grounds and nurseries serve as the headquarters of the Education Authority's Nature Study Scheme supplying "botany boxes" to the local schools. West of the Royal Military Academy is Woolwich Common which has been the site

for military displays since the latter half of the 18th century, a practice which is continued today with the Royal Regiment of Artillery's Annual Tattoo.

Likely to add still further to the already compelling attractions of the Borough is a scheme about to be launched to develop the Cutty Sark Gardens/Greenwich Pier area in a manner worthy of the Borough's historical associations.

Greenwich can boast of modern public baths. There are four such establishments within the Borough, each of which has two swimming pools. Moreover, at Eltham, the Council has provided a hydrotherapy pool, and on the Abbey Estate, has introduced a launderette. Warm baths for men and women are to be had at Greenwich, Plumstead and Woolwich and, at the former two premises, in addition to Turkish and Vapour Baths, public laundries still operate. In winter, the large pools at Eltham, Greenwich and Woolwich are covered and utilised for a wide range of recreational pursuits such as roller skating, badminton, table tennis, etc., and facilities are made available for indoor bowling and the use of indoor cricket practice nets.

The Council has control of the five cemeteries located within the Borough and, on behalf of the Woolwich, Greenwich and North West Kent Crematorium Board, is responsible for the modern crematorium at Eltham.

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 ascendency 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.

Early in its history, local industry was influenced by the area's close association with royalty and the demands which it and its retinues made on the neighbourhood. For instance, the siting close to Greenwich Palace of the Royal Armoury in the reign of Henry VIII gave rise to the production of russet steel suits of armour which became renowned and modern metal products from Greenwich continue this distinction. Connections with shipbuilding and armaments, forged in the days of Britain's peril, are perpetuated in existing industries. 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.

In the main, industries and sources of employment of the

Borough are to be found in the vicinity of the River Thames which forms the northern boundary. Chief among the concerns employing large numbers of workers are: —

Cablemakers, telecommunications and shipbuilding and repair works; automobile construction, electrical and mechanical engineers; manufacturers of fire engines; manufactures of tools, gauges, scientific instruments, tin boxes and containers, paints and lacquers, glass bottles, ropes, ships' propellers, cement and road surface materials; works for the recovery of metal and for the production of castings and for extruded non-ferrous metals and alloys and for the manufacture of oxygen and rare gases; printers, both letterpress and newspapers; furniture makers, joiners and shopfitters; electric welders and galvanisers and sheet metal workers; producers of water softening and conditioning chemicals and horticultural products; works for the manufacture of wireless, aero, vehicle and typewriter accessories. Besides the usual electricity generating stations and gas works, there are cement and stone works, cold meat stores, coal wharves and the inevitable lighterage companies.

The numbers actually employed vary from a few hundred to several thousands at the larger factories.

Recent efforts by the Government to encourage rationalisation of industry and manufacturing processes throughout the country have met with varying degrees of success. Locally, however, considerable anxiety has grown and great concern expressed in the Borough at the probably economic and social consequences of severe staff reductions in, or the closure of, a number of large industrial premises in the area. Elimination or contraction of firms such as A.E.I., U.G.B., Johnson & Phillips, S.E.G.B. (gas processing), Stone-Wallwork, General Steam Navigation, etc., make long-term planning of industry and the establishment of viable residential areas in the Borough (as in the case of "Thamesmead") hazardous undertakings.

SUPERFICIAL GEOLOGY

Geological formations occurring in the London Borough of Greenwich are of two groups, namely, the "superficial deposits" and the "solid formations". These are given below, *seriatim*, in descending order and while this holds good for the area as a whole, the complete sequence is not always met with for superficial deposits may be non-existent, local arching of strata and subsequent denudation of the higher parts may have brought to the surface lower members of the succession and, in other cases, a stratum of

the sequence may be entirely absent. Where maximum and minimum depths are stated, this implies a true variation of the thickness of the beds in question and, with the exception of the superficial deposits, is not to be ascribed to thinning due to erosion.

Superficial deposits in the Borough are distributed over the surface of the "solid formations" and may be considered as being of (a) "made" ground, (b) alluvium, and (c) gravel, the latter deposit being of the Pleistocene or "drift" series. At some places these deposits fill deep hollows in the surface of the "solid" attaining a maximum thickness of about 70 feet and at others are arranged as banks. More usually they form spreads of comparatively uniform thickness, or remain caps to the higher ground. Situated below these are the "solid" Eocene formations of Claygate, London, Blackheath and Woolwich and Reading beds followed by that of Thanet Sand. Underlying the whole Eocene strata is the Chalk or Cretaceous formation.

Superficial Deposits

Made—Made ground, consisting of artificial accumulations of debris and dumped materials from excavations have been spread over a number of areas of the district especially where the material has been used to raise the surface level of alluvial areas to reduce flooding in times of exceptiontally high tides and heavy rainfall.

Alluvium—Such a term is applied to the deposits up to 30 feet in depth forming the low-lying areas bordering the Thames and its tributaries. Originally marshland, these areas are still liable to flood should the river overflow its banks except where artificial means of protection have been adopted.

Consisting of alternations of mud or silt, clay, shell marl, peat, sand and gravel, any or all of which may be present, the deposits may lie directly on "solid formations" or on banks of "river terrace gravel". Alluvium components are subject to rapid changes in thicknesses and often arranged in "lens-shaped" masses.

Gravels—Although four types of gravel deposits have been distinguished, the most important are the River Gravels which form part of the ancient alluvial deposits of the Thames and its tributaries. These deposits, up to 40 feet in thickness, extend up the sides of the valley from the bed of the Thames and lie on the gentle slopes or series of platform or terraces of "solid formations".

The gravel is largely composed of subangular and well-rounded flints, together with quartz and quartzite pebbles. Sand is frequently interbedded with the gravel and, in places, constitutes the bulk of the deposit while occasional seams of peat are to be found.

SOLID FORMATIONS

Claygate Beds—A group of evenly-bedded alternations of fine sands and clays with thicknesses in the range of 50 to 100 feet. At the top of the sequence, seams of clay lie between the thicker beds of sand while at the base, fine laminae of white sand alternate with beds of clay.

Within the Borough, a syncline fold running from Mitcham through Crystal Palace to Shooter's Hill brings a vestige of the Claygate Beds to the surface at the latter locality.

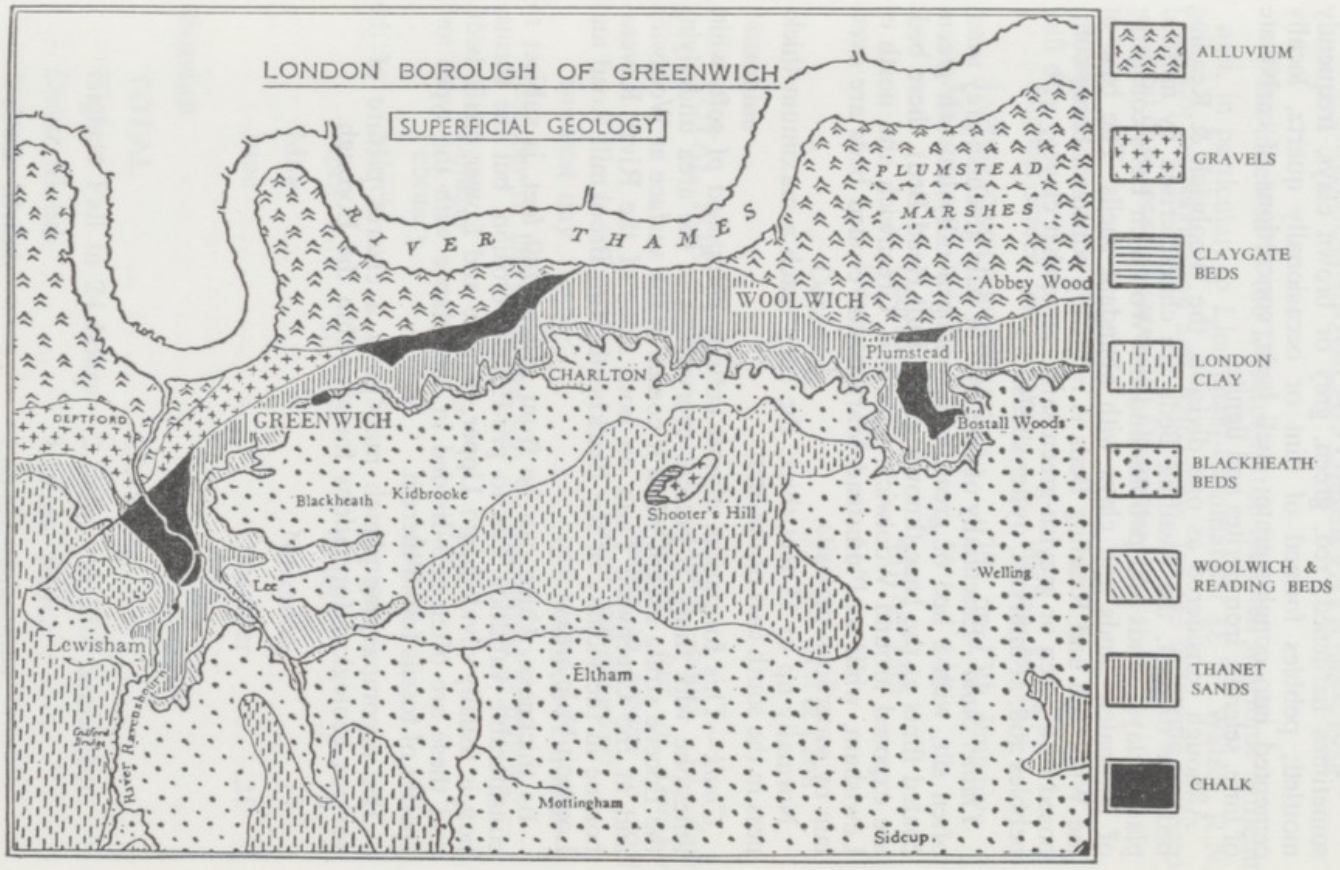
London Clay—This is a formation of stiff dark grey or bluish-grey clay which when exposed at the surface or underlying "drift" becomes brown in colour due to weathering. The weathering may penetrate a few inches or reach a depth of 10 feet beyond which the brown-grey mottling indicates incomplete oxidization. When water has stood on the clay for a long period the zone of decomposition may extend to a depth of 40 feet.

At regular intervals, layers of septarian nodules (argillaceous limestone often with calcium sulphate veins) are met with throughout the clay and crystals of selenite and pyrites are common. The lower part of the formation is frequently composed of fossiliferous sand with black flint pebbles and occasional layers of sandstone and is known as the Basement Bed.

The full thickness of London Clay is from 300 to 430 feet but, in the Borough, this is only realised at Shooter's Hill. In the Deptford, Greenwich and Woolwich areas the whole of the clay has been removed by denudation exposing older formations.

Blackheath Beds—Very irregular in thickness, ranging up to 45 feet, these beds lying to the East of a line joining Sydenham and Deptford often fill hollows eroded in the Woolwich & Reading beds. They are composed of pebble-beds with a sandy matrix and beds of fine, sharp, light-coloured quartzose sand in which are thin layers of clay. The pebbles are well-rounded and consist mainly of black flints with white spotted surfaces and occasional quartzites. Locally the pebble beds are cemented into conglomerate and the sand hardened to a sandstone. Fossils occur throughout the division and, in places, calcareous matter from shells forms the cement of the conglomerate. In other places the cement is ferruginous or siliceous.

Woolwich & Reading Beds—These beds, with a normal thickness of from 25 to 80 feet, have been denuded from a tract which follows the Thames from South Bermondsey to East Woolwich and outcrops only at intervals at Plumstead and Eltham.


LONDON BOROUGH OF GREENWICH
SUPERFICIAL GEOLOGY
RIVER THAMES
PLUMSTEAD MARSHES
Abbey Wood
WOOLWICH
Plumstead
CHARLTON
DEPTFORD
GREENWICH
Bostall Woods
Blackheath
Kidbrooke
Shooter's Hill
Welling
Lee
Lewisham
Eltham
Mottingham
Sidcup
ALLUVIUM
GRAVELS
CLAYGATE BEDS
LONDON CLAY
BLACKHEATH BEDS
WOOLWICH & READING BEDS
THANET SANDS
CHALK

They comprise a variable group of white, grey or crimson sands, sometimes hardened; red, green, grey or brown clays, frequently mottled; pebbles formed of flint or occasionally quartz, locally cemented into conglomerate; shell beds, concretions of carbonate of lime, selenite, iron pyrites and lignite.

Although considered as one division, the Woolwich & Reading beds are distinct, the Reading Beds are characterised by mottled plastic clays, sands and pebbles and the Woolwich Beds consisting of laminated sands and clays with abundant shells. The base of the Woolwich and Reading Beds is relatively constant, being composed of a green or greyish-green sand, somewhat clayey, with flint pebbles and, at intervals, oyster shells.

Thanet Sand—Essentially of fine, buff or pale greenish-grey sand, often silt, with a bed of green loam and generally unworn green-coated flints at the base (known as the Bull Head Bed), these beds are exposed around Woolwich, Charlton, Greenwich and north of Lewisham, while at Plumstead Marshes the eroded beds are overlain by superficial deposits.

Normally up to 55 feet thick, the beds reach a maximum thickness in the south east of the area.

Chalk—This formation, almost entirely composed of soft, white limestone with flints, is present everywhere in the area underlying the Eocene strata except when it comes to the surface at Woolwich and at the Greenwich Fault on both sides of the River Ravensbourne in the vicinity of the Blackheath Hill, Brookmill Road and Loampit Vale areas.

Its thickness, which can be from 550 to 740 feet, is subject to considerable variation due to pre-Eocene erosion, but the formation is usually divided into Upper, Middle and Lower chalk beds, and these are often sub-divided in accordance with the types and species of fossils found therein.

The accompanying sketch map gives a clearer picture of the various geological formations found within the Borough.

METEOROLOGICAL OBSERVATIONS—1968

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, 1968: —

Temperature

Highest screen temperature	...	89° on 1st July
Lowest screen temperature	...	19° on 13th January
Maximum in January	...	55° on 14th
„ „ February	...	48° on 13th
„ „ November	...	61° on 1st
„ „ December	...	53° on 21st & 22nd

Sunshine

TOTAL FOR YEAR	...	1164.6 hours. (*4 days records lost in October owing to repairs to roof near sun recorder*)
Sunniest day		14.8 hours on 12th June

Number of Days without sun, 99, distributed as follows: —

January ...	18	July	1
February ...	9	August	10
March	5	September ...	4
April	2	October ...	6
May	4	November ...	17
June	2	December ...	21

Rainfall

TOTAL	29.42 ins.
Highest Fall in 24 hours	2.16 ins. on 15th September
Driest Month	1.14 ins. March
Wettest Month ...	7.60 ins. September

SECTION II

VITAL STATISTICS

SUMMARY*

Population (*mid-year 1968*)

TOTAL HOME POPULATION		229,700
Child Population (under 15 years)	*50,100*	
Elderly Population (over 65 years)	*31,000*	
DENSITY (persons per acre)		19.59

Area Comparability Factors

Births—1.04; Deaths—1.08

Marriages

TOTAL		2,199
Greenwich District	*773*	
Woolwich District	*1,426*	
MARRIAGE RATE *(persons marrying) (per 1,000 pop.)*		19.21

Births

LIVE ... ... Total:				3,404
	M	*F*	*Total*	
Legitimate	*1,565*	*1,507*	*3,072*	
Illegitimate	*167*	*165*	*332*	
	1,732	*1,672*	*3,404*	
Crude Rate *(per 1,000 pop.)*				14.86
Comparable Rate (per 1,000 pop.)				*15.45*
Ratio of Comparable Rate to National Rate				*0.91*

Illegitimate Live Births=9.7% of all live births

STILLBIRTHS ... ... Total:				45
	M	*F*	*Total*	
Legitimate	*20*	*17*	*37*	
Illegitimate	*3*	*5*	*8*	
	23	*22*	*45*	
Rate *(per 1,000 total births)*:				13.05
TOTAL OF ALL LIVE AND STILLBIRTHS				3,449

Deaths ... ... Total: 2,560

Males 1,343

Females 1,217

Crude Rate (*per 1,000 pop.*) 11.18

Comparable Rate (per 1,000 pop.) 12.07

Ratio of Comparable Rate to National Rate ... *1.01*

Natural Increase (*excess of births over deaths*) 844

Infantile Mortality (*deaths of infants under 1 year*) Total: 59

INFANT DEATHS

Age	*Leg.*		*Illeg.*		*Total*
	M	*F*	*M*	*F*	
Under 1 year	*27*	*22*	*9*	*1*	*59*
Under 4 wks.	*15*	*18*	*8*	–	*41*
Under 1 wk.	*14*	*18*	*8*	–	*40*

INFANT MORTALITY RATES

All Infant Deaths (*per 1,000 total live births*) ... 17.33

Legitimate Deaths (*per 1,000 legitimate live births*) 15.95

Illegitimate Deaths (*per 1,000 illegitimate live births*) 30.12

Neo-Natal Mortality Rate (*per 1,000 total live births*) 12.04

Early Neo-Natal Mortality Rate (*per 1,000 total live births*) 11.75

Peri-Natal Mortality Rate (*per 1,000 total births*) 24.64

Reproductive Wastage (*per 1,000 total births*) 30.15

Maternal Mortality ... ... Total: 1

MATERNAL MORTALITY RATE (*per 1,000 total births*) 0.29

Death Rates—Special Causes (*per 1,000 population*)

	No.	*Rate*
Heart Disease (*all forms*)	*812*	3.55
Ischaemic Heart Disease	*632*	2.76
Cerebrovascular Disease	*293*	1.28
Cancer (*all forms incl. Leukaemia*)	*552*	*2.41*
Lung, Bronchus	*161*	0.70
Breast	*45*	0.20
Uterus	*15*	0.06
Cervix	*6*	0.03
Leukaemia, Aleukaemia	*11*	0.05
Tuberculosis (*all forms*)	*7*	0.03
Pneumonia	*232*	1.01
Bronchitis and Emphysema	*194*	0.85
Congenital Anomalies	*17*	0.07
Accidents—Motor Vehicle	22	0.10
Home	*12*	0.05
Suicide	*28*	0.12

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

General

The term "statistics" covers all types of numerical descriptions of social, economic and biological phenomena and, as a method of comparing, differentiating and classifying material and data, brings intelligent coherence to an otherwise incomprehensible mass of minutiae.

It is conventional to consider *vital statistics* as the continuous numerical recording, in a large number of lives, of marriages, births, sickness and deaths as a means whereby the health and growth of a community may be measured. Inevitably, of course, this leads to the observation of other aspects of society which influence life, its reproductivity and its vitality. This whole field is, nowadays, referred to as the science of demography.

An essential preliminary to any statistical appraisal is the "counting of heads" and this is achieved by the decennial Census. However, it was not until 1801 that a national Census was initiated and, with the exception of 1941, has been repeated every 10 years since. At first, the Census merely covered the recording of sexes with a rough classification of occupation. Not until the Census of 1851, after the establishment of the General Register Office in 1839, was appropriate detailed data sought and correct analyses made of Census figures. Since then, the Census form has become progressively more comprehensive and consequently more valuable as a statistical instrument.

Population

General—Over the past 100 years mankind has doubled but, during the same period, the world's city population increased five-fold.

In the year 1948, two-thirds of the world's population lived in rural surroundings. By the end of this century it is estimated that 60% of a trebled world population will be living in towns. Such an irresistable encroachment upon rural areas and the denudation of agricultural manpower must give rise not only to major problems of food production but also to an accentuation of the perplexities of conurbations.

Unfortunately, although urbanisation represents progress and development, with it come the hazards to physical, mental and social health. Many physical evils, which constitute the most important of the hazards, are inter-connected and include overcrowding, noise, atmospheric pollution, lack of light, complicated problems of pure water supplies and effective sanitation, and difficulties in accident and illness prevention. Moreover poverty, an almost inevitable accompaniment of urbanisation, gives rise to sickness and weariness which, in turn, serve to perpetuate poverty.

Efforts to oppose urbanisation have proved abortive and, in these circumstances, the creation of environmental conditions in which human values may be allowed fully to develop has been found to be the best policy. Such a policy demands, in the first instance, knowledge not only of existing but also of future populations.

Determinations of future populations are of vital importance to governments for the framing of social policies, to hospitals for the provision of adequate and suitable facilities, to local authorities who have a duty to plan maternity and child welfare services, nurseries, schools, housing, etc., and to the Medical Officer of Health who needs to know and to gauge the effect of these variables upon the health of the public, generally.

Population levels are dependent on three factors, viz. births, deaths and migration and the extent to which reliance may be placed on projected populations rests upon the accuracy with which these separate factors can be forecast. It is usual, indeed it is the best method available, to base future trends on past experiences (extrapolation) and with death rates this has seldom failed. Birth rates, however, have proved to be rather less reliable and migration, especially since the introduction of the Commonwealth Immigrants Act, 1962, is the most difficult to assess.

It has been established that the population of England and Wales in 1600 was $4\frac{3}{4}$ millions and that it was only twice this size two

centuries later in 1800. However, at 32½ millions, the population in 1900 was almost four times that recorded a century earlier and, by the year 2000, this is expected almost to double to 63 millions. At the present rate of growth, the last decade of the 20th century will see the equivalent of 10 Manchesters added to the country's total population.

Contrary to the world trend regarding urbanisation, this country is moving towards suburbanisation and an even more prodigal use of valuable land. With the continued spread of private motoring to all social classes and virtually subsidised public transport, many more people are enabled to combine such advantages as fresh air, gardens, privacy and quietness of the countryside residence with the better occupational, cultural and social opportunities of the town. This is exemplified by the fact that, over the last decade, populations of England's larger towns and conurbations have either remained static or declined. Greater London is no exception. Its population has fallen by almost ¼ million since 1962 and its Council is apprehensive that a continued decline of this nature could prejudice the area's viability and lead to its losing pride of place as the world's business and commercial centre. Accordingly, the Greater London Council plans eventually to stabilise its population at about 7,300,000 by 1981.

In common with other large urban areas Greenwich, during the past few years, has suffered a declining population but development of the Plumstead Marshes by the Greater London Council will reverse this process. Planned to accommodate 60,000 people in 17,000 homes to be erected during the next fifteen years, mainly in the Greenwich area, the "Thamesmead" scheme will provide the occasion not only for new approaches to be made to the establishment of such supportive services as health, education and recreation but also for the introduction of rational schemes for commerce, industry and transport. Invaluable opportunities will arise for this Borough's representatives to enter into the planning of the country's most modern and imaginative urban development, the maturing of which will prove an exacting but exciting challenge to this department's community care services.

Boundary changes consequent upon the inauguration of the London Borough of Greenwich meant that, for comparative purposes, some adjustment to the combined populations of the old Metropolitan Boroughs of Greenwich and Woolwich had to be made in respect of the 1961 Census. According to the Registrar-General, the 1961 Census population for the new Borough is to be regarded as 230,250, which showed a transfer of 1,899 persons from North Woolwich to the London Borough of Newham.

The Registrar-General has submitted his estimate of the Home

population of the London Borough of Greenwich, computed at mid-year 1968, upon which the statistics of this Report have been based. The figure returned is 229,700, indicating a decrease in the population of 1,450 from that of the previous year and a total showing a decline of 550 since the 1961 Census. (By reason of the fact that the Registrar-General's mid-year population estimate for 1968 has been adjusted in the light of the 1966 Census, it is not necessarily an accurate indication of population change since 1967.)

A possible explanation for what amounts to a considerable reduction in the Borough's total population during 1968 may be found in the closure or contraction of a number of large industrial concerns in the area during the year under review.

Natural Increase—The natural increase for the year, i.e. excess of births over deaths, was 844 compared with the figure of 1,121 for the previous year.

Emigration/Immigration—Taking into account a recorded natural increase of 844, there is a presumptive emigration from the Borough of 2,294 persons.

Estimates based upon the 1961 Census indicated that at 1st April, 1965, there were 7,947 residents (equivalent to 3.4% of the Borough's total population) who were born outside the British Isles, of whom almost 2/3rds were from the Commonwealth countries, the Colonies or Protectorates.

Of the persons enumerated in the Borough of Greenwich during the 1966 Census some 9,350 or 4.5% were born overseas, an increase of 15% since the 1965 estimate; the proportion of these coming from the Commonwealth, Colonies or Protectorates remained roughly the same, i.e. 2/3rds.

Numbering 1,650, immigrant children formed 4.45% of the total school roll at the beginning of January 1969. This figure is expected to rise by almost 20% to 2,050 by 1970.

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 68.7 years for males and 74.9 for females.

Composition of Population:

(a) SEX RATIO—Taking the 1961 Census as a basis, it is estimated that the total population of Greenwich is made up of 111,400 males

and 118,300 females, giving a sex ratio of 1,062 females per 1,000 males.

Ratios for Greater London and England and Wales are 1,083 and 1,053 respectively.

(b) AGE COMPOSITION—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.

Of the Borough's male residents, 10% are over the age of 65 years and women in the same age group form 16% of the female population; together they account for 13.5% of the total population. If to these figures are added those women over 60 years of age, then the proportion of retirement persons rises to 16.7%.

ESTIMATED AGE COMPOSITION OF THE POPULATION

	Age	*No.*	*Approx. % of Total Population*
As estimated by the Registrar-General:	Under 1 year	3,500	1.5
	1 to 4 years (*inclusive*)	14,200	6.2
	5 to 14 years (*inclusive*)	32,400	14.1
	Total Child Population under 15 years ...	50,100	21.8
Estimated locally:	15 to 64 years (*inclusive*)	148,600	64.7
	65 years and over ...	31,000	13.5
	Total Population	229,700	100.0

From details given in the accompanying table it will be seen that the "working" population of Greenwich i.e. those between 15 and 65 years amounts to approximately 64.7% and that of "dependent" groups collectively, to 35.3%. In effect, this means that for every two persons of "working age" there is one dependent person outside this group.

Marriages

The Marriage Rate is calculated on a "total population" basis and, as such, is not strictly comparable with other areas by reason

of discrepancies in age constitution. A more accurate ascertainment would be to return a rate based upon the marriage of unmarried persons over the age of 16 years (*legal marriage is prohibited where either party is under 16 years*). As over 90% of all births are legitimate it follows that the extent to which people marry exerts a powerful influence on the fertility rate.

Mrs. V. M. Gilham and Mr. H. E. Turner, Superintendent Registrars for the Districts of Greenwich and Woolwich respectively, have kindly furnished me with particulars relating to the number of marriages solemnised or registered in the London Borough of Greenwich during 1968. The total of 2,199 gives a marriage rate (*i.e. persons marrying*) of 19.21 per 1,000 population, an increase of 1.27 over that of the previous year and is 1.41 in advance of the figure of 16.8 for England and Wales. Greater London returned a rate of 19.10.

The following table shows particulars given by the Registrars for the past 4 years.

Year	Area	Church of England	Chapels and R.C. Churches	Non Conforming Churches and Chapels	Register Office	Total	Reg. General's Estimate of Population	Marriage Rate (*persons marrying*)
1965	Greenwich Woolwich	285 604	84 115	60 104	256 484	1,992	231,770	17.24
1966	Greenwich Woolwich	280 570	78 114	23 91	284 487	1,927	231,590	16.69
1967	Greenwich Woolwich	291 597	71 127	69 79	288 544	2,066	231,150	17.94
1968	Greenwich Woolwich	**329** **612**	**78** **144**	**80** **84**	**286** **586**	**2,199**	**229,700**	**19.21**

In England and Wales during the past 30 years marriages have tended to be contracted earlier, especially among females under the age of 20 years and, although the increase in popularity for young marriages is losing momentum, nevertheless, from 1951 to 1967 the number of wives in this group has risen from 44 to 77 per 1,000. Furthermore, in the age group 15-24 years, the number of married males per 1,000 has risen from 132 in 1961 to 170 in 1967

and married females from 267 to 326. To a large extent these increases may be ascribed to the bulge of population around the age of 20 years arising from the post-war boom in births. For the year 1967 *(the latest available)*, the mean age at marriage for bachelor bridegrooms was 24.74 and for spinster brides 22.52, both exemplifying this tendency for earlier marriage. Marriages in which both bride and bridegroom were under 20 numbered 25,176, 40% more than in 1956.

Births

By relating the number of births to the respective population of a particular group, a *birth rate* is produced which proves to be a convenient method of indicating the gross rate of increase of the population by births.

However, this rate gives no guide to future effects of contemporary variations in fertility on the maintenance or otherwise of the population or its age characteristics and, since the population figure used in its computation not only contains males but also females outside childbearing age, the birth rate should not be used as an accurate calculation of fertility.

Live births registered in the Borough during the year totalled 4,387 and of this number 3,768 occurred in hospitals and 619 in private dwellings. In 1,718 cases the parents resided outside the Borough and these births were subsequently transferred to their appropriate districts leaving a figure of 2,669. To this must be added 735 births belonging to this Borough which took place in institutions outside the Borough, thus making a final total for Greenwich of 3,404, a decrease of 196 from that calculated for the previous year. Of the total, 1,732 were males and 1,672 females, a proportion of 1,036 males to 1,000 females.

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

Source of Information	DISTRICT		Total Borough Births
	Greenwich	Woolwich	
Registrar's Returns: —	1,036	1,633	2,669
Inward Transfers: —			
1st Qtr.	47	152	199
2nd Qtr.	44	149	193
3rd Qtr.	33	121	154
4th Qtr.	47	142	189
TOTALS	1,207	2,197	3,404

The Birth Rate for the year, calculated on the figure of 3,404 live births, is 14.86 per 1,000 of the population, 0.76 lower than that computed for 1967. With an *area comparability factor* of 1.04, an adjusted rate of 15.45 is returned compared with 16.9, the figure for England and Wales and 15.25 for the Greater London area. Inner London returned an unadjusted rate of 16.9.

Illegitimate Births

The degree of illegitimacy is usually evaluated by calculating illegitimate births as a percentage of total live births. This is satisfactory for the short term assessment but if the legitimate rate is declining and the illegitimate remains constant, there will be an apparent but not necessarily a real increase in illegitimacy.

It would appear generally to be the case that illegitimacy is greatest when social standards, cultural and material, are low and, collectively, factors such as an insecure family life, poor and overcrowded homes, lack of direction and personal drive in life, etc., seem to be implicated.

In London, rates tend to be higher than that for the country as a whole possibly by reason of a higher proportion of single females but very probably because of its compelling attraction to pregnant women who find not only anonymity but better facilities in the ante-natal, maternity, social and welfare fields.

Illegitimate births in Greenwich during the current year numbered 332, equivalent to 9.7% of all live births registered, a decrease of 0.4% from that of the previous year. In effect, this means that one baby in every ten born of Greenwich residents was illegitimate. Even so, this situation was the most favourable of all the Inner London Boroughs whose average illegitimacy was 15.5%. Figures for the Greater London area and for England and Wales were 11.5% and 8.5% respectively. In each case, the perecentage quoted shows an increase over the previous year's figure.

Effects of the Abortion Act, 1967, (which became operative on 27th April, 1968) are probably not reflected in the current year's figures but they may well tend to reduce the number of illegitimate live births in future years.

Stillbirths

There has been a steady reduction of the stillbirth rate in England and Wales from the 1930 figure of 41 to the present rate of 14.3.

Recent studies instituted by the Medical Research Council, *et al*, have confirmed that the mother's age, parity and social class were found to be significant factors affecting stillbirths. Furthermore,

improvements in this field were most marked in the higher social classes.

Registered Greenwich stillbirths numbered 45 (23 males—22 females) which is equivalent to a rate of 13.05 per 1,000 total births, a decrease of 1.72 from that for 1967. Greater London returned a rate of 13.5 and that for Inner London was 13.1.

All stillbirths must be registered in accordance with the Registration Service Act of 1953 as amended by the Population (Statistics) Act, 1960, and must be accompanied by a statement as to cause. An investigation of the 45 stillbirths occurring to Greenwich residents during 1968 (8 of which were illegitimate) reveals that the majority of stillbirths resulted from congenital anomalies and haemorrhages. A full analysis of causes of stillbirths is given in the following table: —

Abruptio placentae	1	Placental insufficiency	4
Asphyxia—intra uterine	2	Prematurity	3
Cervical dystocia	1	Thrombosis/infarction of placental blood vessels	1
Congenital anomalies	9	Toxaemia—pre-eclamptic	4
Haemorrhage—Accidental	4	Umbilical cord—knotted	1
ante partum	3	prolapsed	2
Hypertension	2	round neck	1
Large baby (*prolonged labour*)	1	Tentorial tear	1
Macerated foetus	2	Unknown	2
Placenta praevia	1		

Fertility

Fertility is a measure of the rate at which a specific community adds to itself by births. It is not to be confused with population growth which is the net result of gains from births, losses by deaths and adjustments in connection with the movements of persons in or out of the area. Nor must too much reliance be placed upon the crude birth rate which, although a convenient way of giving the gross rate of increase of a population by births, serves only as a short term measurement of the flow of births.

True fertility rates must be based not upon the total population but upon the "population at risk" i.e. live births expressed as a rate per 1,000 of women of child-bearing age. This rate is called the "general fertility rate" and for even greater accuracy, this should be sub-divided into legitimate and illegitimate rates.

As 90% of all births are legitimate it follows, therefore, that the extent to which people marry influences the flow of births. Moreover, the number of persons marrying is related to the availability of men and women within the marriageable age period which, in turn, is dependent upon antecedent births and the marriages

which give rise to them. Thus it can be seen that future fertility is contingent upon past fertility.

Fertility varies not only with age, marriage and its duration but also with occupation and social class, with area of residence (whether urban or rural), with religion and with several other factors. Some attempt at correction for variation is made by the Registrar General with his *"area comparability factor"*. This, however, is unable to take account of human volition and, nowadays, the position is further complicated by the fact that contraception is becoming widespread throughout all classes. Under these circumstances long range forecasts of population changes inevitably become unreliable.

Logically, the introduction during 1967 of the Family Planning and Abortion Acts could be expected to have an impact on fertility rates and it would seem appropriate for some comparative statistics to be introduced to measure this influence.

In the following table, which indicates fertility rates calculated for the Borough since its inception in 1965, (c) is the most and (a) the least accurate of the three methods usually employed to portray fertility: —

GENERAL FERTILITY	*1965*	*1966*	*1967*	*1968*
(a) Crude Birth Rate (*per 1,000 pop.*)	16.11	16.10	15.62	*14.86
(b) General Fertility Rate (*per 1,000 women 15-44 years*)	80.68	80.44	78.37	74.44
(*i*) *Legitimate*				
(a) Crude Birth Rate (*per 1,000 pop.*)	14.75	14.71	14.04	13.42
b) General Fertility Rate (*per 1,000 women 15-44 years*)	73.85	73.51	70.41	67.18
(c) General Fertility Rate (*per 1,000 married women 15-44 years*)	117.22	120.13	111.76†	106.64
(*ii*) *Illegitimate*				
(a) Crude Birth Rate (*per 1,000 pop.*)	1.36	1.39	1.59	1.45
(b) General Fertility Rate (*per 1,000 women 15-44 years*)	6.82	6.93	7.96	7.26
(c) General Fertility Rate (*per 1,000 unmarried women 15-44 years*)	18.54	18.72	21.53	‡19.62

* *England and Wales Rate— 16.9*
† *England and Wales Rate—118.1*
‡ *England and Wales Rate— 22.8*

Deaths

Populations 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 person 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 *area comparability factor* and is based on the last census population figure. The *factor* for Greenwich, viz 1.08, 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 net number of Greenwich deaths registered during 1968 was 2,560, of which 1,343 were males and 1,217 females compared with last year's total of 2,479. This gives a crude Death Rate for the Borough of 11.18 per 1,000 of the population, representing an increase of 0.42 over that calculated for the previous year. When the *area comparability factor* is taken into account the rate is increased to 12.07 for comparative purposes.

The comparable Death Rates for Greater London and for England and Wales are 11.72 and 11.9 respectively. Inner London returned a crude Death Rate of 11.9.

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.

Age Mortality

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

Of the four quarters, the first registered the highest proportion of the year's total deaths and the second the lowest, viz. 33.6% and 20.5% respectively.

No. in Short List.	Causes of Death	Sex	Deaths at subjoined Ages of "Residents", whether occurring within or without the District.											
			All Ages	Under 1 year		1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and under 75.	75 and over
				Under 4 Wks	4 wks and under 1 year									
	All Causes	M	1267	25	12	7	7	13	16	39	98	267	383	400
		F	1212	25	11	6	1	6	8	22	64	144	300	625
4	Enteritis and other Diarrhoeal ...	M	3	—	3	—	—	—	—	—	—	—	—	—
	Diseases	F	—	—	—	—	—	—	—	—	—	—	—	—
5	Tuberculosis of Respiratory ...	M	4	—	—	—	—	—	—	—	—	2	2	—
	System	F	2	—	—	—	—	—	1	—	—	—	—	1
6	Other Tuberculosis, incl. late ...	M	1	—	—	—	—	1	—	—	—	—	—	—
	effects	F	—	—	—	—	—	—	—	—	—	—	—	—
18	All other Infective and Parasitic ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	Diseases	F	—	—	—	—	—	—	—	—	—	—	—	—
19	(1) Malignant Neoplasm-Stomach	M	35	—	—	—	—	—	—	—	3	10	13	9
		F	21	—	—	—	—	—	—	—	1	6	2	12
	(2) Malignant Neoplasm-Lung, ...	M	140	—	—	—	—	—	—	1	21	35	65	18
	Bronchus	F	21	—	—	—	—	—	—	1	2	7	6	5
	(3) Malignant Neoplasm-Breast ...	M	1	—	—	—	—	—	—	—	—	—	1	—
		F	44	—	—	—	—	—	—	5	6	15	11	7
	(4) Malignant Neoplasm-Uterus ...	F	15	—	—	—	—	1	—	3	1	2	7	1
	(5) Leukaemia	M	6	—	—	—	—	1	—	—	—	2	2	1
		F	5	—	—	—	—	—	—	—	—	1	3	1
	(6) Other Malignant Neoplasms etc.	M	151	—	—	—	1	1	4	5	16	30	51	43
		F	113	—	—	—	—	—	1	3	9	23	37	40
20	Benign and Unspecified	M	3	—	—	—	—	1	—	—	—	—	1	1
	Neoplasms	F	4	—	—	—	—	—	—	—	1	—	—	3
21	Diabetes Mellitus	M	10	—	—	—	—	—	—	—	—	2	7	1
		F	9	—	—	—	—	—	—	—	—	—	3	6
22	Avitaminoses, etc.	M	1	—	—	—	—	—	—	—	—	—	1	—
		F	1	—	—	—	—	—	—	—	—	—	—	1
23	Anaemias	M	4	—	—	—	—	—	—	—	—	—	2	2
		F	8	—	—	—	—	—	—	—	—	—	2	6
24	Meningitis	M	—	—	—	—	—	—	—	—	—	—	—	—
		F	1	—	—	1	—	—	—	—	—	—	—	—
26	Chronic Rheumatic Heart Disease	M	18	—	—	—	—	—	1	—	5	1	4	7
		F	14	—	—	—	—	—	—	2	—	5	4	3
27	Hypertensive Disease	M	20	—	—	—	—	—	—	—	—	6	3	11
		F	26	—	—	—	—	—	—	1	1	4	2	18
28	Ischaemic Heart Disease	M	363	—	—	—	—	—	—	8	30	87	124	114
		F	269	—	—	—	—	—	—	2	6	21	56	184
29	Other Forms of Heart Disease ...	M	42	—	—	—	—	—	—	1	2	3	12	24
		F	60	—	—	—	—	—	—	—	—	2	8	50
30	Cerebrovascular Disease	M	101	—	—	—	—	—	—	2	7	9	21	62
		F	192	—	—	—	—	—	1	—	8	9	39	135
31	Influenza	M	5	—	—	—	—	—	—	—	—	—	—	5
		F	5	—	—	—	—	—	—	—	—	1	2	2
32	Pneumonia	M	96	1	2	1	—	—	—	1	4	8	20	59
		F	136	—	2	2	—	—	—	—	1	8	16	107
33	(1) Bronchitis and Emphysema ...	M	147	—	—	—	—	—	—	1	4	29	56	57
		F	47	—	—	—	—	—	—	1	1	4	16	25
	(2) Asthma	M	1	—	—	—	—	—	—	—	—	—	1	—
		F	4	—	—	—	—	—	—	—	2	—	1	1
34	Peptic Ulcer	M	13	—	—	—	—	—	—	—	1	2	5	5
		F	10	—	—	—	—	—	—	—	—	2	2	6
36	Intestinal Obstruction and Hernia	M	4	—	—	—	—	—	—	—	—	—	2	2
		F	7	—	—	—	1	—	—	—	—	—	2	4
37	Cirrhosis of Liver	M	3	—	—	—	—	—	—	—	2	—	1	—
		F	2	—	—	—	—	—	—	—	—	1	—	1
38	Nephritis and Nephrosis	M	8	—	—	—	—	—	1	—	1	1	2	3
		F	5	—	—	—	—	—	—	—	—	2	2	1
39	Hyperplasia of Prostate	M	2	—	—	—	—	—	—	—	—	—	1	1
40	Abortion	F	1	—	—	—	—	—	1	—	—	—	—	—
42	Congenital Anomalies	M	12	4	4	1	1	2	—	—	—	—	—	—
		F	5	2	1	—	—	—	—	—	—	—	2	—
43	Birth Injury, Difficult Labour, etc.	M	12	12	—	—	—	—	—	—	—	—	—	—
		F	9	9	—	—	—	—	—	—	—	—	—	—
44	Other Causes of Perinatal Mortality	M	6	6	—	—	—	—	—	—	—	—	—	—
		F	7	7	—	—	—	—	—	—	—	—	—	—
45	Symptoms and ill-defined	M	3	—	—	—	—	1	—	—	—	—	—	2
	conditions...	F	8	—	—	—	—	—	—	—	—	—	—	8
46	(1) Other Endocrine Diseases ...	M	2	—	—	—	1	—	—	—	—	—	1	—
		F	2	—	—	—	1	—	—	—	—	—	—	1
	(2) Other Diseases of Blood, etc. ...	M	—	—	—	—	—	—	—	—	—	—	—	—
		F	2	—	—	—	—	—	—	—	—	—	—	2
	(3) Mental Disorders	M	1	—	—	—	1	—	—	—	—	—	—	—
		F	2	—	—	—	—	—	—	—	—	—	—	2
	(4) Other Diseases of the Nervous	M	7	—	1	—	—	—	—	1	—	—	2	3
	System, etc.	F	6	—	—	—	—	1	—	—	1	1	2	1
	(5) Other Diseases of the	M	35	—	—	—	—	—	—	—	2	6	11	16
	Circulatory System	F	66	—	—	—	—	—	—	2	1	3	7	53
	(6) Other Diseases of the	M	15	—	3	—	—	—	1	—	—	2	6	3
	Respiratory System	F	15	—	1	2	—	—	—	—	—	2	2	8
	(7) Other Diseases of the	M	8	—	—	—	—	—	—	1	—	3	1	3
	Digestive System	F	14	—	—	—	—	—	—	—	—	3	3	8
	(8) Other Diseases of the	M	11	—	—	—	1	—	—	—	—	1	2	7
	Genito-urinary System ...	F	12	—	—	—	—	—	—	—	1	—	3	8
	(10) Other Diseases of the	M	1	—	—	—	—	—	—	—	—	—	1	—
	Musculo-skeletal System ...	F	6	—	—	—	—	—	—	—	—	1	1	4
47	Motor Vehicle Accidents	M	14	—	—	—	3	4	—	1	1	3	—	2
		F	8	—	1	1	—	—	—	—	1	—	2	3
48	All Other Accidents	M	16	—	—	3	1	1	2	1	1	2	3	2
		F	20	—	—	—	—	—	—	—	1	—	7	12
49	Suicide and Self-inflicted	M	16	—	—	—	—	2	2	3	7	1	1	—
	Injuries	F	12	—	—	—	—	1	1	4	2	—	3	1
50	All Other External Causes... ...	M	1	—	—	—	—	—	—	—	—	—	1	—
		F	1	—	—	—	—	—	—	—	—	—	1	—

Deaths	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Under 1 year of age	17	13	14	15	59
Between 1 and 2 years	2	–	–	–	2
Between 2 and 5 years	4	2	1	2	9
Between 5 and 15 years	1	1	4	5	11
Between 15 and 25 years	6	5	1	5	17
Between 25 and 35 years	4	3	4	5	16
Between 35 and 45 years	13	8	11	18	50
Between 45 and 55 years	47	34	31	41	153
Between 55 and 65 years	116	82	76	94	368
Between 65 and 75 years	227	152	156	146	681
75 years and upwards	424	224	236	310	1,194
TOTALS	861	524	534	641	2,560

It will be observed from the following table that, during 1968 the deaths in the age group 0-5 years accounted for 2.7% and that of the "over 65's" 73.2% of the year's total. Figures for the previous three years are given for comparative purposes.

Two deaths were in respect of female centenarians of 108 and 102 years respectively.

Age Group	1965	1966	1967	**1968**
Under 1 year of age	80	68	73	**59**
Between 1 and 5 years	5	10	13	**11**
Between 5 and 15 years	8	16	8	**11**
Between 15 and 25 years	24	24	19	**17**
Between 25 and 65 years	719	676	658	**587**
65 years and over	1,708	1,766	1,708	**1,875**
Totals	2,544	2,560	2,479	**2,560**

Deaths in Institutions

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

Deaths of Greenwich Residents			
Year	Total	In Public Institutions	
		No.	% of Total Deaths
1965	2,544	1,825	71.7
1966	2,560	1,854	72.4
1967	2,479	1,844	74.3
1968	**2,560**	**1,888**	**73.7**

Maternal Mortality

Statistically, maternal deaths should be related to all those women who are pregnant during the period of the review. However, as this is impractical (for miscarriages are not registerable and many pregnancies are terminated unbeknown to the authorities), the extent of maternal mortality is measured against the total of live and stillbirths registered which gives a reasonably accurate basis for enumerating pregnancies during the interval of assessment.

Maternal mortality is conveniently defined as the number of women dying from complications of pregnancy, childbirth or puerperium during the year. This is then related to the number of live and stillbirths during the same period to give the *maternal death rate*. Abortion, because of the possible criminal element, is often excluded but, when included, the fact should be stated.

Studies have shown that expectant mothers on a poor pre-natal diet become greater obstetric risks and the incidence of miscarriages, stillbirths and premature births increases. Moreover, subsequently the offspring of such mothers appear more prone to illness and infection.

In the 5th Report issued by the Department of Health and Social Security on confidential enquiries into maternal deaths in England and Wales during the years 1964-1966, it was revealed that of a total of 579 deaths directly due to pregnancy or childbirth, some 263 or 45% were probably avoidable. Of the deaths with an avoidable factor, more than one third were due to illegal abortion.

There is some satisfaction expressed in the Report to the fact that the present total is less than $\frac{1}{2}$ of that disclosed by the 1st Report covering the years 1952-1954.

In assessing present knowledge on this subject, Sir George Godber, Chief Medical Officer to the government department, states that the best time for a woman to have her first child is between the ages of 20 and 25 and that, to minimise the risks, her family should be completed before her 30th birthday.

The one maternal death recorded for Greenwich during 1968 concerned a multipara of 33 years of age, the cause being attributed to abortion. A maternal death rate of 0.29 was returned compared with a figure of 0.54 for 1967.

The current rates for England and Wales and Greater London were 0.24 and 0.39 respectively, while Inner London registered a rate of 0.58.

Infantile Mortality

Infant Mortality of any given locality is measured by relating the number of deaths of children under one year of age recorded during the year to the number of live births registered for that particular area during the same period.

Bad housing, overcrowding, poor sanitation, low standards of education, illegitimacy, all tend to produce higher infant mortality rates. It follows therefore that the infant mortality rate should provide a reasonably accurate indication of the social circumstances of any particular area. However, 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 and only a long term appraisal is likely to reflect the true position.

Since the beginning of the century substantial improvements have been achieved. In 1901 the infant mortality rate for the area now known as the London Borough of Greenwich was 130 per 1,000 live births, the actual number of children dying before reaching the age of 1 year being 818. Comparable figures for 1968 are 17.33 and 59 respectively.

However, despite the fact that since 1948 actual infant deaths have declined from 118 to 59 (a reduction of 50%), neonatal deaths have not shown a *pro rata* decrease. Indeed, the reverse is true. Twenty years ago neonatal deaths formed 67% of all infant deaths whereas today the figure is 69.5%. When one considers early neonatal deaths, i.e. those taking place during the first week of birth, there is a disturbing increase from 54.2% to 67.8%.

Such analyses indicate that even with vastly improved ante natal services, advances in chemotherapeutics and diagnostic techniques the refractory core of perinatal deaths remains essentially unaltered. A glance at the accompanying table of deaths of infants under 1 year of age will reveal that the majority of the early neonatal deaths arise from prematurity and congenital anomalies, an observation which is as relevant today as it was in 1948.

My previous Reports have indicated the relationship existing between perinatal mortality and age, social class, parity, bad obstetric history, previous abortions, premature and still births, postmaturity, etc., and the effects which institutional and domiciliary maternity and midwifery services have had on its reduction. However, it is becoming increasingly obvious that methods which

brought about such spectacular successes in reducing infant mortality in previous years will not suffice to subjugate the seemingly intractable problems of perinatal deaths.

Almost 24% of infant deaths resulted from respiratory causes, viz., acute tracheo bronchitis, respiratory distress syndrome and bronchopneumonia. Pathogenesis is still obscure in respect of tracheo bronchitis, often a cause of precipitate death in apparently healthy infants, and also of respiratory distress syndrome and, until their respective aetiologies have been firmly established, therapy in respect of such cases will perforce, continue to be largely supportive and confined to relief of symptoms.

Prematurity is by far the most common cause of infant mortality and it may well be that, in many instances, the mere occurrence of a premature birth is an indication of the existence of conditions, as yet occult or perhaps not fully understood, which are not conducive to the establishment of a viable infant.

Determination of the aetiology of prematurity and a greater knowledge of human cytogenetics will undoubtedly lead to the reduction of infant mortality to its minimum.

One aspect of the problem, however, is quite clear. It is a fact that unmarried mothers still seek ante natal help much later than their married counterparts and their children are more likely to be born prematurely. Of all the deaths under 1 year of age occurring in children of Borough residents during 1968, 17% were in respect of illegitimate infants whose infant mortality rate was almost double that of the legitimate rate. Even with the situation as it now is, here is a field in which, with the concerted efforts of voluntary and statutory bodies, some improvement should be possible.

Congenital malformations, however, present us with much more substantial obstacles as do the inherited metabolic diseases. Nevertheless, some progress has been made within the last decade, for genetically determined deviations arising from chromosomal aberrations are becoming easier for the expert to recognise. Moreover, familial patterns can be traced and the giving of advice and the suggestion as to suitable action to be followed have now become practicable propositions. Counselling of prospective parents at "*genetic clinics*" where investigations could be instigated may be viewed as a logical extension of local authority health services.

Registering a decrease of 2.94 from that calculated for 1967, the present infant mortality rate for the Borough, viz., 17.33, compares favourably with the rates of 18.3 and 18.6 returned for England and Wales and Greater London respectively. Inner London recorded a rate of 19.8.

INFANTILE MORTALITY DURING THE YEAR 1968

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
Accidental – fractured skull	—	—	—	—	—	1	—	—	—	1
Acute tracheo-bronchitis	—	—	—	—	—	1	3	—	—	4
Asphyxia – interpartum	1	—	—	—	1	—	—	—	—	1
Atelectasis	1	—	—	—	1	—	—	—	—	1
Birth Injury	1	—	—	—	1	—	—	—	—	1
Bronchopneumonia	—	—	—	—	—	—	3	—	—	3
Bronchopneumonia – aspiration	—	—	—	—	—	1	—	—	—	1
Congenital anomalies	5	1	—	—	6	3	1	—	1	11
Gastro-enteritis	—	—	—	—	—	1	—	1	1	3
Haemolytic Disease of Newborn	1	—	—	—	1	—	—	—	—	1
Haemorrhage – intercranial	2	—	—	—	2	—	—	—	—	2
– cerebral	3	—	—	—	3	—	—	—	—	3
Hydrops foetalis	1	—	—	—	1	—	—	—	—	1
Neonatal anoxia	2	—	—	—	2	—	—	—	—	2
Otitis media	—	—	—	—	—	—	—	1	—	1
Placental insufficiency	1	—	—	—	1	—	—	—	—	1
Precipitated labour	1	—	—	—	1	—	—	—	—	1
Pre-eclamptic toxaemia	1	—	—	—	1	—	—	—	—	1
Prematurity	16	—	—	—	16	—	—	—	—	16
Prematurity – Rh incompatability	1	—	—	—	1	—	—	—	—	1
Respiratory distress syndrome	3	—	—	—	3	—	—	—	—	3
TOTALS	40	1	—	—	41	7	7	2	2	59

Males 36

Females 23

Neonatal Mortality—From the accompanying table it can be seen that neonatal mortality, i.e. infants dying before attaining the age of one month, accounted for 41 deaths, equivalent to 69.5% of all infant deaths and giving a Neonatal Mortality Rate of 12.04 per 1,000 live births. This rate is 1.84 less than that calculated for the previous year and is slightly more favourable than the figure of 12.8 for Greater London and that returned for England and Wales, namely 12.4. Inner London registered a rate of 14.0.

Early Neonatal Mortality—Forty infant deaths occurring during the first week of birth gives an Early Neonatal Mortality Rate of 11.75 per 1,000 live births compared with rates of 11.4 for Greater London and 10.6 for England and Wales. The comparable figure for Inner London was 12.4.

Perinatal Mortality—The Perinatal Mortality Rate, calculated from a total of 45 stillbirths and 40 deaths of infants under 1 week, was 24.64 per 1,000 total births, showing a decrease of 1.63 from that for 1967. The equivalent rate for England and Wales is 24.7 and that for Greater London 24.7. Inner London recorded a rate of 25.3.

Reproductive Wastage—A sum total of 104 stillbirths and infantile deaths gives a Reproductive Wastage Rate of 30.15 per 1,000 total births, a decrease of 4.60 from that calculated for the previous year. Figures for England and Wales and Greater London are 32.6 and 32.1 respectively.

Actual infant deaths recorded during the year were 59 (14 less than last year) comprising 36 males and 23 females of which 55 occurred in hospital and 4 at home. The following table shows the causes of and ages at death:

REMARKS ON OTHER VARIOUS DEATH CAUSES

For international statistical comparability certain basic requirements are considered indispensable and these are covered in the articles of the Nomenclature Regulations, 1967, adopted by the Twentieth World Health Assembly on 22nd May, 1967.

Following the Nineteenth World Health Assembly in 1966 which, by resolution, adopted the Eighth Revision and Amendment of the International Classification of Diseases to come into effect as from 1st January, 1968, the Registrar General, from this date, has brought into use a new classification with regard to records and statistics. Although these new catagories are broadly equivalent to the old, inevitably occasional difficulties will be met in reconciling present with previous statistics and exact comparability cannot be assumed.

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.

General

Total deaths in the country rose by 6.3% during the year but Greenwich, although following this trend, recorded a lesser increase of 3.2%.

A decrease in infant mortality and a reduction in deaths from cancer, motor vehicle accidents and tuberculosis were more than

offset by increased mortality in heart, cerebrovascular and respiratory diseases accompanied by a decided advance in suicides.

Although, statistically, variations may sometimes seem substantial, in many instances actual numbers are small and lead to wide and often only temporary fluctuations.

Heart Disease

Recognised as the principal "killer" complaint of modern times this classification, covering as it does (a) chronic rheumatic, (b) hypertensive, (c) ischaemic and (d) other forms of heart disease, it was responsible for 812 deaths (443 males and 369 females) during the current year. This total which was an increase of 28 over that of the previous year, formed 31.7% of the total of deaths from all causes and gives a rate of 3.55 per 1,000 of the population. The rate for 1967 was 3.40.

Deaths in the Borough from ischaemic heart disease alone accounted for 632 (363 males and 269 females). This is broadly in accord with a total of 627 who died from coronary disease during 1967. Some 34% of the 363 males who succumbed from this cause did so before reaching the age of 65 years compared with only 11% of similarly grouped females. Compared with figures of 2.85 and 2.65 for England and Wales and Greater London respectively, the Borough rate was 2.76.

Cerebrovascular Disease

Of the total of 293 deaths arising from cerebrovascular disease (previously classified as Vascular Lesions of Nervous System), 192 were females. Apart from ischaemic heart disease, this constituted the main cause of death in females, being responsible for almost 1/6th of all female deaths during the year. As expected, the greater proportion of these deaths, viz. 174 (90%) occurred in women over the age of 65 years and only 9 (4.7%) in those under 55 years.

The present rate of 1.28 shows a slight increase over that for 1967.

Cancer

Second only to heart disease as the principal cause of death in the community, this disease, which has so many psychological connotations not met with in other diseases, claimed 552 victims during the year under review, a decrease of 40 from those recorded during 1967.

Although *Other Forms of Cancer* registered an 8% increase, notable reductions occurred in those deaths arising from *Lung Cancer, Cancer of the Breast* and *Leukaemia*. The total of 552 cancer deaths was equivalent to 21.6% of deaths from all causes,

indicating that approximately one death in every five resulted from some form of cancer. The following table shows the various sites affected: —

Site	Male	Female	Total	Rate*
Cancer of stomach	35	21	56	0.24
„ „ lung, bronchus	140	21	161	0.70
„ „ breast	1	44	45	0.20
„ „ uterus	–	15†	15	0.06
„ „ other forms	151	113	264	1.15
Leukaemia	6	5	11	0.05
Totals	333	219	552	2.41

** Per 1,000 population*

† Cancer of the Cervix—6 (rate 0.03)

LUNG CANCER—The persistent rise in total cancer deaths throughout the country is due, in the main, to an increase in cancer of the lung, deaths from which have been advancing at a rate of over 1,000 per year since 1960; indeed the present total of 28.826 for England and Wales with a calculated rate of 0.59 indicates an average yearly increase of 3.5% over the last decade. The Borough rate of 0.70, a decrease of 0.12 from that for 1967, compares favourably with that of 0.74 for Greater London, a conurbation which has consistently returned a high figure while following the national pattern.

Although death rates in the country for women who die from lung cancer continue to increase, there are still five times as many men as women who die from this cause. In Greenwich, however, the rate for women fell from 0.42 per 1,000 in 1967 to 0.18 in 1968 but the ratio of male to female deaths from this cause since 1965 remains at 4 to 1.

The accompanying table giving deaths from lung cancer in the Borough since 1965 is included in order that current trends in this disease 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 35 yrs.		35 and under 45 yrs.		45 and under 55 yrs.		55 and under 65 yrs.		65 and under 75 yrs.		75 yrs. and upwards					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1965	—	—	2	3	16	7	47	10	59	9	23	8	147	37	184	0.79
1966	—	—	6	3	17	6	44	5	46	4	19	6	132	24	156	0.68
1967	1	—	2	3	15	4	39	16	55	21	27	7	139	51	190	0.82
1968	—	—	1	1	21	2	35	7	65	6	18	5	140	21	161	0.70

Respiratory Deaths

PNEUMONIA—There were five children under one year of age and 202 persons over 65 years in a total of 232 deaths from pneumonia registered during 1968. The total, which consisted of 96 males and 136 females, showed an increase of 54 over that for the previous year, indicating a rise of 30%.

Compared with rates of 0.84 and 1.00 for England and Wales and Greater London respectively, the Borough returned a rate of 1.01 which was 0.24 greater than that for 1967.

BRONCHITIS and EMPHYSEMA—During the current year Greenwich had a total of 194 bronchitis deaths, 147 males and 47 females, an increase of 43 over those recorded for the previous year, indicating a rise of almost 32%.

The rate computed for the Borough is 0.85 compared with that of 0.63 for England and Wales and 0.68 for Greater London.

INFLUENZA—Ten influenza deaths occurred during the year under review (9 were in respect of persons over the age of 65 years) giving a rate of 0.04 for the Borough. The national rate was 0.10 and that for Greater London 0.08.

No deaths from this cause were recorded in the Borough during 1967.

ASTHMA—Although hitherto not so classified, asthma is now regarded as a respiratory condition and there were 5 deaths in 1968 from this cause.

OTHER RESPIRATORY DEATHS—Compared with a figure of 16 deaths for 1967 the current year's total of 30 shows an increase of almost 88%.

NOTE: *An increase in respiratory deaths such as occurred in the Borough during the year (approximately 42% over the 1967 figure) could well be ascribed to climatic conditions. Hours of sunshine experienced in 1968 declined by almost 1/5th (days without sun increased by almost one half to 99), total rainfall rose by more than 4 inches to 29.42 and average temperatures during the winter months were significantly lower. Inevitably, the greatest effects of this inclement weather were to be found among those residents over 65 years of age.*

Tuberculosis

Recent years have seen lung disease in the form of tuberculosis effectively controlled by chemotherapy and the breeding of tuberculin tested herds of cattle has been eminently successful in almost eliminating the dissemination of other forms of tuberculosis.

Total deaths in the Borough from all forms of tuberculosis numbered 7 thus showing a reduction of 5 from 1967 and producing a rate of 0.03. Of the deaths registered, 5 were males and 2 females, one of the former being of the non-pulmonary type.

The comparable rate for England and Wales was 0.04 and that returned for Greater London 0.06.

Violent Deaths

As a classification, the term "violent death" includes those deaths arising from motor vehicle accidents, suicide, homicide and "other forms" of accident.

During 1968 there were 86 deaths from violence in the Borough, giving a rate of 0.37 per 1,000 population compared with a rate of 0.47 for England and Wales and 0.42 for Greater London.

Motor Vehicle Accidents—Road accidents, which are now the commonest cause of death in adolescents and young adults, were responsible for 6,249 deaths in England and Wales during the year. This represents a 12.7% improvement over the previous year when the total was 7,160.

Justifiably, much has been made of the serious nature of the increase in deaths from cancer and heart disease but it must be recognised that, from a national and economic standpoint, a child who is killed in a road accident is a greater potential loss to the community than a person over 65 years who dies from either of the other causes.

Twenty-two persons in the Borough died from motor vehicle accidents during 1968, a decrease of 10 from those recorded for the previous year. The calculated rate of 0.10 compares with 0.13 and 0.11, the rates for England and Wales and Greater London respectively.

Suicide—Contrary to general belief, suicide continues to claim a substantial number of victims. In England and Wales, the number of suicides during 1968 amounted to the formidable figure of 4,584, giving a rate of 0.10 per 1,000 population. Moreover, of this total, almost one seventh, viz. 963, were recorded in London, giving a rate of 0.12. This compares with 28 deaths and a rate of 0.12 for Greenwich showing increases of 11 and 0.05 respectively.

Figures for London in particular throw into relief a psychiatric problem which is becoming very familiar in the cities of countries which sustain high living standards, for deaths from suicide in the Metropolis were more than twice those for tuberculosis and 12% higher than the total deaths from road accidents.

Homicide—One death concerning a nightwatchman of 67 years was recorded during the year. Subsequently the defendant was convicted of murder.

All Other Accidents—The remaining deaths from violence in the Borough, viz. 35, give a rate of 0.15 per 1,000 population which compares favourably with the rate of 0.24 for England and Wales and that of 0.15 for Greater London.

Home accidents were responsible for 12 deaths, an increase of 2 over the previous year, giving a Borough rate of 0.05 per 1,000 population. Among these were 2 deaths from carbon monoxide poisoning, 9 from falls and one from asphyxia concerning a child of 3 years.

Common Infectious Diseases

There were no deaths registered during the current year from diseases such as measles, scarlet fever, whooping cough, diphtheria and diarrhoea which are covered by this classification. However, 3 deaths, all males under 1 year, were recorded as dying from gastro-enteritis during the year.

SECTION III

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Unfortunately, with national economic instability comes the unpalatable and deadening influence of stricter financial control which, inter alia, has its effect upon all private and public expenditure, not excluding that concerning the health services.

Nevertheless, even without these enforced restrictions, as technology progresses so more and more medical procedures become economically impossible despite the aid of major scientific advances. Furthermore, it is extremely doubtful if it could ever be possible for the nation's health services to provide the best medical care for all its citizens. Indeed, it seems inevitable that a combination of such circumstances will dictate a policy of reducing morbidity rather than mortality which, happily, will result in improving the quality of life though not necessarily its length. In fact this statement is the embodiment of the spirit of local authority health departments which have always operated and will continue to operate within this context.

Without minimising the continuing public health importance of the highly communicable diseases, control of infection-producing bacteria and viruses by modern chemotherapy and immunological procedures is such that greater attention can now be given to the non-infective, the genetically determined and the occupational diseases which cause so much misery or claim so many victims.

From one aspect this particular position is most opportune. Today, world competition is demanding higher efficiency and lower costs and, in response to such stimuli, the pace of industrialisation and urbanisation is accelerating, technology is advancing at an unprecedented rate and the use of complex and dangerous substances is increasing. Furthermore, rationalisation of industry, which seems indispensable to success, leaves the worker with a more profound feeling of helplessness being more remote than ever from those who take decisions which affect his working life. These dangers, together with other health risks arising from noise and vibration, dust and radiation, etc., serve not only to emphasise the common cause of national and occupational health services but also highlight the need for concerted action as exemplified in the W.H.O.'s relations with the International Labour Organisation. Pioneers in sponsoring medical legislation concerning such problems as lead and phosphorus poisoning, anthrax infection and dust

diseases, the I.L.O. continues to advise and give expert guidance regarding most diseases associated with industrial processes. Meanwhile, under the auspices of the W.H.O. and for the benefit of all mankind, more rapid dissemination of epidemiological data is being achieved especially with regard to diseases such as influenza, smallpox and paralytic poliomyelitis and the organisation's advice is constantly sought by nations in connection with problems of vector control and the effects of the use of persistent pesticides.

Healthwise no country today is self-sufficient and the materialisation of a number of future potential health hazards is likely to be precipitate. With the bewildering increase in the speed and volume of international travel, effective countermeasures will require even closer co-operation between the various health services both national and international. It is to be hoped that the re-alignment of this country's health services, already under way, will prove equal to the task.

Alcoholism

Potentially there is danger in everything we do. Walking the pavement, crossing the road, travelling by car, rail or aeroplane etc., all contain an element of risk which is capable of being presented statistically. Indulgence in pleasure is no exception and the consumption of alcohol falls within this category.

Alcohol is one of those doubly indictable substances in that it not only masquerades as man's ally and staunch friend but adds over-confidence to the deception.

While many are reluctant to consider alcoholism as a disease, the withdrawal symptoms certainly establish it as an addiction. It would seem that persons who are particularly vulnerable are those who for constitutional reasons or through environmental circumstances find difficulty in adapting themselves satisfactorily to society. Relief is sought in alcohol which, in time, proves to be illusory in that the original problem is aggravated or becomes replaced by one of an even more serious nature.

Many individuals arrested for drunkenness turn out to be alcoholics but, nowadays, a more enlightened police force recognises that, in these instances, medical rather than judicial action is preferable. Indeed, it should be the aim to ensure the removal of all chronic alcoholics from the confines of gaol to the influence of socio-medical treatment facilities. Regrettably, these are woefully inadequate.

Alcoholism is afforded very little publicity but to assume from this that the problem is static or in any way declining would be an error. On the contrary, evidence is accumulating that in some

parts of the country the numbers of alcoholics being admitted to mental hospitals is mounting. This, despite the well-known fact that we have an "iceberg" situation where the alcoholics coming forward for treatment represent but a section of the nation's total.

For prevention and control of alcoholism we need to know (a) what the problem is, (b) the percentage of population at risk and (c) its prevalence. Unfortunately, there are several reasons why accurate assessment of the problem, both locally and nationally, is difficult. No definition of alcoholism is universally recognised, thus enabling standardised registration to be effective statistically, although that offered by the W.H.O. is the most acceptable so far and, at present, no machinery exists whereby such information, were it obtainable, could be collated and consolidated.

What do we know of alcoholism in this country? Very little. Studies of and researches into this problem are remarkable for their paucity. Since Dr. D. Parr's valuable survey carried out in 1956 in co-operation with the College of General Practitioners there have been few systematic investigations of note.

In accordance with the late Professor Jellinek's formula, it is estimated that 300,000 or 1.1% of all the population over the age of 20 years in England and Wales are alcoholics of which a quarter suffer from complications. It is universally accepted that this illness affects more men than women and the ratio for this country is considered to be 2: 1. The problem is to be found in all socio-economic classes although more patients in the higher groups tend to seek treatment. Presuming that this statement holds good for Greenwich, then we could expect to have some 1,716 adult alcoholics in the Borough, 1,144 males and 572 females, of whom 429 would be of the chronic type. These figures are approximately ten times greater than those which would have been produced had the calculations been made according to Dr. Parr's findings, the discrepancy being attributable to the different bases upon which the original surveys were conducted. However, even if the true position for the Borough lies somewhere between these two assessments then our problem, seemingly very well hidden at present, could be of some moment. In this respect, general practitioners are likely to be sources of reliable information and cases will be revealed following police court proceedings and patients' recourse to hospital treatment or their application to voluntary or local authority welfare organisations.

Because the aetiology of alcoholism is complex, prevention is not simple. In endeavouring to reduce its incidence the struggle becomes one against tradition and long-standing customs, against financial interests and human irresponsibility, against the loosening morals and greater permissiveness of a modern society.

Owing to this indefinite nature of alcoholism, prophylactic and legislative measures have proved to be inadequate and success from the dissemination of relevant information has been disappointingly limited. Better results seem to accrue from the direct personal approach. Complete abolition of alcoholic beverages, even if it were desirable, is unattainable but if people could be taught not to deviate from the country's average consumption per head then alcoholism could be prevented in a way which would satisfy both the brewing industry and the tax collector.

Cancer

Malignancy is not a modern phenomenon. Reference to it is made in Hindu Poetry about 2,000 B.C. Egyptian burial remains of 5,000 B.C. show evidence of it and fossilised dinosaurs of 80 million years ago are said to exhibit signs of the disease.

However, there is no doubt that cancer is, and always has been, an extremely emotive word which conjures up in the minds of many people feelings of disgust, horror and despondency, probably in that order. Disgust because, in an illiberal society, much of the disease tends to be associated with organs of sex and excretion; horror from thoughts of mutilating surgery and despondency resulting from the mistaken belief that a fatal outcome is inevitable.

Persistence of the "killer" image of cancer is perhaps responsible for some of the increase in deaths from this disease for it leads to a reluctance to report symptoms early enough to enable effective treatment to be instituted.

Investigations have shown that there is a tendency for cancer, as a cause of death, to be over-estimated. Notwithstanding the publicity afforded coronary thrombosis, malignancy causes greater alarm than heart disease and many people still hold the erroneous view that cancer is responsible for more deaths than any other disease.

A much more optimistic attitude needs to be fostered. This could be achieved by stressing the fact that (a) over 25,000 persons are cured of malignant disease every year; (b) a further 10,000 lives would probably be saved by earlier diagnosis and treatment and (c) with suitable education and enlightenment a widely held view that cancer is incurable could be overcome.

It is undeniable that cancer is a reversible process because there is a small but significant number of cases where advanced and metastasising carcinomas have spontaneously disappeared. Such chance recoveries should be subject to close investigation for they would appear to support the theory of the development, under certain conditions, of antibodies in an "immunising" process.

In this particular field, some recent studies have shown the possibility of immunising animals against injection of known carcinogenic cells by first introducing hybrid cells formed by fusing these malignant cells with normal cells of another animal. Extension of these researches into the human problem is awaited with more than academic interest.

Although, in the absence of full knowledge, pragmatic action can usually be justified, finding the cause of cancer is a prerequisite to an effective preventive service.

The World Health Organisation's Expert Committee on Prevention of Cancer has estimated the "potential preventability" of most cancers by early diagnosis and prompt appropriate treatment to be as high as 50% but, because of the varied and illusive nature of cancer causation, control rather than prevention becomes the immediate task of public health authorities.

In addition to exfoliative cytology, early detection techniques include thermography, use of ultra sonics, immunological tests for liver cancer, X-ray mammography and xeroradiography for detection of breast cancer, not forgetting self-examination. Opportunities for far less drastic treatment are presaged by improved sigmoidoscopy which enables pre-malignant lesions of rectum and colon to be more easily detected.

Some cancers appear to be virus induced—some protein grown moulds such as aspergillus flavus are capable of producing carcinogenic toxins—certain chemicals, useful to man in many ways, are suspect—cigarette-smoking and atmospheric pollution as well as radiation have already been indicated as cancer stimulating. Indeed, it is possible that many environmental carcinogens of low concentrations, of little moment singly, could together produce malignancy. Although it would seem that little of the environmental scene is exempt from blame, we must at all costs avoid the onset of "cancerphobia".

Nevertheless, more intensive epidemiological studies are called for and to this end the W.H.O. is encouraging the establishment of standard criteria of diagnosis and has set up International Reference Centres for individual classes of tumours, London being the centre for thyroid and intestinal tumours.

With expanding knowledge of the molecular biology of the cancer cell and health education coupled with ever increasing methods of detection and treatment, it is certain that evolution of preventive measures for many, if not all malignances will not long be delayed.

Childhood Cancers—*Survey*

The survey undertaken by the Department of Social Medicine at Oxford University continues to receive assistance from Health Visitors and a Medical Officer who visits parents after careful preparation. These parents are always very willing to help in the Study and usually indicate that the opportunity to discuss their child's illness has been helpful.

For the purposes of this Study, twelve families were visited during the year.

Dental Caries—*Fluoridation*

Without being particularly observant, most people must be aware that dental caries and its effects are widespread.

All relevant evidence points to the fact that rampant decay in children is more prevalent now than formerly. Professor Winter of the Institute of Dental Surgery at the Eastman Dental Hospital in London has stated that 3-year-olds with dentures are becoming more common now that so many milk teeth have to be extracted because of the prevalence of caries. Some indication of the extent of the problem can be gauged from the following information.

More than one-third of the population wear dentures. During the first ten years of the National Health Service Act over £150 millions were spent on dentures. Time lost to industry on account of dental trouble is put conservatively at 1 million working days per year. Nationally, only 2% of children leaving school are dentally fit.

Locally, during 1967, a sample survey of new school entrants revealed that 75% had past or present dental disease and that 62% were in need of dental treatment at the time of inspection. Of actual school children covered in a similar survey, 73% were found to require treatment. A random sample of children between 5 and 13 years of age disclosed that the sum total of diseased, missing and filled teeth in each child averaged 4.74 and oral hygiene could be considered good in only one-third of those examined. There is no reason to suppose that these figures are in any way exceptional.

In my previous reports I have suggested that the population increase foreshadowed for this area during the next 10 to 20 years could conceivably aggravate the desired population/dentist ratio and could present the dental health services with insuperable difficulties.

Already the position regarding the nation's dental health is far from satisfactory and, in these circumstances, it is right that ways to prevent further deterioration in our children's teeth should be explored especially if, as seems feasible, the situation fails to improve.

There would appear to be two main avenues open to us if we are to stem the tide of present and future advancing dental decay—to increase the number of qualified dental surgeons and/or to reduce the number of conditions requiring dental treatment. Both solutions are long-term.

At present dentistry, as a career, is failing to attract a sufficient intake to cover retirements or to fill existing vacancies in health authorities' services. This is a national problem which, even under favourable conditions, may take a decade or so to rectify and, in any event, is beyond the control of local authorities.

Without an almost complete reorganisation of our dietary regimen, a reduction in dental conditions requiring treatment is unlikely. Present eating practices, especially among children, are most reprehensible, and parents in general seem unable or unwilling to direct the early feeding habits of their offspring towards balanced diets. It is a direct consequence of the modern child's predilection for foods and drinks high in carbohydrate content that the dental condition of the nation's children is so deplorable. Education regarding diet and dental hygiene is obviously a first step in which local authorities can participate but, unfortunately, without active parental participation this usually comes too late to influence the condition of milk teeth. What is urgently needed is a method which would be effective from birth or before. Fluoridation of water supplies fulfils these requirements and it is here that local authorities can influence public opinion and exert the greatest pressure.

Authoritative bodies have established that fluoridation results in substantial improvement in dental health especially with regard to children for, of teeth likely to suffer from dental caries, 75% are attacked before the age of 15 years.

In these days of stringent economy, cost effectiveness is becoming of paramount importance. Although application of this term to the health, welfare and social services is difficult, nevertheless, in this particular instance, it has some relevance. For one-fiftieth of the total cost of providing the country with dental treatment, a trace (1 p.p.m.) of fluoride could be added to drinking water at source which would reduce dental decay by 50%. To expect an immediate saving would be unrealistic but eventual and substantial financial benefits would be assured. Topical application of fluoride as a universal treatment has been rejected as being less effective, time-consuming and wasteful of manpower. It will be remembered that fluoridation, as an economy measure, was recommended by the Guillebaud Committee in 1958.

Testing the validity of fluoridation, strictly as an economy measure, investigations have shown that in areas where fluoride occurs naturally in drinking water in recommended concentration,

i.e. 1 p.p.m., costs per head for dental treatment are substantially lower.

Purely from the medical angle, a corresponding deterioration in dental health has been noted in an area where fluoridation was previously introduced but is now withheld.

As far as this Borough is concerned the position remains static. Fluoridation has the support of this Council but the Metropolitan Water Board is persisting in its policy of not introducing fluoridation until there is unanimity among the local health authorities. In the meantime, a great deal of preventable dental caries will continue to afflict the young, the conservative treatment of which will prove to be extremely expensive in money, manpower and personal inconvenience.

Drug Addiction

Drugs which alter the chemistry of the body in such a way that physical withdrawal symptoms are visible are termed "addictive". There are, of course, other drugs which, although not falling within this category, nevertheless can be habit forming and on which a dependence can be created.

As a public health problem, that of "drug addiction" has been too long neglected and society's reluctance to face it has resulted in a "contagion-like" spread bringing much misery, sickness and, in some instances, even death.

In England, the point has been reached where some concerted action for its control is imperative for, besides being a drain on the economy, any further extension has within it a threat to the structure of society.

Although, statistically, the drug scene does not appear to be serious, it is however, deteriorating at an ever increasing rate. In 1964, addicts to dangerous drugs numbered 753 and by 1967 this figure had risen to 1,729; during this period heroin addicts increased from 521 to 1,299. By the end of 1968 and under the new regulations some 2,624 first notifications had been received of which 2,096 related to heroin addicts, of whom 1,024 had not previously come to notice. From 1964 to 1968 numbers of young people under the age of 20 years known to be addicted to heroin rose from 40 to 785.

Government measures restricting prescription of heroin to specially licensed doctors has doubtless forced many undetected addicts to seek treatment and this is probably one reason for the sharp increase in notified cases.

Dependence on heroin and cocaine in England, at present has its peak incidence under the age of 25 years with a ratio of five males

to each female and addiction is rare in those over 35. There is, however, a high incidence of barbiturate dependence in women over 35 years and, although not confined solely to this group, it would appear to be interchangeable with alcohol dependence.

Evidence as to whether cannabis leads to heroin addiction can never be conclusive but this is not to disregard the fact that numbers of patients on heroin started as users of "pot". Moreover, despite the lack of accurate statistics, many doctors and lawyers agree that in their minds and as a result of their professional experiences cannabis is associated with crime, violence and abnormality but, above all, with the degeneration of personality. Although such observations cannot replace cold scientific evidence they may well prove to have a basis in fact.

It is a fact that young people, generally, are inclined to be "agin" the establishment and the cannabis cult could conceivably be an expression of social defiance. Regrettably, in a number of instances, this leads to addiction to the more dangerous drugs.

Progression from "soft" to "hard" drugs, especially in the young, is one of the most disturbing and distressing features of this serious problem. It was, therefore, somewhat startling to find in 1967 that there was sufficient support in the country to enable advertisements to appear in the national press in favour of legalising cannabis.

This stimulated the establishment of a special Sub-Committee under the auspices of the government's Advisory Committee on Drug Dependence to enquire into this particular aspect of drug addiction. Results of this investigation are contained in the Wootton Report.

Unfortunately, this Report appeared to reach conclusions not in accord with the authoritative evidence and arguments presented to it and the government decided not to act on its recommendations, viz., that it would be wrong to legalise the use of cannabis but the penalties should be reduced. This was paradoxical in that the Report acknowledged the dangers inherent in the use of cannabis but wanted the deterrents minimised, and it argued in favour of preserving freedom of choice in such a matter of individual concern. A cardinal error was perpetrated by the Report in defending "pot" on the grounds that it was no more harmful than alcohol or tobacco.

It is perhaps true that evidence of the effects of cannabis is, as yet, inconclusive, nevertheless, it would seem logical that where there is possible physical or mental danger, a fact which the Report recognises, public safeguards are necessary until proved otherwise.

Most adverse reports concerning cannabis come from the

Middle East countries who have had more that 2,000 years experience of the effects of this drug and who claim that its use is an important contributory factor in the poverty, squalor and ignorance from which many of their people suffer. The Sub-Committee discounted these reports as not being relevant to the problem in Western societies.

However, the W.H.O's. Expert Committee's 16th Report recently published states that it "strongly reaffirms the opinions expressed in previous reports that cannabis is a drug of dependence, producing public health and social problems, and that its control must be continued". Until the situation becomes clearer, this seems the sensible thing to do.

Acquisition of dangerous drugs in this country is still all too easy and stricter control of their manufacture and distribution is warranted. Convictions for drug offences in 1966 were 1,397 but the current year has seen an almost threefold increase and the seizures of large quantities of drugs during 1968 were well above previous records.

Special units, which most experts agree are essential for the treatment and rehabilitation of addicts, must be established and strategically sited but, unfortunately, this is almost certain to lead to public and perhaps official opposition in the areas chosen.

Section 12 of the Health Services and Public Health Act, 1968, provides that a local authority, as part of its duty regarding the prevention of illness, may (and, indeed, can be so directed by the Minister) provide residential accommodation for the care of those who are ill or at risk of becoming ill and for the after-care of such persons.

These provisions apply to drug addicts and, quite apart from the requirements of the individual patient, local authorities have a particular interest from the point of view of protecting community life.

Greatest risks arise from the activities of addicts who are not receiving treatment and/or after-care because these will be the people who will encourage the spread of addiction both by example and in their efforts to obtain money by small scale peddling.

In the Ministry of Health Circular 21/67 there was an attempt to determine the responsibilities of the Hospital Services and Local Authorities with regard to the provision of accommodation for out-patients and for rehabilitation and after-care. Closer collaboration between various bodies, both statutory and voluntary, was also urged in respect of social support and placement of addicts into families.

It is true that Lord Brain's Reports of 1961 and 1965 advocated the treatment of addicts in special units as voluntary medical and psychiatric patients but this was before the sudden deterioration of the drug scene over the past 4 years.

Because deaths from drug addiction are increasing, especially among young people, there is a move to introduce legislation making its treatment compulsory. Among the medical and legal professions there are some misgivings and grave doubts have been expressed as to the wisdom of such action. Even with the best of intentions, to deprive a person of his liberty for the purpose of treatment and yet not be able to assure him of a cure is hardly likely to prove a satisfactory solution. Indeed, this is the very essence of a situation which the Mental Health Act of 1959 sought to remedy regarding the mentally sick.

Inadequate personality, frustration, the urge to experiment, the attraction of the unknown or the sheer anarchical attitude of a section of modern youth, all contribute to the habit of drug-taking and compulsory legislation is clearly not the panacea.

It is still too early to assess the efficacy of the treatment centres which have been established with government approval at a number of hospitals. Heroin addicts attending these new government sponsored centres during 1968 numbered 1,999 but the "drop-out" rate is high.

Again I must emphasise that neither drug addiction nor alcoholism appears to be of moment in this Borough at present. However, we would be seriously negligent if, knowing that these public health hazards were on the increase in the country at large, we failed to be on our guard against its spread locally.

Heart Disease

In middle aged patients with ischaemic heart disease it is common to find raised lipid levels in the blood and evidence incriminating hyperlipidaemia in the development of arterial lesions is mounting. Population studies show that the risk of developing heart disease may be increased by up to five or six times in those people with high blood cholesterol compared with those having low levels.

However, even if control of abnormally high concentrations of lipids in the blood in all affected adults were possible, it would not eliminate vascular lesions and their consequences. For example, it is known that fatty streaks are present in the arteries of many children by the age of 10 years and, advanced atheromatous lesions reducing the lumen and giving rise to partial or complete stenosis can occur in males of advanced countries as early as the second or third decades, usually well before clinical signs are exhibited.

With such knowledge it is clear that preventive measures should be initiated as early in life as possible, for it is doubtful if severely diseased artery walls can ever be restored to normal. Naturally, the effectiveness of such steps will depend upon the stage of development of the disease at which they are introduced.

No man-made mechanism can compare with the heart for efficiency, nor could any mechanical device survive the careless treatment so often afforded this vital organ by many people. Commencing several months before birth and beating on an average of 75 times a minute, the heart continues its work for 70 or more years. In effect, this amounts to some 3,000 million beats in a lifetime without a single overhaul, during which period the heart automatically adapts itself to all the immediate needs of its owner. Such exigencies range from the comparatively restful situations of sleeping or reclining in an armchair to the more exacting demands of mounting the stairs or running for the 8.15 a.m. train.

If we are to reach our allotted "three score years and ten" and not succumb to heart disease in the sixth or an even earlier decade, nothing we do should add unnecessarily to the fluctuations of strain which are taken by the normal heart in its stride.

Obesity or "overweight" giving rise to fatty degeneration is one of the factors already known to have serious effects on the efficiency of the heart action.

A diet which substitutes unsaturated (mainly vegetable oils) for saturated fats (mainly animal) ranks high as a convenient method of reducing fat levels in the blood. However, while it is a comparatively simple matter to devise a diet on these lines the new regimen must be such that it will not demand too much variation from the normal and so lead to its premature abandonment. This field offers great scope to the health education services for knowledge of food values and sensible balanced diets cannot be imparted at too early an age.

Nevertheless, in many instances where the heart condition is of some duration, the need remains for a drug therapy which will not only lower circulating blood fats but will also effect a reduction of lipids in the tissues and lead to a decrease of arterial deposits.

It is unfortunate but true that the regulation of plasma lipids, although very important, does not provide the complete answer to heart and circulatory troubles for other factors, about which we know relatively little, are involved. These include platelet adhesiveness, thrombogenic influences, development of fibrotic plaques in arterial walls, etc. Even the effects of hypertension on arterial tissues have not been fully interpreted.

However, this is not to say that because the aetiology of heart disease is still not completely understood we should refrain from using what knowledge has been accumulated for preventative purposes.

Mental Illness

To judge by recent publicity, conditions in many mental hospitals are far from ideal. Indeed, there is a marked contrast between these and some of the country's penal institutions. In the latter establishments, prisoners are afforded planned employment and opportunities for vocational and cultural studies; indoor and outdoor recreation is varied and well organised; smoking is permitted and cells, although small for privacy, are used only for sleeping. Compared with these, the facilities in many of our overcrowded and understaffed mental hospitals seem somewhat stark. That such an unglamorous task can attract a sufficiency of staff and that they are able to overcome such adverse conditions is ever a source of wonder. They warrant our wholehearted support and unstinted admiration.

Fortunately, after a century or more of treatment based upon isolation, modern psychiatry is reverting to an age-old method of dealing with mental illness, namely, in the patient's home surroundings.

Removing psychotics from the normal environment has two serious disadvantages not necessarily related to the disease process—(a) it destroys the benevolent tolerance which develops in a society accustomed to the presence of such people and (b) the resulting alienation forces the patient into a vegetative existence which, if discharge is ever to be considered, necessitates rehabilitation involving a course of action which, despite the use of the most modern methods, seldom repairs the damage arising from separation. Moreover, the longer the period of isolation the less likely is the patient to want to return to the community or to entertain any plans for a future life in the outside world. Indeed, it is the personal attitude of mind not only of the patient but also of the close associates such as relatives, doctors, nurses, neighbours, employers, etc., which is probably the largest single factor in determining future prospects. It could well be argued that social perhaps more than vocational rehabilitation is the basic need for often the patient's "niche" in the home has been filled or forgotten during the isolation period.

At a time when legislation is being considered for the transfer of the responsibility for the education and training of the subnormal from the Department of Health and Social Services to the Ministry of Education and Science it is apposite to consider the

observations of Dr. Gunzburg, a Director of Psychological Services in the Birminham area on this particular aspect. He has indicated that, no matter which department is responsible, the needs of the subnormal remain the same and that the nadir of any programme for the rehabilitation of the subnormal must be social rather than academic education. He stressed the importance of developing social competence in order to achieve the necessary degree of conformity which society requires in order to accept the subnormal. His observations were based on the practical application of planned progressive research and experimentation.

Hostels for the mentally subnormal are proving a satisfactory base from which residents can have normal employment or can attend training centres. Furthermore, once established, there appeared to be no public opposition to hostels and relationships with the neighbourhood were friendly.

Apparently hospitalisation is a contra-indication for eventual hostel life and the greatest successes result from residents taken directly from the community.

In this Borough, all our endeavours are directed towards dealing with mental handicap within the community and home environment. These include the provision of Junior and Industrial Training Centres, Day Centres, a Day Hospital, various Clubs and a recently established Hostel, all of which are under constant surveillance with a view to introducing improvements to meet changing circumstances. A dedicated field and administrative organisation provides an effective support.

Obesity

Recognition of the fact that obesity underlies much of the country's ill-health is becoming universal. Although perhaps by definition overweight is not a disease, nevertheless, its danger as a "trigger" mechanism to many serious medical conditions continues to be under-rated.

It is true that since the dawn of history man has been confronted with obesity and its complications but, over the years, its connotations have changed. Up to modern times plump people were usually regarded as the symbols of prosperity, abundance and the good things of life. Indeed, the corpulent state was the hallmark of success, good health, good nature, strength and influence. We now know better and, during the past few years, there has been a dramatic revision in the attitude towards fat people. Reubens' ideal of feminine pulchritude, euphemistically called "embonpoint" is no longer acceptable in the 20th Century not only in "fashion" circles but in the medical world generally.

Today, even the man in the street is aware that all is not well with society's overweights but it would seem that only in the last decade or two have the dangers of obesity to community health been fully recognised and given due publicity.

Use of terms such as "overweight" and "obesity" suggests the existence of a standard of normality with which comparison may be made. This is not so. Neither this country nor any other country has really solved the problem of collating reliable information on a national scale, partly because of the enormity of the task and partly because of the difficulty of devising a single study with "terms" that would satisfy the nutritionalist, the sociologist, the economist or, for that matter, the biochemist, the anthropometrist and other technical participants.

There is neither an ideal nor a normal weight but only an average weight which, by general agreement, is calculated from the tens of thousands of experiments, measurements and observations carried out by research workers and insurance companies all over the country. Results are tabulated and appear as desirable weights for particular heights at maturity and beyond. Even these are subject to variation according to the type of skeletal frame genetically inherited.

Nevertheless, there seems little doubt but that much of the country's preventable disease can be attributed to faulty diet and its corollary "overweight". Unfortunately, no field of medicine is so riddled with faddism and quackery than that of obesity and this will continue until more is known about the basic physiological, psychological and genetic nature of the problem.

Although the seriousness of obesity in adult life is becoming increasingly clear, there is a paucity of information concerning the conditions in earlier life which could conceivably give rise to this situation. In the past, too little official attention has been given to this problem, especially in the formative years of life and, obesity in boys and girls of all ages has become more common in recent years. (In young school children the numbers are considered to be small but increasing and it is thought that they could form as much as 5% to 10% of the secondary school age group.)

Causes of overweight in children are many and, in most cases, the aetiology tends to be multi-factorial but recent results at an urban Weight Control Clinic for schoolchildren have shown a strong family history of obesity.

Many mothers have the idea that a fat baby is a healthy baby. As a result, overfeeding occurs and the foundations for abnormal dietary habits are laid which prove extremely difficult to break in later life. Moreover, contrary to popular opinion, a great deal of

the overweight met with in children and often called "puppy" fat, persists into adolescence and adulthood with very damaging consequences.

Statistics show that, for these individuals, life expectancy is shortened not only by heart disabilities but also by a number of other degenerative conditions such as liver, kidney and gallbladder diseases, diabetes, etc., which, in many instances, are accompanied by the painful and crippling effects of arthritis. Furthermore, apart from the rise in incidence rates of hernias, varicose veins, blood pressure and other circulatory disorders, treatment of respiratory diseases such as bronchitis and emphysema is rendered less effective and accidents and operative risks are correspondingly greater.

It has been estimated that more than 6% of men and over 11% of women are more than 20% overweight.

Overweight women find more difficulty in conceiving and, even when they do conceive, they frequently run into pregnancy troubles. With the average woman there is a weight gain during pregnancy of approximately 9lbs. (excluding the baby and the products of conception) which consists mainly of additional food stores laid down for motherhood and which remains after the baby is born. Often no efforts are made to shed this extra weight which probably accounts for much of the obesity found in middle-aged women.

In men, the incidence of obesity and its disabilities appear to have risen proportionally with the increase in popularity and availability of the motor car.

Ordinary, everyday overweight can be narrowed down to two main causes—insufficient physical exercise and dietetically bad family eating patterns handed down from generation to generation.

Inadequate food intake in children became rare after the introduction of the "school dinner" and, at inspections, the classification of "unsatisfactory physical condition" rather unusual. Contrariwise, obesity seems to be the common nutritional problem at the present time. Unappetising school meals have led, in some instances, to the bringing of sandwiches which predisposes to the consumption of extra carbohydrates as does the modern fashion in schoolchildren for sweetened fruit drinks.

It has been found that, although, almost all obese boys and girls are less active than normal, surprisingly, they often eat less than others. These types should be encouraged to walk to school rather than travel by bus or car and there should be more school group activities. Provided it is moderate and regular, exercise has been shown not to increase appetite and although there may well be a

gain in active tissue, there will be a loss in body fat stored around the heart and between the muscle fibres.

Maintenance of a balanced diet is essential for successful weight control but, with children, this needs parental understanding, support and encouragement. Young children learn eating habits from their parents who, in general, have little knowledge of and scant regard for the dietetic values of food and to many of whom a balanced diet seems beyond comprehension. Over-indulgent grand-parents and well intentioned neighbours are also factors to be reckoned with in the struggle for a suitable regimen.

Is there a treatment for obesity?

Any diet, however, bizarre, provided it supplies insufficient energy for metabolic needs will lead to weight reduction. But, by and large, fad diets are bad diets because not only are they usually nutritionally unsound but they are so markedly different from the normal eating habits that their use tends to be ephemeral.

Adherence to an appropriate intelligent diet is effective even though results may be prolonged. Success brings its own reward but many become discouraged too easily. The secret is to continue to eat the foods you like, balanced to provide good nutrition, but in only half the quantities you would normally take. This is not a dramatic solution but such a diet will be pleasant and bearable and the chances of its early abandonment will be considerably lessened. Weight reduction will be slow but sure and the spectre of those frightening degenerative diseases in middle and old age will disappear.

Respiratory Diseases

With the control of pulmonary tuberculosis obtained in recent years by chemotherapy has come an assumption by many that the menace of respiratory disease has been eliminated.

Nothing is further from the truth. Respiratory diseases are responsible for 20% of all deaths occurring in England and Wales as can be seen in the national mortality figures for 1968 listed below :—

Lung Cancer	28,826	deaths
Pneumonia	41,039	,,
Bronchitis	31,002	,,
Respiratory Tuberculosis	1,458	,,
Other Respiratory Diseases	12,703	,,
	115,028	

The comparable percentage for Greenwich, viz. 25% is even less favourable. Moreover, mortality figures themselves are just the "tip of the iceberg" for they give not the slightest indication of the disability occasioned by such diseases.

One quarter of the cost of all sickness benefits is accounted for by respiratory diseases which were responsible for a loss to industry of 32 million "man days" during 1968, some 7 times the figure for industrial disputes.

The tragedy of the situation is that the bulk of these deaths, estimated at three-quarters of the total, and the permanent disability so often preceding them are the direct or indirect results of cigarette smoking, a limitation of which could reduce the enormous physical and financial burden carried by the country's medical and welfare services. Cigarettes can be made safer but elimination of all danger can never be achieved.

Of the body's organs only the lungs receive the whole of the heart's output which makes them especially prone to blood-borne disorder. To add to this hazard, therefore, by defiling the lungs with tobacco smoke, especially on such a large scale, merely demonstrates a human capacity for self-immolation. What is clear and unmistakeable is that, apart from all other disabilities arising from smoking, one in every 8 persons consuming 40 or more cigarettes per day will die of lung cancer. It is illuminating to point out that in only one group of people in the country is lung cancer becoming less common—doctors; a fact which speaks for itself.

Chronic bronchitis, an almost inevitable sequel to cigarette smoking, reduces resistance and leads to complicating bacterial infections which, because of limited knowledge of the causal agents, are very difficult to treat. Although the duration of exacerbated chronic bronchitis is reduced by antibiotics, the frequency of the attacks seems to be unaffected suggesting that other factors such as mycoplasmas or viruses may be involved.

Certain viruses which appear to have a predilection for the young include the respiratory syncytial virus and the para-influenza virus type 3 which affect the majority of pre-school children thus contrasting with measles which tends to be more prevalent after the age of 5 years.

Over 100 viruses exhibiting great diversity in their manifestations, are known to affect the respiratory tract and slowly but surely these are being classified. In the main there appears to be two types—those which, like influenza, enter the cells of the respiratory tract and give rise to local disease and those which, like measles and chickenpox, merely use the tract as a portal of

entry to the body. It is estimated that of the total number of children affected by measles each year some 20,000 will suffer from residual respiratory complications.

Statistics concerning infant morbidity and mortality reveal that bronchitis and pneumonia come a close second to congenital malformations in the causes of death and, in connection with childhood consultations in general practice, respiratory illness heads the morbidity list.

Another environmental factor important in the pathogenesis of respiratory disease is air pollution. It is known that airborne particles can be the precursors of industrial diseases such as pneumoconiosis but it is becoming increasingly recognised that some can initiate immunological responses in tissues to produce pulmonary lesions and obstructions.

Efficiency of lung function depends upon the intimate contact of its huge surface area with the environmental atmosphere but its protection from the finer particulate and soluble contaminants is relatively poor. The necessity, therefore, for an effective smoke control policy by local authorities is self-evident.

Problems confronting respiratory medicine are legion and they can now be seen to concern a wide range of scientific disciplines. Because many respiratory infections defy identification, treatment is almost solely confined to the discriminatory use of antibiotics. Our hopes for speedier and more accurate diagnosis in the future depend to a large extent on greater use of the electron microscope and immunofluorescence. As yet no remedies exist for the treatment of the viral diseases. So far, in this field, success has been limited to immunising procedures in respect of selected types.

However, the greatest single preventive measure with regard to respiratory diseases is already in the hands of the public. It is for health education authorities to convince people that abstinence in terms of cigarette smoking, is not only to their advantage financially but will also lead to a fuller, healthier life.

Rheumatic Diseases

The seriousness with which the department views rheumatic diseases is not new. Even as far back as 1938 a scheme had been drawn up for the establishment in this Borough of a "rheumatism clinic" and it had also been decided to recommend to the Ministry of Health that manifestations of acute rheumatism in children up to 16 years should be made compulsorily notifiable. Unfortunately the 1939/45 war intervened and the subsequent introduction of the National Health Services Act of 1946 rendered void the necessity for local authority schemes.

Rheumatism in its broadest sense is one of the oldest diseases known to affect mankind. It attacks people of all ages and is responsible for more prolonged absences from work or school than any other disease. Resultant heart damage or joint deformity are often so tragically disabling that early diagnosis, prompt treatment and well directed after-care are vitally important.

It is only too clear that rheumatic diseases constitute a major medical, social and economic problem for the nation. For example, general practitioners consider that 10% of all their work is concerned with this group of diseases and official statistics show that more than 27 million working days per year are lost as a result of rheumatic disabilities.

The incidence of all rheumatic conditions rises steadily with age from 29% in males and 25% in females between the ages of 15 and 24 years to a peak of 76% and 87% respectively between the ages of 55 and 64 years. As one would expect loss of working time rises correspondingly and, in the latter group, some 47% of men and 40% of women give a history of incapacity due to rheumatism of which 20% state they have lost at least 3 months' work from this particular cause.

Basically, rheumatic diseases are considered to be of two types, namely, those where the disease is essentially the result of inflammatory conditions such as rheumatoid arthritis and ankylosing spondylitis and those in which the essential ingredient is degeneration as exemplified in osteoarthritis and intervertebral disc disease.

Although random countrywide surveys have revealed that over 7 million individuals believe that they suffer from some form of rheumatic complaint it is evident that the majority of these people can suffer only the relatively milder forms. Nevertheless, almost $\frac{1}{2}$ million men and 1 million women suffer from the serious and potentially crippling effects of rheumatoid arthritis. Of all arthritis this, in its severe form, is the most feared for, with its generalised systemic illness, it taxes the emotional as well as the physical strength. Victims are aware that their disease could be prolonged and, because recrudescence may occur at any time in quiescent joints, they fear the future perhaps even more than they resent the present. Family complications and threats to economic stability merely serve to exacerbate the problem. Studies have shown that prognosis is best in those whose onset is acute and who receive hospital treatment promptly.

The pathogenesis of rheumatoid arthritis and related diseases remains obscure. Nevertheless, increasing attention given by research teams to this problem in recent years seems, at long last, likely to yield results. There is evidence to support the view that

the disease is initiated by an exogenous antigen but that its continuance is the result of a secondarily induced auto-immune response. If this is substantiated then there are grounds for anticipating more effective methods of treatment and a reduction in the alarming disability rate occasioned by these diseases.

With osteoarthritis it is estimated that the incidence ranges from 20% in all men and 30% in all women over the age of 15 years but radiological evidence indicates that, over the age of 65 few people, if any, are free from intervertebral disc degeneration. In these cases much can be achieved by reducing or abolishing excessive physical stresses and strains in industry by increased mechanisation, the application of anthropometry and the education of workers in the correct methods of handling and lifting of heavy loads. An increasing number of patients are benefiting from the replacement of joints by modern techniques which, in many instances, results in a return to a useful degree of function.

Osteoarthritis and similar degenerative rheumatic diseases seem to be tolerated surprisingly well even when there is gross involvement of major joints. Perhaps this is because, more often than not, the onset tends to be gradual and occurs later in life. It is the more extreme inflammatory conditions such as Still's disease which give rise to the greatest concern for such explosive types of rheumatic disease are apt to render persons disabled at a very early age with all its distressing implications.

Improvement in the treatment and rehabilitation of the rheumatic groups is of great concern to local authorities for it becomes their responsibility to sustain individuals and their families when they become registered as disabled. It should be the authorities' aim, whenever possible, to ensure that after-care is such as to improve the functional state and so maintain morale which is so essential in such cases.

Furthermore, because immobility in the elderly often results in a regimen of "tea and bread-and-butter" it falls to the vigilance of the geriatric visitor, in her preventive role, to assess the situation and, accordingly, to arrange for supportive services (including the use of nursing and medical aids) to avoid the development of avitaminosis and anaemia arising from such a deficient diet.

It is pertinent to record that out of a total of 1,269 persons registered as physically handicapped in Greenwich in 1968, 387 or 30.5% are disabled due to the effects of rheumatism.

Venereal Diseases

The term "venereal" is given to a group of diseases acquired during sexual intercourse of which, in England, syphilis and gonorrhoea are the most important. Other complaints, usually acquired

sexually, such as non-gonococcal urethritis and trichomonal infection have recently been taking progressively more of the venereologist's time but, fortunately, although in some instances these can produce serious complications, in the main they do not present the difficulties associated with syphilis and gonorrhoea.

Under the National Health Service Act of 1946, diagnosis and treatment of venereal diseases became a responsibility of the Regional Hospital Boards and the functions of the local health authorities were limited to those of prevention. In practical terms this means the tracing of contacts, a difficult and often unrewarding part of the preventive service, and the establishment of efficient publicity and health education machinery.

Venereal disease can have catastrophic effects on health, happiness and family life. Indeed, the Matrimonial Causes Act of 1950 gives undisclosed communicable venereal disease at time of marriage as grounds for rendering such a marriage invalid.

Previously, because of the element of "guilt and shame" in venereal infections, there has always been a reluctance to seek advice and treatment although this was partially offset by the introduction of penicillin. (Unfortunately, the very success of this antibiotic has tended to minimise the seriousness of these diseases especially among young persons where there is a measure of sexual freedom undreamt of a decade ago). In the modern permissive society and to the detriment of venereal disease rates generally, this attitude to sexual morality is rapidly changing. As an example, in a recent television programme, teenage girls claimed that they would feel no shame if it were discovered that they were suffering from venereal disease. Such a radical change in outlook may be a shock to many sections of the public but it seems to have one advantage—there is less reluctance on the part of would-be patients to seek medical advice and treatment on account of the "shame" element.

It is more than probable that the oral contraceptive pill is making its contribution to the increased incidence of venereal disease. Its use is promoting greater promiscuity and, in one survey carried out in this country recently, the infectivity rate in women taking the pill was twice that of the general population. Furthermore, there is evidence to the effect that since the pill causes a lowering of the pH value of vaginal mucosa there is an increase in the susceptibility of the female genitalia to certain infections.

Homosexuality, possibly aided and abetted by recent liberalising legislation, is also adding its quota to the rising totals.

Increased tourism, immigration, drug addiction, social conditions such as broken homes, maladjustment, overcrowding, low intellectual standards have all tended to aggravate the situation.

In any campaign against V.D. the central problem is the early recognition of cases and their contacts. Hitherto, prostitution was considered to be the predominant method of spread but this is no longer so.

Largely because legislative control, as contained in the war-time measure Regulation 33B, was resented by the public and found no favour with venereologists or social workers, it proved singularly unsuccessful. Today, the control of V.D. is based upon contact tracing and the voluntary submission to treatment of infected persons.

As a method of reducing the spread of V.D. a system of sanitary control of prostitutes in a large German city has met with a high degree of success. "Eros Centres" which are privately owned are managed with meticulous attention to hygiene. Clients are "vetted" by the matron and the prostitutes undergo regular and strict medical inspections in between the bi-weekly check-ups. Vaginal and cervical smears are taken and serological examinations are carried out. Adverse findings are followed by the immediate withdrawal of the girl to a special clinic at a hospital. Since the operation of these "centres" the incidence of venereal disease in the area has declined significantly.

However, even in the most permissive of societies, V.D. could not be contracted if it were not for the undetected pools of infection. Unfortunately, case finding is frustrating, expensive and time-consuming and, unless every instance of exposure is subjected to medical prophylaxis, can lead only to reduction but not eradication. In these circumstances recrudescence is something more than a mere threat. There seems to be grounds, here, for the establishment of an immunological procedure with a reliable vaccine, especially as the *treponema* is becoming resistant to existing forms of treatment.

Compared with a total of 1,321 for the previous year, new cases of primary of secondary syphilis in England and Wales during 1968 were 1,320 (1,085 males and 235 females). While these figures show an almost static situation, there may be some justification for satisfaction if they indicate that syphilis has at least been contained. Although the percentage of cases in males under the age of 20 years fell during the current year, those of females rose from 18%, the 1967 figure, to 23% of the recorded female total for 1968.

Inner London, however, always a major source of infection, returned a figure of 927 for the current year, an advance of some

18% over that for 1967. Increases were substantial both in males (14%) and females (42%).

Gonorrhoea continues to give cause for anxiety and the country recorded a further rise of 7.5% during 1968, i.e. from 41,829 to 44,962 cases. There was a significant increase of cases in both sexes under the age of 20 years.

Non-gonococcal urethritis in males rose from 32,318 in 1967 to 35,721 during 1968, a trend which has continued since 1951 when this category was first recorded separately.

Cases of venereal disease in Greenwich residents coming to the notice of the department in 1968 are given in the accompanying table. Against the national trend, cases of syphilis rose from 6 to a total of 14 but in line with the country-wide increase "Other Conditions" rose from 493 to 570 during 1968. On the other hand, cases of gonorrhoea fell from 119 to 110 again contrary to the national trend.

The National Health Service (Venereal Diseases) Regulations, 1969, which came into force in December of the current year, had the effect of removing certain difficulties in communicating confidential information to those concerned with contact tracing. At the same time, a memorandum giving detailed advice on procedure for contact tracing was sent from the Department of Health and Social Security to Regional Hospital Boards, Hospital Management Committees, Boards of Governors and Local Authorities who were asked to co-operate fully in this activity.

Health education is of the utmost importance in prevention but such a great deal depends upon family and group environment and the subject's susceptibility to example.

I am indebted to Drs. A. Grimble and D. Erskine, Physicians i/c at the Miller and Dreadnought (Seamen's Hospital) Treatment Centres respectively for the following statistics for 1968 :—

NEW CASES TREATED AT CENTRES WITHIN THE BOROUGH

Treatment Centre	Syphilis		Gonorrhoea		Other Conditions		TOTALS	
	M	F	M	F	M	F	M	F
Greenwich District Hospital Miller Wing:	8	12	125	66	410	194	543	272
Dreadnought Seamen's Hospital:	24	—	207	—	1,000	—	1,231	—

NEW CASES OF RESIDENTS TREATED DURING 1968

(as given in returns from the undermentioned Centres)

Treatment Centre	Syphilis	Gonorrhoea	Other Conditions	TOTALS
Greenwich District Hospital Miller Wing:	9	47	183	239
Dreadnought Seamen's Hospital:	1	34	214	249
St. John's Hospital:	—	3	35	38
London Hospital:	1	6	34	41
Middlesex Hospital:	1	10	40	51
St. Bartholomew's Hospital:	—	2	12	14
King's College Hospital:	1	2	7	10
St. Thomas's Hospital:	—	6	40	46
Royal Eye Hospital:	1	—	5	6
TOTALS	14	110	570	694

NOTIFIABLE INFECTIOUS DISEASES AND FOOD POISONING

Legislation

During the current year the following legislation concerning infectious disease was enacted.

The Public Health (Infective Jaundice) Regulations, 1968.

The Jaundice Regulations, 1943, applicable only in certain eastern counties of England, were revoked by these Regulations which made infective jaundice notifiable in England and Wales from 15th June, 1968, until their revocation by The Public Health (Infectious Diseases) Regulations, 1968.

HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968 (PART III)

Notifiable Diseases and Food Poisoning

The Public Health (Infectious Diseases) Regulations, 1968

Part III of this Act and these Regulations apply to England and Wales and became operative on 1st October, 1968.

This Act repeals, *inter alia,* Sections 144 to 146 of the Public Health Act, 1936, and Section 26 of the Food and Drugs Act, 1955, which relate to notification of infectious diseases and food poisoning respectively.

These Regulations consolidate, with amendments, all previous Regulations relating to the notification and prevention of infectious disease except the Public Health (Prevention of Tuberculosis) Regulations, 1925.

The principal changes are :—

(a) All provisions governing the notification of infectious disease and food poisoning are now to be found in Sections 47 to 49 of the 1968 Act and these Regulations. Responsibility for such notification rests exclusively on the medical practitioner attending a patient unless he believes another practitioner has already notified the case.

(b) Where, pursuant to Section 48(2)(b) or 48(3)(a) of the 1968 Act, a copy of a certificate is sent by the medical officer of health of one district to the medical officer of health of another district, the case to which that certificate relates shall be included only in the returns of the last-mentioned medical officer.

(c) The infectious diseases now to be notified to the Medical Officer of Health are :—

Acute encephalitis
Acute meningitis
Acute poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery (*Amoebic or Bacillary)*
Infective Jaundice
Leprosy
*Leptospiroris
Malaria
Measles
Ophthalmia neonatorum
Paratyphoid fever
Plague
Relapsing fever
Scarlet fever
Smallpox
†Tetanus
Tuberculosis
Typhoid fever
Typhus
Whooping cough
†Yellow fever

** Previously notifiable in certain areas only.*

† Notifiable for the first time.

(d) Notification of the following diseases is no longer required :

Acute influenzal pneumonia
Acute primary pneumonia
*Acute rheumatism
Erysipelas
Membranous croup
Puerperal pyrexia

** Ceased to be notifiable in this Borough on 1st October, 1965.*

(e) "Notifiable disease" is redefined to mean cholera, plague, relapsing fever, smallpox and typhus. As a consequence the full application of those provisions of Part V of the Public Health Act, 1936 (including Part III of the Public Health Act, 1961), hitherto applicable in their entirety to any disease which is a "notifiable disease" as defined in Section 343(1) of the 1936 Act, is restricted to these five diseases (to which the International Sanitary Regula-

tions at present apply). The diseases made notifiable by the 1968 Regulations and the provisions of the public health enactments to be applied thereto are set out in Schedule 2.

(f) The powers of a medical officer of a district to vaccinate contacts of persons suffering from smallpox have been extended to other diseases.

(g) All documents relating to notifications are to be treated as confidential.

(h) The powers of a local authority to require a person to stop work, in order to prevent spread of infection, are extended to permit action in cases of food poisoning.

The Regulations specify measures which may be taken by a local authority in relation to typhus and relapsing fever (Schedule 4) and in relation to food poisoning and to typhoid, paratyphoid and other salmonella infections, amoebic and bacillary dysentery, and staphylococcal infections likely to cause food poisoning (Schedule 5).

As provided in both schedules, the Council authorised the medical officer of health generally to issue any notice on its behalf under either of these schedules in relation to any particular case if in his opinion it is immediately and urgently necessary for him to do so for the purpose of preventing the spread of infection.

The Public Health (Fees for Notifications of Infectious Disease) Order, 1968

By this Order under Section 50 of the Health Services and Public Health Act, 1968, the notification fee is increased to 5s. 0d. from 1st October, 1968. This fee for each notification certificate received applies to medical practitioners other than those serving in the forces to whom, as previously, no fee is payable.

The Public Health (Ships) (Amendment) Regulations, 1968

These Regulations came into operation on 15th October, 1968, and extend the definition of "ship" in the Public Health (Ships) Regulations, 1966, to include hover vehicles, to which those Regulations will accordingly now apply.

The total number of Infectious Diseases notified was 829. However, 2 cases were not confirmed thus giving a corrected figure of 827 compared with 2,888 for the year 1967. This decrease of 2,061 is almost entirely accounted for by the biennial fluctuation in measles notifications.

Particulars of age groups, by sex and districts, are shown in the table given in the Appendix.

Exclusion from work

From time to time it is necessary 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".

Circular 30/68

This Circular issued by the Ministry of Health states that the Minister has been consulted by local authorities from time to time about the respective scope of application of Section 41 of the Public Health Act, 1961 and Part III of the Fourth Schedule to the Public Health (Infectious Diseases) Regulations, 1953. It appears to the Minister that, with the operation of the Act and Regulations of 1968, the provisions of Section 41 of the Act of 1961 as respects notifiable diseases should be invoked only in relation to the following diseases :—

(a) Diseases defined as notifiable under the amended definition contained in Section 47 of the Act of 1968 :—

Cholera, plague, relapsing fever, smallpox and typhus.

(b) Diseases to which the provisions of Section 41 are applied by Schedule 2 to the Regulations of 1968 :—

Acute encephalitis, acute meningitis, acute poliomyelitis, anthrax, diphtheria, dysentery *(amoebic or bacillary)*, infective jaundice, leprosy, leptospirosis, measles, paratyphoid fever, scarlet fever, tuberculosis, typhoid fever and whooping cough.

Where action is required to secure the exclusion from work of food handlers suffering from diseases or conditions not specified above, the Minister is of the opinion that the powers contained in Schedule 5 to the 1968 Regulations should be invoked.

The Minister has also been consulted from time to time about the application of Section 41 to a person whose place of work is in a different local authority area from his place of residence. The Minister's view is that this Section empowers a medical officer of health to exclude from work a person who either resides in his area but works elsewhere or who works in his area but resides elsewhere. It is of course a matter for the authorities to decide in the individual case which should undertake responsibility for applying Section 41. However, the Minister would, for example, consider it reasonable that the notice to discontinue work, from which compensation flows, should be issued by the medical officer of health for the area in which the person is employed if, as would normally be the case, the hazard to public health arose at the place of work.

National Insurance Act, 1946

Regulation 3(*b*) of the National Insurance (Unemployment and Sickness Benefit) Regulations, 1948, made under the above Act, enables any person excluded from work under the foregoing provisions 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.

Any sickness benefit would of course be taken into account when compensation is made to a person for the loss occasioned by his exclusion from work.

No action was necessary during the year under review.

International Certificates

The International Sanitary Regulations, as amended, which replaced the International Sanitary Conventions on 1st October, 1952, prescribe *inter alia*, forms of International Certificates of vaccination against Cholera, Smallpox and Yellow Fever. In May, 1965, the World Health Assembly agreed upon a new form of vaccination certificate for Smallpox, the use of which became compulsory on 1st January, 1967. This new form is set out in Schedules 4 and 5 to the Public Health (Aircraft) Regulations, 1966, and the Public Health (Ships) Regulations, 1966, respectively.

To be valid each certificate must bear an approved stamp which certifies that the signature of the Vaccinator is that of a practising medical practitioner.

During the year 4,020 certificates of persons proceeding abroad were so authenticated, of these 3,464 were in respect of Smallpox, 345 Cholera, and 211 for Typhoid.

Immunisation and Vaccination

Regulation 9 of the Public Health (Infectious Diseases) Regulations, 1968, provides that a medical officer of health may vaccinate or immunise, without charge, any contacts or possible contacts of a case of infectious disease now to be notified (other than tuberculosis) who are willing to receive such treatment.

Smallpox

No cases were notified during the year, but a number of contacts were reported arriving in the Borough from abroad and these were kept under surveillance for the requisite period.

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 primary vaccinations carried out in the Borough during 1968 was 2,431, 2,039 under Council arrangements and 392 by general practitioners, the total indicating a rise of 81 over the previous year. Figures for re-vaccination were 59 and 117 respectively.

Measles

The normal biennial fluctuation was evident in the number of cases notified during the year which fell from a total of 2,345 in 1967 to 312, the figure for the current year.

Only 8 cases, 2 of whom were non-resident, were removed to hospital. There were no deaths recorded.

The evolution of a safe, effective measles vaccine and its acceptance universally for treatment of vulnerable groups promises results similar to those obtained with regard to smallpox and diphtheria which have virtually eliminated them from the community.

Our measles vaccination scheme commenced in May of the current year and, although this is a measles "low" year, the total number of notified cases, viz. 312, is exceptionally small which may indicate that our scheme is already producing beneficial results.

During the year, a total of 4,054 children were vaccinated against measles, 3,264 in accordance with Council arrangements and 790 by local general practitioners.

Scarlet Fever

There were 108 notified cases in 1968, two of which were not confirmed. The total of 106 shows an increase of 31 over that of the previous year.

Two cases were admitted to hospital but there were no deaths.

Whooping Cough

The 120 notified cases registered in 1968 show a decrease of 43 from those of the previous year.

Eight cases were removed to hospital and no fatality was recorded.

With regard to prophylaxis, two children received a combined antigen (whooping cough and diphtheria) and a further 3,174 received a triple antigen (whooping cough, diphtheria and tetanus) giving a final total of 3,176 whooping cough immunisations carried

out during the current year. Of these, 547 were effected by local general practitioners who were also responsible for giving 465 reinforcing doses out of a total of 2,556.

Diphtheria

No case was registered for the year under review, a result similar to that of the previous year.

During the year, 3,665 primary immunisations were completed in the Borough of which 581 were effected by general practitioners. Most diphtheria immunisations which are given form part of a combined antigen therapy and, in addition to these primary treatments, some 6,966 reinforcing doses were given, 782 of which were carried out by local doctors.

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 and Acute Influenzal Pneumonia

Altogether 59 notifications were received up to 30th September, 1968, compared with a total of 32 for the year 1967.

Twenty-eight cases received hospital treatment, and 2 deaths were recorded.

Typhoid

No notification was received this year, a similar return to that for 1967.

Erysipelas

Ten cases were notified up to 30th September, 1968, compared with 8 for the previous year.

Dysentery

This disease is usually characterised by diarrhoea, fever and, to a lesser extent, vomiting. Although modern methods of treatment are effective and usually 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.

There were 49 confirmed cases in 1968, a total which shows a decrease of 39 from the figure of 88 for the previous year.

Two of the 12 cases who received hospital treatment were resident outside the Borough. No fatality was recorded.

Puerperal Pyrexia

Of the 72 cases notified up to 30th September, 1968, 33 were in respect of hospital patients whose residences were outside the

Borough. In 1967 there was a total of 102 cases registered which included 25 non-residents in hospitals within the Borough.

Seventy cases were nursed in hospital and the remaining 2 cases at home. There were no fatalities.

Acute Meningitis

Four cases were notified in 1968 compared with 3 in respect of meningococcal infection during the previous year.

Each case was removed to hospital but there were no deaths.

Acute Encephalitis *(Infective or Post-Infectious)*

Compared with two cases of the post-infectious type notified during 1967, there were no notifications received during the current year.

Ophthalmia Neonatorum

There were 2 cases notified during the year under review compared with 13 for 1967.

Poliomyelitis

The sole case notified was of the non-paralytic type in respect of a non-resident. No case was recorded during 1967.

Completed primary poliomyelitis inoculations carried out during the current year numbered 3,830, 555 of which were by general practitioners. Reinforcing doses totalled 3,959, again with 537 being given by general practitioners.

Tetanus *(prophylaxis)*

During the year, 3,658 persons were protected against tetanus and 6,830 reinforcing doses were given, both being part of combined antigen therapy. Of these treatments, 580 and 781 respectively were effected by general practitioners.

Malaria

One notification was received in 1968 in respect of this disease which was contracted abroad. The patient was a member of H.M. Forces and was admitted to hospital subsequent to his return from Nigeria. There was a nil return for 1967.

Leprosy

No case was recorded during the current year compared with one for the previous year.

Infective Jaundice

This disease became notifiable from 15th June, 1968. During the remaining period of the year 28 cases were so notified.

Ten cases were admitted to hospital, 3 of whom were non-resident, and there were no deaths recorded.

Tuberculosis

There were 63 notifications during the year and, of these, 46 were of the pulmonary type and 17 non-pulmonary, i.e. tuberculosis

of parts of the body other than the lungs. From sources other than formal notification there were 4 cases, 2 of the pulmonary type and 2 non-pulmonary. Of the pulmonary cases, one was posthumously notified and the other was derived from the death returns whilst both non-pulmonary cases were posthumously notified. In 1967 some 46 pulmonary and 10 non-pulmonary cases were notified giving a consolidated figure of 56.

Although not always essential, disinfection was offered and carried out in 13 cases including 14 rooms. An additional 8 premises involving 40 rooms were disinfected as a result of Council housing transfers.

During 1968, some 2,373 Greenwich school children and students received B.C.G. vaccination under the direction of School Medical Officers. A further 297 contacts were also vaccinated.

The number of notified cases of tuberculosis remaining on the Register at 31st December, 1968, was as follows :—

PULMONARY					NON-PULMONARY				
Men	Women	Children		Total	Men	Women	Children		Total
		M	F				M	F	
502	333	7	10	852	36	35	3	5	79

CHEST CLINIC REPORTS

Greenwich Chest Clinic

I am indebted to Drs. P. Forgacs and D. G. Wraith, Consultant Physicians at the Greenwich Chest Clinics, for the following Report:

"Fifteen new cases of pulmonary tuberculosis were notified during the year. This includes 11 males, of whom 7 were over the age of 40, and four females. There were 7 cases of non-pulmonary tuberculosis, 3 males with tuberculosis glands and 4 females with tuberculosis of the spine, tuberculous cervical lymphadenitis and cervical glands, respectively. Eleven patients were transferred in, including two children, 6 and 9 respectively.

Thirteen ante-natal patients have been X-rayed but none was found to have active tuberculosis. Some 137 contacts of persons with tuberculosis, or children with positive Mantoux tests and their parents were X-rayed, two were found to have active tuberculosis, in one case a brother and the other an uncle. Twenty-two children with positive tuberculin tests were referred to us from school but none was found to have active disease. Because their tuberculin tests were negative, 73 children and young adults were given B.C.G. inoculation.

In the course of the year there was a total of 7,483 attendances at the Clinic. These include new tuberculous patients and tuberculous contacts previously mentioned as well as the follow-up supervision of many oldstanding tuberculous patients and the 2,012 who were referred for X-ray only. Other chest conditions which were referred to the clinic for investigation included bronchitis, asthma, carcinoma and many of these patients were kept under supervision. A total of 5,745 X-ray units were taken. On the Welfare side, both supportive and financial help was given to many patients. Their financial needs were met from Care Committee funds and also from outside sources."

Woolwich and Brook Chest Clinics

I am also indebted to Dr. A. MacManus, Consultant Physician at the Woolwich and Brook Chest Clinics for the following Report:

"There has been no change in the pattern of Chest Clinic work in 1968.

The total attendance at the Clinic for the year was 7,011 of which 1,325 were new patients.

Thirty-three new cases of Pulmonary Tuberculosis were notified during the year, of these 14 were men of whom 11 were over 40, and 11 females of whom six were over the age of 40. There were eight children under the age of 15.

Ten cases of Non-Pulmonary Tuberculosis were notified, which included four men, three women and three children. Two posthumous notifications were received during the year.

The number of notified cases of Tuberculosis on the Register on the 31st December, 1968, was 679.

Two hundred and twenty children and young adults were given B.C.G.

Three hundred and fifty-six contacts of patients with Tuberculosis were examined. Six of these were found to have active Tuberculosis, five under the age of 15 and one adult.

Ninety-nine Mantoux positive school children attended the Clinic for X-ray, but no case of Pulmonary Tuberculosis was found.

The number of patients with bronchitis and cancer of the lung shows no sign of decreasing, while the list of allergic diseases is growing rapidly.

Our Occupational Therapist conducts a diversional therapy class at Maxey Road Chest Clinic. She also visits our housebound patients in their homes and provides them with interesting and profitable hobbies."

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, in addition to attendances at regular sites, short visits covering public and factory surveys (with attention to special groups in each category) 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, 1968

PART I.—**GENERAL ANALYSIS**

	Men	*Women*	*Total*
(*a*) Total X-rayed	7,591	2,131	9,722
(*b*) Total previously X-rayed (*within 5 years*)	5,272	1,034	6,306
(*c*) Total number reviewed	253	40	293
(d) Number considered abnormal after review	190	22	212

PART II.—**ANALYSIS OF ABNORMAL FILMS**

	Men	*Women*	*Total*
(1) Cases considered tuberculous and referred for further investigation :—			
(*a*) No further action required	—	—	—
(*b*) Occasional Supervision	1	3	4
(*c*) Requiring close supervision or treatment	6	—	6
(*d*) Still under investigation	—	—	—
(*e*) Refused further investigation	—	—	—
(2) Previously known tuberculous cases	8	—	8
(3) Non-tuberculous cases :			
(*a*) Investigated	29	5	34
(*b*) Still under investigation	1	—	1
(*c*) Refused investigation	—	1	1
(4) Cardio-vascular lesions	24	7	31
(5) Abnormalities requiring no action	121	7	128

ANALYSIS OF SURVEYS

	Numbers Examined			*Cases of Tuberculosis requiring treatment or close supervision*			*NOT Previously Examined (included in first column)* Numbers			Cases		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Public Surveys *(Small)*	—	—	—	—	—	—	—	—	—	—	—	—
Public Surveys—Examination of Special Groups	342	49	385	—	—	—	36	26	62	—	—	—
Regular Site *(Woolwich)*	2,103	1,233	3,336	1	—	1	858	730	1,588	—	—	—
Firms—Routine	1,170	275	1,445	3	—	3	953	155	1,108	2	—	2
Firms—S.S. Visits	3,287	33	3,320	1	—	1	111	14	125	—	—	—
Colleges, Schools Hospitals, etc.	689	541	1,236	1	—	1	361	172	533	1	—	1
Homes, Lodging Houses, etc.	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	7,591	2,131	9,722	6	—	6	2,319	1,097	3,416	3	—	3

NON-TUBERCULOUS CASES

	Men	*Women*
Carcinoma of bronchus	2	—
Carcinoma of prostate	1	—
Mesothelioma of pleura	1	—
Pulmonary artery agenesis	1	—
Rheumatoid lung	1	—
Fibrosis	2	—
Calcification of pleura	1	—
Pneumonitis	8	4
Chronic bronchitis and emphysema	1	—
Pleural effusion	3	—
Bronchiectasis	1	—
Retrosternal goitre	1	—
Hiatus hernia	2	—
Fractured rib with callus	1	—
Bulla	1	—
Abnormalities of diaphragm	2	—
	29	4
Refused investigation	—	1
	29	5

Food Poisoning

During the year, 73 cases were notified of which one was not confirmed. The 72 cases were investigated with the following results :—

No. of Cases	Organism (*if known*)	No. of Hospital Cases	Remarks
13	*Staphylococcus pyogenes*	—	Six cases occurred in two families. No particular food or person suspected.
10	*Salmonella typhimurium*	3	In two cases a dessert powder preparation was suspected but verification was not possible. Otherwise no particular food suspected.
3	*Salmonella 'B' infection*	3	Three individual cases involving babies. A milk powder food was suspected in two cases but verification was not possible. The remaining case was a non-resident.
1	*Salmonella thompson*	—	Recently returned from abroad but no particular food suspected.
1	*Salmonella indiana*	—	No particular food suspected.
1	*Salmonella enteritidis*	—	Mixed grill suspected but verification was not possible.
1	*Salmonella dublin*	1	No particular food suspected.
1	*Salmonella panama*		No particular food suspected.
1	Salmonella .... *bredeney*	—	Recently returned from abroad but no particular food suspected.
40	No organisms detected	9	In a general outbreak involving 8 cases, cottage pie was suspected. Six cases occurred in three families and the remaining 26 were individual cases. Various foods were suspected but in no instance was it possible to verify.
72	TOTALS	16	

Local Morbidity

I am indebted to the Regional Controller of the Department of Health and Social Security (London South Region) for the follow-

ing statistics relating to claims for sickness and industrial injury benefits during 1968.

Local offices of the Ministry of Social Security concerned mainly with the London Borough of Greenwich are those located at Deptford, Eltham and Woolwich. Regions covered by these offices are, unfortunately, based upon postal districts and not upon local authority areas but, nevertheless, for most practical purposes the figures quoted are reasonably representative of the Borough's morbidity, subject to the following considerations :—

(a) Figures refer to new claims only—they do not indicate the current "live load" which includes a good deal of long term sickness.

(b) Figures relate only to persons insured for sickness benefit. Sickness, therefore, in children, the aged, the non-employed and "exempt" married women is not included.

(c) Injury benefit figures relate to all employed persons.

New Claims to Sickness and Industrial Injury Benefit Year Ended 31st December, 1968

		Sickness Benefit	*Injury Benefit*
Quarter ended 26.3.68	Deptford	6,861	271
	Eltham	8,942	393
	Woolwich	8,623	358
Quarter ended 25.6.68	Deptford	4,054	265
	Eltham	5,071	328
	Woolwich	5,020	329
Quarter ended 24.9.68	Deptford	3,854	257
	Eltham	4,496	362
	Woolwich	4,538	360
Quarter ended 17.12.68	Deptford	4,782	300
	Eltham	6,255	346
	Woolwich	6,122	375
	Totals:	68,618	3,944

SECTION IV

PERSONAL HEALTH AND RELATED SERVICES

After a century or more of health visiting, sanitary improvement and social advancement, hazards to infant life arising from environmental factors such as malnutrition and communicable disease have, for all practical purposes, been mastered.

In this almost self-satisfied and euphoric atmosphere there is a real danger that the present fashionable concentration of resources on social security and welfare could be at the expense of the furtherment of health. It must be said that, however great the contribution of environment to man's welfare and the advances in services for his medical treatment, this is not enough. Indeed, even as long ago as 1910, a writer commented upon the fact that "every improvement of environment has lowered the death rate and increased the net birth rate of the unfit".

Despite Abraham Lincoln's dedication to the proposition that *"all men are born equal"* history and experience have established beyond doubt that this is not so. Inheritance of creative skill and imagination, powers of memory, intelligence, courage, physical prowess and proneness or resistance to disease, etc., all point to the falseness of such a proposition.

Biologically, we are a balanced community in that, as individuals, we have all received our genes from a common group of antecedents. In certain circumstances, this balance is disturbed, namely, by mutations arising from radiation or chemical factors, by emigration or immigration, by survival from disease attacks as determined by genetic constitution and from "selectivity", etc. Generally, like attracts like and over generations the genetically well-endowed mate with others equally endowed, with the converse also being true. This "natural" selection inevitably leads to a stratification of society where the tendency is for tallness to beget tallness, smallness to beget smallness and intelligence to beget intelligence, etc. This could hardly have been put better than in the 19th century adage which runs *"If you wish to live to a healthy old age you should choose your parents wisely"*.

Every new infant inherits factors upon which its health and the quality of its future life will largely depend and it is within this field that the greatest benefits to mankind will eventually be found.

If supportive services are not to become financially too onerous, an early solution to the problem of prevention of mental or physical impairment seems imperative. In the meantime, rapid and accurate ascertainment of handicap is essential if congenital disabilities are to be contained or for medical interference to produce its most beneficial effects.

With regard to genetic endowment there is a moral responsibility in certain instances for the community to provide not only general information but family planning and genetic counselling and a similar responsibility rests with parents to balance their family in accordance with this advice to ensure minimal handicap to their offspring.

Already detection of abnormality in early pregnancy is a distinct possibility, and it is likely that discovery of an aberration in this way may well give rise, within the next decade, to an offer of abortion as a routine procedure. Naturally, this will raise ethical problems for both parents and community alike, but it is the duty of a health authority to seek to avoid, wherever possible, the perpetration of gross evils consequent upon parental choice. Nevertheless, whatever the outcome of advice and deliberations, it should be the firm resolve of all authorities to ensure that the social, psychological and environmental climate is such that each individual is enabled to develop its own inherited potentialities to the fullest extent.

Against the present background of changing attitudes and patterns of behaviour there can be detected, among responsible people, an increasing demand for planned families and for fewer rejected children. This insistence on healthy, successful family life has, *inter alia*, stimulated the development of reliable oral contraception which now enables family planning to take its rightful place in society and thereby to make its full contribution to the reduction of genetic hazard.

In the confusion of present and incipient reorganisation of medical services, the role of the local health authority cannot remain unaffected. Fortunately, in the field of paediatrics, this offers greater opportunities for the more recently formed associations of health visitors and general practitioners to improve upon the early identification and referral rates with regard to congenital defects.

Inevitably, times change and we must change with them. It is unfortunate but the present state of flux in the hospital, medical and health services generally is leading to some uncertainty about the health visitor's future status.

It would be as well to remember that of all local authority officers, the health visitor has had the earliest and probably the greatest impact on child and family. Indeed, it is largely the results of her efforts that our maternity and child welfare services have reached and maintained such a level of efficiency and popularity. Her specialities of child and family health, covering as they do almost 100 years of progress, embrace more than a modicum of psychology and social science, a fact which is often obscured under a plethora of new professional disciplines which have burgeoned during the past two or three decades. If, following reorganisation, closer integration of school and local health services results then substantial advantages could accrue by employing the health visitor's talents to establish continuity of child and family care up to school-leaving age. In such a situation I am confident that problems of mental cruelty and child rejection by eccentric or personality-defective parents would be considerably reduced.

New Legislation

Health Services and Public Health Act, 1968
(Child-Minders and Private Day Nurseries)

From November 1st, 1968, Section 60 of the Health Services and Public Health Act, 1968, extended the scope of the Nurseries and Child-Minders Regulation Act, 1948.

This section requires local authorities

(i) to register premises other than those used wholly or mainly as private dwellings in which children are received to be looked after for a period of two hours or more in the day (or an aggregate of two hours) instead, as hitherto, for "a substantial part of the day"; and

(ii) to register a person who for reward looks after one or more children under the age of five years, to whom she is not related, for two hours in the aggregate in any day or for any longer period not exceeding six days. *(Previously, registration was necessary only if the number of children exceeded two from more than one household and they were received for the day or a substantial part thereof.)*

The Council is now empowered

(i) to fix the maximum number of children to be received by a child-minder *(previously the maximum fixed included other children already in the house)*;

(ii) to refuse to register premises because of the condition of the premises or equipment, or for any reason connected with the situation, construction or size of the premises, or with other persons in the premises;

(iii) to refuse to register a person on account of the condition of the equipment in her premises, or of the situation, construction or size of the premises;

(iv) in registering a person for the care of children in her own home, to make requirements concerning the number, qualifications and experience of the people who are to look after the children, the safety and maintenance of the premises where the children are received and the equipment therein, the arrangements for feeding the children, the diet they receive and the keeping of records of the children; and

(v) to authorise officers to enter the homes of registered persons *(previously it was necessary to seek a warrant authorising entry).*

Section 60 also increases the maximum penalties for offences (failure to register or breach of requirements). The maximum fine for a first offence is raised to £50 and for a subsequent offence the penalty is imprisonment for up to three months, a fine not exceeding £100, or both such imprisonment and fine.

General

The work of the Child Health Centres, which have steadily maintained their service to the community, still consists of supervision of the normal development of young children and includes early detection of abnormalities of development, provision of facilities for immunisation and vaccination against infectious disease, giving advice concerning the measures necessary for the promotion of family health and specialised advice regarding the management and feeding of infants and children.

Emphasis in recent years has been moving from the recognition and treatment of gross physical defects to the more difficult skills of recognising "at risk" situations and potential and impaired development, particularly in the mental health field. Good emotional development in the early stages of life are the main preventive health aims of the present day. Breakdown in mental health is the most costly item in the Health Service budget and this reason alone is sufficient to make it one of our major priorities, not to mention the priceless value of stable relationships and emotional security in the sum total of human happiness. Some 3,174 children in the 0-5 age group made 68,656 attendances during the year.

Other work in the Health Centres which is also designed to promote the health of the community, continues to flourish and in this respect 1,490 women attended the local authority ante-natal clinics. A further 7,610 attended the General Practitioner Obstetrician ante-natal sessions held in Centres throughout the Borough.

Immunisation programmes for the year have resulted in 8,398 children receiving completed courses, 3,351 children immunised against measles (vaccine for which was not available until May) and 9,665 children receiving booster doses.

Work of the Health Visitors in the Chest Clinics does not decrease although the pattern of disease is altering. Much of the home visiting is to terminal cases of cancer where the help and support of the patient and the family at this time is our first concern.

Chronic bronchitis is a crippling disease demanding Health Visitors' time for family support and patient encouragement. Follow-up of the patients' contacts in the control of tuberculosis is the major factor in the prevention of disease and here, also, the Health Visitors use tact, persuasion and patience in the successful implementation of this service.

Staff

Five student Health Visitors successfully completed their course and were appointed to the staff in September.

Two Health Visitors and one School Nurse retired, and eleven Nurses left. Two Physiotherapists left and a new senior Physiotherapist was appointed.

Four new Health Visitors and ten Nurses were appointed during the year.

Despite these staff changes, the services ran more easily and the staff were not so hard pressed as last year. With nine student Health Visitors in training, we look forward to an even more progressive year in 1969.

Ante and Post Natal Clinics

These clinics, provided by the Council at its Welfare Centres, are under the supervision of the Council's Medical Officers or General Practitioner Obstetricians and they serve as centres where midwives can book and examine their patients and where facilities are offered for certain routine investigations.

Figures given in the table following indicate the use made by residents of these clinics. Total attendances for the current year continue to show some reduction from those of 1967 which are given in brackets :—

No. of Women in Attendance :	Ante Natal	1,490	
	Post Natal	495	
		——	1,985
Total No. of Attendances made			6,368
			(6,889)
No. of Sessions held by :			
Medical Officers		53	
Midwives		—	
G.P.s on Sessional Basis		190	
Hospital Medical Staff		327	
		——	570
General Practitioner Obstetricians			
No. of Sessions held			622
No. of Attendances :	Ante Natal	7,610	
	Post Natal	614	
		——	8,224
			(9,366)

Preparation for Childbirth

There were 692 Psychoprophylaxis and Mothercraft sessions held throughout the Borough and a further 50 evening sessions were available for prospective fathers who wished to take advantage of the opportunities offered by the Health Visitors to prepare them for the responsibilities ahead. Attendances attracted to these various activities during the year were 2,573, 2,757 and 785 respectively.

Following each class there was a talk and discussion with appropriate demonstrations.

Selection of Women for Hospital Confinement

It is obvious that the number of emergency hospital admissions can be reduced by the correct booking of place of confinement in accordance with certain criteria. The following tables are included to indicate the degree of success of the selections made in the Greenwich area during 1968. They serve also as a reminder of the need for persistent effort to ensure hospital delivery for women in the high risk groups.

Of all women having their confinement at home in the Borough having had 4 or more previous children, namely, 13, almost two-thirds (8) were 35 years of age or more and clearly belonged to a high risk category for whom delivery in a consultant maternity department with full facilities is constantly urged.

Live Births by Age and Parity of Mother and by Place of Occurrence

Parity of Mother	Place of Deliv'y	ALL AGES	AGE OF MOTHER						
			Under 20 yrs.	20 to 24 yrs.	25 to 29 yrs.	30 to 34 yrs.	35 to 39 yrs.	40 to 44 yrs.	45 and over
0	(a)	1,080	197	529	232	92	26	4	—
	(b)	76	16	40	14	4	2	—	—
	(c)	22	3	14	4	1	—	—	—
	(d)	3	1	2	—	—	—	—	—
1	(a)	548	36	198	179	83	43	9	—
	(b)	79	7	32	24	15	1	—	—
	(c)	257	11	121	94	28	2	1	—
	(d)	6	—	3	3	—	—	—	—
2	(a)	267	—	62	74	74	44	13	—
	(b)	45	1	12	13	12	5	2	—
	(c)	175	1	64	62	39	9	—	—
	(d)	2	—	1	1	—	—	—	—
3	(a)	162	—	18	70	43	23	7	1
	(b)	18	—	4	6	6	2	—	—
	(c)	94	—	14	40	28	10	2	—
	(d)	—	—	—	—	—	—	—	—
4	(a)	82	—	4	19	29	25	5	—
	(b)	10	—	1	3	3	1	2	—
	(c)	19	—	1	6	7	4	1	—
	(d)	1	—	—	1	—	—	—	—
5—9	(a)	105	—	—	15	36	36	15	3
	(b)	7	—	—	—	5	2	—	—
	(c)	13	—	—	2	3	7	1	—
	(d)	—	—	—	—	—	—	—	—
10—14	(a)	1	—	—	—	1	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
15 & over	(a)	—	—	—	—	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
Illegit.	(a)	272	101	99	33	23	13	3	—
	(b)	27	6	13	3	3	2	—	—
	(c)	28	2	10	10	4	2	—	—
	(d)	5	1	4	—	—	—	—	—
TOTAL	(a)	2,517	334	910	622	381	210	56	4
	(b)	262	30	102	63	48	15	4	—
	(c)	608	17	224	218	110	34	5	—
	(d)	17	2	10	5	—	—	—	—

(a) N.H.S. Hospitals.
(b) Non N.H.S. Hospitals (Mainly Maternity Homes).
(c) At Home.
(d) Other.

Elderly Primaparae

Thirty-two mothers over the age of 35 years gave birth to their first viable child all of whom were delivered in properly equipped units or hospitals. This total represents 0.9% of all live births to Borough residents during the current year.

One elderly primapara was concerned with a multiple pregnancy.

Multiple Pregnancies

Multiple pregnancies in the Borough during 1968 numbered 34 (some 1.0% of all pregnancies resulting in live births) of which all were delivered in hospital or maternity home.

Multiple Births by Age and Parity of Mother and by Place of Occurrence

Parity of Mother	Place of Deliv'y	ALL AGES	AGE OF MOTHER						
			Under 20 yrs.	20 to 24 yrs.	25 to 29 yrs.	30 to 34 yrs.	35 to 39 yrs.	40 to 44 yrs.	45 and over
0	(a)	12	2	3	4	2	1	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
1	(a)	6	—	2	—	2	2	—	—
	(b)	1	—	1	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
2	(a)	4	—	1	—	1	2	—	—
	(b)	1	—	—	—	1	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
3	(a)	6	—	—	6	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
4	(a)	2	—	—	—	—	2	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
5—9	(a)	1	—	—	—	1	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
10—14	(a)	—	—	—	—	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
15 and over	(a)	—	—	—	—	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
Illegit.	(a)	1	—	1	—	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
TOTAL	(a)	32	2	7	10	6	7	—	—
	(b)	2	—	1	—	1	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—

(a) N.H.S. Hospitals.
(b) Non N.H.S. Hospitals (Mainly Maternity Homes).
(c) At Home.
(d) Other.

Stillbirths by Age and Parity of Mother and by Place of Occurrence

Parity of Mother	Place of Deliv'y	ALL AGES	AGE OF MOTHER						
			Under 20 yrs.	20 to 24 yrs.	25 to 29 yrs.	30 to 34 yrs.	35 to 39 yrs.	40 to 44 yrs.	45 and over
0	(a)	21	5	14	2	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
1	(a)	4	—	3	1	—	—	—	—
	(b)	1	—	1	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
2	(a)	7	—	3	1	1	2	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
3	(a)	3	—	1	—	1	1	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
4	(a)	1	—	—	—	1	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
5—9	(a)	—	—	—	—	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
10—14	(a)	—	—	—	—	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
15 and over	(a)	—	—	—	—	—	—	—	—
	(b)	—	—	—	—	—	—	—	—
	(c)	—	—	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
Illegit.	(a)	6	1	4	1	—	—	—	—
	(b)	1	1	—	—	—	—	—	—
	(c)	1	1	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—
TOTAL	(a)	42	6	25	5	3	3	—	—
	(b)	2	1	1	—	—	—	—	—
	(c)	1	1	—	—	—	—	—	—
	(d)	—	—	—	—	—	—	—	—

(a) N.H.S. Hospitals.
(b) Non N.H.S. Hospitals (Mainly Maternity Homes).
(c) At Home.
(d) Other.

Midwifery

Throughout the year the useful liaison continued between the Borough and the local hospitals with regular monthly meetings at the British Hospital where the work and individual cases were discussed by doctors and all categories of nursing staff. Clinic services were maintained for General Practitioner Obstetricians to examine their domiciliary cases with midwives in attendance. Appointment systems were in operation and every mother had a full physical examination and blood investigation, blood specimens being examined at the Devonport Laboratory at Dreadnought Seamen's Hospital. As in previous years, the response to the invitation to post-natal examinations remained very disappointing and the current year's total of 495 attendances showed a fall of some 15% from the previous year's total of 584.

Practising Midwives

In accordance with the Midwives Act, 1951, notifications of intention to practise as midwives in the London Borough of Greenwich during 1968 were received from 142 persons. Of these, 124 were in respect of hospital midwives and the remainder, i.e. 18, were from those engaged in the Council's service and included the supervisory staff.

Domiciliary Services

The Borough is divided into 9 midwifery areas, each with a full-time midwife, a further 2 areas having a combined midwife/district nurse. There is, in addition, one relief midwife/district nurse.

During 1968 there were 610 home confinements. In addition there were 58 mothers booked for home confinement, but transferred to hospital due to complications, and 420 patients were discharged from hospital after 48 hours or more. The decrease in home confinements was slightly less than in previous years but there is an increase in patients taking advantage of the "early discharge" scheme (377 during 1967). Owing to the closure of the British Hospital for a short period, due to infection in late December, several hospital patients were delivered at home, the midwifery staff coping very well with this extra work. One innovation during the year was the issue to midwives of a pack containing a tin-foil wrapping for the prevention of hypothermia and the transportation of premature and hypothermic babies to hospital.

Domiciliary confinements during the year declined by 72 to a total of 610 but there was a partially compensating rise of 43 mothers discharged home early after hospital confinement.

Domiciliary Confinements Attended and Hospital Deliveries Nursed at Home

	Doctor Present	*Doctor not Present*
Doctor Not Booked	5	7
Doctor Booked	59	539
Totals	64	546
No. of Hospital Deliveries attended by Midwives on discharge before 10th Day	420	

Domiciliary Confinements by Age and Parity during 1968

Age		*Total confinements*	*Parity*						
			0	1	2	3	4	*5 and over*	*Not known*
Under 20	No.	21	6	14	1	—	—	—	—
	%	*3·4*	*1·0*	*2·3*	*0·1*	—	—	—	—
20-29	No.	450	12	224	149	52	11	2	—
	%	*73·8*	*2·0*	*36·7*	*24·4*	*8·5*	*1·8*	*0·3*	—
30-39	No.	129	2	27	43	35	16	6	—
	%	*21·2*	*0·3*	*4·4*	*7·1*	*5·7*	*2·6*	*1·0*	—
40 and over	No.	5	—	—	1	1	—	3	—
	%	*0·8*	—	—	*0·1*	*0·1*	—	*0·5*	—
Not known	No.	5	—	1	2	2	—	—	—
	%	*0·8*	—	*0·1*	*0·3*	*0·3*	—	—	—
Total	No.	610	20	266	196	90	27	11	—
	%	*100·0*	*3·3*	*43·6*	*32·1*	*14·8*	*4·4*	*1·8*	—

Emergency Obstetric Units

These units, manned by hospital staff, are based at the British Hospital for Mothers and Babies, St. Alfege's, Lewisham, and Dartford Hospitals. They were called upon 16 times during 1968 to aid medical practitioners or midwives who were in need of additional assistance at domiciliary confinements.

Premature Baby Units

Premature babies who require special nursing are transferred to units at the British Hospital for Mothers and Babies or to the Lewisham Hospital. When hospital nursing is found to be necessary for premature babies born in the district and if transport under normal conditions in an ambulance is considered to be undesirable, then a doctor and nurse may be sent from hospital with a mobile incubator to transfer the child.

During the current year it was necessary to transfer two babies to the care of these units. Seven other babies born prematurely in the district were able to be nursed at home.

Domiciliary Births—Prematurity and Mortality by Birth Weight

Weight	Number	Proportion per 100 live premature infants	Deaths in 24 hours		Survivors at 28 days	
			Number	per 100 live premature infants	Number	Per 100 live premature infants
2lb 3oz or less	—	—	—	—	—	—
3lb 4oz or less	1	11.1	—	—	—	—
3lb 5oz to 4lb 6oz	1	11.1	—	—	1	11.1
4lb 7oz to 4lb 15oz	—	—	—	—	—	—
5lb to 5lb 8oz	7	77.8	—	—	7	77.8
All cases	9	100	—	—	8	88.9

Maternity Outfits

In all cases of confinements, other than in hospital, maternity outfits are made available and during the current year some 656 packs were distributed.

Conditions for which Midwives summoned Medical Aid during 1968

(Figures for 1967 in brackets)

During pregnancy

High Blood Pressure	1	(10)
Abnormal Presentation	6	(0)
Persistent vomiting	2	(0)
Pyelitis	3	(0)
Post-maturity	1	(4)

During Labour

Premature labour	6	(9)
Ante-partum haemorrhage	6	(7)
Early rupture of membrane	2	(0)
Delay in 1st stage	3	(4)
Delay in 2nd stage	5	(4)
Retained placenta	1	(6)
Post-partum haemorrhage	1	(4)
Ruptured perineum	52	(45)

During puerperium

For mother—

Thrombo-phlebitis	6	(3)
Pyrexia	21	(11)
Engorged breasts	1	(2)

For infant—

Foetal distress in labour	2	(6)
No movements in 1st stage	1	(0)
Asphyxia at birth	7	(0)
Lethargic and vomiting with albuminuria	1	(0)
Cough and raised temp.	1	(0)
Rectal bleeding	1	(1)
Septic finger	1	(0)
Jaundiced	1	(3)
Oral thrush	2	(0)
Rash	2	(1)
Septic Spots	1	(0)
Sticky eyes	5	(7)

Midwifery Training—Part II

A scheme for the training of midwives is undertaken in co-operation with the British Hospital for Mothers and Babies, with each pupil spending 3 months on the district.

No. of Pupils completing Course during year	20
No. of Pupils in Training at 31/12/68	6
Midwives 1 month Refresher Course on District	2

Refresher Courses

In accordance with the rules of the Central Midwives Board, four midwives attended Statutory Refresher Courses during the year, each of one week's duration.

In addition, midwives were released for courses as under :—

2—Psychoprophylaxis Course
4—Study Day-B.H.M.B.
2—Council for Unmarried Mother (1 day)

Cervical Cytology

The figures for cytology sessions have dropped slightly this year, which is in line with national figures. The response to this service has not been as good as was expected and it is important that the general public are made aware of the advantages of all screening services, and particularly those which will increase the possibilities of early diagnosis of cancer. Fear of what a positive diagnosis will mean is a great deterrent to too many people and it is necessary to encourage confidence that early diagnosis will lead to immediate and successful treatment.

The following statistics indicate the volume and type of work undertaken at the various clinics during the year :—

Clinics	*No. of Attendances*
Rustall Lodge	403
Shooters Hill Road	200
Burney Street	133
Plumstead High Street	221
Market Street	329
Local Firms	338
Total at 31/12/68	1,624

Age Groups	*No. of Attendances*
Under 25 years	96
25—35 years	504
35—45 years	532
45—55 years	366
Over 55 years	126
Total	1,624

Parity

No. with no Children	257
No. with 1 Child	270
No. with 2 Children	454
No. with 3 Children	452
No. with 4 Children	116
No. with over 4 Children	75
Total	1,624

BREAST EXAMINATIONS

No. examined	1,306
No. requiring further examination	12

With regard to carcinoma of the cervix uteri, there were 6 deaths recorded in the Borough during 1968 which gives a rate of 0.03 per 1,000 population. This is similar to the rate for 1967 and it again compares favourably with that for England and Wales, viz. 0.05.

Breast examinations rose over six-fold from 197 in 1967 to a total of 1,306 for the current year. Those cases requiring further examination increased correspondingly from 2 to 12.

Family Planning

When countries have been confronted with declining populations they have considered the matter of such serious moment that national policies have been introduced to encourage procreation. It is noticeable that the same alacrity has been absent when the converse becomes true.

Since the industrial revolution, human and animal muscle power has, progressively and at an ever increasing rate, been replaced by machines. Old relationships between population and group security have changed. Indeed, in a highly sophisticated nation, an increasing population can be considered economically undesirable and in newly developing countries any surplus gained is immediately swallowed up by the ever-hungry mouths and wants of the new-born. Economic advancement in such circumstances must be counted as an illusion.

In civilised nations, increased numbers do not constitute the whole of the problem for the greater the affluence of a society the more claims are made on living space. For instance, the bright prospects of early Utopia promised by an extension of private car-ownership have faded. On the contrary, it is helping to destroy the very freedom it once presaged. More cars mean more roads.

More cars also mean greater mobility. Greater mobility not only leads to a tendency for people to commute to work over longer distances but it also stimulates demands for a second domicile for recreational purposes. Loss of good quality agricultural land becomes inevitable and the need for increased imports of foodstuffs to satisfy growing consumption is a natural corollary.

With improving mortality and no corresponding limitation of births it is true to say that, as a species, we are out of control. Results of such phenomena are more clearly seen on the continents of Africa, Asia and America where, despite prodigious practical and financial assistance, emergent nations are becoming progressively poorer by reason of uncontrolled population growth.

In a consumer society production is primarily a response to demand and to produce without this motivation is to invite disaster. As a nation we devote a great deal of time and effort to this kind of problem but the question of increasing population and its implications has, until recently, received little official attention. Nevertheless, such a problem is far from being theoretical or academic.

There are as many people in Greater and Outer London as there are in the whole of Australia and the capital's high density in many areas must indicate a measure of overcrowding. There is evidence to show that, beyond a certain level, overcrowding produces social breakdown and distorted individual behaviour. With the extension of public health to include social as well as medical and environmental matters, family planning becomes an important element in preventive medicine.

Medical interest in family planning has, traditionally, been confined to the minority of cases where there has been clinical contra-indications to further pregnancy and, in general terms, such projects have been left largely to non-medical voluntary bodies.

However, the introduction of the Family Planning Act in June of the current year marks a first but vital legislative step taken by government in recognising the importance of population control in the life of the nation. Inherent in these measures is the emancipation of women from enforced motherhood and a reduction in the numbers of unwanted and illegitimate children is a likely bonus.

I am indebted to Harold Pring, Organising Secretary of the South East London Branch of the Family Planning Association for the following account of his association's activities in this Borough during the year ended 31st March, 1969.

"The Council of the London Borough of Greenwich decided to implement the National Health Service (Family Planning) Act, 1967, as from 1st April, 1968, and to use the Association as its agents for this purpose.

The terms agreed with the Association were that

(a) No fees would be charged to any patient for medical advice and examination;

(b) No charges would be made for drugs and appliances supplied to patients where a further pregnancy would be detrimental to health, and

(c) That charges would be made for drugs and appliances supplied, except in necessitous cases.

The loss of income to the Association consequent upon no fees being charged would be met by means of an underwriting grant of £10,000. Thus the Association's costs would be guaranteed, but by the same token they would forego the possibility of making a surplus, as in the past, which would be used in discharging their charitable function in other parts of the country.

Put another way, it meant that the action of the Council removed the need for charity in Greenwich and thus the Association had no such function to discharge in the Borough.

The free advice was greatly appreciated by the women attending the clinics and they were the best means of making the new service known. The consequence was a large increase in the number of women seeking contraceptive advice and, it is hoped, a corresponding decrease in the number of unwanted births.

This increased attendance placed a great strain on the existing clinics and it was necessary to increase the session times and to open one new clinic.

At Abbey Wood the clinic time was increased from 2 hours each week to 3 hours every other week.

At Charlton Lane an additional session was opened on Tuesday afternoons, and at Garland Road additional sessions are held on Tuesday afternoons in the 2nd and 4th weeks each month.

A new clinic was opened at Shooters Hill and filled up so rapidly that it has now been necessary to make an application for an additional evening session.

In the realm of purely preventive work the special clinic at the Plumstead Reception Centre has continued to prove its worth. Many of the residents there, already suffering from the effects of their fecundity not being matched by their financial resources, were

rehoused at Barnfield Gardens. In an effort to prevent them again falling by the wayside, a subsidiary clinic was established there. No charges of any kind are made at either of these clinics.

The result of the increased demand is reflected in the following figures for 1967 and 1968 :—

	1967	*1968*
Total number of patients attending	2,812	3,209
Local authority and hospital referrals	210	247
Family doctor referrals	206	264
Cytology smears	321	419
Pre-marital advice	137	221

The figures for 1968 include of course only 9 months of working under the new arrangements but indicate that there is an upward trend.

The Association are well aware of the need for economy in the present financial climate and have thus striven for the most efficient use of the resources available to them. They cannot, of course, limit the demands upon their services but by careful "housekeeping" feel they have succeeded for the time being in keeping the costs of meeting those demands within the available funds.

But they cannot limit the rising costs either and these include substantial increases in doctors' and nurses' fees agreed by the National Whitley Council and paid as from 11th November, 1968. These increases will be reflected in a whole year's working in 1969, and it may well be necessary in due course to ask for more funds."

Abortion

Since the operation of the Abortion Act of 1967, i.e. from 27th April to 31st December, 1968, there have been 22,256 abortions notified throughout England and Wales, 13,609 (61%) from N.H.S. hospitals and 8,601 (38.9%) from "approved" places.

Some 1,233, equivalent to 5.5% of the country's total, were notified in the S.E. Metropolitan Regional Hospital area and of this total 217 or 17.7% were forwarded from "approved" places. The proportion of single women included in this figure was 8% and 2.8% were in respect of women under the age of 20 years. Nulliparous women formed almost 3.1% of all abortions carried out in the S.E. Metropolitan Regional Hospital area.

Of the S.E. total, an average of 15.5% of women were aborted before the 9th week and 31% after thirteen weeks gestation period. Dilatation was the usual method of termination being responsible for 45% of all cases treated, abdominal hysterectomy and vacuum aspiration forming 32% and 17% respectively of the total.

Congenital Malformations

Congenital malformations probably constitute today's greatest challenge to paediatrics and most advanced countries are seeking to discover the aetiologies, the first step to which is the recording of the various conditions.

The following tables give information regarding malformations notified to the department during 1968 compared with those returned for England and Wales in 1967.

Congenital Malformations

(Numbers Notified According to Site)

Site	No. Notified	Rates per 1,000 Total Notified Births	
		Greenwich 1968	England & Wales 1967
All Sites	88	25.99	20.00
Central Nervous System	18	5.32	4.68
Eye, ear	5	1.48	0.61
Alimentary system	8	2.36	2.22
Heart and great vessels	2	0.59	0.84
Respiratory system	2	0.59	0.20
Uro-genital system	11	3.25	1.55
Limbs	30	8.86	6.92
Other skeletal	4	1.18	0.44
Other systems	3	0.89	1.34
Other malformations	5	1.48	1.22

NOTE:—*This table indicates the number of malformations NOT the number of children.*

Congenital Malformations Notified During 1968

	GREENWICH				% E & W 1967
	Live	Still	Total	%	
Babies with					
One malformation	48	3	51	*76.1*	85.8
Two malformations	10	3	13	*19.4*	10.5
Three malformations	2	—	2	*3.0*	2.5
Four malformations	—	—	—	—	0.7
Five or more malformations	—	1	1	*1.5*	0.5
Total babies	60	7	67	*100.0*	100.0

These malformations are notified to the Department and summaries are forwarded to the Department of Health and Social Security in accordance with the scheme which has been in operation since January 1st, 1964. We are grateful for the co-operation of all doctors and midwives working in the Borough for their help in providing these statistics. It must be appreciated that the diagnosis of some congenital malformations causes difficulties during the neo-natal period.

Compared with 1967 there was a slight increase in the percentage of infants who had two co-existing congenital malformations and there was also an increase in the number of children with defects of the urogenital system, but otherwise there was a decrease in the number of notified congenital abnormalities.

Anencephaly—Of all the malformations recorded, most research has been carried out in respect of anencephaly perhaps because this is a condition which is easily and reliably identified. Statistics with regard to this defect, therefore, tend to reflect the true position.

In Greenwich, the 1968 rate for 1,000 total notified births was 1.73 compared with a figure of 1.47 for England and Wales and 1.30 for the South East Region for the year 1967.

Mongolism—This is another reasonably easily identified defect with a local rate for 1968 of 0.89 per 1,000 total births. Rates for England and Wales and the South East Region for 1967 are 0.72 and 0.71 respectively.

"At Risk" Register

The well-established scheme continued for the regular review of all infants at risk of developing mental or physical handicaps These infants were detected from notifications received from all midwives. As in 1967, approximately one-third of all infants born to Greenwich residents were found to be "At Risk", but the majority developed normally and most were removed from the Register at the end of the first year or eighteen months of life when development was found to be satisfactory. During 1968, there were six infants on the "At Risk" Register, who were observed because they were at risk of becoming *"battered babies"*.

At the end of 1968 there were 2,280 children listed compared with 1,869 in 1967 and 1,486 in 1966.

Handicapped Register

At 31st December, 1968, the number of children under five years of age assessed as either physically or mentally handicapped and who may require special education was as follows :—

Spina Bifida	11
Limb Deformity	6
Visual Defects	11
Hearing Defects	17
Dual Handicap	30
Other Physical Handicaps	484
Mentally Retarded	90
	649

These statistics indicate an increase of 28% in the number of handicapped children living in Greenwich compared with the total for 1967.

The Register is under regular surveillance so that the child and its family are assured of all necessary support and plans can be made for future needs. In this context some preliminary discussion has taken place with officers of the Housing Department about the future needs of the severely physically handicapped child who will require special accommodation if he is to live successfully at home with his family. Statistics will be provided to give some indication of the number of such families in the Borough so that this may be borne in mind when building programmes are decided.

Towards the end of the year, further plans were made to incorporate the "At Risk", Handicapped and eventually the Deaf Register into a Combined Observation Register. This is a mammoth task and could not be attempted previously due to shortage of medical and other staff. In December, 1968, an additional Medical Officer joined the Department for clinical duties and she is also undertaking the establishment of this comprehensive register. Experience indicated that the supervision of handicapped children was quite efficient despite the division of registration, but the new Register will enable statistics to be obtained with greater ease.

Deaf Register

(Including Partially Hearing)

The Register of deaf and partially-hearing children was continued during the year and will be combined ultimately with the Observation Register, although follow-up will continue to be the responsibility of a Medical Officer and the social workers *(Personal Health Services).*

At the end of 1968, the Register numbered 165 children, of whom 151 were over the age of 5 years and 14 were pre-school children. There were additions of 8 pre-school children and 10 school-children to the Register and a number were removed on leaving school. A selected few deaf school-leavers were introduced to social workers *(Welfare Services)* if they were thought to be in need of assistance and support in obtaining and keeping employment and managing their lives successfully.

DEAF REGISTER — *31st December, 1968*

	Under 5 yrs.	*Over 5 yrs.*	*Total*
No. of Children on register	14	151	165
No. of Children with hearing aids	11	59	70
No. of Children attending Deaf Schools or Partially Hearing Units	—	37	37
No. of Children attending other Special Schools	—	13	13
Deletions from Register during 1968 (including 9 removals from Greenwich, 7 discharged as normal, and 5 left school).			21

Home Nursing

The overall number of visits made by District Nurses during 1968 increased by 17,772 and the number of new cases by 501.

Increased visiting was due partly to the higher number of new cases and partly to the increasing number of terminal cases needing three and four visits daily and heavy cases needing two nurses.

Increase in New Cases

Considering that the general trend over the past few years has been towards a slight decrease in the number of new cases, the current increase of 501 new cases needs careful analysis.

Some 466 more new cases were referred by General Practitioners, 118 more new cases by Hospitals and 2 more new cases were referred by Geriatric Visitors, while there were 10 less referrals from Clinics and 75 less direct referrals to the District Nurses

One of the main reasons for the increase was due to better communications and co-operation resulting from the District Nursing Staff working with the General Practitioners on a group practice basis.

Seven more liaison schemes were started during 1968, making eight altogether, and the District Nursing Staff involved prefer this method of working for this enables them to use the skills for which they have been trained. They are able to give a better

service to the patient because from the outset they have more knowledge of the patient's background and previous medical history and they have direct access to the General Practitioner for consultation and exchange of ideas.

Out of 2,385 new cases, 1,091 (46%) came from the 22 General Practitioners involved in the attachment scheme and 1,250 treatments were given to patients in the surgery by the District Nurse.

The number of areas was increased to 43 during 1968 and, of these, the average case-load per District Nurse was 40 for the eight District Nurses in group practices and 26 for the remaining 35 areas. Average monthly visits remain at 350-380 per District Nurse, which is high.

Recruitment, though improving at the end of 1967, remained slow and, on two occasions, nurses from a private nursing agency were employed for several months.

The District Nursing Service has never reached the establishment of 65 full-time staff and, with the increase of new cases and visits, the Service was maintained with the greatest difficulty. It was only the loyalty and hard-working capacity of the staff which made this possible. The average number of staff working throughout the year, excluding holidays and sickness, was 48 full-time.

Sources from which New Cases were Referred

General Practitioners	2,585
Hospitals	908
Clinics (Chest, Ante Natal and Diabetic)	38
Geriatric Visitors	106
District Nursing Service	333
	3,970

Classification of New Cases	No. Cases	%
Medical	3,237	81.5
Surgical	551	13.9
Maternal Complications	128	3.3
Early Maternity Discharges	13	0.3
Tuberculosis	29	0.7
Mental Ill-health	12	0.3
Total	3,970	100.0

Patients and Visits

Total number of Patients	4,470
Total number of Visits	203,042
Average number of Visits to each Patient	45

Long Term Cases

Patients Nursed for 3 months or more *(equivalent to 6% of all cases nursed)*	265

Type of Treatment and where effected

Treatment	At Patients' Homes	Elsewhere (e.g. Nurses' Homes)	Total	%
Injections only	43,580	887	44,467	22
Injections plus other treatment	7,745	44	7,789	4
Other Treatment only	150,457	329	150,786	74
TOTALS	201,782	1,260	203,042	100

Age Distribution of Patients

Age Group	No. of Patients	%
0 to 4 years	55	1.2
5 to 64 years	1,621	36.3
65 years and over	2,794	62.5
Total	4,470	100.0

District Nurses—Full-time equivalent *(including Reliefs and Students)* 48

Marie Curie Day and Night Nursing Service

Duties undertaken in the Borough by this organisation involved the services of a night nurse for 31 patients, while a further 38 patients received help in other ways, such as the provision of fuel, clothing and extra nourishment.

Woolwich and Plumstead Relief in Sickness Fund

In accordance with this scheme 3 patients were provided with the services of a night nurse and 892 received financial help and assistance in the provision of linen, clothing, toilet necessities, special equipment, extra nourishment and fuel, etc.

Training

During 1968, twelve State Registered Nurses successfully undertook the District Nursing Certificate and, at the end of the year, one S.R.N. was still in training.

Refresher Courses

Arrangements were made for ten District Nursing Sisters to attend refresher courses as under :—

1—Three-month Obstetric Course.
5—Day Release Course for 4 weeks.
4—One-day Release Course.

Observation Visits

These were made by an Assistant Hospital Matron and a Nursing Sister from Austria to study District Management, one medical student from Middlesex Hospital and 40 female and 8 male student nurses from local hospitals.

Home Help Service

Some difficulties in recruitment were experienced during the year in all areas of the Borough. At the end of 1968 the equivalent of 314 full-time Home Helps were employed and the table below gives an account of the duties undertaken.

Type of Case		No.
Aged 65 years or over on first Visit in 1968		3,293
Aged under 65 years on first Visit in 1968 :		
Chronic Sick and Tuberculous	310	
Mentally Disordered	25	
Maternity	102	
Others	327	
	——	764
Total Cases		4,057

Family Aids

The pilot scheme introduced during 1966 whereby home helps, designated "family aids" were attached to family caseworkers employed to give intensive help to families who, for various reasons, were unable to benefit from the normal supportive social services, proved very successful and was continued during the current year.

Child Help Courses

Ten Child Helps attended a week's "in service" training held from 1st to 5th April inclusive and 9 Child Helps were given a one-day refresher course in June.

Health Visiting

Services were continued on similar lines to those of previous years and the following table summarises the visiting carried out during 1968:—

NO. OF CASES VISITED BY HEALTH VISITORS

Children born in 1968	3,571	
Children born in 1967	3,963	
Children born in 1963/66	7,828	
		15,362
Persons aged 65 years and over		47
Persons aged 65 years and over *(visited at special request of G.P. or Hospital)*		18
Mentally Disordered Persons		16
Mentally Disordered Persons *(visited at special request of G.P. or Hospital)*		2
Persons Discharged from Hospitals other than Mental *(excl. maternity cases)*		125
Persons Discharged from Hospitals other than Mental *(excl. maternity cases) (visited at special request of G.P. or Hospital)*		108
Tuberculous Households Visited		7
Households Visited re Other Infectious Diseases		58
Total Effective Visits and Re-visits		44,873
Unsuccessful Visits		10,513
Health Visitors—*Full-time equivalent*		34.05
T.B. Visitors and T.B. Health Visitors—*Full-time equivalent*		6.0

Co-operation with Hospital Departments

There was no change in the attendance of Health Visitors at the Diabetic Clinic at Greenwich District Hospital and the Paediatric Clinic at the Memorial Hospital.

Problem Family Index

Many disciplines contribute to the care of inadequate families, particularly where there are special problems, but the Health Visitors maintain a constant link with them, assessing the needs and bringing in the special help as it is required.

Frequently, the basis of all the practical difficulties lies simply in the inability of the father to get up in the morning to face the day ahead and to get to work at the proper time. This inability to deal with life is the automatic consequence of a lack of drive and an absence of anxiety.

In order to achieve anything other than a cabbage-like existence, each person must have an enabling drive of anxiety. It is when this drive is excessive that it becomes a crippling feature of the personality requiring psychiatric help. Conversely, when it is absent or when the needs of existence fail to move the person to the normal actions of maintaining life at maximum potential, then inadequacy is noticed.

This year the Health Visitors have been supporting 160 families who have 308 children under five years of age and who, for one reason or another, fail to support themselves and their families without some assistance, usually both financial and moral.

Surveys

CHILDHOOD CANCERS—The survey undertaken by the Department of Social Medicine at Oxford University continues to receive assistance from Health Visitors and a Medical Officer who visits parents after careful preparation. These parents are always very willing to help in the Study and usually indicate that the opportunity to discuss their child's illness has been helpful. For the purposes of this Study, twelve families were visited during the year.

SPINA BIFIDA—*Spina Bifida* (split spine) is a developmental fault which seems to occur more often in first-born children. Functions of the nerves below the split are absent or impaired. Legs are paralysed, there is lack of bladder and bowel control and often the infants develop hydrocephalus as a result of obstruction of the circulation of the cerebral fluid. If, within hours of birth, surgery is used to close the back wound, deformity is minimised and risk of further nerve damage reduced. Hydrocephalus can often be controlled by the insertion of a valve to drain excess fluid from the brain thereby allowing intelligence to develop normally. Orthopaedic surgery can help alleviate limb and spine deformities and, in case of incontinence, operations to divert the urine to an opening in the abdomen can, with special appliances and appropriate teaching, assist children to manage their disability.

At the close of the year 1966, a survey into children with *spina bifida* was launched by the G.L.C.'s Research and Intelligence Unit with a view to ascertaining those still living at 30th September, 1966, and their various types of disabilities, etc. Furthermore, it is intended to study annually all children born with this malformation between 1st April, 1967, and 31st March, 1969, with a view to computing survival rates and discovering the kind of educational problems which will be met with in the future.

A full report on this survey is expected by the end of 1969.

In earlier days, 95% of all affected infants died but, with the modern surgical treatment during the first 24 hours, nearly 75% make a partial or full recovery and, of these, one half can be expected to develop normally.

Because of changes in the Registrar-General's classification since 1963 accurate statistics are difficult to come by but it has been

estimated that, at present, there are some 2,500 children under 5 years of age in England and Wales with *spina bifida* and that approximately 1,250 infants are notified each year.

During 1967, the rate of notification of *spina bifida* in England and Wales was 2.51 per 1,000 total births compared with 2.14 for S.E. England and 0.82 for Greenwich. The Borough rate for 1968 was 1.16.

Health Visitor Training

Health Visitor training continues under the agreed revised rules submitted by the Council for the training of Health Visitors to the Minister in 1965 in accordance with Section 2 of the Health Visiting and Social Work (Training) Act, 1962.

Field Work Instructor Courses

Two Health Visitors attended the primary 2-week Course arranged by the London Borough's Training Committee. This brings the total number of Field Work Instructors in the Borough to ten.

Psychoprophylaxis Course

Four Health Visitors and two Midwives attended weekend courses arranged by the National Childbirth Trust enabling them to teach psychoprophylaxis to expectant mothers.

Refresher Courses

Three Health Visitors were able to attend refresher courses during the year arranged by the Royal College of Nursing and the Health Visitors' Association.

Two School Nurses attended a Refresher Course at Canterbury University and 4 attended Introductory Courses arranged by the London Boroughs Training Council.

Student Health Visitors

During 1968, the Borough sponsored nine students to the 1968/69 Health Visitors' Course.

Five previously sponsored students successfully completed their training in 1968.

Other Courses and Conferences

Some 14 District Nurses, 6 Midwives and 2 Health Visitors attended short courses or conferences. Two Health Visitors and a Nursing Officer attended the Institute of Laryngology and Otology for Audiology Teaching and 3 Nursing Officers were able to take part in Conferences and a Seminar during 1968.

Observation and Other Visits

Greenwich continues to carry the increasing burden of introducing nursing and medical staff and visitors from other disci-

plines to the work in the field. Student nurses come into the field for observation visits throughout their training and this year we have provided experience for them as follows :

1st Year students	76
2nd Year students	48
3rd Year students	123
Preliminary Training	133
Pupil Nurses	99
Miller Hospital in assorted groups	156
Total	635

In addition, the Nursing Officers give a course of two or more lectures to each group and, in 1968, these totalled 38.

Health Education

During the year, a health education committee consisting of health visitors and school nurses continued to meet every month and, with the help of the Health Education Officer, made out a programme of topics for the year. Posters and leaflets were selected to support the topic chosen for the month and, if no suitable material was available, the Health Education Section with ideas from this committee, were able to fill the gap. This committee also reviewed new films, leaflets and posters and assessed their suitability for use in the health visiting and school health fields.

All Health Visitors and those School Sisters who have attended a special teaching course make an increasing contribution in the field of formal health teaching, that is to say that they give prepared talks or lectures to special groups, in the clinics, schools, hospitals and to private groups of all kinds. A total of 296 sessions was held in school and 78 were held elsewhere.

This work in the field of improving communication, knowledge and understanding of all matters that relate to happy, healthy living is our insurance for the future. The mental and emotional stability of the people of this country must be given a chance to catch up on the improved physical health that the accelerated improvement in scientific knowledge and modern research has brought in the last two decades.

Child Welfare Clinics

From the early part of the century when child welfare was the field of the voluntary bodies and the problems were mainly those of malnutrition and insanitary conditions, to the present day highly organised local authority services, there has been a gradual change in emphasis of functions and purposes. Today, close liaison

with paediatricians and general practitioners is a feature of the modern approach with the aim of detecting at the earliest possible moment, physical and mental handicaps in order that suitable action may be taken and, where necessary, for special arrangements involving medical and education problems to be planned.

Statistics for 1968 relating to Child Welfare Clinics are given in the following table:—

Attendances		
No. of Children born in 1968	3,174	
No. of Children born in 1967	3,574	
No. of Children born in 1964/66	4,102	
	——	10,850
Sessions held by :—		
Medical Officers	290	
Health Visitors	292	
G.P.s on Sessional basis	1,866	
Hospital Medical Staff	—	
	——	2,448
No. of Children referred elsewhere		358
No. of Children on "At Risk" Register 31.12.68		2,280

Day Nurseries

The Lewisham Day Nursery, in which Greenwich was allocated 10 places in 1965, is no longer able to take new cases for Greenwich and we have now only 4 children in that Nursery. All 4 children are supported by only one parent—in one case an unmarried mother and in another case a father who has been deserted by his wife.

St. Thomas's Private Day Nursery in Woolwich continues to give places to children when specially requested to do so. At present 4 children attend who were placed by the Borough for social reasons and the cost of the places is subsidised according to assessment.

At the present time there are no handicapped children attending the Nursery, although medical opinion does frequently advise Nursery placement for handicapped children so that they may benefit from the opportunities provided by the group situation.

Occasional Créche Service

Since the last Annual Report an additional créche has opened, so that there are now four sessions weekly throughout the Borough, enabling children to be cared for while their mothers undertake

visits to hospitals, etc. The nominal charge is abated when necessary, and no charge is made to any mother who uses the service when attending hospital.

Adoption, Foster Parents and Boarding Out

Adoption

One of the most serious social problems of the country today (although happily of no great moment in this Borough at present) is the difficulty experienced in the assimilation into society of coloured immigrants in order that hostility and discrimination may be avoided.

A corollary to this situation, which is becoming progressively more important, is that of the settlement of children of differing racial origins who, for various reasons, are deprived of a family life.

Responsibility, generally, for the placement of these children rests with Adoption Societies and with Children's Departments and, for most adopters, there is an obligation, under Section 3 of the Adoption Act, 1958, to notify the local authority of their intention to adopt.

Health Visitors are often in close contact with such children and in some instances their records are of considerable value to the Medical Officer when his observations are sought by the various agencies concerned with adoption.

Foster Parents

In accordance with the Boarding Out of Children Regulations, 1955, the department's observations are also sought with regard to foster homes listed by the Children's Department into which children have been placed by the Children's Officer in the course of his duties.

Boarding Out

On the recommendation of the Chest Physician, arrangements can be made for the boarding-out of children exposed to infection in their own homes or whose parent or parents are receiving residential treatment for tuberculosis and cannot arrange for the care of their children. Similar arrangements can be made to enable segregation to be achieved during immunisation with B.C.G.

Unsupported Mothers

Unsupported mothers were put in touch with Moral Welfare Workers who, in most cases, arranged for admission to a Mother and Baby Home during the ante natal period.

Following confinement, most mothers returned to the Mother and Baby Homes, some rejoined their families while others preferred to find lodgings. Occasionally, mothers requested the Children's Department to arrange for the adoption of their babies. However, where the mother wished to rear her child, every assistance was given by the health visitors with priority admission to a Day Nursery or recommendation to known child minders.

During 1968, 134 women contacted the undermentioned Moral Welfare Organisations in Greenwich:—

Southwark Catholic Children's Society	12
Southward Diocesan Association	122

Compiled from information supplied by the Registrar-General and the G.L.C., the following table gives the total number of illegitimate births in the Borough during the current year and indicates the numbers and ages of mothers seeking advice and assistance:—

Illegitimate Births	*Ages of Mothers*	*Number Seeking Help*
3	Under 15 years	—
107	15—19	66
126	20—24 years	57
46	25—29 years	10
30	30—34 years	—
20	35 years and over	1
—	Not known	—
332	TOTALS	134

Of the total of 134 women seeking help some 11 or 8.2% were already pregnant on their arrival in London.

Rehabilitation of Mothers

On occasions mothers become anxious about breast feeding difficulties or are confronted with infant dietetic troubles. In suitable cases arrangements can be made for mothers of young children to be sent (with or without their children) to a recuperative centre for a residential course in mothercraft. For these purposes the Council makes use of the Violet Melchett Mothercraft Unit and the normal period of training ranges from four to six weeks. A weekly charge is made according to the financial circumstances of the parents.

The services of this organisation were not made use of during the current year.

Mothers' Clubs, etc.

Mothers' Clubs are flourishing in three of the Council's welfare clinics and between them they held 66 sessions attracting 437 attendances. A further 642 attendances were made to 42 sessions of sewing clubs during 1968.

The profound need for these groups arises from the present-day pattern of life which takes the woman out of the home and encourages her to seek the status of wage-earner as well as the husband. The advent of a family today is merely a temporary phase, sometimes of only a few years, when the mother spends her time at home with the children before returning to fields where her earning talent lies.

At first, this period at home with small infants can be strange and lonely. Frequently her own mother as well as her friends are all working, so she has no-one to talk to, nothing to do but household chores and nothing to look forward to but interminable years of boredom. The gregarious world in which she lived prior to her pregnancy has ill prepared her for the domestic life and she may become deeply disturbed. These clubs provide her with an opportunity to meet other women in an identical dilemma and an opportunity to create a fresh life with her contemporaries in intellect and interest.

Four other such clubs called "Home Advice Groups" are organised by the Greenwich Council of Social Service, two of these also being held at Borough Welfare Centres.

Co-ordinating Committee

This Committee was established to ensure that full use is made of the preventive and other services, both statutory and voluntary, to avoid the break-up of families and to prevent the neglect or ill-treatment of children. It consists of representatives from the Health and Welfare, Children's and Housing Departments, the Inner London Education Authority and the Housing Department of the Greater London Council. When necessary representatives from other statutory and voluntary bodies are invited to attend.

During 1968 the Committee met only twice. This is a reflection of the fact that the field level and housing case conferences have so improved teamwork within the statutory and voluntary services that the need for such meetings has been correspondingly lessened.

The Committee considered the report of the sub-committee they had set up during 1968 to explore what further help could be given in those areas where problems seem to multiply and it recommended that a five-year project should be established to explore

the possibilities of using community workers on certain housing estates. It is hoped that 1969 will see the project established. It is interesting to note that the recommendations of the sub-committee anticipated the recommendation in the Seebohm Report on the use of community workers.

STATISTICS

Number of Co-ordinating Committees	2
Number of Intermediate Case Conferences	12
New Cases	12
Old Cases	11
Number of Housing Case Conferences	37
New Cases	197
Old Cases	65
Number of Conferences at Homeless Family Unit	14
New Cases	34
Old Cases	30
Total New Cases discussed	243
Referred by:—	
Borough Council	
Children's Department	6
Health and Welfare Department	31
Housing Department	114
Other Agencies	
I.L.E.A.	3
G.L.C. Housing Department	86
Department of Health and Social Security	—
Hospital	1
General Practitioner	1
Family Service Unit	1
	243

Family Caseworkers and Family Aid

During 1968 another family caseworker returned from a Mental Health Course, having qualified as a psychiatric social worker. It is more and more noticeable that, as staff return professionally qualified, the quality of the service offered to the public improves. This worker now supervises the work of the less trained, thus allowing a more senior worker to concentrate on the needs of the homeless family units. Our real need is for more highly qualified and experienced staff to deal with the inadequate, non-coping families who either come into the homeless family units or who need help in their own home to prevent them becoming homeless

or breaking up. Such staff are in short supply. The family case-workers have concentrated this year on helping families who have been rehoused after a period of homelessness.

Mrs. Waight, our family aid, still continues to be of great assistance to families and helps to relieve social workers in all fields of time-consuming support. During this year families have been referred to her by the Mental Welfare Service, the Children's Department and the Inner London Education Authority. She works under the supervision of a psychiatric social worker.

The employment of a Family Aid has proved to be worthwhile and it is hoped that, when the economic situation eases, more Family Aids can be employed.

Welfare Foods

Resulting from the closure in 1954 of the local offices of the Ministry of Food, distribution of National Welfare Foods was undertaken by the London County Council. This responsibility has now passed to the new London Borough of Greenwich and under the Ministry of Health Scheme the following foods and nutrients are sold at regulated prices from all the Council's Welfare Centres:

National Dried Milk
Cod Liver Oil
Vitamin "A" and "D" Tablets
Concentrated Orange Juice

In addition to these, a number of proprietary foods are sold at special prices and manufacturers co-operate in providing "welfare" packs. This service has continued to expand and, as new products become available and are felt to be valuable dietary additions for young children, they have been included for sale.

Recuperative Holidays

Under Sections 22 and 28 of the National Health Service Act, recuperative holidays are provided for mothers and young children, for the prevention of illness and for care and after care. Similar holidays are provided under a School Health Services scheme for children attending school. These holidays are intended to furnish rest, fresh air and good food but not medical or nursing attention.

There was an increase in the number of recuperative holidays provided during 1968, mainly due to a greater number of patients with respiratory diseases and psychiatric illness being recommended for the Service. Such holidays are especially valuable in maintaining the health of those suffering from these conditions.

A summary of the use made of these facilities during 1968 is given in the following table:—

Type of Case		No.
Adults :		
Psychiatric		14
Tuberculous		13
Other Adults		104
Expectant and Nursing Mothers		3
Other Mothers		14
Infants :		
Accompanied	21	
Unaccompanied:		
Aged 0-1 year	—	
Aged 1-2 years	—	
Aged 2-5 years	4	
	—	25
School Children :		
Accompanied	12	
Unaccompanied	106	
	——	118
Total Holidays		291

Child-Minders and Private Day Nurseries

Voluntary

Under the National Health Service Act, the Council provides a service of approved child-minders who, in return for their willingness to submit to supervision and the Council's requirements, receive a registration fee of 6s. 0d. per week whilst minding a child.

Children under the age of 5 years who do not attend school can be accepted into a minder's home for daily care, the charges for which are matters for agreement between the minder and the child's parents. Under existing arrangements no child-minder is permitted to care for more than two children at any one time and those who desire to take more than this number are required to register as statutory child-minders under the Nurseries and Child-Minders Regulation Act, 1948, and are not eligible for registration fee.

Statutory

Any person who intends to undertake, for payment, the care in her own home of more than two children under 5 years of age from more than one household and to whom she is not closely related, or to open a private day nursery must apply beforehand to the local health authority for registration under the Nurseries and Child-Minders Regulation Act, 1948. Registration is only necessary when payment is made for these services.

Such applicants are visited in their own homes by a Medical Officer and Nursing Officer in order that the suitability of the minder and the premises may be assessed before any recommendation for registration is made to the Council.

At the end of 1968 the following child-minders and premises were registered for these purposes :—

National Health Service Act, 1946

No. of Child-Minders Registered	81
No. of Places or Children Minded	118

Nurseries and Child-Minders Regulation Act, 1948

No. of Premises Registered :

	Factories	—	Places —
	Other	13	Places 301
No. of Child-Minders Registered :		35	Places 198

Compared with 1967, when there were 446 places for children requiring day care (excluding those in the Lewisham Day Nursery) 617 places were available at December 31st, 1968.

Health Services and Public Health Act, 1968

Section 60 of this Act amends the Nurseries and Child-Minders Regulation Act, 1948, and 1st February, 1969, is the date laid down by the Minister by which all child-minders and premises must be registered in accordance with more stringent regulations.

In the meantime, the new legislation has caused a considerable volume of work in the Department for all applicants for registration are visited by a Health Visitor and a Public Health Inspector.

Stringent conditions laid down in the Act involve such matters as general sanitary arrangements (including safe methods of heating the premises), means of escape in case of fire, suitability of accommodation, etc. All reports are eventually scrutinised by senior medical and nursing staff before an appropriate recommendation is made to the Health Committee.

With few exceptions, child-minders and day nurseries known to the Department have provided a satisfactory service to the mothers and children of Greenwich but the stricter regulations now introduced will undoubtedly enable local authorities to prevent children falling into the care of unsuitable persons in unfavourable premises. It is highly desirable that children under the age of five years, who are particularly vulnerable to a poor environment, should receive the optimum physical, mental and emotional care that can be provided.

Registration of Nursing Homes

In accordance with Part VI of the Public Health Act, 1936, Part III of the Mental Health Act, 1959, and the Nursing Homes Act, 1963, registration and inspection of nursing homes is a responsibility of the local health authority.

Under existing legislation there is only one nursing home registered within the Borough and this provides accommodation for 19 persons as under:—

	Number of Beds		
Nursing Home	*Mental*	*Maternity*	*Others*
Lady Edith Marsh Nursing Home, 14 St. German's Place, S.E.3	—	—	19

Chiropody Services

During the year, clinical chiropody in the Borough has seen the attendances fall from the 1967 figure of 42,916 to the current total of 41,719 and the number of new cases from 1,559 to 1,546 although, in both instances the 1968 totals were in excess of those for 1966.

Extracts from the 1968 Report of the Council's Chief Chiropodist, Mr. K. Reeve, are given below:—

"This decline in attendance is likely to continue into next year, consequent upon the serious reduction in staff occurring at the end of the year, due to retirements, marriages, etc., and with recruitment at a standstill.

Although inadequate remuneration must be held to be the main factor in this situation, it is considered important that conditions and facilities should be of such good standard as to attract the young chiropodist and offer the opportunity of continuing the application of all skills pertaining to the profession and, particularly, the more modern developments in our field.

To this end, efforts have repeatedly been made to obtain a room, or subdivide existing rooms in one clinic to provide a centre for the manufacture of appliances. It has been shown elsewhere that the use of durable materials in the manufacture of appliances and prostheses can lead to a justifiable extension of the period between attendances, besides being more desirable in suitable cases, reducing the need for adhesive dressings and enabling normal foot hygiene procedures to be carried out without hindrance. To introduce this system on an effective scale requires centralisation and space devoted to the essentials for economic production.

The goal seems as far off as in previous years, yet the limited number of appliances made under far from ideal conditions has given a pointer to the savings that could be effected in the long term, making the greatest use of a depleted staff, and giving maximum benefit to patients, especially those whose deformities predispose to painful conditions which curtail their mobility, thus creating further physical and social problems."

Bathing Centre—Tunnel Avenue

A chiropody clinic established at Tunnel Avenue Bathing Centre in September, 1963, for the treatment of cases (mainly geriatric) brought to the Centre for bathing services, was continued during the current year.

Chiropody Treatment during 1968

No. of Chiropodist Sessions				5,463
Attendances :				
Children 0- 4 years		13		
5-14 years		213		
			226	
Males 15-64 years		2,951		
65 years and over		5,382		
			8,333	
Females 15-59 years		11,352		
60 years and over		21,808		
			33,160	
Total Attendances				41,719
No. of New Patients				1,546

Domiciliary Chiropody

Requests for domiciliary chiropody are referred to the Greenwich Council of Social Service which makes all the necessary arrangements. Most of these cases tend to be geriatric types and close liaison is maintained by this organisation not only with the Senior Public Health Officer but also with the Chief Chiropodist.

During 1968, some 2,668 domiciliary treatments were effected in respect of 631 persons.

DENTAL TREATMENT

(Maternity and Child Welfare)

F. ELSTON, L.D.S., R.C.S.Eng., the Chief Dental Officer, reports :—

"Subsequent to two annual reports on the background and urgent necessity of an effective dental service for the priority classes, the report for 1967 used statistical evidence of local findings to present the true picture.

In 1968 we were able to obtain a more detailed assessment by extending the sample surveyed into greater numbers. The figures for the age groups of 4-5 years and 5-6 years respectively, presented as an appendix to my report on the school dental service, confirm that the situation remains unaltered when viewed against the background of larger numbers examined. As repeatedly stated dental disease is largely preventable. Whilst this applies to all age groups, both in children and adults, prevention is easiest in the young child. As the child becomes more independent with age, parental influence on dietary and hygienic habits decreases. In the young child, however, preventive dental measures are far more under parental control and the prevalence of dental disease is directly proportionate to the active steps taken by parents in this direction. It is therefore extremely important for all preventive information to be placed at parents' disposal at the earliest possible stage.

With this in mind, steps were taken in 1968 to couple the child's third birthday physical examination with an introductory dental inspection in a surgery and a simultaneous interview with the mother. This pioneer scheme was carried out in only one centre in order to gather experience and information prior to expansion into other centres in the Borough. Results have been most encouraging and the case for expansion has been established.

The question of expansion is closely linked to the previously discussed question of dental manpower at our disposal. The Maternity and Child Welfare Act of 1918 asked local authorities to provide medical care for nursing and expectant mothers and for pre-school children. Dental care for these groups was to be supplied by the staff dealing with the school children. This was not obligatory, however, until Section 22 of the National Health Service Act made it a duty of local authorities to arrange for the care of the priority cases. Subsequently the Ministry of Health laid down that a satisfactory service would be one that provided for (a) the examination of every expectant and nursing mother and (b) the periodical examination of all pre-school children seeking

such service outside the general dental services provided under the Act and that this was to be followed by any necessary treatment. Of a local authority dental officer's time, not less than 9% is to be devoted to the care of mothers and pre-school children and, as previously stated, this percentage is considerably short of the full-time equivalent of one dental officer. We are therefore faced with the serious question whether to invite expansion of demand without being able to cope with consequent treatment or whether to concentrate what resources are available on the school population to the detriment of the priority classes which are in equal, if not greater, need of effective early preventive treatment than the school child. Although the compromise decision giving the fullest possible service to the younger school child has been stated elsewhere, this in no way detracts from our acute consciousness of the inadequacy of the service at both extremes of this age group. The problem therefore simply hinges on how far the resources of the service can and ought to be stretched without decrease in overall effectiveness.

Statistical analysis of treatment during 1968 shows a marked increase in total attendances and treatment output per session but it would be unrealistic to view this as a substantial increase of the impact the service has made on the community as a whole.

Although the statutory requirements quoted define the scope of the service, there are other aspects of community dental care which must not be ignored, namely, the mentally handicapped, the non-ambulant old people and children in the authority's care in training centres. Whilst the needs of the latter may be satisfied within a future school dental service, their care meanwhile is assured from a different source but the problems of the other two groups remain. We have to face the fact that the introduction of a geriatric dental service cannot be entertained until all other problems are solved. Bearing in mind the unknown factors regarding adults in training centres, I examined, in 1968, the trainees at the Blackwall Lane and Park Vista training centres. The findings, which were statistically analysed, revealed a fairly serious situation. It would seem that treatment, in the first instance, should be via the general dental services provided under the National Health Act but, with the I.L.E.A.'s consent to the use of school dental service facilities subject to certain conditions, a further avenue is opened for cases untreatable in general dental practices. However, dental health education and supervision are now established.

Without retrogression, the dental service for mothers and children during 1968 was maintained despite the considerable gap between what the community needs and what we have been able to give it."

Statistical Analysis—1968

ATTENDANCES

	1968	*1967*
First Visits	315	*172*
Subsequent Visits	511	*466*
TOTAL VISITS	826	*638*
Emergency Patients	36	*26*

TREATMENTS

No. of Treatment Sessions	81.5	*84*
Total No. of Teeth Treated	584	*489*
(a) Mothers :		
No. and percentage—		
Filled	48 = 90.6%	*37 = 86.0%*
Extracted	5 = 9.4%	*6 = 14.0 %*
(b) Children :		
No. and percentage—		
Filled	439 = 99.8%	*397 =100.0%*
Extracted	1 = 0.2%	*Nil*
Prophylactic Treatment	250	*179*
Patients X-rayed	14	*36*
Dentures	3	*2*
General Anaesthetics	—	—
All Other Operations	91	*45*

SECTION V

COMMUNITY CARE

It is now the pattern of society that a man no longer furnishes from his own resources all those services which he and his family require to live a full and satisfying life. Instead, he is prepared to pay for many of these services to be provided by specialists employed by the community as a whole and it is right and proper that he should have some voice in their operation.

Naturally, the optimum size of a community for any specific service is open to reasoned argument but, even so, it is possible that different services require different levels of population for their efficient and economic performance. In addition, there is the fact that the historical, traditional and conventional influences serve to cloud the issues. As a result, what ought to be a simple but effective system for the provision of these services tends to become a complicated, abstruse and, on occasions, forbidding and distant colossus.

Although, following the publication of a bewildering array of official reports such as the Mallaby, Maude, Seebohm, etc., local authorities, generally, have been galvanised into activity, it is as well to remember that a number of forward-looking authorities had already begun to examine their organisations some considerable time before these reports made their appearance.

In particular, the need for a realignment of the health, welfare and social services in Greenwich was apparent from the time of the inauguration of the new Borough and this fact has been stressed in each of my reports since. In all fairness, therefore, Greenwich cannot be justly accused of "jumping the gun" in this respect.

Broadly speaking, it should be the aim of local government to satisfy the social needs of the local community and so improve the quality of its life. However, when one considers that local authorities are bound by statute to provide certain services and to constitute certain committees and appoint certain officers because central government reserves the right to prescribe certain standards of personal and environmental standards for the citizen at large, one can realise what a difficult task this has now become. Where to a greater extent the local authority is allowed discretion, it finds itself circumscribed by economic and fiscal restraint. Even more confusing, to authorities and staffs alike, must be the sequence of policy changes brought about by this financial stringency.

Indeed, the difficult non-statutory progressive steps in community medicine, once the hallmark of an "*avant garde*" authority, are becoming even harder to take and there is a tendency for authorities to "conform" to a standard not necessarily of the highest quality.

Successful planning, especially of community services, must be built around sound economic, statistical and social knowledge. This involves an accurate assessment of resources in which due regard must be had to the availability of various skills for, clearly, schools cannot function without teachers nor clinics without doctors and nurses. Furthermore, it is of the utmost importance to determine the extent to which future resources have already been mortgaged for if future policies are to remain in balance, they must progress *pari passu* with the amount of "new" money becoming available and with the attainable increase in trained personnel. But, above all, success will come only after a period of stability.

Unhappily, prospects of such a period of stability in the immediate future are far from promising. Government plans for the health services are awaited with trepidation and the uncertainty created can hardly be beneficial to these services as a whole. A great deal of the uncertainty arises from the fact that, despite emphasising the inseparable nature of health and social welfare, Seebohm has proposed a dichotomy of these very services. Lord Amulree, in stating that "a medical or health element is present in most problems that confront the social workers", has intimated that the health and social professions cannot, with reasonable success, function in isolation and a recent Nuffield report showing that 50% - 70% of referrals to "child guidance" were from medical sources supports this contention.

Leaving aside the question of increased administrative costs involved in separate establishments, what would be required of a worker in a future unified domiciliary team founded to provide comprehensive integrated health and family welfare services? Ideally, if one could start *de novo*, this officer would be a complete social worker able to administer to the whole of a family's needs and training could be geared to this re-orientation. Naturally, the period of training would be prolonged and this is unlikely to be received enthusiastically without evidence that a well-paid career would be the end result.

Today, most social workers would claim that they had chosen their particular profession because they feel and know that it is the only vocation for them, i.e., child care, health visiting, geriatrics, mental health, handicapped, etc. This is not to say, however, that they would be incapable of undertaking work in other fields if

given the opportunity but, unfortunately, as with most people, aversion to change tends to be directly proportional to maturity.

There has always been a substantial element of social science in all health and welfare services but, nowadays, as a separate subject for study and discussion it has become extremely fashionable and it cannot be denied that its *practical* application is a most important factor in modern life. It could, however, be to the nation's detriment if it were to supplant the active pursuance of health in its degree of priority especially at a time of financial stress.

Admirable though an increase in qualified social workers of all types would be, with the prospect of a growing case-load of elderly and handicapped persons, the immediate necessity seems to be for more practical workers to make beds, to clean up homes, to shop, to drive a car and physically help these groups according to their needs. While sailing in the Bosporus on the way to serve in the Crimean War and in reply to a nurse's question "When can we get to those poor fellows?", Florence Nightingale is reputed to have replied "The strongest will be needed at the wash-tub". Even in these highly organised and sophisticated times there must be a moral here for all of us.

General

Lack of trained personnel in the community care field is universal and the secondment of existing officers to various courses constitutes a handicap to which the department must submit if any advancement in the quality of the staff is to be achieved.

Some 6 social workers attended courses of several months' duration during the year and, for their practical placement, 12 university and college students were supervised by the department's professional workers.

Two members of the staff returned from university as qualified psychiatric social workers.

In co-operation with the Housing Department, the special attention given during the year by case workers to the homeless in the Council's Homeless Family Unit resulted in a higher proportion of these families being rehoused. Where necessary, this assistance was continued after re-housing had been effected.

Two combined centres became operative during 1968 and they will make a useful contribution to the services for the mentally ill, the physically handicapped and the elderly persons of the Borough.

July of the current year saw the introduction of "Task Force" and great things are expected of this organisation when it finally "settles down" in the area.

In part due to inconvenient hours, nature of duties and low rates of pay, some difficulties have been experienced in finding staff for the newly established Ashburnham Hostel. As a result, this scheme for long- and short-term care for subnormal boys and girls has not yet been fully implemented.

Homes for Old People

During the year, no changes or additions were made to the accommodation available for the reception of old people in need of care and the Council's Part III homes continue as before, viz:

Perrygrove, Rectory Field Crescent, S.E.7.
Plumstead Lodge, Plumstead Common Road, S.E.18.
Sunbury Lodge, Sunbury Street, S.E.18.
Weybourne, 1 Finchale Road, S.E.2.

The total number of beds available, both in our purpose-built homes (282) and in Southern Grove Lodge (179) remained unchanged for our planned new homes, "Tegel" and "Elm Grove", still only partially built, will not be available until late in 1969.

Admissions

The "admissions panel" led by the Deputy Medical Officer of Health continued to function most effectively in assessing the degree of urgency attaching to the needs of elderly people known or referred to the various branches of the Department. Admissions at 514 showed a slight decrease from the previous year and fell into the following categories:—

(i)	NEW ADMISSIONS	
	Greenwich Small Homes (including five short-stay cases	113
	Southern Grove Lodge	69
(ii)	HOLIDAY ADMISSIONS *(scheme to give relief to relatives and others caring for old people and otherwise unable to take a holiday)*	
	Greenwich Small Homes	36
	Southern Grove Lodge	7
(iii)	RE-ADMISSIONS (mainly from hospitals and holidays)	289

Recreation

Day-to-day routine life of residents in the homes was varied with the usual outings such as shopping expeditions to Woolwich

or Lewisham, sight-seeing tours, excursions to country and coast, etc. Further variations were provided by television, radio, cinema and live entertainment. It would seem that "Bingo" sessions are popular in most homes and parties form an occasional treat.

In addition to handicraft instruction provided at all homes, classes in "movement and music" were started in three of the homes and they appear to be meeting with success. Active participation was confined to a modest proportion of the old people, but the onlookers seemed also to derive a great deal of pleasure from the innovation.

Transfer of Residents

Requests continue to be received for residents to be moved from one Home to another generally to facilitate visiting by their friends and relatives.

Staff

Due perhaps to factory closures within the Borough, little difficulty was found in recruiting subordinate staff for our homes but the reciprocating movement of senior supervisory staff from one authority to another continued with its accompanying anxieties.

Part III Accommodation—Statistics

Old People's Homes	1st Jan., 1968 Nos. in Residence						31st Dec., 1968 Nos. in Residence		
	Males	Females	Total	Admitted	Died	Discharged or Transferred	Males	Females	Total
Perrygrove	23	37	60	67	5	65	25	32	57
Plumstead Lodge	20	71	91	138	2	141	17	69	86
Sunbury Lodge	13	45	58	87	7	79	14	45	59
Weybourne	20	38	58	79	4	77	19	37	56
*Southern Grove Lodge	95	68	163	143	28	130	83	65	148
Totals	171	259	430	514	46	492	158	248	406

** London Borough of Tower Hamlets*

Voluntary Homes

Visits to Greenwich residents maintained in the following voluntary homes continue to be made by Officers of the department.

In these special establishments the number of persons being maintained on behalf of this Council fell slightly during the current year. Although there was an increase in the number admitted, this was more than offset by discharges and deaths.

Voluntary Establishments For	1st Jan., 1968		Admitted	Discharged	31st Dec., 1968	
	No. of Homes	No. of Residents			No. of Homes	No. of Residents
Aged	21	29	8	8*	22	29
Blind	8	9	1	1	8	9
Epileptics	3	6	—	1	3	5
Physically Handicapped	16	21	6	7	15	20
Deaf and Dumb	2	3	—	—	2	3
Totals	50	68	15	17	50	66

** Including 4 Deaths*

Other Local Authority Homes

Excluding those in Southern Grove Lodge, the following residents are being maintained in the Homes of other local authorities:

1st Jan., 1968 Nos.in Residence						31st Dec., 1968 Nos. in Residence		
Males	Females	Total	Admitted	Died	Discharged or transferred	Males	Females	Total
7	18	25	14	8	7	7	17	24

Homeless Families

Compared with the previous year, the number of families seeking help from the department on account of homelessness showed no reduction. On the contrary, more families were accepted into care and still more were re-housed. That the number of families remaining in care at the end of the year (64) was less than at the

beginning (78) reflects great credit on the Housing Committee, the Housing Manager and his staff and our own case-workers who must be praised for their part in the achievement.

More effective use was made of the rehabilitation accommodation at 32 Charlton Road and several more families passed through the unit compared with the previous years. This was largely the result of a greater degree of case-worker supervision.

Homeless Families Accommodation—Statistics

Application for Admission (1st January—31st December, 1968)

Number of Applications*	264
Number accepted into Residence	136

* *Excludes numerous preliminary enquiries not amounting to applications.*

Homes—Admissions and Discharges

Resident at 1st Jan., 1968					Admissions					Discharges					Resident at 31st December, 1968				
Families	Men	Women	Children	Persons	Families	Men	Women	Children	Persons	Families	Men	Women	Children	Persons	Families	Men	Women	Children	Persons
'Summercourt'																			
9	4	9	13	26	130	83	131	296	510	136	85	137	306	528	3	2	3	3	8
158a *Plumstead High Street*																			
65	53	67	190	308	98	88	100	255	443	105	96	107	309	512	58	45	58	136	239
32 *Charlton Road*																			
4	5	5	20	30	7	7	7	22	36	8	9	9	33	51	3	3	3	9	15

Families Rehoused

	Families	Men	Women	Children	Persons
By Greater London Council	—	—	—	—	—
By London Borough of Greenwich	96	78	96	269	443
By other Local Authorities	—	—	—	—	—
Found own accommodation	31	20	32	83	135
Left for other reasons	22	23	22	55	100
	149	121	150	407	678

Unsupported Mothers and Babies

Whilst the department was unable to make any progress towards its own "mother and baby" hostel, the Greenlow Society continued to improve its ser ice for the unsupported mother. Benefits are beginning to flow to the Society from the fixing of the maintenance rate during 1967 in respect of women being assisted by local authorities.

During the year, the department gave financial help to 46 young unmarried mothers at the request of the local Moral Welfare Workers who, in their turn, placed the girls in various mother and baby homes. (See also page 123.)

Two mothers were maintained by this department in the Greenlow Society Hostel during 1968.

SERVICES FOR THE HANDICAPPED

Although, at present, some categories of handicapped people fall outside the National Health Scheme for pecuniary benefits it is the aim of our community services to help all individuals towards self-support and an independent life, such measures including rehabilitation and training for regaining capacity for work. Where this is found to be impracticable, a solution is sought by the department which endeavours to give the handicapped the greatest of physical and mental freedom compatible with his/her underlying condition. Attainment of these objects means a personal social service to individuals or families and, *ipso facto*, a demand for more social workers in the local authority services.

Although social workers (welfare) undertake duties at the Central Office for the purposes of reception and interviewing, their efforts are mainly concentrated on the physically handicapped including the blind, the partially sighted and the deaf.

With the opening of two Combined Day Centres during the year greater opportunities for practical work have been afforded for the physically handicapped which undoubtedly accounted for the fact that several of the younger people in this group were accepted by "Remploy" for full-time paid employment. That these centres cater for the mentally ill as well as for the physically handicapped redounds to the advantage of both.

The Borough participated in the "Help The Disabled" week held 6th/12th October which commenced with a non-denominational Church Service at Abbey Wood attended by His Worship the Mayor. An exhibition held in the Victoria Hall at Woolwich displayed the range of services available to the physically handicapped and this was supplemented by a travelling exhibition loaned and manned by the Central Council for the Care of the Disabled. Open days held at the various centres attracted little public attention.

Arrangements for holidays, shopping expeditions and Christmas parties continued as before with great success.

Departmental registers cover not only the blind and partially sighted but the deaf and dumb and those persons severely or permanently handicapped by illness, injury or congenital deformity and efforts made to make these registers more comprehensive is shown by the overall total which, at the end of the year, was 122 higher than that for 1967.

The following table gives the numbers in the various registers and the rates which these represent per 1,000 population.

	No.	*Rate per 1,000 pop.*
Blind	442	1.91
Partially Sighted	193	0.84
Physically Handicapped	1,269	5.52
	1,904	8.27

The rate of registered blindness in Greenwich at 1.91 is slightly more favourable than that for Greater London (2.11) and for England and Wales (2.09).

Although registration is normally a prerequisite to the provision of services, no call for assistance goes unheeded by the department.

Visits

Visits to the handicapped during the year totalled 9,643, compared with a figure of 7,864 for 1967. This is equivalent to an increase of more than 22 per cent.

The following table indicates the number of visits made to the various classes of physically handicapped persons during the current year :

Type of Visit	Category of Handicapped		
	Blind	Partially Sighted	Physically Handicapped
New Cases	150	21	255
Routine/Subsequent	2,112	364	5,419
Teaching	128	17	15
Non-effective	502	80	580
Totals	2,892	482	6,269

Welfare of the Blind and Partially Sighted

In contrast with a deaf or dumb handicap, blindness has always had public support and sympathy and its difficulties have been more readily understood possibly because it is easier to envisage a world without sight than a life without speech or sound.

Congenital blindness needs the deep understanding of loving parents but, above all, it demands constant application towards the practical aspects of ameliorating the handicap. In this respect the parents need skilled guidance and encouragement to ensure that a child's full potential is realised.

A blind child's progress towards adulthood must be closely followed and necessary adjustments made for the changes in practical and emotional conflicts especially at the stage when a decision has to be made with regard to vocational training and again when the time comes for placement in sheltered or open employment.

Particularly difficult problems arise with those who, for various reasons, become blind in middle age. These people, usually with family commitments, need rehabilitation and resettlement in appropriate employment and, during this interim period of shock and helplessness, the individual and family need the fullest support

from our services in order to face the future and adjust to the changed circumstances.

Onset of blindness in old age tends to be insidious and perhaps for this reason is less subject to emotional stress. Unfortunately it is often accompanied by the loss of other faculties which merely intensifies the need for the supportive services.

As in other spheres, social workers in this field are in great demand especially those designated "teachers", the paucity of which is lamentable. Progress has been made in training social workers in the special "teaching" skills but a sufficiency to meet all demands is unlikely within the next few years.

Registers

Registers of blind and partially sighted persons are maintained. New cases which come into notice are referred from many sources including the National Assistance Board (now the Ministry of Social Security), general practitioners and hospitals. Subject to the consent of the person concerned, an examination by a Consultant Ophthalmologist is arranged. For this purpose the Council employs a part-time ophthalmologist and examinations are arranged either by a domiciliary visit or by transporting the patient to the departmental Medical Examination Room. At appropriate intervals similar arrangements are made for re-examination of persons already on the partially sighted register. Registration marks the point at which case work service begins.

In connection with the blind, of the 61 new cases added to the register during the year, 47 (77%) were over the age of 65 years and only 1 (1.6%) under one year. Registered Blind cases at 442 (173 males and 269 females) showed a decrease of two from the previous year.

With regard to the partially sighted, of the 21 cases newly registered, 16 (76%) were over 65 years of age and there was one under the age of 15 years.

Blind Persons Register (as at 31st December, 1968)

(New cases in brackets)

AGE GROUP	Number Registered			Age at Onset of Blindness		
	M	F	Total	M	F	Total
0–1 year	—	—	—	17	23 (2)	40 (2)
1 year	—	1 (1)	1 (1)	2	1	3
2 years	—	—	—	5	1	6
3 years	—	1	1	1	1	2
4 years	—	1 (1)	1 (1)	3	1	4
5–10 years	2	—	2	8	11	19
11–15 years	1	—	1	2	3	5
16–20 years	6	1	7	4	3	7
21–29 years	6	6	12	8	8	16
30–39 years	11 (2)	11	22 (2)	20 (3)	17	37 (3)
40–49 years	12 (1)	11	23 (1)	17	18 (1)	35 (1)
50–59 years	22 (2)	23 (2)	45 (4)	19 (2)	23 (3)	42 (5)
60–64 years	19 (2)	18 (3)	37 (5)	8 (2)	26 (4)	34 (6)
65–69 years	12 (2)	23 (4)	35 (6)	10 (2)	28 (7)	38 (9)
70–79 years	44 (7)	66 (15)	110 (22)	34 (8)	59 (11)	93 (19)
80–84 years	22 (3)	49 (4)	71 (7)	9 (3)	27 (5)	36 (8)
85–89 years	10 (2)	40 (9)	50 (11)	6 (1)	15 (6)	21 (7)
90 and over	6	18 (1)	24 (1)	—	2 (1)	2 (1)
Unknown	—	—	—	—	2	2
Totals	173 (21)	269 (40)	442 (61)	173 (21)	269 (40)	442 (61)

Blind Persons under 16 Years

	Male	Female
Aged 2 to 4 years		
Unsuitable for Education at School:		
At Home or Elsewhere	—	1
Suitable for Education at School:		
At Home or Elsewhere	—	2
Aged 5 to 15 years		
Suitable for Education at School:		
At Special School for Blind (no other defects)	1	—
Not at School		
No other defects	1	—
With other defects	1	—
	3	3

Blind Persons 16 Years and Over

Education, Training and Employment

(i) EMPLOYED AND AT SCHOOL

AGE GROUPS	At School		EMPLOYED						Total Employed
			Under Sheltered Conditions				Ordinary Conditions		
			Special Work-Shops		Home Worker Schemes				
	M	F	M	F	M	F	M	F	
16-20 years	1	–	–	–	–	–	–	–	–
21-39 years	–	–	1	–	–	–	10	6	17
40-49 years	–	–	3	–	1	1	2	4	11
50-59 years	–	–	5	–	2	2	7	5	21
60-64 years	–	–	5	–	1	–	4	2	12
65 and over	–	–	1	–	–	–	2	–	3
TOTALS	1	–	15	–	4	3	25	17	64

(ii) TRAINING OR NOT EMPLOYED

	Male	Female
Undergoing Training :		
For Sheltered Employment	2	—
For Open Employment	2	—
Professional or University	—	1
Not Employed :		
Trained for Sheltered Employment	—	2
Employable subject to Training :		
Suitable for Sheltered Employment	1	1
Suitable for Open Employment	—	1
Employable without Training :		
Suitable for Sheltered Employment	—	—
Suitable for Open Employment	4	2
Persons Registered Disabled	32	15

(iii) NOT AVAILABLE FOR WORK

Category	16-59 yrs		60-64 yrs		65 yrs and Over		Total
	M	F	M	F	M	F	
Not Available for Work	2	15	3	8	–	–	28
Not capable of Work	16	13	5	8	–	–	42
Not Working	–	–	–	–	90	195	285
TOTALS	18	28	8	16	90	195	355

(iv) OCCUPATIONS OF EMPLOYED BLIND PERSONS

Occupations	Sheltered Conditions		Ordinary Conditions	Totals
	Special Workshops	Home Worker Schemes		
Physiotherapists	–	–	1	1
Lecturers, Teachers and Instructors	1	–	1	2
Social & Related Workers	–	–	1	1
Other Professional Workers	–	1	1	2
Typists and Secretaries ..	–	–	9	9
Braille Copyists and Proof Readers	–	1	–	1
Clerical Workers	–	–	1	1
Telephone Operators ..	–	–	5	5
Shop Managers and Proprietors	–	1	2	3
Street Vendors	–	–	1	1
Machine Tool Operators ..	–	–	3	3
Fitters and Assemblers ..	–	–	2	2
Viewers, Inspectors and Testers	–	–	2	2
Boxers, Fillers and Packers	–	–	1	1
Knitters and Weavers ..	–	2	1	3
Basket Makers	10	2	–	12
Mat Makers	3	–	–	3
Brush Makers	1	–	–	1
Labourers	–	–	3	3
Domestics, Porters, etc. ..	–	–	2	2
Launderers, Dry Cleaners	–	–	1	1
Miscellaneous Service Workers	–	–	5	5
TOTALS	15	7	42	64

(v) BLIND PERSONS—IN-RESIDENTS *(16 years and over)*

	Male	Female
Residential Accommodation *(1948 Act, Part III (21))*		
Homes for Blind	3	6
Others	6	4
Homes *(N.H.S.A. 1946—Section 28)*	—	—
Other Residential Homes	—	2
Hospitals for Mentally Ill	—	1
Hospitals for Mentally Sub-normal	4	7
Other Hospitals	—	—
	—	—
Total	13	20

PARTIALLY SIGHTED PERSONS

REGISTER (as at 31st December, 1968)

AGE GROUP	Number Registered 31.12.68			Newly Registered			Removals from Register during year			
							Admitted to Blind Register		De-certified-Improved Visual Acuity	
	M	F	Total	M	F	Total	M	F	M	F
2-4 years	–	1	1	–	1	1	–	–	–	–
5-15 years	2	1	3	–	–	–	–	–	–	
16-20 years	2	1	3	–	–	–	–	–	–	
21-49 years	21	18	39	–	–	–	1	–	–	
50-64 years	9	14	23	2	2	4	3	1	–	
65 and over	32	92	124	6	10	16	3	4	–	
TOTALS	66	127	193	8	13	21	7	5	–	

TRAINING AND EMPLOYMENT

(16 *Years and Over*)

AGE GROUPS	Employed		Unemployed and not under Training				Training	TOTAL
			Available and capable of Trg or Work		Not Available for Work			
	M	F	M	F	M	F	M	
(i) Persons near or Prospectively Blind								
16–20 years	–	–	–	–	–	–	1	1
21–49 years	5	1	–	–	–	4	–	10
50–64 years	2	3	1	–	–	2	–	8
65 and over	1	–	–	–	12	50	–	63
TOTALS	8	4	1	–	12	56	1	82
(ii) Persons mainly Industrially Handicapped								
16–20 years	–	1	–	–	–	–	–	1
21–49 years	11	4	4	1	1	8	–	29
50–64 years	–	1	2	1	4	6	–	14
65 and over	–	–	–	–	14	39	–	53
TOTALS	11	6	6	2	19	53	–	97

Sheltered Employment

There was a fall in the total number of registered blind employees in the Greenwich Workshops for the Blind which is administered by the Department.

Existing workshop buildings are antiquated and unsuited to present day manufacturing requirements. Comprehensive developments must, however, await the report of the working party set up to consider the sheltered workshops needs for the South East area of London as a whole, a fact mentioned in the Report for 1965.

Blind Homeworkers

There is a scheme for the employment of the blind in their own homes for which the department is responsible and these homeworkers pursue a variety of trades, e.g. basket making, machine knitting and even a retail grocery shop. Seven Greenwich blind homeworkers continued to participate in the scheme which is supervised, on behalf of the Council, by the Royal National Institute for the Blind.

Concessions

A registered blind person may be eligible for the following concessions and action is taken by the department to ensure that they are received :

(a) An increase in Social Security benefits.

(b) An exemption pass on London Transport buses which allows the blind person and an escort to travel at the cost of one fare.

(c) A certificate for the exemption of payment of a fee for a wireless receiving licence.

(d) Provision of a free white stick by the Metropolitan Society for the Blind.

(e) Free loan of a wireless set by the Society for the Blind.

(f) Free loan of a spark guard.

Many other concessionary facilities are also available for Registered Blind Persons who are given any necessary help and advice in taking advantage of them, for example :

(a) Specialised apparatus such as braille watches, clocks, playing cards, etc., may be obtained at special discount terms from the Royal National Institute for the Blind. Such purchases are often grant-aided by voluntary societies.

(b) The Guide Dog for the Blind Association will both supply the dog and train the blind person how to use it. Registered blind persons are exempt from paying dog licences when the dog is used for guide purposes.

(c) The Nuffield Talking Book Library provides talking books at a cost of £2 0s. 0d. a year. (The Council makes a capitation grant of 10s. 0d. a year in respect of each person participating in the scheme.)

(d) The National Library for the Blind provides a library service for Braille and Moon readers. There are also special magazines for the blind and Braille and Moon copies of letterpress magazines, which are published by voluntary societies, are circulated by the department to groups of blind readers.

(e) Special facilities are available to enable blind persons to vote at elections.

(f) Additional Income Tax relief may be claimed from H.M. Inspector of Taxes.

Welfare of the Physically Handicapped

The following table gives a breakdown of the main conditions registered with the department. It will be seen that, in accounting for 411 (32%) out of a total of 1,269, "organic nervous diseases" form the largest group of which over two-fifths were hemi or paraplegics and one-third spastics or polio victims. With a figure of 387 (30%), rheumatic disability constitutes the next largest section and, of these, one-third were classified as rheumatoid arthritis.

Much can be done to minimise handicaps arising from neurological lesions; consultations with specialists in the clinical field and with experts in physical medicine and orthopaedics are essential if modern advances in therapeutics and rehabilitation are to be allowed to play their full part.

Physically Handicapped Register at 31.12.68
Primary Disabilities

DISABILITY GROUPS	SEX	AGE GROUPS (in years)											TOTALS		GRAND TOTALS
		0–10	11–20	21–30	31–40	41–50	51–60	61–64	65–70	71–80	81–90	90 & over	Males	Females	
Amputation	M	–	–	3	2	5	20	5	14	15	8	–	72		103
	F	–	–	–	–	3	3	5	7	7	6	–		31	
Rheumatism	M	–	1	1	3	4	6	10	13	17	5	1	61		387
	F	–	2	1	5	12	42	14	66	114	60	10		326	
Deformities, etc.	M	1	–	3	–	1	12	1	2	3	–	–	23		48
	F	–	3	3	3	–	4	9	1	2	–	–		25	
Systemic Diseases	M	–	–	3	1	3	10	10	15	6	4	–	52		100
	F	–	–	4	–	4	13	3	10	10	3	1		48	
Injuries and diseases	M	1	6	8	3	6	6	3	5	4	1	1	44		110
	F	–	2	4	5	8	10	3	13	17	4	–		66	
Organic Nervous Diseases	M	4	17	21	17	37	28	26	27	16	2	2	197		411
	F	1	17	20	15	24	47	27	26	32	5	–		214	
Neurosis	M	–	1	1	–	–	1	3	–	–	–	–	6		14
	F	–	–	2	–	1	4	1	–	–	–	–		8	
Tuberculosis	M	–	–	1	–	2	5	–	1	–	2	–	11		13
	F	–	–	–	–	–	1	–	1	–	–	–		2	
Other	M	–	2	1	2	–	8	6	–	4	2	–	25		83
	F	–	–	4	1	9	9	3	9	12	11	–		58	
Totals	M	6	27	42	28	58	96	64	77	65	24	4	491		
	F	1	24	38	29	61	133	65	133	194	89	11		778	
Grand Totals		7	51	80	57	119	229	129	210	259	113	15			1269

(i) Analysis of "Rheumatism" Group

DISABILITY	SEX	AGE GROUPS (in years)											TOTALS		GRAND TOTALS
		0–10	11–20	21–30	31–40	41–50	51–60	61–64	65–70	71–80	81–90	90 & over	Males	Females	
Arthritis	M	–	1	–	2	2	3	5	5	11	4	1	34		201
	F	–	–	–	1	2	14	6	39	58	40	7		167	
Rheumatoid Arthritis	M	–	–	–	1	2	3	3	2	2	1	–	14		131
	F	–	1	1	3	10	22	7	21	39	10	3		117	
Osteo-Arthritis	M	–	–	1	–	–	–	2	6	4	–	–	13		55
	F	–	1	–	1	–	6	1	6	17	10	–		42	
Totals	M	–	1	1	3	4	6	10	13	17	5	1	61		
	F	–	2	1	5	12	42	14	66	114	60	10		326	
Grand Totals		–	3	2	8	16	48	24	79	131	65	11			387

(ii) Analysis of "Disease of Systems" Group

DISABILITY	SEX	AGE GROUPS (in years)											TOTALS		GRAND TOTALS
		0–10	11–20	21–30	31–40	41–50	51–60	61–64	65–70	71–80	81–90	90 & over	Males	Females	
Bronchitis	M	–	–	1	–	–	3	1	6	2	2	–	15	9	24
	F	–	–	1	–	1	2	1	3	1	1	–			
Heart Diseases	M	–	–	2	–	1	3	1	8	2	2	–	19	22	41
	F	–	–	3	–	3	6	2	1	4	2	1			
Sclerosis	M	–	–	–	–	1	4	8	1	–	–	–	14	16	30
	F	–	–	–	–	–	4	–	6	6	–	–			
Others	M	–	–	–	1	1	–	–	–	2	–	–	4	1	5
	F	–	–	–	–	–	1	–	–	–	–	–			
Totals	M	–	–	3	1	3	10	10	15	6	4	–	52	48	
	F	–	–	4	–	4	13	3	10	10	3	1			
Grand Totals		–	–	7	1	7	23	13	25	16	7	1			100

(iii) Analysis of "Organic Nervous Diseases" Group

DISABILITY	SEX	AGE GROUPS (in years)											TOTALS		GRAND TOTALS
		0–10	11–20	21–30	31–40	41–50	51–60	61–64	65–70	71–80	81–90	90 & over	Males	Females	
Spastics	M	1	4	4	8	9	4	2	2	3	–	–	37	49	86
	F	1	9	4	3	7	5	10	6	3	1	–			
Hemi- and Para-Plegia	M	2	2	11	1	11	13	12	20	10	–	2	84	92	176
	F	–	2	4	4	6	29	8	13	22	4	–			
Epilepsy	M	–	1	3	4	6	3	2	3	1	1	–	24	32	56
	F	–	2	7	4	6	6	3	2	2	–	–			
Poliomyelitis	M	1	7	2	2	6	4	7	2	2	1	–	34	22	56
	F	–	3	4	3	2	2	3	4	1	–	–			
Encephalitis	M	–	2	–	–	–	1	1	–	–	–	–	4	7	11
	F	–	–	–	–	1	3	2	–	1	–	–			
Parkinson's Disease	M	–	–	1	2	5	1	–	–	–	–	–	9	8	17
	F	–	–	–	–	1	2	1	1	3	–	–			
Friedreich's Ataxia	M	–	–	–	–	–	2	1	–	–	–	–	3	3	6
	F	–	1	1	–	1	–	–	–	–	–	–			
Other	M	–	1	–	–	–	–	1	–	–	–	–	2	1	3
	F	–	–	–	1	–	–	–	–	–	–	–			
Totals	M	4	17	21	17	37	28	26	27	16	2	2	197	214	
	F	1	17	20	15	24	47	27	26	32	5	–			
Grand Totals		5	34	41	32	61	75	53	53	48	7	2			411

(iv) **Additions and Removals—Physically Handicapped Register**

DISABILITY GROUPS	Sex	Number at 31.12.67	Additions during yr.	Deletions during yr.	Number at 31.12.68
Amputation	M	64	17	9	72
	F	26	12	7	31
Rheumatism	M	52	16	7	61
	F	288	79	41	326
Deformities	M	24	—	1	23
	F	27	—	2	25
Systemic Diseases	M	41	16	5	52
	F	39	11	2	48
Injuries and Diseases	M	36	15	7	44
	F	55	14	3	66
Organic Nervous Diseases	M	173	48	24	197
	F	197	30	13	214
Neurosis	M	7	—	1	6
	F	8	—	—	8
Tuberculosis	M	10	1	—	11
	F	2	1	1	2
Other	M	21	6	2	25
	F	54	8	4	58
Total	M	428	119	56	491
	F	696	155	73	778
Grand Totals		1124	274	129	1269

Reference to table (iv) shows that although the number of registrations viz. 1,269, is an increase of 145 over the figure for the previous year, there were actually 274 new registrations during the current year with 129 deletions. A rise of new registrations of this order gives evidence of the drive to make our registers more comprehensive than hitherto.

It is true that, at the moment, the majority of cases coming to the notice of the department and those already on our register of handicapped persons have well established handicaps, many of which are either static or becoming progressively more severe. However, this should not deter us from taking a preventive attitude wherever possible and a patient being discharged from hospital with a residual disability gives the department an opportunity of being involved at an early and formative stage, so that even the patient's attitude towards his own disability can be influenced to his benefit.

Clubs and Centres

Two centres and a number of clubs are organised for the blind and other handicapped persons with the object of ensuring, as far

as is practicable, the intermingling of persons with differing handicaps. These establishments provide members with facilities not only for training and adjustment but also for pastime activities, handicrafts, etc., and with opportunities for social contact with others of similar disability and with similar interests. In this way, the club make an invaluable contribution towards the social rehabilitation of members. Tuition and help in diversionary occupation is provided for those unable to enjoy these benefits.

Combined Day Centres

On 1st April of the current year, 2 Combined Day Centres were brought into operation, one at Federation Hall, Abbey Wood, and the other at Riverdale, 158a Plumstead High Street, catering for 60 and 45 mentally ill and physically handicapped persons respectively.

Federation Centre

Work at Federation has been mainly contract woodwork, such as interwoven fencing, scissor-racks, display frames, repairs to department's office furniture, making of aids for the physically-handicapped, some simple carding and display of stationery supplies. It is planned to introduce machines for work next year when staff have been trained to instruct and supervise the people who will use them.

Persons attending at Federation are expected to attend daily five days per week and some of the more able younger physically handicapped were successfully transferred from the St. Saviour's Centre. Eight persons were placed in open industry during the year.

An Old People's room at the rear of the premises opened with a full-time attendant on duty and about eight old people have attended each day. This number could be increased if transport were made available, but at present this is not possible.

Riverdale Centre

This Centre is restricted in the work it can undertake due to the lack of three-phase electrical power, thus precluding the installation of heavy machinery. As a result, work here has been restricted to carding and display of stationery supplies, making of electric lamp shades, making up of electric light sockets and wiring, etc., and some soldering. One of the larger jobs has been the repair and painting of roadwork signs for the Borough Engineer's Department.

Persons attending this Centre do so mainly on a one, two or three day basis; a few, however, attend five days per week. The capability of these persons is generally not as good as the persons

attending at Federation. In fact, output is slower than that obtained by those attending our adult training centres. These people present an absenteeism problem and, generally speaking, one needs to have three times as many people on the register as will actually attend. Again, we have had difficulty in admitting as many physically-handicapped persons as we would have liked due to lack of transport.

The more severely handicapped group, previously at St. Saviour's Church, Middle Park Avenue, moved to Riverdale at the beginning of 1969. They are accommodated in a separate room from the other persons and a woman attendant has been appointed to care for them and their feeding and toilet needs. A trainee social worker is present daily to assist and a qualified teacher from the Inner London Education Authority attends for two sessions per week.

Mixing the physically handicapped and the mentally ill is an experiment which has proved most successful, for the readiness of these persons with differing handicaps to assist each other has resulted in substantial mutual benefit.

Social Rehabilitation Centre, Ormiston Road

Club facilities are provided for general classes of physically handicapped persons on Monday, Wednesday, Thursday and Friday of each week. Each person attends for a half-day session, either morning or afternoon once a week. On Tuesday there is a full-day session for partially sighted persons.

In addition to normal Centre activities, special classes in handicrafts and art are held with the assistance of Instructresses provided by the Inner London Educational Authority.

This Centre continues to be used to its fullest capacity although since the opening of the Combined Centres the tendency has been for people in the older ranges to be concentrated here. Hopes are that this will be rectified next year for there are plans to have the full-time services of a qualified occupational therapist to institute a progressive programme of therapy.

A maximum of 14 persons are able to attend each session and everyone is provided with a mid-day meal. At present there is a waiting list for admission to the Centre.

St. Saviour's Centre for Handicapped Young People

On an average, 11 severely handicapped young people attend this centre which meets each Monday, Thursday and Friday in the Youth Club at St. Saviour's Church Hall, Eltham. Lunches are served at midday.

This centre also has the services of a handicrafts Instructress supplied by the Inner London Education Authority.

By early 1969, all the handicapped persons attending this Centre were transferred to the recently established Combined Centres where better facilities exist and where more economical use is made of the available staff.

Eltham Club

Primarily for registered blind persons, this club meets each Monday afternoon in the Sherard Hall at Eltham. During the year, the average attendance was 18.

Minor Hall, Greenwich

This club is for persons who are blind or deaf and meetings are held every Thursday afternoon. The average attendance during the year was 23.

Works of Access and Adaptation

The Council may accept financial responsibility for works of access and adaptation which are necessary to enable a handicapped person to overcome the effects of his disability. During the year a total of 72 persons benefited from a variety of works, including the provision of hand-rails, grab-rails, ramps, etc.

Although each person was assessed to contribute towards the cost of the work, according to his means, in the majority of cases little or no charge was made.

Adaptation for Kidney Machine

Following last year's arrangements by this Council for the installation of a home kidney dialysis machine the current year saw a further two referrals, one from Guy's Hospital and one from the Royal Free Hospital. All the required adaptations were carried out by the Council under powers contained in Section 28 of the National Health Service Act, 1948, and the machines were successfully installed.

Loan of Equipment

The scheme for the loan of nursing and sick-room aids, including aids and gadgets for handicapped and elderly persons, continued to expand during the year. Such equipment is provided on free loan at the request of the Family Doctor, District Nurse, Medical Social Worker, Health Visitor, Old People's Visitor, etc. Total issues during the year numbered 2,821 as compared with 2,434 during the previous year which represents an increase of almost 16 per cent. The following table shows particulars of these loans.

Equipment	Number Loaned 1968	*1967*
Bathing Aids		
Bath Boards	16	*22*
Bath Mats	116	*111*
Bath Rails	72	*62*
Bath Seats	105	*111*
Bed Aids		
Air Ripple Bed	27	*8*
Air Rings	103	*79*
Back Rests	227	*175*
Bed Blocks	4	*10*
Bed Cradles	155	*129*
Bed Pans	129	*132*
Sorbo Rings	141	*119*
Fracture Boards	29	*21*
Mackintosh Sheeting	211	*167*
Urinals	109	*100*
Stoke Mandeville slings	—	—
Beds		
Adult Cot	6	*5*
Egerton Bed	1	—
Hospital Bed	33	*19*
Zed Bed	4	*3*
Commodes		
Armchair	518	*437*
Others	4	*8*
Domestic Aids		
Combs/Holders	3	*2*
Fireguards	39	*41*
Pick Up Aids	37	*28*
Shoe Horns	4	*6*
Shoe Laces	5	*7*
Sparkguards	7	*6*
Stocking Aids	24	*7*
Tap-Turners	2	—
Trolleys	2	*6*
Wall can-openers	1	*1*

Equipment	Number Loaned 1968	*1967*
Eating Aids		
Cutlery	13	*4*
Food Guards	3	*1*
Hoists		
Easi-Carri	13	*9*
Zimmer Patient Lifter	2	*1*
Lifting Poles, Handles and Chains		
Handy Spring Pole	—	*2*
Lifter-Penryn	21	*27*
Mattresses		
Dunlopillo	28	*17*
Easi-nurse	2	*1*
Hair	11	*15*
P.C.P.	9	*3*
Premature Baby Scales	5	*7*
Toilet Aids		
Raised Toilet Seats	41	*41*
Toilet Aid (Easi-fit)	6	*12*
Toilet Aid (Zimmer)	23	*6*
Toilet Air Rings	4	*1*
Walking Aids		
Elbow Crutches	17	*10*
Quadruped Aid	2	*3*
Tripod Aid	32	*31*
Walking Frames	164	*150*
Walking Sticks	71	*50*
Wheelchairs		
Indoor	52	*59*
Outdoor	168	*162*
Total Issues	2,821	*2,434*

The Council's scheme of temporary loan of outdoor wheelchairs is essentially designed to provide a recreational facility for home-bound old people. The period of the loan is restricted to two months at a time. After this, the applicant's name is placed again on the waiting list and he/she is eligible to receive a further loan as soon as a wheelchair becomes available. Persons who are in permanent need of an outdoor wheelchair may be provided with one by the Ministry of Health on the recommendation of a Hospital Consultant.

Special Physical Aids for the Handicapped

In addition to the range of aids and gadgets which are available under the loan of equipment scheme, a variety of special aids were provided for individual physically handicapped persons to assist them in overcoming particular difficulties. These items included a runabout chair, a kitchen stool, foot stool, overbed table, electric shaver, etc.

Holidays

Summer holidays are arranged for all categories of handicapped persons, either directly or in conjunction with voluntary organisations or by assisting with holidays privately arranged by the persons concerned.

During the year, some 423 applications were dealt with regarding holidays for handicapped persons. For various reasons 137 of these were subsequently cancelled, 25 applications were received too late for vacancies to be obtained and the actual number proceeding on holiday was 261, an increase of 5 over the 1967 figure. Of these, 153 with 66 fit spouses were accommodated at the Council's own hotel at Westgate-on-Sea.

Persons receiving holidays are assessed to contribute towards the cost according to their means.

Christmas and New Year Parties

Some ten Christmas and New Year parties were held, attended by 430 handicapped persons and to the cost of which £40 was donated by the Mayor from his special fund; indeed, a number of the functions were visited by His Worship and the Mayoress. Three of these were held at the Mental Health Training Centre at Maze Hill and the efforts of the centre staff contributed greatly towards the parties' success.

Christmas Shopping Expedition

Many handicapped people are virtually homebound. Many others have extreme difficulty in shopping, particularly at times of the year when the pavements and shops are exceptionally crowded.

For this reason a Christmas Shopping Expedition for about 160 physically handicapped persons was arranged for Wednesday evening, 4th December. Invaluable assistance was received from a number of large stores in central Woolwich, which closed late especially for this purpose. Transport, consisting of 16 vehicles, was provided by the Council to convey the handicapped to and from the shops and 130 voluntary helpers, mainly members of "Task Force", were recruited to push wheelchairs and generally assist the shoppers. First-aiders were provided by the British Red Cross Society. The expedition was very greatly appreciated by the handicapped persons who participated. Our thanks are extended to Messrs. F. W. Woolworth & Co. Ltd., British Home Stores and Garrett & Co., who thoughtfully provided light refreshments free of charge.

Transport

For many handicapped people, one of the most distressing features of their disability is a severe impairment of mobility. A suitable means of transport for such people is a prime necessity in fostering interests and activities outside the home. Indeed, the success of all functions arranged for these groups depends upon its adequacy and the ready co-operation of the drivers.

The Council's transport for the disabled comprises a fleet of minibuses and six specially designed coaches equipped with a tail-lift for loading the severely disabled. Each coach can accommodate up to three patients in wheelchairs in addition to those in the passenger seats. These vehicles are used mainly to convey people, who are unable to use normal transport, to clubs and centres organised by the Council and numerous voluntary agencies. Transport is also provided by the department for holiday schemes and occasional outings.

Future Development

Considerable scope for the improvement and expansion of services for the handicapped exists which can only be fully satisfied when finances become readily available. Notwithstanding, it is anticipated that, in the near future, the opening of further combined centres will provide urgently needed facilities for handicapped persons.

MENTAL HEALTH SERVICES

Effective modern treatment has proved the fallacy of the old idea that mental patients could be cosily divided into 3 groups and that they would automatically pass from short-stay beds through the medium to long-stay beds. It can be demonstrated that through these 3 categories progression, retrogression or both can occur in the same patient at different periods and that therefore such classifications tend to be unsatisfactory.

It is evident that a district general hospital giving comprehensive services in wards of say 30 beds providing for all categories of mental patients would not only be more economical in manpower but would produce better and more stable therapeutic relationships. Here the same nursing/medical team could treat the case whether as an in-patient, out-patient or day patient and closer liaisons would develop between the hospital team, the local authority and the family doctor. Indeed, it would appear that it is the government's long-term plan to see that complete psychiatric treatment will be made available at the local district hospital.

It has been suggested in the Tooth-Brook Report of 1961 that, by 1975, only 1.8 beds per 1,000 population would be needed for resident patients in England and Wales suffering from mental illness although in the London area experience shows that even 0.5 beds per 1,000 could well be sufficient for adult cases.

Naturally, such revolutionary changes will take a decade or so to show their effectiveness which in turn will depend for their success upon a number of factors such as an efficient geriatric service, day centres, sheltered workshops, hostels, etc., responsibilities which, at the present time, are to a large extent those of local authorities.

General

During 1968, mental health services continued as previously, the introduction of improvements and new facilities still being severely curtailed by financial expediency.

Staffing difficulties remain but all emergency demands upon the mental health service were satisfactorily met.

Mentally Subnormal

Referrals are received mainly from the Nursing Service which is responsible for the "At Risk" register and whose information is obtained from hospitals, midwives, M. & C.W. clinics, doctors and health visitors. Others originate from the Education Authority. If

a child is, or appears to be mentally retarded, arrangements are made for him/her to be seen at a Special Clinic to which the parents are invited, transport to and from the clinic being provided where necessary. A child found to be retarded is seen at three monthly intervals but, if conditions other than mental are revealed, then the child is referred to the general practitioner or appropriate hospital department. It is not usual for children to be seen before the age of two years but at the age of five years they are subject to statutory examinations in accordance with Section 57 of the Education Act, 1944, and if found necessary they are either recommended for attendance at Special Schools or referred to the Local Health Authority for admission to training centres.

At the request of a parent, but in any event at approximately yearly intervals, a child is re-examined. In a case where education at a special school is found to be unsuitable, the child is referred to the local health authority for admission to a training centre and, conversely, if a child attending a training centre is found to be educationally suitable, transfer to an appropriate school is arranged.

Special Investigation Clinic

This clinic continues to be under the direction of Dr. J. Dunkley, Visiting Medical Officer from the Greater London Council and a Social Worker from the Mental Health Section also attends.

Children Seen

No. of new referrals	29
No. of old cases seen	29

Disposal of Cases

Since investigation, one Greenwich child has been admitted to Maze Hill Junior centre, four to the Greenwich Society for Mentally Handicapped Children (Eltham Creche) and 31 not to re-attend.

Prior to attaining the age of 16 years, mentally handicapped school-leavers are brought to the notice of the mental health service and, as previously indicated, the question of "after-care" is settled by discussions between the mental health officer and the school head. Similar steps are taken with regard to maladjusted school-leavers at the age of 15 years since these children are classified as mentally ill. There is the closest co-operation between the Mental Health Service and that of the Divisional School Care Organiser.

It is the policy for community care to cease at the age of 18 years provided employment is well tolerated and no adverse reports are received.

Training Centres

Maze Hill Junior Centre

Purpose-designed on a difficult site, this centre is organised on educational lines and every attempt is made to create a "school" atmosphere in order to prevent the dichotomy which could so easily arise between the health and education aspects of such an establishment.

No arbitrary limit is placed upon educability or ineducability, each child being considered as an individual and, after his/her aptitudes have been carefully assessed, the skills or functions, however modest, which have a potential for development are encouraged and exploited.

Behaviour and aptitudes have improved remarkably and the parents and relatives of these handicapped children have been made to feel that, at long last, education and training is a matter of degree and not of segregation and priorities. Parents' confidence has been restored and they feel able to face a future which now holds a measure of promise hitherto denied them.

The centre provides for the accommodation of 112 children in three main groups:—

1. *Nursery*

A unit serving the needs of 20 children between the ages of 3½ and 5 years in the severely subnormal range including a few selected subnormal children who suffer from specific problems such as walking, speech, self-feeding or behaviour with a view to their entering, eventually, a special school.

2. *Training Centre*

Catering for a total of 80 children between the ages of 5 and 16 years, this section is organised into four classes each of 20 children including a transition class for boys and girls aged 14 to 16 years.

It is the intention of centre training to have regard to the whole personality of a child and eventually to prepare him/her not only for undertaking employment but also to encourage the use of leisure hours to advantage.

3. *Special Care Unit*

With the object of accommodating 12 very severely retarded children suffering from other handicaps, this unit must also be considered as a training unit in that children are being helped

towards greater independence. On admission at the age of 5 or 6 years, some children are still bottle-fed and a great deal of skilled and patient teaching is required to assist them to surmount the physical handicaps which make self-help so difficult.

This group, perhaps above all others, needs to be taught leisure-hour activities in order that the many hours spent by its members in wheelchairs at home may, in fact, be those of leisure and not of boring deleterious idleness.

Since the inauguration of this training unit, success has crowned the efforts of the staff in creating a stimulating and happy atmosphere and an environment within which children are given the best of opportunities to assimilate and adjust.

It is not surprising that, with such an *avant garde* establishment as this centre undoubtedly is, visitors are attracted not only from this country but from Europe and America and its influence on the design of other authorities' new centres has been significant. Furthermore, it has played an important role in re-orientating attitudes both of lay and professional workers who are associated with such training centres.

I am pleased to include a report by Miss Godfrey, the Head Teacher, on the year's activities at the centre :—

"The past year has been one of consolidation as well as expansion.

In the transition class the boys and girls of approximately fourteen years and upwards have proved themselves capable of organising their work and leisure time satisfactorily. On a rota system, boys and girls cooked breakfast daily and, on several occasions, have completed the entire process of preparing lunch for themselves. This includes shopping for the necessary items of food, preparing and cooking the meal, entertaining members of staff and clearing away.

The boys have cultivated their garden successfully, and supply some vegetables for the cookery class. We are hoping very shortly to extend our woodwork lessons as we are in the process of adapting a room entirely for this kind of work.

Children throughout the school have moved out into the community. As well as regular outings for shopping, etc., we have made a number of educational visits to London using public transport, including river travel, and lunching in restaurants. Visits for entertainment have been more ambitious than those undertaken hitherto, including visits to ice shows and the ballet. During dis-

cussions with parents, the difficulties of taking their young sub-normal children on family shopping trips have been expressed. Therefore, we have introduced visits of this type into our nursery and infant curriculum. In the early days the expected hazards were encountered. These have now been overcome and the children in this very young age range can be relied upon to behave in an acceptable manner in the shopping situation. A number of parents have commented favourably on the improvement in their children in this respect. This is most encouraging for staff as it proves the children are able to transfer the learning from the school to a home situation. In fact much emphasis over the past year has been laid on this point of transference of learning from one situation to another as perhaps the most important role of the Centre is that of helping the child to live, not only happily and usefully, but unobtrusively and successfully within the local community.

The summer holiday last year took a slightly different form. It was sited at Winterton-on-Sea, Norfolk. Hitherto a large camp type of holiday has been undertaken. From this we moved to the more homely environment of a National Society Home with our own group of chidren in sole occupation. Staff and children became a family unit. Hours of duty were completely disregarded and the whole holiday was run on family lines. This venture proved so successful that our thoughts turn for the coming year to a similar type of holiday for our very young children.

At the latter end of the year, the whole Centre became a hive of activity in preparing for the Christmas festivities. An ambitious programme was drawn up culminating in a grand performance of old-time music hall when the hall, packed to bursting point, rang with fun and laughter, to say nothing of the melodies of the well-known songs of the old-time music hall days. The colourful costumes added a professional touch to the whole performance and we are indebted to the Parent-Teacher Association Sewing Group for their very able assistance in producing the wardrobe.

The Special Care Unit with the most heavily handicapped children have also taken steps forward and outwards. Wheelchair outings are now undertaken to the local shops and also the local public playground.

Physical care for all the children has been maintained and now includes dental treatment undertaken on the premises by a team from Guy's Hospital using a fully-equipped dental caravan.

At the close of this year we look forward to developing and extending our programme, and already new ideas and projects are being prepared that we may explore further and seek to fulfil the full potential of the severely sub-normal children in our care."

Park Vista Adult Training Centre

Held on lease, this centre comprises the ground and first floors of the premises of a private undertaking and provides facilities for 60 adults of both sexes. Unfortunately, restrictions imposed by the terms of the lease tend to limit the exploitation of this establishment to its full potential and the service is correspondingly circumscribed.

Outwork and training are carried out in the main hall on the upper floor which is also utilized on Thursday evenings by the Park Vista Club. Outwork is simple and consists mainly of carding stationery display cards while other occupational work carried out includes needlework, knitting, rugmaking, etc. Trainees are conveyed to the centre by coach.

Despite initial misgivings, the conversion of this centre from a female establishment to one accommodating both sexes has been successfully accomplished but some difficulty was experienced in retaining a male staff member. This aspect will be more fully examined when the new Adult Industrial Centre at Tunnel Avenue is opened in 1969.

Blackwall Industrial Training Centre

This building, which has a total capacity for 35 trainees, is bright, airy, has good central heating and a well equipped canteen and accommodates 25 trainees from this Borough and a further 10 from Lewisham.

It is the aim of the Centre where possible to bring the standard of ability of trainees to such a level that they can compete in the open market. When this object proves unattainable, the policy is to teach them to be emotionally stable and socially acceptable in order that they may live harmoniously within the community.

In 1968, the type of work carried out improved but, due to his additional role as Work Production Officer which involved obtaining work for all Training and Combined Occupation Centres, the Supervisor was unable to give this centre adequate attention. This situation will be reviewed when the new Tunnel Avenue Centre is opened next year.

During the current year, six trainees were placed in employment and of the two sent to the Industrial Rehabilitation Unit at Wadden one failed and returned to the Centre whilst the other became a qualified capstan operator and is now employed in industry in that capacity.

Ministry of Labour

There is normal co-operation with the local Disablement Resettlement and Youth Employment Officers who, unfortunately with little success, endeavour to place into employment subnormals who, perforce, must therefore remain in the care of the Mental Health Service. It would appear that more favourable results are obtained by the direct approach to employers for as problems arise they can be brought immediately to our notice.

Holidays

Under a scheme intended to cater for those who would otherwise have no holiday, 38 trainees spent a happy group holiday at St. Mary's Bay School Journey Centre, Romney Marsh, Kent, in May of this year. Although the Council subsidy was at the rate of £2 per head, increasing costs at this Centre meant that the charge for each trainee was £6 2s. 0d. per week. Some 22 children from the Maze Hill Junior Training Centre attended a purpose-built holiday home in Norfolk owned by the National Society for Mentally Handicapped Children for one week in June. In this instance the full cost to the parents was £10 13s. 0d. Charges for both holidays were subject to abatement under the Council's assessment scale and some recipients pay only a few shillings.

TRAINING CENTRE STATISTICS

Centre	*Number of Places*	*Number of Greenwich Cases attending*
Park Vista *(adult Girls and Boys)*	60	60
Blackwall Industrial *(adult Girls and Boys)*	35	25
Maze Hill *(Junior)*	112	111
Guardianship Society, Hove.	Not known	9

Eltham Creche

This nursery was established by the Woolwich and Greenwich Society for Mentally Handicapped Children and received grants from the former London County Council to cover a substantial portion of the running costs.

Now, under the control of the Greenwich Society for Mentally Handicapped Children, this nursery provides accommodation for some 15 mentally handicapped young children of whom 13 are sponsored by this Council.

Boarding Out

A few adult subnormals are boarded out with local landladies and where the patient is unable to earn sufficient for his keep or where statutory benefits fall short of needs, facilities exist for the Council to subvent.

Long and short term care schemes are successfully introduced and advantage is taken of hospital facilities, approved voluntary homes and of private accommodation supervised by the Hove Guardianship Society. Financial responsibility is assumed by the Council and no charge accrues to the parents but the Council's assessment scale is applied to adults entitled to grants from the Ministry of Social Security.

Clubs

Club facilities for the "over 16s" are provided on Thursday evening at the Park Vista Adult Centre and attendances usually range between 25 and 30. Managed mainly by members of the Blackwall Centre staff, the club is visited on occasions by the Principal Mental Health Officer.

At the Albany Institute, Creek Road, a club organised by the Blackfriars Settlement caters for the needs of E.S.N. boys and girls from the Greenwich and Lewisham boroughs and this Council meets half the cost of the social worker's salary.

The Court Youth Club, held at the Congregational Church Rooms, Court Road, Eltham, on Monday evenings, encourages the mixing of normal "teenagers" with the mentally handicapped but this attempt at integration has not been too successful. This venture is entirely voluntary and no financial responsibility devolves on the Council.

During the current year and under the auspices of the Greenwich Society for Mentally Handicapped Children, a second "Gateway" club for subnormal and E.S.N. Juniors has been established at Eltham on Monday evenings 7 - 9 p.m.

Support is provided by the Council in the shape of a minibus to convey children on Wednesday evenings to a club at Griffin Manor School which is organised for the "under 16s" by the Greenwich Society for Mentally Handicapped Children. Attendances vary between 18 and 20.

Hostels or Homes
(for Subnormal Patients)

During November of the current year, a purpose-built hostel was opened at Ashburnham Grove to provide emergency long and short term care for 25 subnormal girls and boys between the ages of 3 and 16 years. While in occupation at this Hostel, the children will attend the Maze Hill Junior Training Centre.

So far, because of staffing difficulties, only 5 children have been accommodated. A policy of employing nurses proved to be unsuccessful as the work involved was not commensurate with their training and it has been found extremely difficult to find sufficient experienced staff or even kindly women who are prepared to work the hours necessary in such an establishment, especially in view of the onerous nature of the duties and the low rates of pay. Night duty for the staff has become essential for it has been found that some children tend to get up and wander around the building at this time.

At the close of the year, consideration was being given to the adaptation of a property for use as a Hostel for 25 subnormal adults.

Subnormal Patients Placed in Homes or Hostels

Convents	7
Guardianship Society—Private Homes	9
Ashburnham Hostel	5
Other Local Authority Hostel	1
National Society for Mentally Handicapped Children—Slough Project	3
Spastics Society—Meldreth	1
Approved Private Homes	10

Services for the Mentally Ill

Because the psychological needs of a patient depend so much on family relationships and those with his friends, associates, superiors, etc., a local authority's endeavours should include not only care for the mentally ill in their own homes and within their own community but, on a broader basis, schemes for the education of the public to accept them should be given a high degree of priority.

Our community services, therefore, are geared to support the

mentally ill, to restore confidence to those who have lost the ability to face life's difficulties and with the aim ultimately of so rehabilitating such persons that a return to a normal existence and gainful employment is achieved.

Within such a concept, the provision of Day Centres and Clubs is essential as is the utilisation of the resources both statutory and voluntary in order that all benefits to which a patient is entitled are in fact provided.

For those persons who have no home of their own or where accommodation is denied by relatives, hostel residence for a period of 9 to 12 months is indicated. This time should be used profitably by placing occupants into employment or arranging for their attendance at day centres with a view to rehabilitating them to such an extent that eventually a return home or into lodgings can be effected. (Without doubt a case can be made out for the provision of flatlets for such persons.) Subsequent supervision from the mental health officer could then be minimal.

Psychiatric Services

Clinics, etc.

Out-patient clinics for psychiatrics are held as follows :—

GREENWICH DISTRICT HOSPITAL	
(a) *Miller Wing*	Monday a.m. Wednesday a.m. and p.m. Thursday p.m.
(b) *St. Alfege's Wing*	Monday evening Tuesday a.m. *(Children's Diagnostic Clinic)* Thursday p.m.
ST. NICHOLAS HOSPITAL	Monday p.m. Wednesday p.m. Friday p.m.
SEAMEN'S HOSPITAL	Tuesday p.m.
WOOLWICH MEMORIAL HOSPITAL	Monday p.m. Wednesday p.m. Thursday, Friday } a.m. and p.m.

Domiciliary visiting is carried out in most cases, for the Bexley Hospital policy is not to admit unless patient has been seen by one of their consultants.

Mental Hospitals apart, there are only three doctors in the Borough approved in accordance with the Mental Health Act and the situation would be eased considerably if more local general practitioners could be so authorised.

Accommodation

Although the number of beds available to our psychiatric patients is unspecified, little trouble is experienced in obtaining admission of adults to Bexley Hospital within whose catchment area this Borough falls. Our difficulties arise with the children for, other than at the Maudsley Hospital which caters for the country as a whole and is therefore very selective, no such accommodation is available to them. Limited treatment is afforded at the Castlewood Day Hospital.

Castlewood Day Hospital

Undoubtedly the day hospital has great potentiality locally and this day hospital is pleasant and reasonably accessible.

Formerly a small hospital annexe, these premises consist of treatment, consulting and day rooms with office and dining accommodation. With the exception of the social worker, all staff are hospital appointments.

The number of patients varies between 25 and 45 but, for the reasons of comfort, is usually in the 30s range. Treatment is physically orientated but discussion groups are held and some counselling is undertaken by the psychiatrists. In this unit the majority of patients are neurotics or depressives and supervision of treatment is assumed by the Bexley Hospital consultant psychiatrists who remain the sole sources of referral which is effected almost exclusively through the out-patients clinics.

Day Centres

St. John's Park (Temporary)

Opened in February, 1967, this centre took the place of that which previously operated at Chevening Road Welfare Centre until 31st March of the current year. Its use was only to be temporary for these premises were purchased originally for a hostel but, largely owing to financial restrictions, its conversion had to be delayed.

An average of some 25 persons were accommodated for five days a week and the excellent atmosphere generated after its inception led to an almost unbelievable improvement in the mental condition of people participating. Successful integration of physically handicapped with the mentally ill was achieved and justifies the department's decision to press for further combined centres.

Patients at this Centre were transferred to either Federation or Riverdale Combined Centre on 1st April, 1968.

Federation Combined Centre

Adapted as a Day Centre, this building, held by the Council on an unexpired lease of 20 years, provides places for 60 persons.

It is the intention to utilise this establishment not only as a combined centre to rehabilitate persons who are suffering or have suffered from mental illness and physical handicaps but also, eventually, to accommodate up to 20 senile persons for similar purposes.

Inevitably some chronic cases will not respond but beneficial effects will be felt by relatives who, from time to time, will be relieved of their responsibilities when these cases attend the centre.

Suitable outwork has been obtained from local industry and this consists mainly of contract work such as interwoven fencing, scissor-racks, display frames, simple carding and display of stationery supplies, etc. Repairs to the department's office furniture and the making of aids for the physically handicapped is also undertaken.

It is planned to introduce machines next year to assist in the work when staff have been trained to instruct and supervise the prospective operators.

Fares to and from the Centre are paid or transport is arranged, patients are provided with a subvented midday meal and some form of medical supervision is arranged.

Opportunity will be taken to utilize the Centre for evening club and group activities.

Riverdale Combined Centre

Also established on 1st April, 1968, this Centre is adapted from ground floor premises with easy access at 158a Plumstead High Street, S.E.18.

Its purposes are similar to those of Federation Combined Centre but caters for only 45 places. A number of the more severely handicapped, previous at St. Saviour's Church Centre, Middle

Park Avenue, were found accommodation here at the beginning of 1969.

There is no doubt but that the readiness of persons with differing handicaps to assist each other has been to their mutual advantage.

Mentally Ill Persons Placed in Homes or Hostels

Mental After-Care Association Hostels	11
Private Approved Home	1
S.O.S. Society Hostel	1
National Association for Mental Health Hostel	1
Honor Lea (London Borough of Lewisham Hostel)	11

Therapeutic Clubs

Club	*Day*	*Staff*	*Attendances*
"Tideway Club", Albany Institute, Creek Road, S.E.8.	Wednesday evening (Shared with neighbouring Borough of Lewisham)	Mental Health Officers from both Boroughs	Between 25 and 30
"Castlewood", Shooter's Hill, S.E.18.	Tuesday evening (Day patients only)	Bexley Hospital Appointees	Between 20 and 30
"The Links", Castlewood, Shooter's Hill, S.E.18.	Friday evening (For ex Bexley Hospital patients)	Bexley Social Worker	Between 12 and 18
Friday Club, St. Richard's Church Hall, Charlton, S.E.7.	Friday evening	Greenwich Borough Social Workers on a voluntary basis	Between 20 and 30

A therapeutic group for alcoholics supervised by a Bexley Hospital consultant psychiatrist meets at Castlewood on Wednesday evenings.

		Mentally ill				Elderly mentally infirm 65 yrs. & over		Psychopathic				Subnormal				Severely subnormal				Total
		Under age 16		16 and over				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1	Total number	5	2	236	406	21	69	—	—	3	—	15	20	59	63	72	57	71	65	1,164
2	Attending training centre	—	—	29	23	—	—	—	—	—	—	1	3	14	12	66	52	32	41	266
3	Awaiting entry to training centre	—	—	3	4	—	—	—	—	—	—	—	—	—	—	6	5	2	4	24
4	Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Resident in L.A. home/hostel	—	—	5	6	—	—	—	—	—	—	—	—	—	—	1	4	1	—	17
7	Awaiting residence in L.A. home/hostel	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	3	—	—	7
8	Resident at L.A. expense in other homes/hostels	—	—	5	6	—	3	—	—	—	—	—	—	—	—	3	6	2	9	34
9	Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	7	10
10	Attending day hospitals	—	—	7	12	—	2	—	—	—	—	—	—	—	—	—	—	—	—	21
11	Receiving home visits and not included in lines 2-10 (a) suitable to attend a training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(b) others	5	2	186	354	21	64	—	—	3	—	14	17	45	51	—	—	34	4	800

12	Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered.	Male	—
		Female	—
13	Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948.	Male	—
		Female	3

NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER 1968

Referred by	Mentally ill				Psychopathic				Subnormal				Severely subnormal				Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
(a) General practitioners	—	—	60	131	—	—	—	—	—	—	6	5	—	—	—	1	203
(b) Hospitals, on discharge from in-patient treatment	—	1	68	109	—	—	1	—	2	—	6	2	—	—	2	—	191
(c) Hospitals, after or during out-patients day treatment	—	—	20	29	—	—	—	—	1	—	2	4	—	—	1	—	57
(d) Local education authorities	—	1	1	4	—	—	—	—	—	1	20	6	3	4	—	—	40
(e) Police and courts	—	—	9	8	—	—	—	—	—	—	1	1	—	—	—	—	19
(f) Other sources	1	1	70	124	—	—	—	—	4	4	7	11	8	5	1	—	236
(g) Total	1	3	228	405	—	—	1	—	7	5	42	29	11	9	4	1	746

NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL, ADMITTED FOR TEMPORARY RESIDENTIAL CARE OR ADMITTED TO GUARDIANSHIP DURING 1968

	Mentally ill				Elderly mentally infirm 65 yrs. & over		Psychopathic				Subnormal				Severely subnormal				Total
	Under age 16		16 and over				Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year																			
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	1	—	9
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
(c) Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	2	1	11
2. Number of admissions for temporary residential care (e.g. to relieve the family)																			
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	—	1	—	8	9	—	2	20
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	1	7	9	4	6	27
(d) Total	—	—	—	—	—	—	—	—	—	—	—	—	1	1	15	18	4	8	47

GERIATRIC SERVICES

How old is old?

Although at the beginning of the century the average man could be expected to live to 50 years of age it would seem that life expectancy for today's child may well be 80 and perhaps 90 years. Indeed, many gerontologists feel that a life span of 100 years is within sight.

What is it, then, that ages people? If any single process is responsible for ageing, science has yet to learn of it. Certainly heredity plays an important part and, without doubt, metabolism is influenced by environment, but how long a body can endure when not subject to illness or mishap is still obscure.

Experts are agreed that life can retain its vigour to quite advanced ages and as still more diseases become controlled and more is learned about the ageing process so will man approach closer to his theoretical life span without major physical and mental debilitation.

Why do not more people reach the century mark? Undoubtedly a great deal depends upon the following of a sensible diet, proper exercise, rest and recreation and the avoidance of excesses but it is evident that deterioration of the body and its functions is due not so much to age but to the results of disease or accident. It is with these aspects that the local authority is more intimately concerned.

Promotion of health and the prevention of disability are the logical approaches to a problem which is clearly going to grow and become more difficult of solution. Unfortunately, bad habits acquired in early life persist into old age and are difficult to break and, furthermore, although a doctor can bring all his skills and training to bear on a patient's behalf this can occur only if the patient makes the first approach for only he can decide how ill he really is. There is ample evidence that more than half of all disabilities occurring in elderly persons are unknown to their general practitioners because of this system of "self-reporting".

How, then, is the hidden disability in the elderly to be revealed and countered? By far the most effective method is regular "preventive" visiting by suitably qualified visitors, a practice which has always been actively pursued by this department. Regrettably, with increasing numbers of elderly, shortage of suitably qualified staff and the present financial stringency this type of visiting is having to give preference to urgent and emergency cases which merely amounts to a "holding" exercise while the real problem continues and becomes exacerbated.

Since 1965, usable geriatric beds in the Greenwich District Hospital have been reduced from 207 to 179, the average number of long-stay patients has increased from 115 to 147, and the number of beds available for active use has declined from 92 to 32.

Besides being a reflection of present government policy which is to reduce the number of geriatric beds in hospitals and to restrict finance for local authority homes, this results in greater pressures on the local authority and its supportive services. Whilst there can be no objection to the aim of prolonging an elderly person's independence it must be realised that the longer elderly people are sustained in their own homes by supportive services, the greater is their disability or incapacity when this becomes impossible. Furthermore, if the provision of local authority homes is repeatedly restricted then the more serious cases will become "bed-blocking" patients in hospital and will restrict its ability to act as a true "rehabilitation" unit. As a result and after a lapse of time the local authority home will find itself becoming a geriatric "hospital" with a substantial quota of bed-bound cases.

The advent of such a vicious circle will be brought much nearer if, for economic reasons, domiciliary services and qualified staff are not expanded in time to meet the coming "deluge". A welfare authority home has no choice regarding its residents and is constrained to take the recluse, the frailest and the most anti-social, give them devoted service and weld the whole into a successful establishment. We must see to it that the staffs of these homes have our fullest support and confidence. However, their burden is likely to be eased only by an efficient and enlightened domiciliary geriatric service.

Waiting lists for welfare homes are already long and are likely to get longer and the period between acceptance for admission and the taking up of residence is becoming more prolonged. In the meantime, the physical and/or mental condition of a prospective resident is bound to deteriorate. Here, surely, is a situation which demands a "day centre" scheme whereby, during the interim period, the elderly could be kept from progressive impairment and, in many instances, family harmony, often a casualty in such a situation, would be restored.

In the main, admissions to welfare homes concern those living alone for couples, no matter how old or frail, usually seem able to support one another throughout all their infirmities. Because future residents will tend to be older, more frail and vulnerable, new homes will have to be designed accordingly, bearing in mind also that two out of every three places will be filled by women and some adjustments may be needed to provide for this eventuality.

Change of any kind is challenging be it the result of sickness, marriage, change of job, ageing or retirement because it calls for re-adjustment and, ignorance of the role or essential knowledge needed to carry it out can lead to failure. It may well be that information is the only therapy required to restore adequate functioning. Everyone experiences disequilibrium at these crisis points in life and help at these times often serves to prevent subsequent breakdown into inadequacy. Today, this problem is one that is probably more often met with in the lonely, aged person primarily because the "nuclear" type of family is rapidly becoming extinct and children of the elderly tend to live in smaller homes at considerable distances from their parents. Often these parents have been "victims" of housing schemes and have, in the twilight of their lives, been moved to completely new areas away from life-long friends, social activities and familiar environment and because the accommodation is smaller they have been compelled to dispose of furniture and personal treasures. All the efforts of welfare authorities and voluntary organisations cannot replace these losses. It is no wonder that many of the elderly become frustrated and confused.

Local authorities have a duty to provide supportive geriatric services of such a nature as to encourage independence in the elderly and to promote a healthy, lively interest in the world about them. What is needed or relevant to the elderly with diminished physical and/or mental activity can be assessed accurately only by skilled, diligent visiting. Great emphasis is therefore placed by this department on this aspect by ensuring that it is carried out by highly qualified officers with considerable nursing experience for, undoubtedly, the relationships established at the initial visit can make the difference between success and failure.

Some remarks made last year concerning future prospects in this field will bear repetition.

Of all the social problems likely to face the country within the next two decades, that of the "retired" elderly will be the greatest and not only in numbers. Retirement, especially on the scale already presaged, is a comparatively modern phenomenon and there is no previous experience or "know-how" upon which to rely for guidance.

Future geriatric problems will be legion but we must not wait for them to descend haphazardly upon us before attempting to deal with them. If we do, the transition from the active elderly to the incapacitated or disorientated old person will be precipitate, socially costly and personally tragic.

The necessity for "vision" was never more clearly demonstrated.

Visiting

Visits made during 1968 amounted to 20,529, an increase of almost 27% over those for the previous year.

The number of elderly persons shown in the Register at the end of the year, however, shows a decrease. This results from the abstraction of names of persons who had been visited on one occasion only in respect of the Council's Holiday Scheme.

Elderly People in Receipt of Visits and Other Services

Number in Register at 1st January, 1968		9,340
Number in Register at 31st December, 1968		8,850
Elderly Handicapped Persons included in the above Register :		
(i) Blind	261	
(ii) Partially Sighted	124	
(iii) Physically Handicapped	482	
	——	867

Visits by Women Public Health Officers

Total Visits by Officers during year	20,529
1st Visits	926
Subsequent Visits	16,590
Unsuccessful Visits	3,013

Bathing Service

This very personal service which is much appreciated by the elderly who view it also as a social occasion to have a chat and a cup of tea in a congenial atmosphere, expanded still further during 1968. The additional unit opened at Lionel Road during 1966 to add to those already operating at Tunnel Avenue and Plumstead Baths proved most successful.

The functions of this service, which are two-fold, are carried out as originally envisaged in accordance with Section 43 of the London County Council (General Powers) Act, 1953.

Home Bathing—Such a service was introduced for elderly persons not ill enough to need a District Nurse but, owing to varying disabilities, require assistance; these include a small number of all age groups, who due to some crippling deformity are unable to cope either on their own or with help from relatives.

Bathing at Bathing Centres—Elderly people who are concerned with this service are conveyed to the centres by minibus and they consist of those persons who have inadequate bathing facilities at home coupled with blindness, failing sight or suffer with other physical disabilities. Hair-washing and pedicure have become indispensable off-shoots of the bathing service for although many old people are able to bath themselves they lack the range of movement and dexterity to perform these very necessary personal functions.

	Tunnel Avenue	Plumstead	Lionel Road	Total
Number bathed at home	3,457	4,048	3,400	10,905*
Number bathed at centre	2,006	1,405	956	4,367†
Pedicure	126	104	157	387
Hair-washing	28	92	18	138

* *Males* 2,951 *Females* 7,954

† *Males* 1,028 *Females* 3,339

Miscellaneous—Treatment of scabies and the cleansing of verminous persons are also duties falling to the staff of the bathing centres.

Incontinent Laundry Service

This service has been established to:—

(i) relieve the pressure on families who are managing under extreme difficulties with seriously ill patients;

(ii) assist many old persons who, although not seriously ill, have a stress incontinence or kidney condition.

Although dealing mainly with laundry from the homes of the elderly, this service is extended to all like cases of all ages at home or in residential care. Collections are usually daily but they can vary from twice to three times per week. There is no doubt but that this service is frequently the means whereby elderly persons are enabled to pass their remaining days among their own surroundings when otherwise they would be hospital patients.

Ancillary to this service is the loan of mackintoshes and a limited number of sheets and draw sheets are also available for urgent needs. Both this and the Bathing Service are worked in closest co-operation with the District Nurses.

There are two laundry centres, one at the Tunnel Avenue Centre and the other at the White Hart Road Centre. How effective and valuable this service is proving to be is shown by the following statistics which show the demand remains unabated.

	Tunnel Avenue	White Hart Road
Number of articles laundered	82,508	111,170

Home Cleansing Service

Not infrequently the rooms of elderly people deteriorate into a muddled dirty state and the task of cleaning up becomes too complex for the relations or home helps. In such cases, having first gained the consent of relations or persons concerned, a team consisting of two bath attendants with transport, supervised by a Public Health Officer and equipped with the necessary protective clothing and apparatus, deal with the offending conditions and remove the accumulated rubbish. After such operations, the home help can then carry out her normal duties.

Cleansing Services Effected

From Plumstead Bathing Centre	17
From Tunnel Avenue Bathing Centre	7
From Lionel Road Bathing Centre	6

Chiropody Services

Weekly chiropody sessions, under the control of the Council's Chief Chiropodist, are held a Tunnel Avenue Bathing Centre for patients who, unable to walk, need the Centre's services and are conveyed there by minibus.

In addition, a domiciliary chiropody scheme for Borough residents is operated by the Greenwich Council for Social Service and full consultation with the department's geriatric branch ensures the treatment of priority cases.

TUNNEL AVENUE—Sessions: 48; Persons Treated: 289.
COUNCIL OF SOCIAL SERVICE—Treatments: 2,668.

Mobile Meals

In planning the development of the Mobile Meals Service it is the intention of the Council that the provision of such meals should be restricted to those necessitous Old People who are unable to attend a Lunch Club. Although each application is carefully considered to ensure that there is a genuine need, and existing cases are reviewed from time to time to ascertain that the service is still essential, there has been a continued growth in the demand for mobile meals and a total of 17 vehicles are now operating

During the current year, metal foil containers were introduced as an economy measure. This resulted in an increase delivery rate of up to 20% per round and rendered the introduction of a further vehicle and driver unnecessary.

Meals delivered during the year totalled 151,817, showing an advance of over 11% compared to 1967. Persons receiving Mobile Meals at the end of 1968 numbered 689. The charge for each meal was the same as that made at Lunch Clubs, i.e. 1s. 1d.

A restricted service, for cases of special need, was provided during Bank Holidays and over the Christmas and Boxing Day period 198 meals were delivered to elderly people without charge.

Emergency food packs were again distributed to old people on the Mobile Meals Register to cover the possibility of the non-delivery of a meal during severe weather.

Provision of Mobile Meals

(during 1968)

	1968	*1967*
Mobile Meals served during year	151,817	*136,486*
Persons on Mobile Meals Register	689	*631*
(31st December, 1968)		

Lunch Clubs

Lunch Club services continue to expand. Ultimately, it is hoped that a Lunch Club will be available within reasonable travelling distance of almost every elderly resident in the Borough. This will ensure that as many as possible enjoy at least one hot meal a day and benefit from the opportunity for companionship and social contact which are available at Lunch Clubs.

During the year the number of meals served increased by over 11% to a total of 192,232. The cost of the meal was subvented by the Council and the charge to members remained at 1s. 1d.

A number of elderly homebound persons are conveyed to Lunch Clubs on days when an established Old People's Club meets on the premises during the afternoon. Thus they can enjoy a hot lunch and then stay to enjoy the social activities in the afternoon.

Four new Lunch Clubs were opened during 1968, viz. Charlton Church Lane, S. E. 7, Anstridge Road, S.E.9, Southwood Road, S.E.9, and at Abery Street, S.E.18, the latter replacing that which previously operated at Plumstead Baths. Daily attendances varies from 70 to 120 per day depending upon the Club.

It is expected that a Lunch Club will be incorporated in the new Ogilby Club, Calderwood Street, S.E.18, which is likely to open by mid-year 1969.

Geriatric Advisory Clinics

These Clinics, which commenced in June, 1966, continued to operate at the following six centres :—

Charlton Lane Centre,
Market Street Centre,
Avery Hill Centre,
Garland Road Centre,
Abbey Centre,
Directorate H.Q.'s Medical Room.

Attendances at these Clinics varied widely from centre to centre but the greatest number were seen at the Abbey Centre.

Attendances at Geriatric Advisory Clinics during 1968

	Male	Female
New cases	10	25
Re-attendances	15	45
Total	25	70

At these Clinics old people who had not seen their General Practitioners for some time were given a general medical examination, which included visual and hearing tests, examination of blood pressure and the testing of urine.

Some 21 (19.9%) of the total numbers seen at these Clinics were found to be fit. Amongst them was a 90-year old gentleman, who lived an active life, travelling all over the country organising athletic meetings. The remaining 74 required some advice or were referred for treatment.

Advice most frequently required was regarding diet as the old people consumed a large amount of carbohydrate foods and comparatively little of the more expensive protein foods. One old lady ate bread with a little gravy while she gave all the meat she cooked to her cat. Nine old people were found to be grossly overweight and were advised regarding a correct diet. Those who were constipated were told how to use dietary measures to control this. Two had clinical evidence of vitamin B deficiency and one was severely undernourished. Three were referred, because of social as well as nutritional reasons, to luncheon clubs run by the Borough.

Those who required treatment were referred to their General Practitioner, to a Dentist or a Chiropodist.

Referrals from Geriatric Clinics

General Practitioner	25
Dentist	3
Chiropodist	1

Referrals to General Practitioners for further treatment were mainly for hypertension, visual and hearing defects and depression.

Reasons for referral to General Practitioner

Visual defects	18
Hypertension	10
Depression	10
Hearing defects	4
Vitamin B deficiency	2
Sugar in urine	2
Blood in urine	1
Hernia (inguinal)	1
Warts (requiring removal)	1
Prolapsed and inflamed haemorrhoids	1
Aural discharge	1
Congestive heart failure	1
Total	52

Problems discussed at the Clinic covered a wide range—domestic worries, financial troubles and anxieties regarding ill-health. One lady was worried about the action she should take regarding her son who was a drug addict. An old gentleman was reluctant to ask for a hearing aid because he thought it would be in the form of a large ear trumpet. Some old ladies, whose mobility was impaired by arthritis, were advised against carrying kettles of boiling water around at bath time and were referred to the Borough's bathing centres. A 74-year-old lady, who was referred to the Chiropodist, had such painful bunions that she had to walk up her stairs backwards. A number (7.6%) were lonely and depressed. One had contemplated suicide.

The number of old people attending the Geriatric Advisory Clinics was diminishing (135 in 1967). Those who did attend were enthusiastic and encouraged their friends to come along as well. The fall in numbers during the year may have been partly due to the cancellation of some Clinics at the early part of the year during reorganisation of the Borough's Community Services but frequently the Clinic sessions did not have their full quota of old people.

In order to increase the numbers and to reach apparently-healthy old people, it was necessary that there was good publicity regarding the Geriatric Advisory Clinics at all old people's clubs and organisations. It was hoped that during the coming year these sources could be drawn on to a greater extent.

Geriatric Adviser to the Council

In his Circular 10/65, the Minister of Health pointed out that, although the various Health and Welfare Services for the elderly are not under one authority, their purpose is to provide what is essentially a single service for each individual who needs it.

There are indications that, despite every effort made to the contrary, much undiagnosed illness and undisclosed disability in the elderly exists.

It was clear that early recognition of changes in the physical or mental condition of our old folk in the Council's homes would be most satisfactorily achieved by a doctor responsible both to the hospital and to the local authority. This desire for a closer association between the Health and Welfare department and the hospitals' geriatric services was satisfied by the decision of the Council to appoint the Consultant Geriatrician at the Greenwich District Hospital (St. Alfege's Wing) as its geriatric adviser on its own services for the elderly. This appointment has led to a situation where each elderly person now receives appropriate care from the appropriate authority.

Geriatric Units

Since 1st April, 1965, close links with the Geriatric Units in the Borough have been further strengthened and regular discussions at the St. Alfege's Hospital Staff Meetings give rise to greater understanding of common problems.

Holiday Relief for Relatives

Many families provide full-time care for seriously infirm elderly relatives and well deserve any possible support in this task. The Council therefore decided to give increased publicity to its scheme for providing temporary accommodation for such old people, in order to enable their relatives to take a holiday. A total of 43 elderly people were admitted to the Old People's Homes under this scheme, generally for a period of two weeks.

As the result of a combined effort of trained staff and voluntary help, some 57 old people who also had considerable disability were enabled to enjoy a holiday under the Council's Avery Hill Holiday Scheme, and their relatives afforded a much needed break. Some 10% of these cases were over 90 years of age and almost a half were homebound. Their disabilities ranged from arthritis and cardiac disease to hypertensive confusion and post-stroke problems and, in a number of cases, these were accompanied by other conditions such as blindness, depression, obesity and extreme frailty.

Almost all required medication of some kind and this was supervised by the Public Health Officers in attendance.

In accordance with these arrangements, use was made of the College students' ground floor single rooms to provide some 57 homebound old people with very comfortable quarters and full nursing assistance and care. The holiday stay included a full recreational programme and the department's special transport conveyed the elderly to and from their homes and to the social outings arranged during the fortnight.

A major feature of the scheme was the invaluable assistance given by voluntary helpers, many of whom were senior members of schools in the vicinity.

Nutritional Supplements

A scheme is in operation throughout the Borough for the sale to **bona fide** retirement pensioners, at preferential rates, of various nutritional commodities.

During the year the total sales of Nutritional Supplements to retirement pensioners totalled £10,102 as compared with £9,605 during the preceding year.

Distribution is effected mainly via Old People's Clubs, which make regular purchases of foods such as Ovaltine, Marmite, Horlicks, Bovril, Ribena, Complan and Supro for resale to their members at a discount price. Supplies are also available from the W.R.V.S. Offices at Woolwich, Citizens' Advice Bureau at Eltham, The Burney Street Welfare Centre at Greenwich and certain Lunch Clubs.

Supplies are restricted to persons of pensionable age and only in sufficient quantities considered reasonable for that person's own consumption. For this purpose, the old person is issued with a Registration Card. Relatives and friends may purchase supplies on behalf of a homebound elderly person on production of this Registration Card.

Housing

Regular consultation takes place between the Public Health Officers and representatives of the Housing Departments of this and the Greater London Councils. Furthermore, active participation in the selection of elderly persons for residence in local almshouses and Housing Society properties is also undertaken by the department's officers.

Physical Aids

A number of conditions arising as a result of old age are assisted by the use of simple aids and arrangements have been made for Women Public Health Officers to authorise issue of such articles in a similar manner as loans of medical equipment.

Publicity

It has been found that many old people have little or no knowledge of the local services available to them. To help remedy this situation the Council has distributed 16,000 copies of a booklet specially prepared as a guide to the services available to elderly people. In addition, the Department has issued a comprehensive guide to the Health and Welfare Services to all local general practitioners, hospitals, statutory and voluntary organisations and to all workers in the health, welfare and social fields.

Recreational Facilities for the Elderly

Day Clubs for the Homebound

Because of road works, in July, 1967, the club which had functioned so successfully since 1957 at Kidbrooke House was transferred to Charlton House and its success continues in its new location. It provides opportunities for recreation and social activity which are much appreciated by the members. Approximately 10 homebound elderly people are transported into the club each day, Monday to Friday. A lunch is served to them at midday.

In view of the success of this type of Day Club, additional Clubs for elderly people were opened at Sunbury Lodge and Weybourne Old People's Homes. These Clubs operate for a total of four days each week. Approximately 6 old people attend each day and they enjoy the amenities of the Homes, their social activities and a midday meal.

Day Clubs for the Elderly

Day Clubs for active elderly people are open from approximately 10 a.m. to 4 p.m. Monday to Friday at West Greenwich House, 141 Greenwich High Road, S.E.10, Charlton House, S.E.7, and Victorians Club, Sherard Road, S.E.9. Here elderly people may find warmth, comfort and companionship.

This year saw the establishment of a further club at Abery Street, S.E.18, where elderly persons can attend between 9.30 a.m. and 5.30 p.m. Often as many as 60 or more people stay on for the afternoon after dining at the Lunch Club held on the premises.

A full-time Supervisor has been appointed and arranges for talks, films, whist drives, bingo sessions, coach outings and theatre visits, etc. "Task Force" was given the use of these premises during the Christmas period and, with the help of councillors and others, they prepared meals supplied by the Council for approximately 100 old people who were also suitably entertained after the meal.

An additional two clubs, similar in character, are expected to be established at Southwood, New Eltham and Halstow Road, S.E.10 in the near future.

Old People's Clubs

In order to foster the recreational activities of Old People's Clubs the Welfare Committee makes an annual grant of £10 to each club which provides a satisfactory service for its members, During the year, grants were made to 67 established clubs.

Almost all of the clubs meet regularly once a week; they arrange their own programmes, including outings, Christmas Festivities, etc.

Holiday Hotel

To meet an ever increasing demand by elderly residents for holidays, the Council operates its own hotel for the exclusive use of Greenwich residents at Westgate-on-Sea.

The present hotel, which is managed by a Resident Superintendent and Assistant with appropriate staff, is an annexation of the previous Greenwich and Sea Grange Hotels and it can cater for almost 1,800 guests annually.

Existing accommodation at the combined hotels includes a kitchen serving the whole establishment, several lounges with sea views, a bar lounge and three dining rooms all on the ground floor. Inclement weather is countered by enclosed balconies and there are ample facilities for indoor entertainment and pastimes, including television and radio.

It is the Council's intention to provide a cheerful holiday and recreational facilities for guests and, although the holiday-makers are generally expected to be active, provision is made for frail and handicapped old persons to be accommodated on the ground floor.

These excellent holidays provided by the Council for retirement pensioners resident in the Borough, i.e. men aged 65 years and over and women of 60 years or more and not in full-time employment, are comparable with the best. Holidays commence on Friday and bookings are for a fortnight. Parties are conveyed by escorted coaches from the various "picking-up" points in the Borough to and

from Westgate. Less active guests are further transported by mini-bus to and from their own homes and the "picking-up" points.

Every fortnight, during the period June to October, eight of our elderly citizens, who for medical reasons require ground floor accommodation, go to the Greenwich Hotel. Each case, which is submitted to very careful consideration, is visited to ensure that the term "holiday hotel" (not convalescent home) is preserved.

The new combined hotel remains open to enable "out of season" holidays to be taken. Charges are very reasonable and, when possible, applicants who accept an "off-season" for their initial holiday are offered a summer booking when the opportunity for a second holiday arises. Accommodation for the Christmas period is reserved for persons living alone.

Holidays began on 8th March and continued until 3rd January, 1969, and during this period, 1,491 guests were accommodated in parties averaging about 80.

Three separate fortnights were allocated solely to the physically handicapped and 153 persons, accompanied by 51 fit spouses, were provided with holidays.

Concerts and Outings, etc.

Restricted mobility renders elderly people unsuitable for whole day outings. Selection for half day breaks is therefore based upon up-to-date visiting data.

During the year, 42 trips were arranged whereby 336 elderly homebound enjoyed afternoon outings to the Kent countryside and to local parks and open spaces arranged for two afternoons each week during the months from May to September.

In August, a garden party, at which 60 old people were entertained, was organised by the local Rotary Club and the girls of Abbey School staged a Christmas Concert for the benefit of a further 50.

Transport to all such functions has been made so much easier by the department's 2 newly acquired "handicapped" coaches which are equipped with hydraulic tail-lifts.

Television and Radio Sets

The Department acts as agent for certain voluntary organisations which provide television and radio sets for lonely homebound old persons of limited means.

Furthermore, the Department has also received a number of television sets which were donated by members of the public for use by old people. Although the majority of these sets are nearing

the end of their useful life, they have helped very considerably to relieve the boredom and loneliness of the old people to whom they have been loaned. Donations of second-hand television sets, particularly those in reasonable working order, are therefore most welcome.

Demand for the loan of television sets, to even the most deserving cases, far outstrips the supply and there is a long waiting list.

Library Services

The Council's Library Service to Old People's Homes was further extended and collections of books were changed regularly.

A mobile library, operating from Monday to Friday, caters for elderly residents who are unable to make the journey to and from branches of the Council's public library.

Arrangements have been made for friends, relatives and Home Helps to borrow books on behalf of homebound persons who cannot visit the libraries themselves. Homebound readers who have no one to help them in this way are encouraged to contact the Hospital Librarian at Greenwich Library who endeavours to arrange a delivery service.

Voluntary groups in the area are prepared to collect and deliver library books to homebound elderly persons under a special extended loan scheme.

After two years research, the Library Association has reported that, in partially sighted people, reading performance could be advanced to the extent of up to 35% by improved typography in books, magazines and newspapers. This would prove a great benefit to our older citizens.

In Greenwich there is available at each branch library a collection of books in specially large type to meet the needs of elderly persons with failing sight.

Civic Entertainment

I am indebted to Mr. T. W. Dobinson, the Council's Entertainments Manager, for the statistics given hereunder :—

"I detail below the figures recorded for entertainments provided for Old Age Pensioners in the calendar year 1968. Shows provided in conjunction with the Health and Welfare Departments are marked with an asterisk. The O.A.P. Club shows were presented by the Recreational Services Committee.

Type of Show	*Total functions during year*	*Total Venues*
O.A.P. Club Shows	363	53
*Film Shows, O.P. Homes	48	4
*Avery Hill Shows	4	1

Shows in Old Age Pensioners clubs lasted for one hour and three professional artistes were engaged for each. In five of the smaller clubs entertainment lasting half an hour was provided by a single artiste.

Films shown in the Residential homes throughout the months January to March, October to December were full length features and all were in colour.

Four functions at Avery Hill College were presented for normally homebound people. These included two variety and two orchestral concerts."

Carol Services

Carol services for the elderly were held at St. Nicholas, Plumstead, Christ Church, Greenwich, and Eltham Congregational churches on 9th, 11th and 12th December, respectively. In all, some 450 persons attended these services after which refreshments were provided by voluntary organisations.

Mayor's Fund

During the winter emergency, supplies of bagged fuel were issued to necessitous old people who were without heating. The fuel was purchased by the Department with the aid of a generous grant from the Mayor's fund.

Christmas Parcels and Gifts

Distribution of the Mayor's 1,100 Christmas parcels, the contents of which were determined on department advice, was again effected by a rota of volunteers.

Other organisations were concerned in the giving and delivery of a further 220 parcels and gifts of money and there were 10 x 1 cwt. bags of fuel donated for needy elderly persons.

Staff of the Royal Herbert Hospital gave a Christmas party for 25 old people in the vicinity of their hospital and this department organised the transport.

Observers

Services provided in this Borough for the elderly are attracting observers from many sources and representatives of interested organisations have been welcomed and given every opportunity to study our services.

Advantage is also taken of our services by Health Visitors and Hospital Students in accordance with their various curricula.

Voluntary Help & Friendly Visiting, etc.

The Department maintains contact with a number of voluntary organisations and individual volunteers who are prepared to carry out services for elderly and handicapped people. These services include visiting, grass cutting, gardening, decorating, driving, escorting, mending, shopping, hairdressing, changing library books, etc. Friendly visits are made by approximately 250 voluntary visitors who report directly to the Department. In addition, church, school and other voluntary groups participate in the visiting scheme. The Department receives much useful information from the visitors, who are able to report should anything be amiss.

By the end of the year, many of these services were being undertaken by "Task Force" which has been given a grant by the Council to establish itself in the area.

MISCELLANEOUS SERVICES

Receivership

The Borough Welfare Officer has continued to act as Receiver, administering the estates of five patients, previously resident in the Borough, who, by reason of mental disorder, are incapable of managing their own affairs. Respective hospital authorities continue to be consulted concerning the patients' well-being and, in accordance with the duties of this office, all proposals within the patients' means which were likely to ameliorate his condition or add to his comfort have been submitted to the Court of Protection.

Protection of Property

Where it appears that there is danger of loss or damage and where no other suitable arrangements can be made, it is the duty of the Council to arrange for the temporary protection of property of persons who are admitted to hospital or welfare home.

Action was taken to mitigate loss or damage in thirty-one instances. In nineteen cases the property was only temporarily safeguarded, in nine other cases it was sold or otherwise disposed of and in the remaining three cases the property was transferred to the Council's store.

Burial or Cremation of Deceased Persons

The Council's powers under Section 50 of the National Assistance Act to arrange for the burial or cremation of any person where no other suitable arrangements were being made, were exercised in respect of 11 deaths.

The Council's expenses totalled £123 12s. 6d., of which approximately £50 was recovered from the estates of the deceased persons.

Registration of Disabled and Old Persons' Homes

There have been no additions to the number of homes registered by this authority under Section 37 of the National Assistance Act, 1948.

At the 31st December 1968, two establishments were currently registered :—

"Alveston House"—a home for 8 elderly ladies;

"Fairhaven"—a hostel for 25 educationally sub-normal youths, between 16-21 years of age.

COMMUNITY CARE BRANCH
GENERAL STATISTICS—1968

ANALYSIS OF VISITS

Type of Visit	O.P.W.	M.H.	S.W.	F.C.W.	TOTAL
Domiciliary	15,103	7,579	7,227	1,773	31,682
Hospital	381	990	61	54	1,486
Miscellaneous	1,777	1,026	575	43	3,421
Office	255	867	622	56	1,800
Non-effective	3,013	1,336	1,158	93	5,600
TOTAL ...	20,529	11,798	9,643	2,019	43,989
New Cases	926	314	426	4	1,670

PURPOSE OF VISIT OR INTERVIEW

Case Work—

Partially Sighted	389
Blind	2,435
Physically Handicapped	5,164
Mental Health	10,071
Elderly	17,463
Family	2,806
Unmarried Mother	61

Admission to—

Home (L.A. or Vol.)	345
Home (Private)	34
Hospital (In Borough)	191
Hospital (Out of Borough)	314
Hostel	16
Application for Homeless Families' Accommodation	279
Bathing—Domiciliary	93
Cleansing of Home	48
Discharge from Hospital	236
Holiday	1,500
Loan of Equipment	488
Mobile Meals	177
Outing or Party	543
Teaching	164
Works of Adaptation	343

SERVICES (New Referrals for/to)

Borough Services—

Bathing—Centre	189
Children's Officer	176
Chiropody—Clinic	133
Chiropody—Domiciliary	522
Centre—Combined	494
Centre—Mental Health	53
Clothing (Borough)	204
District Nurse	202
Furniture (Borough)	172
Holiday Relief Scheme	253
Holiday	1,371
Home Help	742
Housing Manager	1,052
Loan of Equipment	672
Mental Health Hostel	38
Mobile Meals	453
Part III Accommodation	680
Public Health Inspector	99
Radio (Borough)	11
T.V. (Borough)	26
Transport	71
Works of Adaptation	215

National Health Service—

General Practitioner	732
Hospital or Clinic	657
Ophthalmic (Domiciliary)	62
Dental (Domiciliary)	21

Other Services—

British Red Cross Society	59
Church or Club	169
Education	278
Ministry of Labour	161
Ministry of Social Security	318
N.S.P.C.C.	21
Probation Officer	59
Radio—Wireless for the Bedridden	33
Radio—Wireless for the Blind	25
Talking Book	27
T.V. (Vol. Schemes)	87
Voluntary Helper	152
Voluntary Society of Agency (Misc.)	562
W.R.V.S.	23

Task Force

Established in July, "Task Force" commenced operations in the Borough during August of the current year.

This organisation, with a permanent H.Q. Staff, engages in work supplementary to the services offered by the department. In the main, its members are young and enthusiastic volunteers who, so far, have co-operated successfully with our officers. It is still too early to estimate the true value of the field work carried out by "Task Force" but 1969 will present a better opportunity for a more realistic assessment of its activities which, it must be remembered, are not confined to those involving the Community Care Branch.

Referrals to "Task Force" by the Community Care Branch (and other sources in the area with similar health and welfare aims) are given in the accompanying tables together with results as known. These statistics do not represent the total work undertaken by "Task Force" but only those in respect of cases falling within the scope of this department.

Referrals

(Figures in brackets are jobs outstanding—the completed jobs include those withdrawn, as not needed and died, etc.)

Month	*Friendly visits & general help*	*Gardening*	*Decorating*	*Other*	Total
August 1968	45 (8)	24 (5)	10 (5)	17	96 (18)
September	18 (5)	11 (4)	2 (1)	4	35 (10)
October	287 (233)	19 (4)	7 (2)	17 (1)	330 (240)
November	27 (4)	4 (1)	4 (1)	11	46 (6)
December	57 (16)	—	5	10	72 (16)
January 1969	10 (2)	2 (2)	1	3 (1)	16 (5)
February	20 (10)	2 (1)	1 (1)	6 (2)	29 (14)
March	20 (15)	5 (5)	—	—	25 (20)
Totals	484 (293)	67 (22)	30 (10)	68 (4)	649 (329)

Reasons for Non-Completions of Referrals

Original job complete but re-visiting necessary	2	1	1	—	4
House may be sold soon	1	1	—	—	2
Awaiting suitable volunteer	33	7	4	3	47
Awaiting better weather	—	12	2	—	14
Help refused but will contact later	6	1	2	—	9
In hospital	3	—	—	—	3
Not urgent	4	—	1	1	6
No visitor available	16	—	—	—	16
Home Help block referral	228	—	—	—	228
Total	293	22	10	4	329

SECTION VI

ENVIRONMENTAL HEALTH SERVICES

Today, humanity is confronted with a dilemma. It lives in a technological age which is dedicated to making life easier but which, paradoxically, threatens its very existence.

As a species, man is reproducing at a pace which is almost comparable with bacterial multiplication. Consequently demands, not only for the necessities but for all things of life, are advancing at an unprecedented rate and in attempting to meet these insatiable claims man is "fouling his own nest". Increases in waste products are inevitable and problems connected with their safe disposal grow steadily day by day.

There is certainly a growing awareness of the dangers of pollution but how is control of malaria and similar diseases to be effective if the use of D.D.T. is prohibited? How can the land be made to produce its maximum without intensive cultivation and the use of fertilisers, herbicides and pesticides, or the farmer to rear healthy animals in sufficient quantities and sizes without extensive use of hormones and antibiotics? Can we expect greater crops and more animals on less land and tended by fewer persons without chemicals and mechanical assistance? Is a "return to nature" in these matters right or even possible?

So far, challenges of this kind have always been met and it may be that synthesis of protein from inorganic matter, turning vegetable materials directly into protein without the aid of farm animals and providing potable water by desalination of the sea will become practical and economic possibilities in the near future.

In the meantime, it would seem that man's hopes for Utopia are slowly being swallowed in a combination of miasma and detritus resulting from his own fecundity.

These factors fall into the category of "environmental" and include air, soil and water pollution; urbanisation with its constant threat of overcrowding, squalor, disease, interminable and unrelenting noise and social maladjustment; food additives, radioactive residues, population problems, etc.

Recent progress in the sphere of medicine has added years to life but this is of little value if we merely add quantity but not quality to living. Health is man's most precious possession and our environmental health services have played and will continue to play a most important part in its promotion and conservation.

A measure of the effectiveness of these services will be found in the extent to which they have added "quality" to life.

Outlined in this section are the efforts made by the department during 1968 to maintain and improve the high standards already achieved.

New Legislation

Clean Air Act, 1968.

This Act, which received the Royal Assent on 25th October, 1968, amends and adds to the provisions of the Clean Air Act, 1956.

The Clean Air Act, 1968 (Commencement No. 1) Order, 1968, appoints 1st April, 1969, as the appointed day for the coming into force of Sections 2, 6, 8-13 inclusive, Section 14(1) and paragraphs 1, 3, 4, 6, 7, 10 and 12 of Schedule 1, except in so far as any of those paragraphs refer to Sections 1 and 3 to 5, Section 14(2) and Schedule 2 and Sections 14(3) and 15. The main effects of these provisions are as follows :—

Grit and Dust from Furnaces

The existing provisions concerning the emission of grit and dust are extended to apply to a wider range of furnaces than hitherto, namely to any furnace burning solid, liquid or gaseous matter other than small domestic furnaces. In addition, the Minister now has the power to prescribe maximum permissible rates of emission of grit and dust from furnace chimneys and when he has made regulations in this regard it will be an offence involving a daily penalty of up to £100 to exceed the limits prescribed. The new Act retains the present general obligation to use any practicable means there may be for keeping the emissions of grit and dust to a minimum.

Control of Chimney Heights

The Act contains new provisions for the control by local authorities of the heights of furnace chimneys. Under the 1956 Act, control over the heights of industrial chimneys was exercised by local authorities as part of their function of approving plans for new buildings under building regulations, and there was exemption from these provisions in respect of the London area and for residences, shops or offices. The new arrangements will apply to a wider range of furnaces and will constitute a power of control independent of building regulations. The exemptions mentioned above will no longer apply. After the appointed date any person

erecting a building or installing plant in which there is a furnace burning 100 lb. or more of coal an hour *(or the equivalent in other fuel)* will be required to submit certain particulars of his proposals to the local authority and to obtain its approval to the proposed height of the furnace chimney. Approval will also have to be obtained in respect of the enlargement of a furnace served by an existing chimney or the replacement of a furnace by a bigger one.

The local authority may grant approval with or without conditions relating to the rate and/or quality of emissions. An applicant will be entitled to appeal to the Minister either against outright refusal or against any conditions imposed. The Minister can set aside or uphold the local authority's decision or vary it to the extent of imposing conditions which the authority could have imposed.

It will be an offence *(involving a daily penalty of up to £100)* to use a new or enlarged furnace where the height of the chimney has not been approved or to fail to observe any conditions imposed. The local authority must give a written decision on an application within four weeks *(or agree an extension of time with the applicant)*. If it fails to do so the application will be deemed to have been granted unconditionally.

Mandatory Smoke Control

If the Minister, after consultation with the local authority, is satisfied that smoke pollution in the area of the authority ought to be abated and that the authority has made no, or not enough, smoke control orders he may, under the provisions of the new Act, direct the authority to prepare and submit to him a programme of smoke control. The Minister may reject the programme or may approve it in whole or in part with or without modifications. He may then require the local authority to proceed to carry it out by making smoke control orders. If the local authority fails to submit a programme the Minister may make an order declaring the authority to be in default and directing it to carry out a programme devised by the Minister.

Acquisition and Sale of Unauthorised Fuel in a Smoke Control Area

The power of local authorities to enforce smoke control orders is strengthened by provisions making it an offence to buy *(or otherwise acquire)* any unauthorised solid fuel *(e.g. smoke-producing coal)* for use in a smoke control area unless it can be shown that the fuel is to be burnt in a fireplace which has been exempted

from the operation of the order. Similarly it will be an offence to deliver unauthorised solid fuel to a building in a smoke control area unless the transaction relates to an exempted house or fireplace. The provisions will not have any adverse effect upon merchants selling coal on their premises in the ordinary way, or on shopkeepers selling over the counter, whether or not their premises are in a smoke control area. The provisions do not affect wholesale deliveries to a merchant of unauthorised fuel, even though his premises may be within a smoke control area.

Miscellaneous Provisions

The new Act contains a number of minor procedural amendments to the 1956 Act. These include provisions to enable various orders to be brought into operation immediately on confirmation; to prevent the coming into operation of a smoke control order being postponed for more than twelve months without the consent of the Minister; and to ensure that any orders whose coming into operation has been postponed to a date later than 1st April, 1970, shall come into operation on the 1st April, 1970 *(except where the Minister otherwise directs).*

Provision is also made for an alteration to the present arrangement under which the Minister must order a local inquiry into any objection to a proposed smoke control order. In appropriate cases the objector may now be afforded an opportunity of an informal hearing before a person appointed by the Minister.

The new Act also slightly alters the relationship between the Clean Air Acts and the Alkali, etc., Works Regulation Act, 1906, as well as the powers of local authorities in respect of works scheduled under the Alkali Act. The 1956 Act provided that the sections of that Act dealing with smoke control should not apply to works scheduled under the Alkali Act but it made certain exceptions which allowed local authorities some responsibility for dark smoke, grit and dust emissions and smoke nuisances arising on Alkali Act premises. Under the new Act these exceptions disappear and it will accordingly no longer be open to local authorities to ask the Minister for consent to their taking proceedings in respect of air pollution against works scheduled under the Alkali Act.

The remaining provisions of the Act will be brought into operation in due course. Briefly, these concern an extension of the power to prohibit dark smoke from industrial or trade premises; provisions to enable local authorities to require the fitting of plant to new furnaces to arrest grit and dust; and powers to enable the

Minister to make regulations applying to fumes the requirements of this Act, and the 1956 Act relating to grit and dust.

The Clean Air (Measurement of Grit and Dust) Regulations, 1968.

Under Section 7 of the Clean Air Act, 1956, occupiers of buildings in which certain furnaces are situated may be directed by the local authority to make and record measurements of the grit and dust emitted from the furnace in accordance with requirements prescribed by the Minister of Housing and Local Government.

These Regulations, which came into operation on 1st May, 1968, prescribe the requirements to be observed and relate only to furnaces which are used to burn pulverised fuel or to burn, at the rate of one ton an hour or more, solid fuel in any form or solid waste.

In the Borough the only furnaces falling within the scope of the Regulations are at the Electricity Generating Stations and Gas Works which come under the jurisdiction of the District Alkali Inspector. In these cases liaison is such that complaints received by the Medical Officer of Health are investigated and, if considered necessary, a report of the circumstances is forwarded for the Inspector's attention.

The Medical Officer of Health has always kept grit and dust emissions under review. From time to time complaints are received but to date none has proved insurmountable and measures introduced, often at the instigation of the Medical Officer of Health, have resulted in considerable reduction of such emissions.

Rent Act, 1968.

Briefly, this Act, which came into force on 8th June, 1968, consolidates the Rent and Mortgage Interest Restrictions Acts, 1920 to 1939, the Furnished Houses (Rent Control) Act, 1946, the Landlord and Tenant (Rent Control) Act, 1949, Part II of the Housing Repairs and Rents Act, 1954, the Rent Act, 1957 (except Section 16 thereof), the Rent Act, 1965 (except Part III thereof) and other related enactments.

Caravan Sites Act, 1968.

This Act applies to England and Wales and came into operation on 26th August, 1968, with the exception of Part II which will come into force on a day to be appointed.

In brief :—

Part I restricts the eviction from caravan sites of occupiers of caravans and makes other provision for the benefit of such occupiers.

Part II imposes a duty upon the council of a county, county borough or London borough to exercise their powers under Section 24 of the Caravan Sites and Control of Development Act, 1960, so far as may be necessary to provide adequate accommodation for gipsies residing in or resorting to their area. The councils of county or London boroughs are not required to provide accommodation for more than 15 caravans at a time and exemption from the duty may be granted on the grounds that they have no suitable land available. In addition, county boroughs only may be granted exemption if the Minister is satisfied that the number of gipsies resorting to their areas in the five years ended 1st May, 1968, was not such as to warrant the provision of accommodation for them.

Part III amends the definition of "caravan" under Part I of the Caravan Sites and Control of Development Act, 1960.

Joint Circular 49/68 and 42/68 dated 23rd August, 1968, states that Part II is not being brought into immediate operation because the Ministers are reluctant in present circumstances to impose a fresh statutory burden on local authorities, but they have given an assurance that it will be implemented as soon as conditions permit. Meanwhile the Ministers emphasise that the need for providing sites remains at least as urgent as when Circular 26/66 was issued.

This Council has made and received confirmation of a compulsory purchase order in respect of land for the establishment of a municipal caravan site.

The Rag Flock and Other Filling Materials (Variation) Order, 1968.

This Order came into operation on 1st April, 1968, and increased the fees payable in respect of registration and licensing of premises under the Rag Flock and Other Filling Materials Act, 1951, from £1 to £2.

The Miscellaneous Fees (Variation) Order, 1968.

This Order, operative from 1st April, 1968, in some cases prescribes specific increases in the fees payable for certain registrations, permits and licences including that for a Riding Establishment licence which is raised to £10 from the original 10s. 0d. In the remaining cases local authorities had discretion to charge fees within prescribed maxima. The new maximum levels prescribed were adopted by the Council and these include a fee of £2 for both Pet Shops and Animal Boarding Establishment licences.

The Public Health (Rate of Interest) Order, 1968.

This Order came into operation on 1st March, 1968.

It applies to England and Wales, and increases from 5¾% to 7% per annum the maximum rate of interest local authorities may charge on expenses incurred by them under the Public Health Act, 1936, and which they are entitled to recover from the owner of the premises where the expenses are incurred.

Sanitary Circumstances of the Area

The tables on pages 238 to 240 summarise, as far as possible, the sanitary work of the Department; from these it will be seen that a total of 40,715 houses and premises have been inspected or re-inspected during the year; 1,624 Preliminary and 412 Statutory or Abatement Notices were served. Registered complaints numbered 7,068.

Factories Act, 1961

During the year 305 inspections were made by the Council's Inspectors in relation to the 559 registered factories. The latter figure includes 12 premises where mechanical power is not used.

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

FACTORIES ACT, 1961

Inspections for purposes of provisions as to health

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	14	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	513	257	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	34	34	—	—
TOTAL	559	305	12	—

Cases in which **defects** were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	25	25	—	8	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	25	25	—	8	—

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 apparel { Making etc.	37	—	—	—	—	—
Linen	1	—	—	—	—	—
Lampshades	31	—	—	—	—	—
Christmas Crackers	1	—	—	—	—	—
Artificial Flowers	1	—	—	—	—	—
TOTAL	71	—	—	—	—	—

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	65
(b) Outworkers resident outside the Borough	105

Notifications received from firms outside the Borough of :—

Outworkers resident in the Borough	43
Total number of Greenwich residents employed as outworkers *(as given in August list)*	71

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

The Offices, Shops and Railway Premises Act, 1963

The broad purpose of this Act which, for the purpose of registration came into force on 1st August, 1964, is to give office and shop workers standards of working conditions and safety as favourable as those which apply to factory workers under the Factories Act, 1961.

A statistical summary of the Annual Report, as forwarded to the Ministry of Labour in respect of the work carried out during 1968, is given in the following tables:—

Registration and General Inspections

Class of Premises	No. of Premises Registered during year	Total No. of Premises Registered at end of year	No. of Premises receiving General Inspection during the year
Offices	21	354	62
Retail Shops	25	1,151	139
Wholesale shops, Warehouses	3	50	7
Catering Establishments, Canteens	7	191	9
Fuel Storage .... Depots	1	6	—
TOTALS	57	1,752	217

Analysis by Workplace of Persons Employed in Registered Premises

Class of Workplace	No. of persons employed
Offices	5,716
Retail shops	6,837
Wholesale departments, warehouses	1,488
Catering establishments open to the public	1,148
Canteens	152
Fuel storage depots	54
	*15,395

**Males 6,587 Females 8,808*

A total of 852 visits including 217 general inspections were made to premises during the year. As a result of the service of 54 informal notices, the following contraventions of the Act were remedied :—

No. of thermometers provided	16
Abstract of the Act provided	21
First Aid Kits provided	16
Defective floors repaired	6
Washing facilities provided	3
Defective stairs or handrails repaired	5
Electric lighting provided or improved	1
Insufficient seating accommodation remedied	1
Inadequate heating remedied	7
Additional locker accommodation provided	3
Inadequate ventilation remedied	5
Defective sanitary accommodation remedied	15
Dirty conditions remedied	3
Wall surfaces repaired or renewed	8
Hot water supply provided	9
Guards provided on dangerous machines	2
Other contraventions of the Act remedied	5

Exemptions

No applications were received under the exemption provisions of Section 46 of this Act.

Notification of Accidents

Notice of an accident in the prescribed form is required to be sent to the appropriate enforcing authority if it occurs in any premises to which the Act applies and causes loss of life or disables an employee for more than three days from doing his usual work. Each quarter a return is made to the Ministry of Labour.

All the 56 notifications received during the year related to non-fatal injuries which were mostly of a minor nature. Each case was investigated by the respective District Public Health Inspector and advice was given where necessary. In only 7 cases was it considered necessary to write to the firms concerned and the measures suggested to prevent the recurrence of similar accidents were readily implemented.

The reported accidents and their analysis for the year under review are summarised in the following tables :—

Reported Accidents

Workplace	No. Reported		Total No. Investigated	Action Recommended			No Action
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Advice	
Offices	—	5	5	—	—	—	5
Retail Shops	—	35	35	—	—	5	30
Wholesale Shops, Warehouses....	—	5	5	—	—	1	4
Catering Establishments open to public, canteens	—	10	10	—	—	—	10
Fuel Storage Depots	—	1	1	—	—	1	—
TOTALS	—	56	56	—	—	7	49

Analysis of reported accidents

	Offices	Retail Shops	Wholesale Warehouses	Catering establishments open to public, canteens	Railway Buildings
Machinery	—	1	—	—	—
Transport	—	—	—	—	—
Falls of persons ...	2	10	—	5	1
Stepping on or striking against object or person	—	1	—	—	—
Handling goods	2	8	1	1	—
Struck by falling object	—	3	—	—	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	7	1	1	—
Not otherwise specified	1	5	3	3	—

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 a preliminary Notice is sent to the owner specifying the work necessary to abate the nuisance. Where necessary, the circumstances are reported to the Health Committee for authority to serve a Notice to enforce abatement of the nuisance. The premises are reinspected and, if work required is not executed within a reasonable period, an Abatement 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 Act, 1936, and are dealt with under the Housing Act, 1957, as being houses unfit for human habitation. Representations are made to the 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 74 of the Public Health Act, 1961, to deal with nuisance arising from the congregation of pigeons believed to be ownerless.

During the year, 41 complaints were received and, where justified, arrangements were made to reduce the pigeons to a reasonable number by members of the Rodent Control Staff.

Narcotic treatment, authorised by licence from the Ministry of Agriculture, Fisheries and Food, was carried out at 3 points in the Well Hall area with reasonable success. To ensure that the pigeons would take the narcotic bait, pre-baiting with wheat took place between 4.30 a.m. and 5.30 a.m. for 10 consecutive days.

River Pollution

In London, sewage and its disposal, amounting to a daily dry flow of approximately 450 million gallons from an area of 500 square miles serving a population of 7 millions, is under the control of the Greater London 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 which, on occasions, gives rise to complaints.

No complaints regarding pollution were made to this department during the current year.

Storm Flooding

Heavy rain at the week-end of 14/15th September caused flooding in many parts of the Borough. Flooding of dwellings which commenced in the early afternoon of 14th September in the Abbey Wood area later developed in the region of the River Quaggy, Sidcup Road, Coldharbour, Eltham Road, Westhorne Avenue, Meadowcourt Road, Edison Grove, Osborne Terrace, Elverson and Brookmill Roads.

In all some 210 dwellings were flooded in varying extent from a few inches to three feet above floor levels. In many others, only gardens and yards were affected.

Residents affected in the Borough were assisted by the department in the drying of carpets and other soft furnishings, pumping out flood water from under floor spaces, drying by industrial heaters dwelling structures and disinfecting and deodorising contaminated homes and approaches and curtilages thereto. Although temporary accommodation was offered as appropriate, householders chose to remain in their homes or went to nearby relatives or friends.

The Baths Section of the Town Clerk's Department and the Building Maintenance Section of the Borough Engineer and Planning Officer's Department readily responded to requests for Services, mainly in connection with carpet drying.

Damage to foodstuffs was, fortunately, minimal and shopkeepers and wholesalers were assisted as necessary. The riverside wharves and sheds were unaffected and the Metropolitan Water Board's supplies remained wholesome.

The following is a summary of the work carried out by the department in connection with the flooding :—

Requests for assistance	326
Carpets collected, dried and returned	257
Dwellings pumped free of flood water	34
Structures dried out	104

ATMOSPHERIC POLLUTION

At the risk of being repetitive I would repeat the comments given last year if only for the fact that the current year has seen an increase in the public's interest in all kinds of pollution.

It would seem that man has learned to add years but relatively little quality to life and that pollution of all descriptions is a concomitant of him and his advancement. As years add wisdom, man at very great expense, seeks to redress the wrongs perpetrated against nature by previous generations, of which air pollution is a typical example.

Means are now being sought to reduce or eliminate the concentrations of oxides of sulphur, nitrogen and carbon and to identify and evaluate the photochemical reactions of partially burnt end-products from automobile exhausts. Greater publicity is being given to the effects of such chemicals upon sensitive mucous membranes, their likely effects upon water supplies and, indeed, upon all environment generally.

Although epidemiological investigations in London have shown a positive association between the state of health of chronic bronchitics and the level of air pollution, especially in such occupations as postman and bus driver, the delayed effects of this pollution are difficult to evaluate. This is probably because cigarette smoking has a predominant connection with lung cancer and chronic bronchitis. Indeed, the Medical Research Council's Air Pollution Research Unit has, so far, been unable to isolate the components of polluted air which are responsible for the harmful effects on man. In concentrations of 2 p.p.m. or less, sulphur dioxide would appear to have no effects upon healthy adults and, similarly,

realistic concentrations of coal smoke have failed to produce constriction. The Unit's conclusion was that something other than this SO_2 in the London atmosphere was producing constricting effects and that it had isolated a water soluble extract of smoke which apparently acts as a histamine potentiator.

Carbon monoxide, a form of pollution produced by petrol engines, has long been considered harmful but the Research Unit has been unable to confirm this. What has been revealed is that higher levels of carboxyhaemoglobin are found in smokers than in non-smokers exposed to rush-hour traffic.

It is clear that there is a real need to control air pollution but there is also no doubt that standards of air purity cannot be established without some sound scientific evidence.

With a figure of 74% of its premises in smoke control areas, Greater London maintains its substantial lead over other regions in the country. Even so, the percentage for Greenwich at almost 77% compares more than favourably with this figure.

Clean Air Acts, 1956 and 1968

Smoke Control Areas

West Greenwich

In the summer, preliminary arrangements for the formation of the West Greenwich Smoke Control Area were completed and the Council declared the Area on 1st August, 1968. Details of the Area are as follow :—

This is an Area of predominantly private property comprising some 530 acres and 6,134 dwellings of which it is estimated 3,736 will require some form of conversion or adaptation. Of the total dwellings 743 are Borough Council, 1,865 Greater London Council and 3,526 privately owned and, in addition, there are 580 non-domestic premises. The Minister of Housing and Local Government confirmed 1st December, 1969, as the operative date of the Area Order.

Little Heath, St. Nicholas, Woolwich Town Centre and Thamesmead

On the same date as the West Greenwich Smoke Control Area was declared, the Council approved in principle the Little Heath, St. Nicholas and Woolwich Town Centre Smoke Control Areas with a view to the making of Orders in the summer of 1969. These Areas respectively comprise approximately 150, 80 and 130 acres and 1,320, 1,400 and 290 dwellings. Earlier in the year the Council also approved in principle the making of a Smoke Control Order of that part of Thamesmead site situated in the Borough and comprising 1,138 acres approximately.

At the end of the year there were 8,173 acres and 56,596 dwellings within operative Smoke Control Areas. Details in respect of these Areas and that of West Greenwich are set out in the table below and their respective coverage of the Borough shown on the accompanying map.

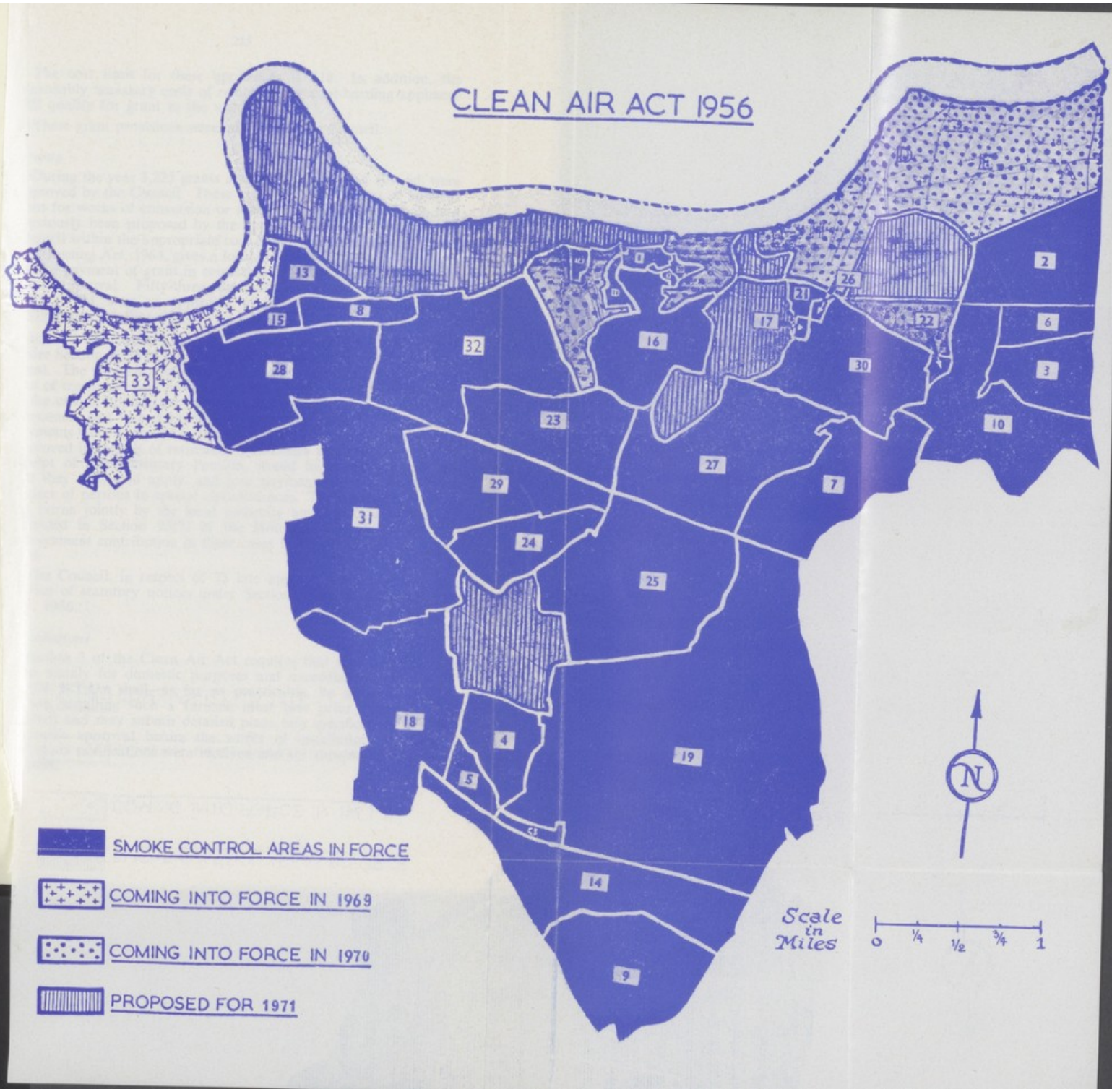
CONFIRMED SMOKE CONTROL AREAS

Name of Area	Operative Date	Approximate Acreage	No. of Dwellings	No. of Industrial Premises	No. of Commercial Premises	No. of Other Premises
St. Mary's	1.10.58	26	595	Nil	Nil	2
Abbey Wood (Abbey Estate)	1.11.58	202	2,515	1	17	9
Abbey Wood	1.10.59	157	1,251	Nil	13	3
Middle Park (North East)	1.10.60	163	1,122	Nil	16	6
Middle Park (South West)	1.10.60	100	722			
Abbey Wood No. 2	1.10.60	78	1,150	Nil	24	4
Clothworkers Wood	1.10.60	260	1,868	Nil	12	4
Greenwich No. 1	1.10.60	76	985	6	40	10
Coldharbour	1.10.61	350	2,806	Nil	33	4
Abbey Wood No. 3	1.10.61	380	1,973	2	59	2
St. Mary's No. 2	1.10.61	26	596	Nil	14	Nil
St. Mary's No. 3	1.11.61	12	563	Nil	Nil	Nil
Greenwich No. 2	1. 7.62	63	1,587	2	70	14
New Eltham	1.10.62	380	1,916	Nil	68	18
Greenwich No. 3	1.10.62	49	891	6	49	7
Garrison North	1.10.62	260	350	1	3	17
Glyndon	1.10.62	6	250	Nil	Nil	Nil
Horn Park	1.12.62	454	2,359	Nil	26	3
Eltham	1.10.63	1,550	5,325	6	370	47
St. Mary's No. 4	1.10.63	8	191	Nil	2	Nil
Glyndon No. 2	1.10.63	26	390	Nil	12	1
Rockmount	1.10.63	5	253	Nil	1	1
Greenwich No. 4	1.10.63	262	1,212	Nil	Nil	3
Greenwich No. 5	1.10.63	132	1,022	Nil	6	1
Well Hall	1.10.64	540	4,136	Nil	93	11
Glyndon No. 3	1.10.65	6	220	Nil	1	Nil
Shooters Hill	1.12.65	480	4,360	1	75	12
Greenwich No. 6	1. 7.66	414	1,586	Nil	29	8
Brook	1.12.66	290	1,885	Nil	34	7
Plumstead	1.12.66	324	3,733	Nil	226	23
Blackheath Park	1.12.67	620	3,390	5	61	26
Charlton	1.12.68	474	5,394	7	110	28
West Greenwich	1.12.69	530	6,134	87	450	43

Circular 46/68—Designation of direct acting electric space-heaters.

This Circular issued by the Ministry of Housing and Local Government refers to Circular 60/64 by which the Minister designated direct acting electric space-heaters as being generally unsuitable for installation in smoke control areas by reason of tending to impose undue strain on the fuel resources available. The effect of the designation precluded payment of grant towards expenditure incurred by owners or occupiers who installed such appliances.

By this Circular of 29th August, 1968, the Minister revoked the designation of the appliances and with effect from its date local authorities are no longer precluded from paying grant in accordance with the provisions of the Clean Air Act and the Ministry's principles of grant.


CLEAN AIR ACT 1956
SMOKE CONTROL AREAS IN FORCE
COMING INTO FORCE IN 1969
COMING INTO FORCE IN 1970
PROPOSED FOR 1971
Scale in Miles
0 ¼ ½ ¾ 1
N

The cost limit for these appliances is £18. In addition, the reasonably necessary costs of removing the coal-burning appliance will qualify for grant in the usual way.

These grant provisions were adopted by the Council.

Grants

During the year 1,225 grants amounting to £27,858 19s. 6d. were approved by the Council. These grants were in respect of applications for works of conversion or adaptation carried out which had previously been proposed by the applicants and approved by the Council within the appropriate cost limits. However, Section 95 of the Housing Act, 1964, gives a local authority, *inter alia*, discretion on the payment of grant in respect of such works effected without prior approval. Fifty-three discretionary grants amounting to £818 4s. 2d. were so approved, giving a consolidated figure of 1,278 grants totalling £28,677 3s. 8d.

In cases of financial hardship, a local authority also has discretion under Section 12(1) of the Clean Air Act, to pay more than 7/10ths grant. The Council continued its previous policy and paid the full cost of reasonable and necessary works of conversion or adaptation in the case of application from occupier/owners who are retirement pensioners and in receipt of Supplementary Pension. Three such payments were approved in the year. A further two payments were approved in respect of retirement pensioners who, although not in receipt of Supplementary Pension, would have been so entitled had they chosen to apply, and four payments were also made in respect of persons in special circumstances. These additional costs are borne jointly by the local authority and the Government as provided in Section 95(7) of the Housing Act, 1964, and the Government contribution in these cases is *also* 4/7ths of the grant paid.

The Council, in respect of 75 late applications, authorised the service of statutory notices under Section 12(2) of the Clean Air Act, 1956.

Installations

Section 3 of the Clean Air Act requires that new furnaces not used mainly for domestic purposes and exceeding a capacity of 55,000 B.T.U.s shall, as far as practicable, be smokeless. Any person installing such a furnace must give prior notice to the Council and may submit detailed plans and specifications for the Council's approval before the works of installation commence. Thirty-six notifications were received and six approvals were given in 1968.

Pollution Recording

Four atmospheric pollution measuring stations are maintained by the Council and the daily mean concentrations of smoke and sulphur dioxide are calculated on readings taken at these stations. No heavy atmospheric pollution was recorded during the year.

Staff

Within the Borough a Principal Clean Air Inspector and a team of one Clean Air Inspector and three Technical Assistants are employed full-time on duties in connection with atmospheric pollution and with the surveying and inspections of properties in Smoke Control Areas. Such duties involved a total of 11,033 inspections and visits.

Rent Acts, 1957/1968

The following table gives details regarding applications received, certificates issued and action taken during the current year in accordance with the Rent Act, 1957, as superseded by the Rent Act, 1968 :—

PART I—*Applications for Certificates of Disrepair*		
Number of applications for certificates		6
Number of decisions not to issue certificates		—
Number of decisions to issue certificates :		
(a) in respect of some but not all defects	5	
(b) in respect of all defects	1	
	—	6
Number of undertakings given by landlords .... *(under para. 5 of 1st Schedule)*		1
Number of undertakings refused by Council .... *(under proviso to para. 5 of 1st Schedule)*		—
Number of certificates issued		1
PART II—*Applications for Cancellation of Certificates*		
Applications by landlords to Council for cancellation of certificates		2
Objections by tenants to cancellation of certificates upheld		—
Decisions by Council to cancel notwithstanding tenants' objection		—
Certificates cancelled		1

in addition to the foregoing three applications (Form "O") were received, one from a landlord and two from tenants, each

for a certificate as to the remedying of defects which the landlords had undertaken to remedy. These 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	—	2
	Landlord	1	—

Noise Abatement Act, 1960

With the growth of mechanisation in all branches of engineering expected during the next decade an increase in the problems of noise and vibration is to be anticipated. It has been predicted that aircraft noise will double every five years, that the noise of traffic will double every seven years and that machinery noise will double every ten years. More fundamental knowledge of the mechanics of noise is needed if control measures are to be effective.

It is for this purpose that the Medical Research Council and the Department of Scientific and Industrial Research are giving grant support to Southampton University's Institute of Sound and Vibration Research which is now leading the world in the field of basic physics and industrial acoustics and their relationship to deafness.

Local authorities have been empowered to deal with noise or vibration as statutory nuisances under this Act and during the year 58 complaints were received of which all but three were of a relatively minor nature. Of the three more serious complaints, two were in respect of industrial premises and the other arose from construction of a new sewer on which works were being carried out night and day.

At the end of the year investigations were continuing at one of the industrial premises. With regard to the other two and in respect of the majority of other complaints, satisfactory improvements were effected.

In all, a total of 325 visits were carried out during the course of the year by the Public Health Inspectors in connection with noise complaints.

Circular 58/68—Noise—Technical Instruction of Staff and Public Education—As requested by this Circular, issued by the Ministry of Housing and Local Government, a report was sent of the action taken by the Council in accordance with paragraph 22 of Circular 22/67.

It was reported that a circular letter was sent in April, 1967, to all proprietors of industrial premises in the Borough requesting their co-operation in eliminating all unnecessary noise. These letters were, in general, well received and resulted in confirmation that noise levels would be kept to a minimum.

Posters on the subject of noise are on display in a number of Council owned establishments and the Health Education Unit arranges lectures and films on the problems of noise as part of the Department's health education programme.

With regard to technical instruction, a number of public health Inspectors and staff of the Borough Engineer and Planning Officer's Department attended a special course on noise. This practice will be continued.

Pharmacy and Poisons Act, 1933

During the year the Town Clerk received 6 applications for entry of name in the Council's List of Persons entitled to sell Poisons included in Part II of the Poisons List and 154 applications from vendors for retention in the Council's List. All were duly considered and approved.

Poisons Information Service—Circular 16/63 received from the Ministry of Health drew attention to a Poisons Information Service which has been set up at Guys Hospital and which came into operation on the 2nd September, 1963. The functions of the serivce are :—

(i) to maintain an index of substances in common use—medicinal, veterinary, industrial, agricultural, horticultural, household, etc.—showing their composition and, wherever possible, their toxicity and corrective measures in cases of poisoning;

(ii) to provide information to medical practitioners so as to facilitate treatment of cases of acute poisoning.

The service is primarily intended to deal with enquiries related to specific cases of poisoning or suspected poisoning. It will not serve as a respository of toxicological information of a general nature, nor will it be able to advise on miscellaneous toxic hazards.

Rag Flock and Other Filling Materials Act, 1951

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

Under the Rag Flock and Other Filling Materials Regulations, 1961 and 1965, eight samples, three of Woollen Mixture Felt and one each of Rag Flock Layered, Hair Pad, Coir Fibre Mat, Rag Flock and New Cotton Felt, were submitted for examination and all proved satisfactory.

Licensing Act, 1961

During the year, 14 applications, 4 for registration and 10 for renewal of registration as licensed premises, were made to the Town Clerk involving inspections by District Public Health Inspectors. All were considered satisfactory for their particular purposes.

Betting, Gaming and Lotteries Act, 1963/64

In accordance with the provisions of these Acts, the Council issues permits in respect of amusements with prizes.

Applications received from proprietors of cafes, restaurants and public houses for permits are referred to this Department for reports as to the general suitability of their premises.

During the course of the year, 102 inspections were made and reports submitted to the Town Clerk.

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.

At the end of the year 11 licences were in operation and 68 inspections were carried out by the Senior District Public Health Inspector.

Hairdressers and Barbers

Under Section 21 of the Greater London Council (General Powers) Act, 1967, as from the appointed day it is an offence, subject to the provision in sub-section (1), for any person to carry on the business of a hairdresser or barber on any premises in a Borough unless he is registered in respect of those premises by the Council.

This Council fixed 1st June, 1968, as the appointed day and byelaws under Section 77 of the Public Health Act, 1961, were confirmed by the Minister of Housing and Local Government.

Premises registered at 31st December, 1968	162
Persons registered at 31st December, 1968	201

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 any Health legislation and whether such properties are within existent or proposed Clearance, Development or Smoke Control Areas.

During the year 4,453 reports on such enquiries were forwarded to the Town Clerk's department.

Drainage and Sewerage

Under the Public Health Act, 1936, an existing combined drain is classified as a public sewer which it is the Council's duty to maintain, cleanse and empty. "Maintenance" includes repair, renewal and improvement but, in the case of improvement includes only that which may be necessary to make the length of sewer adequate for draining the premises served by it immediately before the improvement was undertaken. A local authority is entitled to recover the expenses reasonably incurred in carrying out such works.

During the year, 1,202 public sewers were tested and maintained, cleansed or emptied.

Thirteen cesspools remain in use in the Borough and under the Borough Engineer and Planning Officer's direction, these are emptied on request.

Plans received in respect of proposed drainage work to be carried out to existing buildings are examined by the Public Health Inspectors prior to their submission by the Borough Engineer and Planning Officer to the Council for approval.

Radioactive Substances Act, 1960

The Act is concerned with the control of the accumulation and disposal of radioactive wastes and, as from Ist December, 1963, persons keeping or using radioactive material will, unless exempted, be required to register with the Minister of Housing and Local Government and obtain authorisation from him for the accumulation or disposal of radioactive waste.

No copies of certificates of registration were received from the Minister during the year.

Water Supply

London's population has repeatedly created problems in the maintenance of an adequate supply of water for domestic purposes. Demands today are already onerous but, with a greater attention being paid to personal and public hygiene, these are becoming more clamant.

As a county London is unique in that it is practically wholly developed. Over the years, buildings and drainage have disturbed the natural flow of water and such resources as were available have been rendered useless for the supply of pure water. Deficiences in overground supplies within the county are met by tapping outside sources and water from the higher reaches of the Thames and the Lea together with the exploitation of the underground water-bearing strata form the bulk of London's supplies. Indeed, for some considerable time now, water from springs, streams and wells has been dwindling and greater use has had to be made of the Thames which now contributes more than two thirds of the total of the Metropolitan Water Board's supplies.

Regrettably, rivers and their tributaries are themselves becoming polluted and this modern necessity for "re-using" water for domestic purposes is not without its hazards although, to date, these have been successfully dealt with by the Board.

Today, synthetic detergents, pesticides and herbicides (the uses of which are on the increase), trade wastes which are greater in quantity and chemically more complex, waste products of nuclear degeneration and even atmospheric pollution are all making their contribution to residues being discharged into river water already deficient in oxygen sufficiently fully to degrade the various existing pollutants thereby rendering the future task of providing a pure water supply even more difficult.

The whole of the Borough is supplied with water by the Metropolitan Water Board, a Statutory undertaking, which, as a result of the Metropolis Water Act, 1902, was formed in 1903 when it took over the 8 undertakings which were then supplying London's water. As a Board it is committed to supply a population of some $6\frac{1}{4}$ million people within an area of 540 square miles extending from Ware in the north to Sevenoaks in the south and which has an average daily consumption of about 400 million gallons. One of this Borough's two wells which supply drinking water is a most prolific contributor to the Board's supplies, having a normal output of 5 million gallons per day.

The Board is responsible for the purity of its water and the supplies are regularly tested—chemically and physically for an estimation of its clarity, colour and taste, and bacteriologically for assessment of coliform colonies with confirmatory examination for *Escherichia coli*.

There are 73,400 inhabited dwellings in the Borough with direct connections to the Board's mains.

On request and following satisfactory reports, 9 letters were sent during the year in respect of properties confirmed as having a suitable and sufficient supply of water.

I am indebted to Dr. E. Windle Taylor, Director of Water Examination for the Metropolitan Water Board, for the following information given in accordance with the Department of Health and Social Security Circular 1/69, regarding the water supplies in the Greenwich area :—

"You will understand that this information does not relate to private supplies and supplies from other Water Undertakings (if any).

(1) (a) The supply was satisfactory both as to quality and quantity throughout 1968.

(b) All new and repaired mains are disinfected with chlorine, after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.
The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or other abnormality is immediately investigated.

(c) (i) The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar-General's estimates at 30th June, 1968, was 229,700.

(ii) No houses were permanently supplied by standpipe.

(d) No fluoride was added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

(2) (a) The supply was derived from the following works and pumping stations :—
River Thames from Hampton and Surbiton via Deptford;

Deptford, Wilmington, Darenth, Bexley, Wansunt and Crayford Wells.

No new sources of supply were instituted and there were no changes to the general scheme of supply in your area. The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets.

(b) On account of their hardness content and alkaline reaction the Board's river and well water supplies are not considered to be plumbo-solvent. It should, however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed; this applies to copper, zinc, iron and also to lead.

Special tests for lead have been carried out during 1968 on 100 premises where a lead supply pipe is installed. The premises were chosen to give an even distribution of samples throughout the whole of the Board's area. Two samples were collected from each premises; one was the first running of water standing in the lead pipe overnight and the other was a sample of water after running the tap for a few minutes. The results are set out in the accompanying table :—

LEAD CONTENT OF WATER FROM MAIN TAPS IN CONSUMERS' PREMISES

Lead content (mg/l Pb)	*Samples of water standing in lead pipe overnight*	*Samples of water after running the tap*
Less than 0.01	10	37
0.01	31	57
0.02	21	4
0.03	8	1
0.04	9	0
0.05	5	0
0.06	5	0
0.07	4	1
0.08	1	0
0.09	3	0
0.10	1	0
0.12	1	0
0.16	1	0
	100 (premises)	100 (premises)

The above results are very satisfactory and the figures are within the limits of the World Health Organisation European Standards for Drinking Water Quality. This states that the upper limit for lead in running water in the supply should not be more than 0.1 mg/l (Pb); but where water undertakings continue to use lead piping the concentration of lead (as Pb) should not exceed 0.3 gm/l after 16 hours contact with the pipes."

Underground Water Supplies (Wells).—In August, 1947, at the request of the Ministry of Health, a survey of underground water supplies was made and the table accompanying my Report for 1965 gave details insofar as they were known to the department at that time. In all, 55 wells are listed, of which only two are used for the supply of water for drinking purposes. Of the remaining 53 wells, 19 are used for commercial purposes and 34 disused.

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

Fluoridation of Water Supplies.—In recent years dental decay has increased especially among the younger age groups. On an average, a five-year-old child has at least five decayed teeth and in fact, at the age of eleven only one child in every hundred has perfect teeth. Modern research has discovered that a minute quantity of fluorine assists the formation of healthy teeth and reduces the incidence of decay.

Fluoride is present in most water supplies in small amounts as a naturally occurring chemical. The concentration varies from a trace to 14 parts or more per million in some areas of the world.

In combination with other elements fluorine occurs naturally in igneous rock formations as fluorspar, fluorapatite and fluorite, all of which are fluorides of calcium. It also occurs in the endemic regions in soils and rocks, it is present in seawater at a concentration of about 1 p.p.m. and it is found in many foods as a trace element.

England's highest concentrations in water occur in Essex, West Mersea having 5.8 p.p.m., Burnham-on-Crouch and Maldon with 3.5 p.p.m. Areas having the lowest are found in Lancashire, Yorkshire and South Devon where it is 0.1 p.p.m. or less. Thames water contains, on an average, 0.3 p.p.m., similar to that found in the Deptford Well Water.

There is a mechanism in the body which keeps the fluoride in the blood plasma at a level of between 0.14 and 0.19 p.p.m. and this occurs whether the water contains virtually no fluoride or as much as 2.5 p.p.m.

Fluoridation can be a money saver. Ten years of fluoridation at Hastings, New Zealand, have reduced expenditure of public funds on dental treatment to less than half and statistics in respect of authorities in England and Wales where the average fluoride content of domestic water supplies is at or above the recommended concentration show that the cost per head for dental treatment is substantially less than where the converse is true.

By the end of the year, over two million people in England and Wales were receiving fluoridated water and several other schemes are due to commence during 1969. Some 113 local health authorities representing a population of approximately 30 million (60% of the total) had agreed to the principle of fluoridation.

In order to encourage fluoridation and to demonstrate his faith in its beneficial effects, the former Minister of Health in his Circular 24/68 decided to remove altogether the time limit (3rd August, 1970) during which he was prepared to indemnify local health authorities and water undertakings against proceedings on the grounds of injury to health.

This Council is one of 26 local health authorities served by the Metropolitan Water Board who support the fluoridation of water supplies as a dental caries preventative measure. Unfortunately, a minority of 6 authorities have consistently opposed such action and the Metropolitan Water Board is persisting in its policy of not introducing fluoridation until there is unanimity among the authorities supplied.

The possibility of placing the duty of fluoridation of London's water supplies on the Metropolitan Water Board by a General Powers Bill has been explored by the London Borough's Association, but the Clerk to the Board has indicated the impracticability of such a suggestion if only for the fact that the respective areas do not coincide. Legislation, to be effective, would need to be made obligatory throughout the country and the Minister is not prepared, at this juncture, to support this solution.

METROPOLITAN WATER BOARD—Water Examination Department

Average Results of the Chemical Examination of the Water Supply to the London Borough of Greenwich - Year 1968

Milligrammes per litre (unless otherwise stated)

Description of the Sample	No. of Samples Day of the month	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from $KMnO_4$ 4 hrs. at 27°C.	B.O.D. 5 days at 20° C	Hardness (total) $CaCO_3$	Hardness (non-carbonate) $CaCO_3$	Magnesium as Mg	Sodium as Na	Potassium as K	Chloride as Cl	Phosphate as PO_4	Silicate as SiO_2	Sulphate as SO_4	Natural Fluoride as F	Surface-active material as Manoxol OT		Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micro-ohms)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
Thames-derived *South of River	156	0·023	0·081	4·0	1·22		271	73	4	22·9	5·3	33	2·0	10	62	0·30	0·02		0·1	14	7·9	560
Bexley Well	4	0·007	0·019	5·3	0·15		329	80				21				0·15			0·0	1	7·2	580
(a) Crayford No. 1	4	0·009	0·050	9·3	0·56		446	185				35				0·30			0·1	2	7·0	840
(b) Crayford No. 2	4	0·008	0·023	6·9	0·21		325	96				29				0·20			0·2	2	7·2	590
(c) Crayford No. 3	4	0·009	0·027	6·5	0·25		360	120				31				0·25			0·0	1	7·2	680
Deptford Well	4	0·006	0·028	6·3	0·15		386	145				43				0·30			0·0	1	7·2	760
Darenth Well	4	0·009	0·025	4·6	0·12		272	46				18				0·15			0·1	0	7·3	500
Wansunt Well	16	0·075	0·038	5·9	0·19		345	97				30				0·20			0·1	2	7·2	660
Wilmington Well	4	0·010	0·026	6·5	0·21		296	65				26				0·15			0·0	1	7·3	550

*Hampton, Surbiton and Walton.

METROPOLITAN WATER BOARD—Water Examination Department

Bacteriological Results—Yearly averages, 1968, of Water Supplied to the London Borough of Greenwich

Source of supply	BEFORE TREATMENT						AFTER TREATMENT				
		Agar plate count per ml.		Coliform count		Escherichia coli count		Agar plate count per ml.		Coliform count	E. coli count
	Number of samples	20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Number of samples	20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
Thames-derived, *South of River								1,931	10·8		99·79	100·0
Bexley Well	246	0·1	3	99·59	—	99·59	—	250	0·1	6	100·0	100·0
(a) Crayford No. 1	120	0·1	7	95·00	0·3	96·27	0·1					
(b) Crayford No. 2	124	0·2	312	94·35	0·3	96·77	0·1	250	9·5	66	100·0	100·0
(c) Crayford No. 3	121	0·3	162	93·39	0·6	95·87	0·4					
Deptford Well	219	0·1	98	93·15	0·4	95·43	0·2	223	0·2	98	100·0	100·0
Darenth Well	246	0·1	18	97·15	0·1	97·97	0·1	253	0·0	1	100·0	100·0
(a) Wansunt No. 1	216	0·7	26	98·61	0·1	99·07	—					
(b) Wansunt No. 2	244	0·0	16	100·0	—	100·0	—	252	0·0	38	100·0	100·0
Wilmington Well	240	1·8	37	89·58	1·0	94·58	0·1	246	0·4	5	100·0	100·0

*Hampton, Surbiton and Walton.

Public Baths and Washhouses

There are 4 Borough Council Public Baths, 2 Public Washhouses and a Council Launderette.

A summary of Bacteriological Samples taken from the various swimming baths during the year with the results of the examinations is given in the following table :—

Bath	*No. of Samples*	*Satis-factory*	*Unsatis-factory*
Greenwich—1st Class	2	2	—
Greenwich—2nd Class	2	2	—
Eltham—Small	2	2	—
Eltham—Large	1	1	—
Eltham—Spastics	1	1	—
Plumstead—Small	1	1	—
Plumstead—Large	1	1	—
Woolwich—Small	1	1	—
Woolwich—Large	1	1	—
Totals	12	12	—

I am indebted to Mr. D. F. Wallis, Baths Manager, for the following information and statistics in respect of the financial year 1968/69 :—

"The Council has four Baths Establishments and a Launderette. There are two Swimming Baths at each of the four Establishments and in addition there is a Hydrotherapy Pool at the Eltham Baths. Warm baths for men and women are available at Plumstead, Woolwich and Greenwich. Turkish and Russian Baths are provided at Plumstead and Greenwich. There are public laundries at Plumstead and Greenwich, and the Council has a Launderette on the Abbey Estate.

During the winter season, the Large Pools at Eltham, Greenwich and Woolwich were converted into halls, and a wide range of recreational activities was made available, including an indoor bowling green, roller skating, badminton and table tennis. The hall at Eltham was let for many functions ranging from wrestling, boxing, dancing, netball and badminton.

During the year under review 19,138 swimming lessons were provided through the various schemes operating in the Department.

in addition to instruction given to school children attending in organised classes."

The following table gives the attendances at each Establishment for the year ended 31st March, 1969 :—

Service	Eltham	Green-wich	Plum-stead	Wool-wich	Abbey Estate	Totals
Swimming						
Public	151,823	62,709	87,128	92,694	—	394,354
Schools	73,739	55,186	84,395	56,026	—	269,346
Clubs	14,604	12,296	13,895	8,474	—	49,269
Tuition	8,243	4,483	4,928	1,484	—	19,138
Spectators	9,636	4,468	6,088	2,119	—	22,311
Baths						
Private Free (O.A.P. etc.)	—	37,574	34,165	54,759	—	126,498
Turkish	—	14,484	6,972	—	—	21,456
Laundries	—	2,346	15,338	—	—	17,684
Launderette	—	—	—	—	52,418	52,418
Other Recreational Facilities						
Roller Skating	—	6,532	—	—	—	6,532
Table Tennis & Badminton	—	679	—	—	—	679
Indoor Bowls	—	—	—	15,750	—	15,750
TOTALS	258,045	200,757	252,909	231,306	52,418	995,435

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 3,380 recorded complaints (1,301 of rats and 2,079 of mice), 2,514 were notifications, 605 re-notifications from occupiers or other sources and 261 were found during survey. The monthly average of complaints from all sources was 282.

In addition to the investigations of recorded complaints, 9,111 other surveys were carried out under the Prevention of Damage by Pests Act, 1949, giving a grand total of 12,491.

During investigations, infestation was found to exist on 28 occasions in local authority's premises, 1,949 in dwelling houses and 376 in miscellaneous properties and places of business. In all, some 3,084 treatments were effected by the Council and 5 by occupiers or other services.

Periodical treatments were carried out at 7 industrial premises, two wharves and three hospitals in the Borough.

Following the policy of tracing the source of each infestation, 34 defective drainage systems were discovered. In these instances Notices were served under the Public Health Act, 1936, and the defects remedied.

Calls were made as and when necessary on the services of the Borough Engineer and Planning Officer'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.

Prevention of Damage by Pests Act, 1949

Rats and mice are notorious not only for the wholesale destruction and fouling of foodstuffs and for the structural damage they cause to buildings, but also for their part in the spread of disease. Leptospirosis (Weil's disease) is primarily a disease of rats and is one which can be fatal to man. The disease is transmitted by means of food, dust, mud, slime and water which has 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, 1968:—

Prevention of Damage by Pests Act, 1949

Year ended 31st December, 1968

	TYPE OF PROPERTY	
Properties Other than Sewers	Non-Agricultural	Agricultural
1. Number of properties in district	89,700	1
2. (*a*) Total number of properties (including nearby premises) inspected following notification	5,939	—
(*b*) Number infested by (i) Rats	596	—
(ii) Mice	1,572	—
3. (*a*) Total number of properties inspected for rats and/or mice for reasons other than notification	6,552	—
(*b*) Number infested by (i) Rats	89	—
(ii) Mice	96	—

Sewers

4. Were any sewers infested by rats during the year?—Yes.

Surface Properties and Sewers

5. Any other points of interest?—None

Baiting of Sewers

Under the control of the Rodent Officer directing five teams, each of 1 Rodent Operative as supervisor and 2 workmen drawn from the Borough Engineer and Planning Officer's Area Depots as assistants, baiting of sewers was carried out in May to 1,458 sewer manholes out of a total of 3,920. The pre-baiting and poisoning method was employed and the bait used was sodium fluoracetamide.

Fouling of Pavements, etc., by Dogs

Warning notices are fixed to lamp-posts in areas where complaints have been received. When it is considered that the warning has been fully noted they are then transferred to another site.

Scavenging and Refuse Disposal, etc.

The collection of refuse and the conduct of Public Conveniences in Greenwich are under the control of the Borough Engineer and Planning Officer who has kindly supplied me with the following information :—

" Street Cleansing

There are 250 miles of roads in the Borough which were cleansed with the following frequencies :—

at least once daily	9%
three times weekly	21%
twice weekly	70%

One hundred and one street sweepers were employed and, in addition a mechanical sweeper and sprinkler was used to sweep the main traffic roads and shopping streets.

Street Gullies

There are 15,100 street gullies which were cleansed entirely by mechanical means three times a year.

Refuse Collection

Some 65,270 tons of refuse were collected from 78,380 dustbins and 2,030 bulk containers.

Collection was generally weekly but was more frequent at certain blocks of flats and other premises.

The number of requests for special collections of unwanted furniture and other bulky items fell during the year but even so some 6,750 requests were dealt with in the year.

Unwanted Cars

During 1968 some 400 abandoned cars were cleared from the roads and 707 were collected at their respective owner's request. In addition, 536 were delivered by their owners to the Council's depots.

The Civic Amenities Act, 1967, came into operation in this Borough in August, 1968. Under this Act, the responsibility for the disposal of derelict and abandoned vehicles in the London area becomes vested in the Greater London Council. Arrangements have been made for local Councils to act as agents for the G.L.C. in the collection of these vehicles.

Public Conveniences

Ist January, 1968, saw the inception of a new system of manning most of the public conveniences throughout the Borough.

Under the new scheme only five were left manned as before. The remainder were divided into groups to be opened, cleaned and closed by mobile teams travelling by small vans, each team consisting of either a male or female driver together with a member of the opposite sex.

Opening and closing times were standardised so far as was possible."

Flies and Mosquitoes

During the year 39 complaints of flies were received, resulting in treatments being carried out to 36 rooms and 25 external areas.

On request from the Borough and Greater London Council Housing Departments, dust chutes and containers in the multi-storey flats are treated with Gammexane.

Disinfestation of Verminous Premises

Dieldren Concentrate continues to give good results in dealing with verminous premises.

During the year the department dealt with 75 cases of dirty and verminous premises, and the disinfestation staff sprayed 200 rooms and contents. In one case 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 rooms and external areas, the following initiated the greater number of complaints.

Ants.—Ants carry no disease but their presence in human foodstuffs is objectionable.

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

In the main, the 141 complaints received 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. One hundred and thirty-two treatments involving 247 rooms and 89 external areas were carried out to combat the reported nuisances.

Three complaints were received during the current year concerning one of the commonest of ants, the very small red House or Pharaoh's ant *(Monomorium Pharaonis),* which resulted in the treatment of 8 rooms.

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.

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.

Fifty-five complaints were received concerning this pest and thorough investigation and treatment with Dieldrin Concentrate resulted in the infestations being considerably reduced. In all, 50 treatments were effected involving 211 rooms.

Clover Mite.—Fifteen 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. Treatment consisted of spraying 14 rooms and 30 exterior surfaces with Dieldrin Concentrate which produced satisfactory results.

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 or other sites which evoke a certain ingenuity on the part of the disinfestors in order satisfactorily to deal with the nuisance.

Sixty-five complaints regarding this pest were received and during the year some 38 nests were destroyed, mainly by means of Gammexane powder or Dieldrin Concentrate.

Many other types of infestation were encountered and the following is a list of the treatments which were carried out in connection therewith.

	Complaints	Treatments	Rooms	External Areas
Beetles :				
Black	12	11	31	—
Bacon	3	3	17	—
Carpet	9	9	43	—
Larder	3	3	7	—
Spider	2	2	10	—
Earwigs	11	11	35	11
Fleas	134	115	632	15
Silver Fish	15	13	40	1
Slugs	4	4	7	2
Spiders	1	1	6	—
Wild Bees	22	11	2	9
Wood lice	1	1	2	—
Woodworm	6	5	10	—
Misc. Insects	51	36	96	7

Fifty-seven requests for spraying for other reasons such as bad smells, offensive deposits, etc., were met by treatments to 189 rooms and 3 external areas.

Precautionary Spraying.—During the year, at 25 premises, unwanted bedding, furniture and miscellaneous household effects were sprayed as a precautionary measure prior to removal by the Borough Engineer and Planning Officer's staff. Treatment was effected in 52 rooms and 1 external area.

Verminous Conditions

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

Treatment for all cases and contacts is carried out at the Tunnel Avenue, Lionel Road and Plumstead High Street Cleansing Stations and the following Return summarises the work carried out during the year :—

	Attendances	
	Vermin	Scabies
Adults	43	120
Children under school age	44	59
School children	263	219
Totals	350	398

Attendances for verminous conditions fell slightly during the current year but those for scabies showed an increase of 114% from 186 in 1967 to the present figure of 398.

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 may be made depending on the circumstances of the case. Bedding and wearing apparel can be removed to the Disinfecting Station, White Hart Road, where they can be submitted to steam disinfection. Books may be treated with formalin.

The accompanying table shows in detail the work carried out during the year.

Rooms and Articles Disinfected, Year ended 31st December, 1968

Diseases, etc.	Premises Entered	Rooms	Beds	Mattresses	Bolsters	Pillows	Sheets	Blankets	Eiderdowns	Cushions	Quilts	Odd Articles	Wearing Apparel	Rugs & Mats	Covers	Total No. Articles Disinfected
Scarlet Fever	11	15	–	24	4	41	36	52	–	7	20	44	23	3	–	254
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tuberculosis	21	54	1	16	5	36	21	26	–	2	11	22	29	–	–	169
Cancer	5	3	2	7	2	8	2	8	–	2	2	5	–	–	–	38
Meningococcal Infection	2	4	–	2	1	5	4	6	–	–	2	2	3	–	–	25
Puerperal Pyrexia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Typhoid Fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Polio-Myelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Erysipelas	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute Encephalitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	2	2	–	4	–	–	10	10	–	–	–	25	2	–	–	51
Scabies	18	13	–	10	3	37	56	109	–	–	22	56	70	–	–	363
Other Diseases	21	17	3	27	1	44	26	29	–	–	7	72	52	2	–	263
Verminous Premises	24	25	–	25	2	37	43	46	2	3	18	48	86	–	–	310
TOTAL	104	133	6	115	18	208	198	286	2	14	82	274	265	5	–	1,473

LIBRARY BOOKS DISINFECTED 44

Eltham Crematorium

The Crematorium, situated in the grounds adjoining Eltham Cemetery, is administered by the Eltham Joint Crematorium Committee which comprises the London Boroughs of Greenwich and Bexley and the Boroughs of Dartford and Gravesend.

The number of cremations which took place during 1968 totalled 3,452, being 326 more than the previous year. Of this total, 1,189 were from within the Borough compared with 1,157 in 1967.

Exhumations

No exhumations were carried out during the current year.

Mortuary Accommodation

Arrangements exist between Greenwich Council and the Council of Lewisham for bodies to be accommodated at the latter's two mortuaries prior to inquests and post mortems or while awaiting burial.

During the current year some 952 bodies were so accommodated at a cost to the Council of £2,685 18s. 0d.

Summary of Work Performed by the Public Health Inspectors during the Year 1968

INSPECTIONS—

Houses inspected (Complaints, nuisances)	4,431
„ „ (Infectious Disease)	1,542
„ „ (Overcrowding and other Housing Applicants)	433
Inspections of Factories	305
„ „ Licensed Victuallers and Clubs	263
„ „ Underground Rooms	6
„ „ Pet Shops	68
„ „ Stables and Yards	—
„ „ Urinals	80
„ „ Houses in Multiple Occupation	76
„ „ Outworkers' premises	49
„ Under Clean Air Act	11,033
„ Miscellaneous	12,844
Inspection of Premises (Clearance Areas)	593
„ „ „ (Improvement Grants)	323
„ „ „ (Individual Unfit Houses)	544
„ „ „ (Rent Acts)	22
Inspections of Offices, Shops and Railway premises	852
Investigations (Rats and Mice)	1,109
Investigations (Insect Pests)	618
On Notice from Architects and Builders	289
Re-inspections, calls made, etc.	5,235
	40,715

DRAINS—

Drains Tested—by smoke	34
„ „ —by water	3
Opened, cleansed and repaired	1,165
Yards and forecourts drained	3
W.C. Compartments erected or repaired	30
W.C. fittings repaired or renewed	86
W.C. pedestals installed or renewed	46
Sanitary conveniences or improvements effected to Factories and Workplaces	25
Urinals cleansed or repaired	6

DUSTBINS—	
Provided	10
PAVINGS—	
Yards and Forecourts	6
GENERAL WATER SUPPLY—	
Water Fittings amended	22
Water supply restored	44
Extra water supply to tenement houses	—
OTHER IMPROVEMENTS—	
Rooms cleansed and repaired	14
Rooms and staircases lighted and ventilated	157
Verminous rooms cleansed	200
Roofs, gutters and rainwater pipes repaired	286
Dampness abated	457
Underground Rooms (enforcement of Regulations)	1
Sinks, baths and lavatory basins provided	5
Sink, lavatory and bath waste pipes trapped or amended	35
Stoves and fireplaces	7
Floors repaired	96
Miscellaneous repairs	553
OTHER NUISANCES ABATED—	
Illegal use of Underground rooms discontinued	—
Animals kept in unfit places discontinued or removed	4
Foul Accumulations removed	35
Rat infestation abated	3,182
SMOKE NUISANCES—	
Observations	292
Statutory Notices serviced	—
NOTICES, ETC.—	
Preliminary Notices served	1,624
Statutory or Abatement Notices served	412
Houses rendered fit by informal action	1,014

Legal Proceedings

Premises	Offence	Results of Proceedings
251 Woolwich Road	Non-compliance with Abatement Notice	Work completed—adjourned sine die.
30 Devonshire Drive	" "	Nuisance Order for work to be completed within 28 days. £5 5s. 0d. costs.
7 Hyde Vale	" "	Summons withdrawn—work completed.
32 Ordnance Road	" "	" "
54 Riverdale Road	" "	" "
15 Abbey Grove	" "	Work completed—£10 10s. 0d. costs.
8 Hoskins Street	" "	Summons withdrawn—work completed.
16 Herbert Road	Contravention of the Food Hygiene (General) Regulations, 1960	Fined £8 with £5 5s. 0d. costs.
8 Burgos Grove	Non-compliance with Abatement Notice	Summons withdrawn—work completed.
10 Burgos Grove	" "	" "
12 Burgos Grove	" "	" "
73 Marmadon Road	" "	" "
16 Kirkside Road	" "	Nuisance Order for work to be completed within 21 days.
50 Inverine Road	" "	Summons withdrawn—work completed.
59 Waverley Road	" "	Nuisance Order for work to be completed within 2 months.

HOUSING

It is probable that, collectively, unsuitable housing conditions form the greatest single cause of unhappiness in the community. Preventive health services are inextricably involved in housing problems for the provision of houses of good standards is a pre-requisite for the elimination of disease, mental and physical, and as a basis for the maintenance of a happy and contented existence.

It is unfortunate but true that housing is too emotive and politically sensitive a subject to encourage pure rational thought and it is perhaps even more regrettable that wise housing policies are sometimes influenced by such emotional factors.

A more affluent society will possess more cars and will therefore call for more living space around its homes and this will give rise to pressures for lower rather than higher population densities. There will be a tendency for the development of neat water-tight compartments for pedestrians, cars, shopping centres, schools, etc., excellent in concept no doubt but very restrictive socially.

Certainly, social aspects are assuming greater significance than hitherto in housing matters and whether local authorities should concern themselves with people well able to fend for themselves is now becoming questionable. Meanwhile, although much stronger support is being given to the theory that housing subsidies should be directed towards people and families rather than to properties, this would undoubtedly have far-reaching effects upon housing revenue accounts.

Very naturally, Councils' housing departments tend to become preoccupied with their own properties and waiting lists and thereby fail to concern themselves with the wider issues of the housing problem where a real need for full comprehensive advice and counsel exists. Furthermore, they often remain unaware of or are unable to assist with those housing problems which do not reach their enquiry counters.

Campaigns initiated by Housing Societies and Associations, valuable though they may be, are circumscribed by lack of funds, shortage of building land, limited full-time staff and sometimes inadequate basic factual information of the overall situation.

Is it ever possible for a fair assessment of the housing problem to be given at any one time by any one authority? I would think not. There are too many facets, to many imponderables and too many agencies involved for any dependable conclusions to be reached without which successful future action is equivocal.

What is obvious is that there is no single root cause. The problem is multifactorial, often arising directly from policy decisions or merely adventitiously, from motives personal and impersonal, from causes avoidable and unavoidable, etc., and the solution to one aspect often aggravates another or precipitates further problems.

Hopes after the 1939/45 war that slum clearance and new building, both traditional and industrial, would solve most of our housing difficulties have not been fulfilled, and rent control and regulation has tended to reduce the number of dwellings available for letting.

Review of de-controlled rents and an attempt to ensure that future lettings would be on a "fair rent" basis were the real intentions of the 1965 Rent Act. However, no reliable statistics exist whereby these objectives can be shown to have been achieved or, indeed, as to whether landlords and tenants are aware of and are taking full advantage of the statutory provisions.

The fixing of "fair rents" was to be secured without consideration of scarcity value but, in practice, this is almost impossible. Costs of land and building are affected by scarcity and, where private owners acquire properties for conversion and letting, economic costs are influenced by scarcity and they cannot, with justice, be ignored in subsequent rent evaluation.

One thing is clear. Rent regulation has not increased the supply of houses or flats for letting. Houses tend to be sold immediately they are vacated and this influence is now to be seen in the sale of flats with the result that there is a reduction in the number of properties for letting in the private sector. This redounds to the disadvantage of the low wage earner and those too old to secure mortgages. Moreover, by force of circumstances, many are constrained to undertake purchase of dwellings at prices they can ill afford. Even the application of the "fair rent" scheme often results in a tenant paying a rent beyond his means. It would seem that, compared with the owner/occupier and the tenants of rent-controlled premises or council-owned houses or flats, tenants of private property are at an ever-increasing disadvantage.

Rent regulation has failed for a number of reasons such as a tenant's ignorance of his rights or his fear of harassment by his landlord. In other instances, tenants have an amicable arrangement with the landlord which they are anxious not to disturb or they are satisfied that their agreement with him is, in all circumstances, a satisfactory one.

However, abolition of rent control in the present situation is not only unwise but impracticable. Nevertheless, some efforts must

be made to surmount the problems arising from control because, in the long run, failure to do so will result in greater demands being made of social security and the housing and welfare services.

Intrinsically, housing is a constant cycle of regeneration and the idea that its problems can be "solved" by a once-and-for-all rebuilding effort is fallacious.

Seeing that our very serious housing problem will long be with us, how can its harmful effects be countered or ameliorated?

Assuredly housing should not be just an exercise in building construction. It should be the practical application of social planning which gives full regard to the specific needs of the inhabitants, their attitudes and environment.

Additional finance, though doubtless very welcome, is not necessarily the answer. In the first instance we much ensure that existing subsidies are used to the advantage of those who really need them. Furthermore, to those who can afford it, encouragement and facilities must be provided for them to purchase their own homes for any newly built and occupied house will add to the nation's stock which will eventually benefit the poorest and the underprivileged. We must also take to heart and act upon the fact that experience shows high rise dwellings are rarely cheaper than houses, their maintenance costs in labour and equipment are substantially greater and social and cultural amenities which evolve naturally in a mature community become a costly local authority responsibility. We must not insist on increasing our stock of dwellings at the expense of other more humane aspects nor must houses which are basically sound be demolished principally because the site can be redeveloped at a higher density.

Revival rather than renewal is called for and the preservation of such properties which, on paper at least, are scheduled for demolition has much to recommend it. In these older premises, rooms tend to be large and conversion is often effective in increasing accommodation. Delays in rehousing which are occasioned by clearance, demolition and rebuilding lasting sometimes for as long as seven years could be materially reduced. Lower unit costs which, by reason of the fact that modernisation can be applied speedily to small areas, offset the interminable rise in building prices inevitable during long-term planning. Area decay and blight which always accompanies comprehensive clearance and development schemes could be avoided and existing vital social and community structures would be preserved. Of significant importance would be that such "revival" schemes would afford local authorities vital "breathing" space which they could use with great advantage.

There is one aspect of housing vitally concerning health and welfare departments which is likely to prove of major importance, which can be resolved only by vision and long-term measures and which could benefit from such a "breathing" space. It is in respect of the elderly. It is common knowledge that their numbers will increase until the middle 1970s, after which they will probably remain static or decline very slowly. If present circumstances persist, local authorities will have a duty to provide accommodation for these people. Let us build small dwellings and induce the midde-aged to move into them *now* so that they can grow old in them and form stable relationships with their environment. At the age of 55 years people are still flexible and resilient enough to sustain a change which at 70 would be so disruptive and perhaps catastrophic.

It is government policy to reduce hospital accommodation for geriatrics and the building of new local authority homes is restricted. Such a scheme as outlined above would anticipate the resultant increase in the need for supportive services in the home by eliminating many of the difficulties inherent in present day dwellings. Designs could also incorporate facilities for wheelchairs and handrails while a telephone would be as natural a fixture as a water closet. A house designed for the young could become a burden for the old but one designed for the elderly is hardly likely to impose restraint or hardship on the young.

As has so often been said, in urban areas clearance of sub-standard dwellings is almost the only method remaining to local authorities by which they can provide housing for their over-crowded and poorly housed residents. However, if posterity is not to be left a legacy of psychological problems, local authorities must proceed on these lines with the utmost prudence and humanity. It must be remembered that slum clearance means the uprooting of families from life-long environments and involves the destruction of well-established and successful communities which modern planners have seldom managed to reproduce.

New Legislation

The Housing (Rate of Interest) Order, 1968

This Order came into operation on 1st March, 1968.

It applies to England and Wales, and increases from 5¾% to 7% per annum the rate of interest on expenses incurred by a local authority under Section 10 of the Housing Act, 1957, where after 29th February, 1968, the local authority either demands payment of those expenses or by order declares those expenses to be payable by instalments.

Housing Act, 1957

Part II—The following procedures were carried out during 1968 :—

(i) PREMISES UNFIT FOR HUMAN HABITATION—*Sections 16 and 17.*—The undermentioned premises were considered unfit for human habitation and not capable at reasonable expense of being rendered fit. In three instances Undertakings were accepted to render premises so fit within a specified period and Closing or Demolition Orders were made in respect of the remainder as follows :—

(a) Undertakings

22 Red Lion Lane, S.E.18
24 Red Lion Lane, S.E.18
670 Woolwich Road, S.E.7

(b) Closing Orders

58 Anglesea Road, S.E.18
33 Burrage Road, S.E.18
18 Castile Road, S.E.18
117 John Wilson Street, S.E.18
91 King George Street, S.E.10
23 Raglan Road, S.E.18
15 St. Alfege Passage, S.E.10
133 Tewson Road, S.E.18
75 Victoria Way, S.E.7
190 Woolwich Road, S.E.7
98 Barth Road, S.E.18
31 Calderwood Street, S.E.18
16 Helen Street, S.E.18
39 Kentmere Road, S.E.18
21 Raglan Road, S.E.18
22 Ransom Road, S.E.7
28 Sladedale Road, S.E.18
135 Tewson Road, S.E.18
63 Woodhill, S.E.18
427 Woolwich Road, S.E.7
433 Woolwich Road, S.E.7

(c) Demolition Orders

25 Lansdowne Lane, S.E.7
26 Raglan Road, S.E.18

(ii) UNDERGROUND ROOM(S) AND PART OF A BUILDING—*Section 18.*—The Council's powers to close part of a building or an under-

ground room are provided by this Section and, in respect of the latter, 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.

The undermentioned parts of buildings and rooms of properties, being rooms, the surface of the floors of which were more than 3 feet below adjoining ground level and not complying with the Local Authority's Regulations, were considered unfit for human habitation and Closing Orders were made :—

3 Anglesea Road, S.E.18—Basement room at rear, ground floor back room and first floor front and back rooms.

252 Eltham High Street, S.E.9—Ground floor back left and right rooms.

76 Harden's Manor Way, S.E.7—Ground floor middle and back rooms and lean-to addition, first floor front and back rooms.

220 Herbert Road, S.E.18—Basement front and back rooms and back-addition room with a small annexe.

14 Heverham Road, S.E.18—Basement front and back rooms and scullery.

678 Woolwich Road, S.E.7—Basement front and back rooms.

(iii) DETERMINATION OF CLOSING ORDERS—*Section 27*—Closing Orders on premises and parts of premises as follow were determined :—

56 Abbey Grove, S.E.2.

71 Ashburnham Grove, S.E.10—Basement front, back and back-addition rooms.

94 Barth Road, S.E.18.

99 Bloomfield Road, S.E.18.

14 Burgos Grove, S.E.10—Basement front room.

1 Howick Mansions, Woolwich Road, S.E.7.

1 King George Street, S.E.10.

222 Maxey Road, S.E.18.

11 (now renumbered 41) Passey Place, S.E.9—Basement front and back rooms and scullery.

67A Reidhaven Road, S.E.18.

25 Tewson Road, S.E.18—Basement front and back rooms.

Part III—Clearance Areas

The following Clearance Areas were reported during the year :—

Woolwich Common Redevelopment Area—Third Stage Fenwick Street Clearance Areas Nos. 1-8

Area No. 1

85 and 87 Eglinton Road.

Area No. 2

34-54 (even) Spearman Street.
44, 48, 50, 33-39 (odd), 45, 47, 53 and 55 Fenwick Street.
4, 5 and 28-36 (consecutive) Keemor Street.

Area No. 3

24-26 (consecutive) Keemor Street.

Area No. 4

16, 18, 26 and 39-47 (odd) Eglinton Road.
16-22 (even), 26, 30, 29 and 31 Fenwick Street.

Area No. 5

21 and 23 Eglinton Road.
I Ordnance Road.
2-8 (even), 9 and 15 Fenwick Street.

Area No. 6

56 and 59-64 (consecutive) Ordnance Road.

Area No. 7

28-32 (consecutive) Ordnance Road.

Area No. 8

34-39 (consecutive) Ordnance Road.

The Village, Charlton, Clearance Areas Nos. 1 & 2

Area No. 1

47, 49, 57-67 (odd) The Village.

Area No. 2

5 and 7 Fairfield Grove.

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*.

Section 4 of the House Purchase and Housing Act, 1959, introduced a system of grants known as *standard grants* which, if certain conditions are fulfilled, can be claimed as a right. This grant, generally of a maximum of £155, provides for the installation of five basic amenities, viz.:—

(1) a fixed bath or shower in a bathroom £25;
(2) a wash-hand basin £5;
(3) a water closet in or contiguous to the dwelling £40;
(4) a hot water supply £75; and
(5) facilities for storing food £10.

However, subject to certain circumstances a higher maximum of £350 can be allowed.

Applications submitted to the Borough Treasurer are referred to this Department to ascertain that the proposed works satisfy the specified requirements. In this connection the Housing Inspectors carried out 205 and 19 inspections for *discretionary* and *standard* grant applications respectively, and advice was given on 81 occasions in respect of such grants. On completion of *standard* grant works, a further 18 inspections were made.

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 were made subsequently by the Minister under Section 13 of the new Act providing a management code for Councils to apply to *Houses in Multiple Occupation.* Further, for the purpose of implementing the provisions of Section 15 of the Housing Act, 1961, the Council, on the 14th November, 1962, 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 Health and Welfare Department has always given advice concerning houses in multiple occupation to anyone requesting information. Leaflets in printed form giving details of the minimum requirements for such premises have now been supplied to local estate agents and are available through various Departments of the Council for potential house purchasers.

During the year, 76 visits were made by the Housing Inspectors. In 8 instances it was found necessary to serve informal notices requiring the execution of works under this Act.

Re-housing

(a) Borough Council—The number of families housed and re-housed including transfers, casual voids, etc., amounted to 1,452. Of this number 25 were in respect of families re-housed from outside the Borough.

(b) Greater London Council—During the year ended 31st December, 1968, the Greater London Council had provided alternative accommodation for a total of 463 Greenwich families. Of this figure 132 were housed on Greater London Council housing estates outside the Borough Five families from outside Greenwich were re-housed in the Borough under the Greater London Council scheme.

OVERCROWDING—During 1968 there were 433 visits carried out in respect of complaints of overcrowding and applications for re-housing, as a result of which 18 families were found to be statutorily overcrowded.

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

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

Site	*Total Dwellings*	*Completed by 31.12.68*
Glyndon Development Area Phase I—Stages IV and V	166	—
The Mound	20	—
Gavestone Crescent	172	89
Cardwell Cottages Red and Cambridge Barracks	268	—
Woolwich Common, Stage I	140	—
Connaught Barracks M.T. Lines	330	—
Charlton Lane	27	—
Bison I.B. Glyndon IV	92	—
" " " V	90	—
" " " Phase II, Stage I	91	—
" " John Wilson Street	90	—
" " Woolwich Common	93	—
" " Cardwell Cottages	89	—
" " Beasley's Brewery Site	93	—
Maryon Road	188	—
Swingate Lane *(part sheltered housing)*	44	—
Leon Street/Rectory Place	25	—
Coleraine Road, Stage II	5	—
Beasley's Brewery Site	25	—
Little Heath *(sheltered housing)*	41	—
Bowling Green Row, Stage II	24	—

(b) The following schemes are either those for which the Ministry of Local Government has granted loan sanction or those for which it is envisaged that loan sanction may be granted in 1969:—

Site	*Dwellings*
Eltham Road *(sheltered housing)*	41
Brent Road/Condover Crescent	48
Timbercroft Lane *(metric scheme)*	4
Lingfield Crescent *(sheltered housing)*	42

INSPECTION OF FOOD AND SUPERVISION OF FOOD PREMISES

New Legislation

The Imported Food Regulations, 1968

These Regulations, which contain measures for the protection of public health in relation to imported food, came into operation on 1st August, 1968, and replaced the Public Health (Imported Food) Regulations, 1937 and 1948, the Food and Drugs (Whalemeat) Regulations, 1949 and (Amendment) Regulations, 1950.

Part I of the Regulations contains definitions and specifies the authorities by whom the Regulations are to be enforced. This will usually be the port health authority of the port through which the food is imported, but may in certain circumstances be an inland authority.

Part II deals with imported food generally. Regulation 6 makes it an offence to import food which is unfit for human consumption or is unsound or is unwholesome. Food imported in contravention of this requirement can be taken before a Justice of the Peace, who may order its condemnation. Regulations 7 to 9 deal with the examination of imported food by authorised officers of local and port health authorities and with the submission of samples to the Public Analyst. Customs officers are empowered in certain circumstances to detain food for examination under Regulations 10 and 11.

Part III deals with imported meat and meat products. With certain exceptions, these cannot be imported without an official certificate from the country of origin which is recognised by the Minister of Agriculture, Fisheries and Food as guaranteeing that the meat or meat product has been prepared in accordance with satisfactory standards of hygiene. Meat and meat products which do not satisfy these requirements can be re-exported, but if this is not done, the local or port health authority may require the destruction of the meat or meat product or disposal in such a manner that it will not be used for human consumption. The importer has a right of appeal to a Justice of the Peace.

Part IV deals with various supplementary matters and includes provisions:—

(a) requiring records to be kept for 12 months of food which is destroyed;

(b) prescribing penalties for offences against the Regulations;

(c) applying sections of the Food and Drugs Act, 1955, dealwith prosecutions, evidence of analysis and third party or warranty defences.

This Council's responsibility for enforcing the previous Regulations is continued under these new Regulations.

The Foot and Mouth Disease (Imported Meat) Order, 1968

This Order, which applies to Great Britain, came into operation on 26th January, 1968.

The Order prohibits the removal from store of all fresh or refrigerated meat or offal of carcases of animals landed in Great Britain other than from countries scheduled to the Order, except in accordance with a licence issued by the Minister of Agriculture, Fisheries and Food or the Secretary of State for Scotland.

Other Food Legislation

In addition to the foregoing legislation, the undermentioned food Regulations were enacted during the current year:—

The Fish and Meat Spreadable Products Regulations, 1968, supersede the Food Standards (Fish Paste) Order, 1951, as amended, and the Food Standards (Meat Paste) Order, 1951, as amended and come into operation on 15th March, 1971.

The Skimmed Milk with Non-Milk Fat (Amendment) Regulations, 1968, became operative on 26th September, 1968 They revoked the Skimmed Milk with Non-Milk Fat (Amendment) Regulations, 1966.

The Canned Meat Product (Amendment) Regulations, 1968, and *The Sausage and Other Meat Product (Amendment) Regulations, 1968.*—These Regulations respectively amend the Canned Meat Product Regulations, 1967, and the Sausage and Other Meat Product Regulations, 1967, and come into force on 4th January, 1969, so that the principal Regulations will take effect as amended when they come into force on 31st May, 1969.

Ministry of Agriculture, Fisheries and Food Circular 25/68 lists in the Appendix chemical products which have been approved between 1st October, 1949, and 31st December, 1967, for the cleansing of milk tankers, vessels or appliances as alternatives to scalding with boiling water or steam. Circular 61/68 contains a supplementary list of chemical products approved for such purposes between 1st January, 1968, and 30th June, 1968. For the purpose of the Public Health (Imported Food) Regulations, 1937/48, and, subsequent to their revocation, the Imported Food Regulations, 1968, this Ministry issued Circulars officially recognising certificates in respect of the following: Argentine Republic, Australia, Austria, Belgium, Botswana, Brazil, Canada, Chile, Cyprus, Denmark, Federal Republic of Germany, Finland, France, Iceland, Italy, Hungary, Lebanon, Netherlands, New Zealand,

Norway, Paraguay, Poland, Republic of Turkey, Romania, Singapore, South Africa, South West Africa, Spain, Swaziland, Switzerland, United States of America, Uruguay and Yugoslavia.

MILK

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 persons so registered at the end of the year was 200.

On 32 occasions the premises of distributors and dairies were visited other than for sampling purposes but in no instance was action required.

The Milk (Special Designation) Regulations, 1963 and 1965

There is one milk processing plant in the Borough in respect of which a Dealer's Pasteuriser's Licence was in force on 31st December, 1968, as were the following licences in relation to milk obtained in pre-packed form for sale to the general public :—

	In Operation 31.12.68
Distribution of Sterilised Milk	177
„ „ Pasteurised Milk	143
„ „ Untreated Milk	64
„ „ Ultra Heat Treated Milk	20

Sampling—Under provisions of the aforementioned 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.

One hundred and eighty-nine samples were submitted for the Methylene Blue test, of which 6 failed. "Follow-up" samples taken in respect of the 6 which failed proved satisfactory

Satisfactory reports were received in respect of 231 milk samples submitted for the Phosphatase test.

Thirty-one samples of Sterilised Milk were submitted for the Turbidity test and all proved satisfactory.

Analytical Examination of Milk—A total of 93 formal samples of designated milks were submitted for chemical analysis and all proved to be genuine.

Eight samples of cream were taken and found to be genuine.

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, 1968, was 235.

Five hundred and eighty-eight visits of inspection were made to Preserved Food premises and Fried Fish shops as a result of which a number of sanitary defects were remedied.

Ice Cream Premises—By the end of the year the total number of registered Ice Cream premises stood at 583.

Visits to these premises were made on 119 occasions and 30 improvements were effected.

Manufacture and Sale of Ice Cream

Ice Cream Sampling (Bacteriological Examination)—Use was made of the Public Health Laboratory Service as provided for under the National Health Act and 71 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 in the following table :—

Samples taken	Time taken to Reduce Methylene Blue	Provisional Grade	Observations
48	4½ hours or more	1	Satisfactory
10	2½ to 4 hours	2	Sub-standard
12	½ to 2 hours	3	Unsatisfactory
1	0 hours	4	Most Unsatisfactory

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".

Of the 71 samples taken during the current year, 11 were of the "soft" variety, 3 of which were reported upon as being unsatisfactory

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

Nine samples proved satisfactory. One sample was found to contain a foreign brown powder which consisted of rust amounting to 0.010 per cent. Further details are to be found in the list of "non-genuine" samples appended at the end of this section.

Blackheath and Woolwich Common Fairs

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 these sources of entertainment.

In all, inspectors made 28 visits to the fairs during these holiday periods, but in no instance was action required.

Street Traders

During the year 36 applications were made to the Town Clerk from street traders engaged in the retailing of articles of food. The applications were approved and licences granted.

No formal action was necessary in respect of contraventions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, and (Amendment) Regulations, 1966.

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

To these establishments, the Public Health Inspectors made 4,118 visits, as a result of which 319 improvements were effected.

The following table is a statistical record of the major portion of the duties performed and inspections undertaken during the year:

Premises Inspected or Visits Made	No. of Visits	No. of Premises at which Improvements were effected	No. of Improvements effected
Caterers, Restaurants, etc.	404	23	130
Grocers, Greengrocers	242	23	69
Butchers' Shops	118	10	42
Dairies and Milk Distributors	32	—	—
Wharves and Factories	784	—	—
Bakehouses and Bakers' Shops	24	3	6
Ice Cream Premises, Confectioners, etc.	119	8	30
Fried Fish Shops	84	6	40
Other Non-Registered Food Premises	100	1	2
Cooked Meats and Preserved Foods	386	*	*
Visits Re. Infestations	197	—	—
„ „ Markets	316	—	—
„ „ Food Poisoning	2	—	—
Sampling Visits	812	—	—
Fair Visits	28	—	—
School Visits	190	—	—
Interviews	210	—	—
Complaints Investigated	70	—	—
TOTALS	4,118	74	319

* Included under Grocers' and Butchers' Shops.

Food Hygiene (General) Regulations, 1960

In compliance with Regulations 16 and 19, which deal with the provision of wash-hand basins and the provision of facilities for washing food and equipment respectively, the following table gives details of the fitments introduced into food premises as grouped in trade categories :—

Type of Premises	No. of Premises	No. provided with wash-hand basins	No. with facilities for washing food and equipment
Cafes, Restaurants, etc.	459	459	459
Grocers	327	327	327
Greengrocers	163	163	Not applicable
Butchers	140	140	140
Bakers	72	72	72
Confectioners	287	287	Not applicable
Fish Shops	72	72	72
Public Houses	238	238	238
Off Licences	54	54	Not applicable

Bakehouses

At the end of the year, 12 premises in the Borough were being used as bakehouses, none of which was underground.

Bakehouses and bakers' shops were visited on 24 occasions and, as a result of the inspections, 6 sanitary defects were remedied.

Catering Establishments

As a result of 404 visits of inspection to the catering establishments, insanitary conditions were remedied and improvements, mainly redecoration and cleansing of kitchens, were effected on 130 occasions.

Ninety-six improvements were carried out at public houses as a result of informal action.

Food Rejected

The following table is a summary of unsound food voluntarily surrendered during the year :—

Shops, Stalls, etc.:—

Meat—

Bacon	64	lbs.
Beef	2,862	,,
Chicken	176	,,
Lamb	634	,,
Lambs' Hearts	4	,,
Lambs' Livers	50	,,
Minced Beef	98	,,
Ox Tripe	25	,,
Pigs' Kidneys	9	,,
Pigs' Livers	26	,,
Pigs' Melts	28	,,
Pigs' Trotters	20	,,
Pork	813	,,
Rabbit	3	,,
Sausages	114	,,
Turkey	73	,,
Veal	32	,,
	5,031	lbs.

Canned and Other Foods—

Beans	48	lbs.
Biscuits	45	,,
Butter Beans	21	,,
Cooked Meats (Canned)	2,715	,,
Carrots (Canned)	21	,,
Cucumbers	105	,,
Egg Powder	56	,,
Fish	336	,,
Flour	110	,,
Foods Various (Frozen)	8,768	,,
Foods Various (Canned)	259	,,
Fruit (Canned)	1,144	,,
Fruit Pulp (Canned)	47	,,
Jellies	3	,,
Macaroni (Canned)	15	,,
Margarine	9	,,
Meat Pies	11	,,
Milk (Canned)	10	,,
Minerals	46	,,
Peas (Canned)	47	,,
Pickles	5	,,
Potatoes	392	,,
Rice (Canned)	26	,,
Sauce	47	,,
Sausages (Canned)	15	,,
Tomatoes (Canned)	691	,,
Tomato Purée and Paste (Canned)	117	,,
Vegetables Mixed (Canned)	62	,,
	15,171	lbs.
	20,202	lbs.

The Meat Inspection Regulations, 1963, and The Meat Inspection (Amendment) Regulations, 1966.

Meat Inspection—

There is only one licensed private slaughterhouse in the Borough, namely Woodlands Farm Abattoir at Garland Road, Plumstead, owned and operated by the Royal Arsenal Co-operative Society Limited, whose licence was renewed for the current year.

The total number of animals presented for slaughter and inspected at this establishment during the year amounted to 73,068. Details are as follows :—

Carcases and Offal Inspected and Condemned in Whole or in Part, 1968

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed and Inspected	10,232	814	5	15,737	46,280
All Diseases (*except Tuberculosis and Cysticerci*)—					
Whole carcases condemned	—	1	—	—	65
Carcases of which some part or organ was condemned	2,357	244	1	597	16,384
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci	23.03	14	20	3.6	35.4
Tuberculosis only—					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	2	1	—	—	467
Percentage of the number inspected affected with Tuberculosis	0.001	0.1	—	—	1.0
Cysticercosis—					
Carcases of which some part or organ was condemned and treated by refrigeration	10	—	—	—	—

Of this increase of 22,312 animals over the 1967 total, approximately 19,000 were pigs, 900 cattle and 2,500 sheep and lambs.

Additional pigs being presented for slaughter was due exclusively to Bernard Thompson and Sons Ltd., Wholesale Pork Butchers, of Smithfield Market transferring their slaughtering business from Messrs. Miles slaughterhouse at Belvedere to the Co-operative Society's slaughterhouse at Garland Road, Plumstead, on the closure of the former.

The incidence of disease, parasitic infestations and other conditions rendering carcase meat and offal unsuitable for human consumption followed a pattern similar to that of 1967.

There were 59 whole pig carcases condemned because of abscess conditions which appeared mainly to have been brought about through tail biting, a fact which many producers believe to be associated with boredom suffered by the animal by reason of the

intensive methods of rearing now in vogue. As a preventive measure against this habit some producers have introduced tail-docking with considerable success. A further six pigs were condemned because of pathological emaciation, septicaemia and swine erysipelas.

One cow was condemned because of pathological emaciation.

In all, nearly 41 tons of carcase meat and offal were condemned during the year, of which the major portion was offal.

The country-wide epidemic of Foot and Mouth disease which started in October, 1967, continued until 4th June, 1968, and became the worst recorded epidemic in this century resulting in the slaughter of more than 430,000 animals.

Apart from this setback, however, the general improvement in animal health over the past 10 years appears to have been satisfactorily maintained.

As from the 1st November, 1968, the use of wiping cloths in the dressing of carcases is prohibited by the Slaughterhouse (Hygiene) (Amendment) Regulations, 1966.

At the Garland Road Abattoir water sprays have been installed for the washing of carcases and the use of wiping cloths discontinued. This change has not been welcomed by the trade generally but, no doubt, when more experience has been gained in the use of the sprays the merit of this method in the final cleaning of the carcases will be accepted.

Local authorities, who have a duty to provide a meat inspection service, remain dissatisfied with the present inadequate charges levied for these arrangements because, in most instances, this service has to be subsidised from local rates. More aggravating still is the fact that very often most of the meat inspected is for consumption out of the local authority's district, as is the case of meat distributed from the Garland Road Abattoir.

Licensing of Slaughterhouses and Slaughtermen—The licence for the one slaughterhouse in the Borough was duly renewed during the year. Nine licences to slaughtermen were also renewed.

Butchers' Shops—Frequent visits are made to these shops and in addition to the 118 formal inspections carried out, insanitary defects were remedied in 42 instances.

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

Public Health (Imported Food) Regulations, 1937 and 1948

The London Borough of Greenwich with a river frontage of some 9 miles with more than 40 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.

Imported Food Rejected—Unsound or diseased imported meat when surrendered is passed for non-edible and refining purposes, and other unsound food, with the exception of fruit pulp and juice, processed for stock feeding.

The following foods were rejected at the wharves :—

Meat—

Beef	438 lbs.	
Lamb	1,162 ,,	
Pork	45 ,,	
Sheep Kidneys	75 ,,	
		1,720 lbs.

Canned and Other Foods:—

Asparagus (Canned)	44 lbs.	
Beans (Canned)	19 ,,	
Cauliflowers (Canned)	924 ,,	
Chop Suey (Canned)	1 ,,	
Chow Mein (Canned)	19 ,,	
Cocoa Beans	224 ,,	
Coconut	968 ,,	
Cooked Meats (Canned)	5,423 ,,	
Cream Corn (Canned)	67 ,,	
Dates	2,086 ,,	
Dried Whole Hen Egg (Canned)	264 ,,	
Egg Albumen Spray	100 ,,	
Fish (Canned)	518 ,,	
Fruit (Canned)	29,403 ,,	
Fruit Juice (Canned)	802 ,,	
Hazelnut Mass	44 ,,	
Jam and Marmalade (Canned and Jars)	536 ,,	
Mangoes (Canned)	28 ,,	
New Potatoes (Canned)	150 ,,	
Potatoes	72,165 ,,	
Pumpkin (Canned)	22 ,,	
Ravioli (Canned)	936 ,,	
Sausages (Canned)	111 ,,	
Steak and Vegetables (Canned)	52 ,,	
Tomatoes, Tomato Purée, Paste and Juice (Canned)	1,580 ,,	
		116,486 lbs.
		118,206 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 carcases and is often the cause of meat being rejected as unfit for human consumption.

Results of examinations for caseous lymphadenitis are given below :—

	Landed	*Examined*	*Rejected*	*Weight*
New Zealand Sheep	46,598	465	—	—

Groundnuts—Presence of Aflatoxin—During the year, 3 samples were taken and found to be satisfactory.

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	Unsatisfactory	
			Bact.	Chem.
Dried Egg Albumen				
America	994 x 50 lb. Ctns.	70	—	—
"	150 x 44 lb. Ctns.	6	—	—
Denmark	75 x 44 lb. Ctns.	28	3	—
"	20 x 55 lb. Ctns.	2	—	—
Holland	225 x 50 lb. Drums	13	—	—
Sweden	300 x 110 lb. Ctns.	18	—	—
Dried Whole Egg				
Australia	126 x 168 lb. Tins	16	—	—
China	11,904 x 110 lb. Tins	406	—	—
"	1,800 x 25 lb. Tins	36	—	—
"	224 x 55 lb. Tins	10	—	—
Czechoslovakia	2,000 x 55 lb. Tins	90	—	—
"	2,498 x 44 lb. Tins	50	—	—
Denmark	573 x 50 lb. Ctns.	26	—	—
"	200 x 55 lb. Ctns.	10	—	—
Holland	400 x 55 lb. Drums	20	—	—
Poland	3,349 x 110 lb. Ctns.	30	—	—
"	4,376 x 44 lb. Ctns.	95	—	—
Dried Egg Yolk				
America	50 x 175 lb. Ctns.	15	—	—
Frozen Whole Egg				
Australia	63,197 x 28 lb. Tins	213	—	2
China	50,500 x 44 lb. Tins	402	—	41
Finland	700 x 22 lb. Tins	15	—	—
"	451 x 44 lb. Tins	7	—	—
Holland	200 x 38 lb. Drums	4	—	—

Incidence of Salmonella

Organism Found	Samples		
	Dried Whole Egg	Frozen Whole Egg	Dried Egg Albumen
Salmonella thompson	—	—	3

Dried Hen Egg Albumen—All landings of this product, if found positive on bacteriological examination, are submitted to the heat treatment process recommended by the National Albumen Advisory Committee set up by the Ministry of Health. This process is undertaken at the premises of Cory Associated Wharves Ltd., Palmers Wharf, Prince Street S.E.8.

Salmonella organisms were found in one consignment during the current year of sampling carried out in the Borough. One heat treatment was effected on the positive albumen and further samples taken all proved satisfactory.

English Frozen Whole Egg Plant—The Liquid Egg (Pasteurisation) Regulations 1963, were implemented without difficulty and to the complete satisfaction of this Department. One hundred and eighty-four samples were submitted to the Amylase Test all of which proved satisfactory.

Egg Processing Plant—Dried Whole Egg—One hundred and seventy-five samples were taken and submitted for bacteriological examination, all of which proved satisfactory.

Desiccated Coconut—During 1968, routine samples of consignments of this product submitted for bacteriological examination totalled 49, all of which proved satisfactory.

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 23 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.	
Argentine	Iran	1	32,890 lbs.
	Kuwait	1	
	Saudi Arabia	10	
Australia	Curacao	1	7,164 lbs.
	Cyprus	2	
	Switzerland	1	
New Zealand	Ascension Isles	6	65,661 lbs.
	Denmark	1	

Food and Drugs Act, 1955

Eleven hundred and fifty-five samples were submitted for examination to the Public Analyst, of which 107 informal samples were obtained in accordance with the Public Health (Imported Food) Regulations. The remaining samples, consisting of 108 formal and 940 informal were obtained in the normal course of sampling.

Of all the samples obtained, 46 were considered by the Public Analyst to be non-genuine and of this total 9 were in respect of imported foods not on sale to the general public and, in these instances, the importers were notified accordingly.

Of the remaining 37 non-genuine samples, 14 were offences in respect of permitted ingredients not being disclosed on the labels and these have therefore been excluded from the calculated adulteration figure of 2.19%.

Milk was one of the main foods sampled, the total being 93 samples of which 77 were in respect of milk other than Channel Islands. Of this latter figure, the average percentage of milk fat was 3.71% and solids-not-fat 8.63%, 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. Sixteen Channel Islands milks sampled in the Borough during the year proved to have an average content of 4.48% and 8.89% respectively.

Dried Milk Regulations, 1965

The four samples of dried milk taken during the year proved satisfactory.

The Condensed Milk Regulations, 1959

A satisfactory report was received on the one sample of condensed milk taken during the year.

Other Food Examinations

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

Article	How Obtained	Examination		Action Taken
		Bact. or Chem.	Result	
Minced Meat	Complaint from member of the public that minced meat was unfit for consumption.	Chem.	The specimen consisted entirely of minced meat with water added, but with no sausage meat. It was very fatty and the smell on being boiled was considered rather stale and unappetising, but the meat did not appear to be unfit for consumption.	Complainant notified.
Table Jelly (Orange Flavour)	Complaint from member of the public that jelly contained foreign matter.	Chem.	The specimen contained on the surface of the jelly a small elongated mass of soft, grey foreign matter which consisted of soap discoloured by iron.	All the interested parties in this complaint were consulted. The manufacturer's Chief Chemist is to meet the Public Analyst to discuss the matter which appears to be an isolated complaint.

FOOD AND DRUGS ACT, 1955

Number and Description of Samples Submitted for Analysis under the above Act during the year 1968

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

ANALYSES

Article	Number Examined			Number Adulterated, etc.		
	Formal	Informal	Total	Formal	Informal	Total
Acriflavin, solution of	—	1	1	—	1	1
Angelica	—	3	3	—	—	—
Baby foods	—	19	19	—	—	—
Baking powder	—	3	3	—	—	—
Barley, pearl	—	1	1	—	—	—
Batter mixture	—	1	1	—	—	—
Beans	—	1	1	—	—	—
Benzyl Benzoate	—	1	1	—	—	—
Beverage	—	4	4	—	—	—
Biscuits	—	52	52	—	—	—
Blancmange powder	—	5	5	—	—	—
Brandy	1	—	1	—	—	—
Bread (starch reduced)	—	2	2	—	—	—
Bread (fruit malt loaf)	—	1	1	—	—	—
Breadcrumbs	—	5	5	—	—	—
Breakfast foods	—	4	4	—	—	—
Butter	—	1	1	—	—	—
Cake decorations	—	5	5	—	1	1
Cake and pudding mixtures	—	8	8	—	—	—
Cashew nut, creamed	—	1	1	—	—	—
Cheese and cheese spread	—	22	22	—	2	2
Chinese food, canned	—	1	1	—	—	—
Chocolate, drinking	—	1	1	—	—	—
Cocoa	—	2	2	—	—	—
Cocoa butter	—	1	1	—	—	—
Coconut, desiccated	—	7	7	—	2	2
Codeine Linctus	—	1	1	—	—	—
Coffee	—	9	9	—	2	2
Coffee and chicory essence	—	1	1	—	—	—
Coffee extract (dry)	—	8	8	—	1	1
Coffee extract (liquid)	—	5	5	—	—	—

Article	Number Examined			Number Adulterated, etc.		
	Formal	Informal	Total	Formal	Informal	Total
Colouring matter	—	2	2	—	1	1
Confectionery, chocolate	—	4	4	—	—	—
Confectionery, flour	—	7	7	—	—	—
Confectionery, sugar	—	16	16	—	—	—
Cooking fat	—	4	4	—	—	—
Cornflour	—	3	3	—	—	—
Cream	—	8	8	—	—	—
Cream of tartar	—	2	2	—	—	—
Curry powder	—	4	4	—	—	—
Custard powder	—	4	4	—	—	—
Dessert mixture	—	1	1	—	—	—
Dessert powders	—	22	22	—	—	—
Dessert preparations	—	2	2	—	1	1
Drinks, soft	—	37	37	—	—	—
Drink, soft, powder	—	5	5	—	2	2
Dripping	—	1	1	—	—	—
Fish	—	3	3	—	—	—
Fish, bottled	—	3	3	—	—	—
Fish, canned	—	24	24	—	—	—
Fish cake	—	1	1	—	—	—
Fish paste	—	7	7	—	—	—
Flavouring compounds	—	3	3	—	1	1
Flavouring essence	—	7	7	—	—	—
Flour, plain	—	1	1	—	—	—
Flour, self-raising	—	1	1	—	—	—
Food, proprietary	—	3	3	—	—	—
Fruit, bottled	—	1	1	—	—	—
Fruit, canned	—	44	44	—	2	2
Fruit curd	—	7	7	—	—	—
Fruit, dried	—	17	17	—	—	—
Fruit, fresh	—	1	1	—	—	—
Fruit, glacé	—	5	5	—	—	—
Fruit juice	—	8	8	—	—	—
Fruit pie	—	5	5	—	—	—
Garlic powder	—	1	1	—	—	—
Gin	3	—	3	1	—	1
Glucose	—	1	1	—	—	—
Gravy, canned	—	1	1	—	—	—
Gravy powder	—	1	1	—	—	—
Gravy preparation	—	7	7	—	—	—
Groundnuts	—	3	3	—	—	—
Herbs, dried	—	8	8	—	—	—
Honey	—	3	3	—	—	—
Ice cream	—	10	10	—	1	—
Ice cream preparation	—	1	1	—	—	1
Jam	—	20	20	—	—	—

Article	Number Examined			Number Adulterated, etc.		
	Formal	Informal	Total	Formal	Informal	Total
Jelly tablets and compounds	—	28	28	—	1	1
Jelly prepared with fruit	—	1	1	—	—	—
Lager	—	1	1	—	—	—
Lard	—	2	2	—	—	—
Macaroni	—	1	1	—	—	—
Macaroni cheese, canned	—	1	1	—	—	—
Margarine	—	2	2	—	—	—
Marmalade	—	6	6	—	—	—
Marzipan	—	5	5	—	—	—
Mayonnaise	—	3	3	—	—	—
Meal preparation	—	6	6	—	2	2
Meat	6	—	6	—	—	—
Meat paste	—	14	14	—	1	1
Meat products	—	13	13	—	1	1
Meat products, bottled	—	3	3	—	—	—
Meat products, canned	—	48	48	—	4	4
Medicines, proprietary	—	12	12	—	—	—
Milk (including Channel Islands)	93	—	93	—	—	—
Milk, condensed	—	1	1	—	—	—
Milk, dried	—	4	4	—	—	—
Milk, evaporated	—	2	2	—	—	—
Milk pudding, canned	—	10	10	—	—	—
Millet, savoury	—	1	1	—	—	—
Mincemeat	—	2	2	—	—	—
Mustard preparation	—	2	2	—	—	—
Mustard, prepared	—	4	4	—	2	2
Mustard, salted	—	1	1	—	—	—
Nuts	—	5	5	—	—	—
Oil, cooking	—	5	5	—	—	—
Olive oil	—	3	3	—	—	—
Pasta in sauce, canned	—	2	2	—	—	—
Pastry mixture	—	3	3	—	—	—
Pastry, uncooked	—	1	1	—	—	—
Peanut butter	—	3	3	—	—	—
Peanuts	—	2	2	—	—	—
Pease pudding, canned	—	2	2	—	—	—
Peas, split	—	2	2	—	—	—
Peel, candied	—	7	7	—	—	—
Pepper	—	5	5	—	—	—
Pickles	—	24	24	—	3	3

Article	Number Examined			Number Adulterated, etc.		
	Formal	Informal	Total	Formal	Informal	Total
Potato crisps	—	2	2	—	—	—
Pudding, canned	—	1	1	—	—	—
Puddings	—	10	10	—	—	—
Rennett, essence of	—	1	1	—	—	—
Rice	—	10	10	—	—	—
Rice vermicelli	—	1	1	—	—	—
Rose hip syrup	—	1	1	—	—	—
Rum	1	—	1	—	—	—
Rusks	—	4	4	—	—	—
Rye crispbread	—	1	1	—	—	—
Sago	—	2	2	—	—	—
Salad cream	—	1	1	—	—	—
Salt	—	7	7	—	—	—
Salt, garlic	—	1	1	—	—	—
Sauce	—	36	36	—	1	1
Sauce preparations	—	7	7	—	1	1
Sausages and sausage meat	2	1	3	1	—	1 —
Savouries	—	5	5	—	1	1
Seasoning	—	3	3	—	—	—
Semolina	—	2	2	—	—	—
Soda, bicarbonate of	—	1	1	—	—	—
Soup, canned	—	7	7	—	—	—
Soup preparations	—	23	23	—	—	—
Spaghetti	—	1	1	—	—	—
Spice	—	25	25	—	1	1
Spreads	—	14	14	—	—	—
Stuffing mixture	—	4	4	—	—	—
Suet, shredded	—	4	4	—	1	1
Sugar	—	10	10	—	—	—
Sweetener	—	1	1	—	—	—
Syrup jelly	—	1	1	—	—	—
Tapioca	—	2	2	—	—	—
Tea	—	18	18	—	—	—
Tomatoes, canned	—	9	9	—	2	2
Tomato juice, canned	—	1	1	—	—	—
Tomato juice cocktail canned	—	1	1	—	1	1
Tomato paste	—	1	1	—	—	—
Tomato pureé	—	5	5	—	—	—
Treacle	—	1	1	—	—	—
Vegetables, canned	—	33	33	—	—	—
Vegetables, dehydrated	—	31	31	—	4	4
Vegetables, fresh	—	1	1	—	—	—
Vegetables, frozen	—	4	4	—	—	—
Vegetable salad, canned	—	3	3	—	—	—

Article	Number Examined			Number Adulterated, etc.		
	Formal	Informal	Total	Formal	Informal	Total
Vegetarian food (pâté)	—	1	1	—	—	—
Vinegar, chilli	—	1	1	—	—	—
Vinegar, imitation	—	1	1	—	1	1
Vinegar, malt	—	7	7	—	—	—
Whisky	2	1	3	—	—	—
Wine, alcoholic	—	2	2	—	—	—
Yoghurt	—	5	5	—	—	—
TOTALS	108	1,047	1,155	2	44	46

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

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
(a) In respect of normal sampling			
56	Chow Mein with Noodles	Comprised a carton containing four inner packets, one of which consisted of dried meat, vegetables and spices and was found to contain sulphur dioxide 270 parts per million. The presence of sulphur dioxide was not mentioned in the statement of ingredients on the labels.	Manufacturer requested to amend labels on packets in accordance with Labelling of Food Order.
216	Cheese Flavoured Puffs	Contained butylated hydroxyanisole, 25 parts per million, the presence of which was not declared on the label.	Manufacturer of this product is to discontinue the use of butylated hydroxyanisole.
262	Ham Mornay, Canned	Contained ham, not more than 27%. In the Public Analyst's opinion this product should contain at least 35% of meat.	Manufacturer compounding new recipe to comply with Meat Products Regulations.
265	Sausage Rolls (Uncooked) Frozen	Contained suphur dioxide, 120 parts per million, the presence of which was not disclosed on the label of the carton.	Label to be amended in accordance with the Labelling of Food Order.

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
269	Chicken Capri Canned	Contained chicken meat, not more than 22%. In the Public Analyst's opinion this product should contain at least 35% of meat.	Manufacturer advised of the coming into force of new Regulations relating to the composition of meat products.
279	*Creamed* Potatoes	The sample contained no cream or milk. The description "**Creamed** Potatoes" and the illustration on the label of what appears to be a jug of cream surrounded by potatoes is, in the Public Analyst's opinion, calculated to be misleading when applied to a powder that contains no cream and is not even of a creamy consistency.	The labelling of this product is being actively taken up by a number of authorities with the Manufacturer who is seeking the opinion of Counsel in the matter.
300	Figs, Canned	Contained tin, 300 parts per million. The inside of the can had been heavily attacked and the proportion of tin in the figs was considered excessive.	Retailer and Distributor informed of Public Analyst's report. All remaining stocks withdrawn from sale.
314	American Instant Coffee	Contained Potash, expressed as potassium carbonate, 10%. The product was described on the label as "Soluble solids of pure coffee". Since the soluble solids of pure roasted coffee do not normally contain more than 7% of potash, expressed as potassium carbonate, the addition of not less than 3% is indicated by the analysis and was not disclosed on the label.	Manufacturer asked for explanation.
341	Game Pâté	Contained lead, 26 parts per million. According to the Lead in Food Regulations, 1961, this article should not contain lead in any proportion exceeding 2 parts per million.	Remainder of stock surrendered by Retailer.

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
386	Sugared Strands	The sample had an objectionable, rancid taste due to partial decomposition of the fat and was considered unfit for consumption.	Small stock remaining in the shop withdrawn from sale.
423	Apricot Chutney	Contained sulphur dioxide, 140 parts per million, the presence of which was not declared on the label as required by the Preservatives in Food Regulations.	Manufacturer requested to amend the label on the product to comply with the Preservatives in Food Regulations.
428	Shredded Suet	Contained suet fat 80%, rice flour 20%. By the provisions of the Food Standards (General Provisions) Order, 1944, and the Food Standards (Suet) Order, 1952, Shredded Suet should contain not less than 83% of beef fat.	Manufacturer stated that check samples are regularly taken at the factory and that they have all proved genuine. Further samples to be taken.
461 599	Iced Lemon Tea Mix	The samples consisted of a Soft Drink Powder inappropriately described. The powder was described on the label as a refreshing summer drink with an illustration of a lemon, but it contained no lemon juice and would not produce a lemon drink complying with the Soft Drink Regulations.	Product re-formulated to conform with regulations.
465	Cochineal Substitute	Consisted of a solution of Carmoisine. The sample was not labelled as required by the Colouring Matter in Food Regulations.	Manufacturer to withdrawn current stock and relabel same.
466	Lemon Flavouring	The label of the bottle did not bear a statement of ingredients as required by the Labelling of Food Order.	Manufacturer requested to amend the label in accordance with the requirements of the Labelling of Food Order.

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
511	Preserved Pork Sausage Meat	Contained meat 62%, sulphur dioxide 260 parts per million. Pork sausage meat ordinarily contains at least 65% of meat.	The Manufacturer states that this is the first adverse report the Company have had from any local Authority and, suggests that the batch from which the sample was obtained had perhaps been poorly mixed. Further samples to be taken.
520	Black-currants in Syrup, Canned	The can was "blown" due to an attack on the tinplate. The sample contained tin, 270 parts per million, iron 760 parts per million, both of which were considered excessive.	Manufacturer identified the can which had contained the black-currants as being four years old. There was no other similar stock at the shop in question and the matter was therefore considered closed.
548	Vegetable Curry with Rice	Contained sulphur dioxide, 150 parts per million, the presence of which was not mentioned in the statement of ingredients on the label.	Manufacturer requested to amend the label in accordance with the requirements of the Labelling of Food Order.
624 626	Italian Peeled Tomatoes, Canned	The cans were "blown" due to an attack on the tinplate. The samples respectively contained tin, 140 and 100 parts per million, iron, 1,000 and 280 parts per million and were considered unfit for sale for human consumption.	The distributor of the tomatoes in question contended that the cans had been over filled. When shown the Public Analyst's Certificate he agreed to surrender the remaining stock which was subsequently destroyed.
630	Pickled Onions	Contained sulphur dioxide, 210 parts per million, an excessive proportion.	Manufacturer advised of result of analysis and asked for comments.

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
634	Apricot Chutney	Contained sulphur dioxide, 90 parts per million, the presence of which was not declared on the label as required by the Preservatives in Food Regulations.	Manufacturer requested to amend the label on the product to comply with the Preservatives in Food Regulations.
688	Jelly Creams, Raspberry Flavour	Contained sulphur dioxide, 100 parts per million, the presence of which was not disclosed on the label.	Manufacturer asked to amend the label on the product to include the presence of sulphur dioxide.
725	Curry Sauce Mix	The ingredients of the mixture included cornflour, the presence of which was not mentioned in the statement of ingredients on the label.	Manufacturer asked to amend the label on the product in accordance with the requirements of the Labelling of Food Order.
747	Gouda Cheese	Contained milk fat in the dry matter, 40.7%. Gouda cheese should contain not less than 48% of milk fat in the dry matter.	This sample of cheese was inadvertently wrongly labelled at the time of sampling.
761	Non brewed Condiment	Contained salt, 0.6%, the presence of which was not declared on the label.	Manufacturer requested to amend the statement of ingredients on the label to include salt.
764	Cayenne Pepper	Contained a red coaltar colouring matter (consistent with Brilliant Croceine), the presence of which is not permitted by the Colouring Matter in Food Regulations.	Sample was old stock made up before the new Colouring Matter in Food Regulations, 1966, became operative on 26th June, 1967. The retailer has no other stocks of this commodity.

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
783	Prepared Mustard	Contained benzoic acid, 350 parts per million, an added preservative not permitted in this article by the Preservatives in Food Regulations.	This product is manufactured in Austria. The importer has been informed of the infringement and requested to convey the comments of the Public Analyst to the Manufacturer.
785	*Creamed* Potatoes	The sample contained no cream or milk. The description "**Creamed** Potatoes" and the illustration on the label of what appeared to be a jug of cream surrounded by potatoes is, in the Public Analyst's opinion, calculated to be misleading when applied to a powder that contained no cream and was not even of a creamy consistency.	Manufacturer has agreed to suitably amend the present pictorial label on the packet.
800	Chopped Pork, Canned	Contained meat 88%. In the Public Analyst's opinion Canned Chopped Pork should contain at least 95% of meat.	Manufacturer advised of the forthcoming introduction of compositional standards for Chopped Pork.
819	Totato Juice Cocktail, Canned	Contained tin, 290 parts per million. The inside of the can had been attacked and the proportion of tin in the sample is excessive.	The Company retailing the product when informed of Public Analyst's Report withdrew remaining stocks from sale which were subsequently surrendered and destroyed.
837	Viennois Chambourcy (Dessert)	Consisted of a prepared dessert, inadequately labelled in French.	Distributor of product asked to acquaint Manufacturer of the necessity to include on the label a list of the ingredients contained in the product in English.

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
1017	Ice Cream	Contained a quantity of rust amounting to 0.010%.	Source of contamination being investigated by Manufacturer.
1021	Gin	The sample contained excessive water, 11.7%, the alcoholic strength being 42.6° under proof.	Legal Proceedings to be instituted against the vendor.
1022	Grated Parmesan Cheese	Consisted of a Medium Fat Hard Cheese. The cheese was not labelled in the manner required by the Cheese Regulations.	Company packing the cheese advised of the labelling requirements laid down in Cheese Regulations.
M/1	Solution of Acriflavine B.P.C. 1934	Contained Acriflavine 0.087%, Sodium Chloride 1.0%. According to the British Pharmaceutical Codex of 1934. Solution of Acriflavine should contain: Acriflavine 0.1%; Sodium Chloride 0.9%.	Remainder of stock withdrawn and supplier warned.
(b) In respect of samples taken under Imported Food Regulations			
TT.1	Hot Pepper Sauce	Contained benzoic acid, 780 parts per million, an added preservative not permitted in sauces by the Preservatives Regulations.	Letter to Importer who requested Manufacturer to ensure future consignments comply with Preservatives in Food Regulations.
TT.20	Water Damaged Coffee Beans	The sample contained mouldy coffee beans, 5% and was considered unfit for consumption.	Consignment released for hand sorting under supervision of Local Authority.
TT.24	Dessicated Coconut (Medium)	Contained sulphur dioxide, 130 parts per million, an added preservative not permitted in desiccated coconut by the Preservatives Regulations.	Letter to Importer who requested Producer to eradicate source of contamination introduced during processing. Consignment released for manufacturing purposes only.

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
TT.32	Dessicated coconut (Medium)	Contained sulphur dioxide, 70 parts per million, an added preservative not permitted in desiccated coconut by the Preservatives Regulations.	Letter to Importer who requested Producer to eradicate source of contamination introduced during processing. Consignment released for manufacturing purposes only.
TT.65	Crammed Duck in Sauce, Canned	The label on the can did not include a statement of ingredients as required by the Labelling of Food Order.	Letter to Importer. Infringement of Labelling of Food Order taken up with Manufacturers in country of origin.
TT.70	Raw Coffee	Consisted of coffee beans with a paste of oil and iron oxide pigment and contained added oil 0.10% and added iron oxide 0.08%. By the provisions of the Colouring Matter in Food Regulations, 1966, coffee beans intended for human consumption should not have on them any added colouring matter.	Letter to Importer and Coffee Company drawing their attention to infringement of Colouring Matter in Food Regulations, 1966, and warning that any further contravention would be dealt with strictlyaccording to Regulations. On this occasion consignment to be used in blending process in such a manner as to minimise iron oxide adulteration.
TT.85	Tomato Mustard	Consisted of a prepared mustard, inadequately labelled in French.	Letter to Importer requesting that infringement of Labelling of Food with Manufacturer in country of origin.

Sample No.	Article	Nature of Adulteration and/or irregularity	Action Taken
TT.92	Chung Choi Slices	Consisted of turnip-like Chinese vegetables, sliced, salted and dried, but the label of the packet did not include any statement in English of the ingredients as required by the Labelling of Food Order.	Letter to Importer drawing attention to infringement of Labelling of Food Order, 1953.
TT.97	Dried White Gourd Slices	Contained sulphur dioxide, 300 parts per million, the presence of which was not disclosed on the label.	Letter to Importer drawing attention to infringement of Labelling of Food Order, 1953.

SECTION VII

MISCELLANEOUS

HEALTH EDUCATION SERVICE

Following the expansion of activities in the years following the inception of the London Borough, 1968 marked a year of retrenchment and consolidation along established lines. While some new ventures were essayed, the main achievement was in steady expansion within the existing framework.

Two events denoted the year in broader terms. The long-awaited Health Education Council was established, although it was not before October that operations commenced on a functional basis. Secondly, the emerging interest of the Inner London Education Authority in the question of health education in schools followed closely upon the heels of the Greenwich School Health Education Service initiated in 1967 and included in my Report of that year. A Health Education Conference was called at County Hall early in 1968 and was followed by a request for Divisional Education Officers to hold their own conferences and lend their support to the endeavours of local heath authority health education staffs. Arrangements for conferences are necessarily protracted, but the provisional arrangements agreed by the close of the year were for two conferences—one for primary teachers and one for secondary teachers—to be held early in 1969.

Many of the services mentioned in the following review of the activities of the Service have been described in detail in previous years. In the current Report, therefore, only statistical change has been recorded, with fuller explanation included in new innovations.

Health Education Programmes to Local Organisations

The number of programmes showed a slight increase on the previous year, indicating that the positive approach adopted with local organisations meeting in the Borough is effective in invoking a growing response. As in past years, the following tables give an analysis of subject matter and types of organisation visited.

TABLE I — ANALYSIS BY SUBJECT

Subject	Films		Talks		Films & Talks		Total
	D	O	D	O	D	O	
Home Safety and Resuscitation	5	2	8	2	7	3	27
Food Hygiene	12	3	2	—	—	—	17
Infectious Disease and Pest Control	8	—	—	—	—	1	9
Other Environmental Health	4	4	1	—	—	—	9
Nutrition	12	—	—	—	—	—	12
Personal Hygiene	8	3	2	—	—	1	14
Smoking	2	2	—	—	1	—	5
Maternal and Child Welfare	10	1	—	1	1	—	13
Other Personal Health	7	—	—	—	—	—	7
Welfare Services	6	1	—	—	—	—	7
Mental Health	7	4	—	—	8	8	27
Health & Welfare Services	1	—	8	3	7	3	22
Other Community Care	3	2	1	—	—	—	6
	85	22	22	6	24	16	175

TABLE II — ANALYSIS BY ORGANISATION

Organisation	Films		Talks		Films & Talks		Total	Attendance
	D	O	D	O	D	O		
Religious	21	5	8	1	4	3	42	1,055
Political	13	3	5	1	6	5	33	710
Old People	18	—	1	—	2	—	21	2,015
Youth Organisations	11	7	—	3	4	5	30	1,325
Others	22	7	8	1	8	3	49	2,875
	85	22	22	6	24	16	175	7,980

D—*Duty Hours* O—*Out of Duty Hours*

General Publicity

Monthly programmes of health education topics receive general publicity by way of displays in shop window premises available to the Department supported by related publicity in the permanent Welfare centres throughout the Borough.

Topics selected for the year were as follows :—

Condensation
Neonatal Cold Injury & Hypothermia
Cleanliness in the Home
Food Hygiene
Noise
Mental Health
Holiday Safety
Dental Hygiene
Fireworks
Sterilisation Methods
Smoking and Health
Christmas Safety

The monthly magazine "Better Health" is distributed regularly to general practitioners and dentists practising in the Borough. Topical matter is frequently included in this distribution.

Publicity Material

A great deal of publicity material is distributed not only through the outlets already mentioned but also during the special campaigns mounted by the Section.

The following table gives the distribution of publicity material for 1968:—

TABLE III—DISTRIBUTION OF PUBLICITY MATERIAL

Subject	*Leaflets*	*Posters*
Diabetes	150	—
Foot Health	800	—
Sex Education	700	—
Nutrition	200	15
Personal Hygiene	300	20
Infectious Disease	500	100
Food Hygiene	700	85
Mental Health	2,000	300
Dental Health	1,500	250
Vaccination and Immunisation	750	60
Maternal & Child Welfare	3,500	150
Smoking	1,200	700
Cancer	2,000	150
Home Safety	3,000	300

Monthly Meeting

Since the formation of the Borough in 1965, a monthly meeting has been held to review the latest developments in health education. Membership of the meeting consisted mainly of nursing staff. During 1967, the development of the Health Education Service reached a point at which it was considered that other sectors of the Department, including Public Health Inspectors and Social Workers, should be included.

The enlarged Health Education Meeting was continued throughout the current year, keeping Health Educators in the Department abreast of latest developments in the field.

Departmental Services

In addition to other services, those of Health Education provide numerous facilities such as printing, notices, posters, design, artwork and display panels for different departmental sections. These services also include the provision of audio-visual aid equipment the previewing of films, etc., for use in "in-service" training and for public showing.

On behalf of other branches of the Department, 121 screenings were arranged and projected, 46 of which were out of duty hours. Some 36 previews of films were also arranged.

On 6 occasions, films owned by the Service were loaned to neighbouring Boroughs on a friendly basis.

Entitled "They Have A Future", the 16 mm. film on Maze Hill Junior Training Centre for the Mentally Handicapped, produced by the Service in 1967, continued to be widely used.

In addition to 20 requests for local showings the film was shown twice at the John F. Kennedy Centre in Leytonstone and to a parent/teachers association at Haberdasher's Askes School.

The Scottish Home and Health Department made extensive use of the film during an eight-week loan period and a noted paediatrician took the film with him on a four-week lecture tour of the U.S.A.

Our film is frequently used in the training of teachers of the mentally handicapped at Chiswick College and the London Boroughs' Training Committee.

As an incentive to publicising methods of contraception, in accordance with the Family Planning Act, a 25-frame 35-mm. filmstrip was produced by the Service entitled "CONTRACEPTION". Simply and factually, the strip surveys the field of contraceptives and ends with a summary of the efficacy of each type of technique.

Home Safety

Part of the special activities of the Health Education Service is the prevention and reduction of home accidents. Continuous emphasis is given to this problem throughout the year and films on home safety are often included in programmes devoted mainly to other aspects of health education.

In addition to the continuing activity in this field the following new ventures were initiated:—

(a) Lifting Course

Two one-day sessions were held for staff of the Department on correct methods of lifting and handling. The services of a two-man team employed by the Port of London Authority were engaged who demonstrated the basic principles of lifting and portering heavy objects. Both sessions were extremely well attended, and much valuable information obtained by the participants.

(b) "Note Your Home Accident"

It is an observed fact that many families who suffer a home accident are extremely likely to have a second or subsequent accident within a two-year period following the first.

In order to encourage thought and care amongst "prone" families, a simple accident record leaflet with the above title was devised for general distribution through local hospitals, general practitioners' surgeries, and at home safety programmes and exhibitions.

Campaigns and Exhibitions

In addition to the monthly campaign projects, the following special activities were carried out.

(a) Mental Health Week

In 1968, the last of the triennial series of Mental Health Weeks was mounted. By way of local support to the national campaign open days were arranged at mental health training centres and combined occupation centres in the Borough. Photographic displays were mounted at all centres for the information of visitors.

Through the kind co-operation of three large, local Departmental Stores, extensive displays were mounted highlighting the problems of the mentally disordered. Being sited where the public naturally congregate proved to be more effective than a separate exhibition of interest only to the enlightened and to which a special journey would have to be made.

Finally, use was made of the successful information booklet series "Topic" (initiated by the Service in 1967) for the issue of a special campaign edition on Mental Health. Information in compact form for the use of community leaders was enclosed and sent to local newspapers, schools, hospitals, religious leaders, and general practitioners.

(b) R.A.C.S. Sports and Fete Day

The Department was invited to exhibit at the Sports and Fete Day of the Royal Arsenal Co-operative Society and a marquee was provided for the purpose.

Displays provided by the Service were highly successful and 500 people visited the marquee in the first two hours of the fete. Unfortunately the weather switched rapidly from sunshine to storm conditions and the rest of the "day" was washed out.

However, the organisers were delighted with the exhibition and promised to reserve a larger marquee for 1969.

(c) The Greenwich Show

The highlight of the Council's publicity year is the Greenwich Show, at which departments of the Council are invited to include exhibits. This Service mounted a large self-contained "walk-through" exhibition incorporating many public participation features. Again, however, the weekend of the "Show" co-incided with freak rains and flooding in the south-east of England and another wash-out was recorded.

(d) Help the Disabled Week

In support of the national campaign of the Society for the Disabled, local activities were arranged. With the assistance of the Society's travelling exhibition and their occupational therapist, a central exhibition of aids for the Disabled was staged and open days were arranged at Centres for the Handicapped. A non-denominational service was organised for the disabled at a local church.

School Health Education Service

The innovation of the School Health Education Service referred to in my 1967 Report met with fair response from schools. Some requested additional information but did not follow up. Others gave limited response to the offer, while a number of the more progressive schools gave the scheme a good measure of support.

Although the response was somewhat less than hoped for it was appreciated that the scheme was, so-to-speak, on trial. The Service was content to let actions speak louder than words and in any case a flood of interest might well have swamped resources.

As a result of the services provided, together with follow-up activities, a good working relationship was established with 10 secondary and 3 primary schools, with occasional use by a further 6 secondary and 5 primary schools. When it is remembered that the whole accent of the Service is to encourage teachers to carry out their own health education and not to employ staff of our Department as part-time teachers this can be considered a significant advance.

As mentioned in the introduction to this section of my Report, the local Divisional Education Officer of the I.L.E.A., following the lead of the County Hall meeting on health education in schools at the beginning of the year, contacted the Department for co-operation in a local meeting. After discussion between representatives of the Department, the Divisional Office and Messrs. J. Welch and A. Lewis, District Inspectors, plans were developed for joint conferences early in 1969. It is hoped that the evident spirit of co-operation stemming from these conferences will add impetus to the reception of the scheme begun in 1967.

The following tables indicate the use made of our facilities by the School Health Education Service in 1968 :—

TABLE IV—DISTRIBUTION OF LEAFLETS AND POSTERS

Subject	*Leaflets*	*Posters*
Dental Health	650	13
Drugs	200	—
Food Hygiene	300	25
Home Safety	350	55
Water Safety	285	25
Personal Hygiene	200	15
Sex Education	600	—
Infectious Disease	100	5
Foot Health	200	—
Mental Health	25	—
Smoking	600	60
Diabetes	100	—
Heart Disease	25	—

TABLE V—OTHER SERVICES SUPPLIED

Subject	*Films Only*	*Visit from Department*	*Displays*
Health & Welfare Services	5	5	1
Work of Officers of Department	1	6	—
Food Hygiene	5	2	3
Water Supplies	2	—	—
Infectious Disease	9	1	—
Housing	—	1	—
Home Safety	5	1	3
Emergency Resuscitation and Water Safety	1	4	1
Childbirth and Mothercare	8	6	1
Sex Education and Venereal Disease	16	—	—
Personal Hygiene	5	—	2
Oral Hygiene	5	—	2
Smoking and Health	2	1	1
Alcoholism	2	—	—
Diabetes	1	—	—
Nutrition	11	—	1
Drugs	1	—	—
	79	27	15

Additional Information Service

A small publication entitled "TOPIC" serves as a guide to the general public on specific health aspects.

Produced at irregular intervals the issues, where possible, will follow a regular format and are intended to give views, offer information and history, provide statistics, weigh up the value of publicity material and visual aids, list relevant bibliography and lighten the effect with appropriate anecdotes.

Two further editions of these booklets on specific subjects compiled by the Health Education Service were issued during the year. One was on Mental Health (mentioned earlier) and the other on Venereal Disease.

Both received wide circulation in addition to a "schools" distribution.

MEDICAL EXAMINATIONS

A summary is given below of medical examinations carried out by the Department's Medical Officers during 1968, mainly in respect of superannuation and sickness schemes.

SUPERANNUATION.

Staff	
No. of Examinees found to be fit	355
No. of Examinees found to be unfit	9
Employees	
No. of Examinees found to be fit	206
No. of Examinees found to be unfit	2
SICKNESS	
No. Examined after prolonged sickness or at request of a Chief Officer	317
OTHER EXAMINATIONS	
Carried out by the Council's M.O.s :—	
On behalf of the London Boroughs Join Computer Committee	12
On behalf of other Local Authorities	9
No. examined for entry in Register of Disabled Persons	20
Carried out by other Local Authorities :—	
On behalf of London Borough of Greenwich	15

MEDICAL ASSESSMENTS—HOUSING

Under the Council's Rehousing Scheme, if an applicant's case is supported on medical or sociological grounds, a certain degree of priority is afforded.

During the current year, some 1,435 cases for re-housing or transfer were reviewed and medically assessed by the Associate Medical Officer of Health. A high proportion of these applications were subject to up-to-date reports from the Public Health Inspectors and Social Workers in order that the degree of priority should be fairly allocated.

In five instances it was necessary for the Medical Officer to make a domiciliary visit to enable the appropriate assessment to be made.

DEPARTMENTAL TRANSPORT

During 1968 the Department took delivery of eight new vehicles, two to augment the fleet, and six to replace vehicles proving uneconomical to repair, bringing the total vehicle strength to fifty-two.

The allocation of the extra vehicles to their operational work was as follows: One Bedford Duple Tail Lift coach (*seating 25 and fitted with special seat harnesses designed to aid the transportation of handicapped children to the Special Care Unit at Maze Hill Training Centre)* and one Bedford Duple Tail Lift coach to transport handicapped people to the Federation Hall and Riverdale Combined Centres. These two coaches were planned, using the experience gained in the previous two years, to give increased seating and wheelchair carrying capacity, the Combined Centres coach having a flexible seating and wheelchair arrangement, i.e. 19 + 2 wheelchairs—17 + 3 wheelchairs—15 + 4 wheelchairs—13 + 5 wheelchairs. This was made possible by using tip-up side-facing seats on the nearside and this proved a great improvement over the coaches already operating. Various factors determine the size of coaches and the tail lift position and these could differ in other London Boroughs, i.e. in heavily congested built-up areas a coach should not exceed 23 ft. in length and the chassis must have a good turning circle. Side loading tail lifts could be a disadvantage in areas with heavy side street vehicles parking.

Meals on Wheels

The number of vehicles used for this service was increased by one but as this replaced the vehicle previously operated by the British Red Cross, the total number of rounds operated remained at 17, similar to the previous year.

The total number of miles covered by the Department's vehicle fleet during the year reached a total of 543,544.

POST ENTRY TRAINING

This year, post entry training arrangements for the department largely followed the general trends which have evolved since 1965, with continued support for courses designed to provide both background education and vocational training. However, there was an increase in the number of short management courses attended by the administrative staff and in the total number of educational and professional conferences attended.

Three Social Workers were seconded on full-time study courses of one or two years duration commencing Autumn 1968 and leading to professional qualifications.

In addition to the courses listed below, the department was responsible for training 6 student Public Health Inspectors and 10 student District Nurses. Seven students qualified as Health Visitors in 1968 and a further nine students commenced health visitor training. "In-service" training courses were provided for 19 Child Helps.

TRAINING COURSES, 1968

Administrative

Catford College	Day-release courses leading to the Clerical Division and D.M.A. examinations
Royal Institute of Public Administration	Work Study Appreciation Course
Management Services Unit	Practitioners' Course on Network Analysis for Senior Staff
Greater London Whitley Council	Course in Management Perspectives
Local and Public Authorities' Computer Panel	Computer Course
London Boroughs' Management Services Committee	Filing and Records Course
South-West London College	Office and Clerical Management in Local Government.

Professional

Dental

British Post-graduate Medical Federation	Child Dental Health
British Dental Association	Post-graduate Study Course in Orthodontics

Medical

Child Development Research Centre	Basic Course
British Post-graduate Medical Federation / Royal Free Hospital	Weekend Course on Psychological Medicine
British Post-graduate Medical Federation / Institute of Child Health	Weekend Course on Child Psychiatry
Inner London Education Authority	"Drug Taking in School Children"
Inner London Education Authority	"What are Hostels for?"
Society of Medical Officers of Health	Advanced Course in Management — "Measurement and Control in Medical Administration"

Nursing Services	
Royal College of Nursing	Refresher Courses for Health Visitors
Health Visitors' Association	Refresher Courses for Health Visitors and School Nurses
Royal College of Midwives	Approved Refresher Courses
Chiswick Polytechnic	Course for District Nurse Team Leaders
Association of Supervisors of Midwives	Approved Post-graduate Course
London Borough of Camberwell	"In-service" Training for State Enrolled District Nurses
British Hospital for Mothers and Babies	Obstetric Course
St. Alfeges Hospital	Obstetric Course
London Boroughs' Training Committee	Health Visitor Re-entry Course
London Boroughs' Training Committee	Introductory Course for School Nurses
London Boroughs' Training Committee	Study Day for Supervisory District Nurses
London Boroughs' Training Committee	Study Day for Domiciliary Midwives
London Boroughs' Training Committee	Management Appreciation for Health Visitor Centre Superintendents
The National Childbirth Trust	Seminars in Psychoprophylaxis
London Boroughs' Training Committee	Health Education in Schools
Institute of Laryngology and Otology	Short Course for Health Visitors on Hearing Testing Techniques
Westminster Technical College	Training in Teaching Techniques
Social Work	
London Boroughs' Training Committee / National Association for Mental Health	Living with Disability — the Implications for the Family
London Boroughs' Training Committee	Seminars in Adolescence

Chiswick Polytechnic	Course for Senior Social Workers and Health Visitor Group Advisers
Institute of Medical Social Workers	Full-time 1-year Course leading to the Certificate of the Institute of Medical Social Workers
University of London	Seminars in Social Casework
Medway and Maidstone College of Technology	Full-time 2-year Course leading to the Certificate in Social Work
Chiswick Polytechnic	Full-time 2-year Course leading to the Certificate in Social Work
College of Commerce, Bristol	Full-time 2-year Course leading to the Certificate in Social Work
Welfare	
London Boroughs' Training Committee	Courses for Social Welfare Officers
Greater London Association for the Disabled	Study Course for Chief Welfare Officers and Mental Health Officers
London Boroughs' Training Committee	Day-release Course for Matrons and Assistant Matrons of Old People's Homes
Health Visitors' Association	Course on Geriatrics
Southern Regional Association for the Blind	Refresher Course for Home Teachers / Social Welfare Officers for the Blind
Southern Regional Association for the Blind	Full-time 1-year Course leading to the Home Teachers Examination
South-East London Technical College	Course leading to the City and Guilds Certificate in Catering
Mental Health Services	
London School of Economics	Full-time 1-year Course leading to the Diploma for Social Workers in Mental Health
University of Manchester	Full-time 1-year Course leading to the Certificate in Psychiatric Social Work

National Association for Mental Health	"Social Education for the Subnormal Adult"
The Spastics Society	Teaching and Training the Subnormal Child with special reference to Cerebral Palsy
London Boroughs' Training Committee	Day-release Course for Teaching Staff in Junior Training Schools
London Boroughs' Training Committee	Course for Attendants in Junior Training Schools
London Boroughs' Training Committee	Course for Staff in Industrial Centres
London Boroughs' Training Committee	Course for Mental Health Social Workers.
University of Bristol	Refresher Course for Mental Health Workers
University of Bristol / National Association for Mental Health	Full-time 2-year Diploma Course for Teachers of the Mentally Handicapped
The Spastics Society	Play and the Young Handicapped Child

Environmental Health

Hendon College of Technology	Course on Pollution Control
South-East London Technical College	Courses on Noise Prevention and Control
College for the Distributive Trades	Modern Techniques in Food Processing and Analysis
College for the Distributive Trades	Advanced Supplementary Courses
The Coal Utilisation Council	Public Health Inspectors Course
Association of Public Health Inspectors	Weekend Seminar
South-East London Technical College	Courses on Fire Prevention in Buildings
South-East London Technical College	Course leading to the Ordinary Certificate in Building Construction

Health Education

London Boroughs' Training Committee	Study Day for Health Education Officer

OTHER SERVICES

Home Help

London Boroughs' Training Committee	Seminars for Home Help Organisers and Assistant Organisers

CONFERENCE ORGANISERS, 1968

Association of Public Health Inspectors
British Council for the Rehabilitation of the Disabled
British Dental Association
Central Council for Health Education
Industrial Advisers to the Blind Ltd.
Inner London Education Authority
Institute of Hospital Administrators
Institute of Shops Acts Administration
King Edward's Hospital Fund for London
London Boroughs' Association
London Borough of Lambeth
London Boroughs' Training Committee
Ministry of Health
National Association for Maternal and Child Welfare
National Association for Mental Health
National Childbirth Trust
National Council on Alcoholism
National Council for the Single Woman and her Dependants
National Council for the Unmarried Mother and her Child
National Home Safety Council
National Society of Children's Nurseries
National Society for Clean Air
National Old People's Welfare Council
Nursery Schools Association
Queen's Institute of District Nursing
Retard + ED
Royal College of Nursing
Royal Institute of Public Health and Hygiene
Royal Society of Health
Scottish Health Visitors Association
Southern Regional Association for the Blind
Standing Conference of Societies Registered for Adoption
University of Liverpool
Women's National Cancer Control Campaign

SECTION VIII

SCHOOL HEALTH SERVICES

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

The Inner London Education Authority is responsible for the School Health Service but, by virtue of an agreement required by Section 32 of the London Government Act, 1963, there is joint use by the Authority and the Borough of professional staff, premises and equipment. The Medical Officer of Health is the Principal School Medical Officer of the Inner London Education Authority for the area and is responsible to that Authority for the day-to-day running of the Service.

Introduction

The School Health Service continued to be based on a scheme of medical inspections. During 1968, 39,204 pupils attended Greenwich schools. Some 15,765 (40.2%) had routine medical inspections and 10,666 (27.2%) had non-routine medical inspections. Parents were invited to be present at these medicals and 53% accepted the invitation. The largest number of parents was present at inspections held in Infant Schools.

The great majority of schoolchildren in Greenwich was found to be in good general physical condition and only a minority (1.2%) was found to be unsatisfactory. As in previous years, this figure was above the average for the Inner London Boroughs. It was thought previously that this was because a higher standard was expected by the School Medical Officers in Greenwich. In addition to the above, children who were overweight were recorded as being in unsatisfactory physical condition.

Defects most often requiring treatment or observation were those connected with skin, nose, throat, heart and lungs and the numbers of these were above those reported from other Inner London Boroughs. The incidence of psychological disorders requiring treatment was approximately 2 per 1,000 pupils and that for those requiring observation was approximately 19 per 1,000 pupils.

Examination of children regarding their fitness for school journeys—many of which were made overseas—comprised a major proportion of non-routine medical examinations. Seven hundred and fifteen pupils were examined in connection with assessing their educational needs as handicapped pupils and a further 704 pupils were examined before they were allowed to undertake part-time employment.

More individual pupils were seen in Greenwich during comprehensive and selective surveys than in any other Inner London Borough. At these surveys 349 pupils were found to be verminous (396 in 1967) but these formed only 0.89% of the school roll, a lower figure than average for the Inner London Boroughs.

Special Schools

During the year, Charlton Park School for Physically Handicapped pupils was fully opened with weekly boarding and day sections. This specially designed school enabled physically handicapped children to be educated to the best of their scholastic ability. Two school sisters were daily on duty at the school and the School Medical Officer paid a weekly visit. A consultant orthopaedic surgeon, a cardiologist and an opthalmologist visited the school at regular intervals.

Griffin Manor School for autistic children increased its numbers during the year and a visiting consultant psychiatrist was appointed to the school.

Delays in the placement of children requiring special educational treatment were greatest amongst those awaiting admission to Day and Boarding Schools for the maladjusted.

Speech Therapy

Greenwich was fortunate to have a larger number of speech therapists than the other Inner London Boroughs but there was still a waiting list for those pupils who needed this therapy.

Immunisation

Once again, Greenwich had the best figures for immunisation amongst the Inner London Boroughs. The highest figures were obtained for vaccination against smallpox (78.9%) and immunisation against diphtheria (91.5%) and the second highest figures for immunisation against whooping cough (84.2%) and polio (91.2%). During the year, measles vaccination was commenced among the younger age groups and those at residential nurseries.

During the second quarter of the year, de Lucy School was found to have a child with tuberculosis in one of its classes. The whole school was Mantoux tested. Of the 520 pupils, 89 were referred to the Chest Clinic for further investigation.

Child Guidance Clinic

In the middle of the year, a Child Guidance Clinic was opened at Chevening Road. The psychiatrist attended the clinic on two days a week: 75 cases were referred to him. At the end of the year, 33 cases were awaiting first attendance, 31 cases were still in attendance, 8 cases were closed and 3 withdrawn.

JOHN KERR BROWN,
Principal School Medical Officer.

SCHOOL HEALTH SERVICE

STATISTICAL REPORT 1968

Number of Pupils (*as at May, 1968*)

Primary	22,125
Secondary	15,571
Nursery School	940
Special, including Hospital schools	568
	39,204

Periodic General Medical Inspections

Age Groups	*Number*	*Percentage*
4 years and less	1,050	6.7
5 years	2,738	17.4
6 years	1,031	6.5
7 years	951	6.0
8 years	2,202	14.0
9 years	412	2.6
10 years	214	1.4
11 years	1,155	7.3
12 years	1,701	10.8
13 years	528	3.3
14 years	502	3.2
15 years and over	3,281	20.8
Total	15,765	100.0

Pupils found to require treatment at periodic General Medical Inspections

(excluding dental and infestation)

Age groups inspected	*For defective vision (excluding squint)*	*For other conditions*	*Total individual pupils*
4 years and less	10	90	97
5 years	27	274	293
6 years	11	119	127
7 years	58	90	139
8 years	112	185	282
9 years	32	44	74
10 years	17	17	34
11 years	122	72	189
12 years	161	108	257
13 years	47	31	75
14 years	64	36	94
15 years and over	503	185	665
Totals	1,164	1,251	2,326

Percentage of Children Inspected who were noted for Treatment

Age and sex		*All defects*	*Vision defects*	*Defects other than vision*
4 years and less	515 Boys	10.68	0.97	9.90
	535 Girls	7.85	0.93	7.29
5 years	1,395 Boys	12.76	1.08	12.04
	1,343 Girls	8.56	0.89	7.89
6 years	549 Boys	14.25	1.27	13.84
	482 Girls	9.54	0.83	8.92
7 years	499 Boys	15.63	6.01	10.82
	452 Girls	13.49	6.19	7.96
8 years	1,087 Boys	13.61	5.15	9.11
	1,115 Girls	12.02	5.02	7.71
9 years	218 Boys	19.27	8.72	10.55
	194 Girls	16.49	6.70	10.82
10 years	117 Boys	14.53	6.84	7.69
	97 Girls	17.52	9.28	8.25
11 years	586 Boys	16.72	9.56	7.34
	569 Girls	15.99	11.60	5.10
12 years	985 Boys	14.62	8.63	10.60
	716 Girls	15.78	10.61	6.00
13 years	326 Boys	12.58	7.06	5.83
	202 Girls	16.83	11.88	5.94
14 years	162 Boys	16.05	11.73	4.32
	340 Girls	20.00	13.24	8.53
15 years and over	1,535 Boys	18.70	14.14	5.41
	1,746 Girls	21.65	16.38	5.84
Total	7,974 Boys	*14.99	*6.77	*8.74
	7,791 Girls	*14.52	*8.01	*7.11
Total both sexes	15.765	14.75	7.38	7.94

** Total average percentage*

Non-Routine Medical Inspections

Re-inspections	5,828
Secondary school reviewals	26
Other non-routine inspections (*see next table*)	4,812
	10,666
Total Inspections	26,431

Analysis of Non-Routine Medical Inspections

	Number Inspected	
	1968	*1967*
Bathing Centre inspections—scabies	1	*9*
Bathing Centre inspections—other	10	*6*
Employment Certificates	704	*788*
Licences for Theatrical employees	—	—
School Journeys	2,166	*2,633*
Recuperative holidays—prior to holiday	38	*36*
Recuperative holidays—on return	—	*1*
Secondary School Annual Surveys	26	*200*
Candidates for higher awards	20	*16*
Nautical school entrants	—	—
Outward Bound and Adventure Courses	—	—
T.B. contacts	—	—
Boarding school for the delicate :		
Pre-departure inspections	2	*6*
On return	—	*9*
Other handicapped pupils :		
Statutory examinations	212	*128*
Periodic special defect examinations	715	*781*
Research investigations and enquiries	1	*3*
	3,895	*4,616*
Specials, at request of :		
Head Teacher—special book	75	*78*
Head Teacher—other	272	*307*
School Nurse—after health survey	128	*81*
School Nurse—other	45	*44*
Divisional Officer (Education)	85	*80*
District Care Organiser or Care Committee	26	*27*
Parent	127	*126*
School Medical Officer	182	*230*
	940	*973*
All other non-routine inspections	3	*25*
TOTAL	4,838	*5,614*

Medical Treatment of Schoolchildren

Type of Clinic	*Sessions*	*New Cases*	*Attendances*
Minor ailments (*nurse*)	1,172	15,906	57,488
Minor ailments (*doctor*)	246	1,662	
Special Investigation	163	189	1,366
Dental	1,816	3,995	14,481
Vision	304	1,785	3,872
Ear, nose, throat	25	71	223
Audiology	46	121	333

Defects treated at Minor Ailments Clinics

Defect	*Number*
Athlete's foot	193
Verrucae	1,276
Ringworm: body	5
Impetigo	86
Other skin diseases	491
Eye diseases	312
Ear diseases	128
Miscellaneous bruises, lacerations, etc.	15,793

Special Clinics—Attendances in 1968

		New Cases	*Total Attendances*
	Audiology	121	333
	E.N.T.	71	223
Special Investigation Clinics	Enuresis	189	1,366
	Nutrition		
	Behaviour Problems		
	Rheumatism or Heart Conditions		

VISION

Routine Medical Inspections

	BOYS	GIRLS
TOTAL NO. TESTED	6,452	6,270
	Percentage of No. Tested	
Not Wearing Spectacles		
6/6	83.3	82.2
6/9	5.4	4.9
6/12 or worse	4.0	3.7
Noted for Treatment	3.7	4.0
Wearing Spectacles		
6/6	4.4	5.4
6/9	1.6	2.0
6/12 or worse	1.4	2.0
Noted for Treatment	4.6	5.9

With and Without Spectacles	
(a) Noted for Treatment	9.1
(b) Noted for Observation	4.1
Total of (a) and (b)	13.2

Defects treated at Vision Clinics

Defect	*Number*
Error of refraction and squint	3,368
Other eye defects	14
Spectacles ordered	1,080

Findings at Health Surveys

School Roll *(May 1968)*	39,204	
1. *Comprehensive surveys*		
(a) Number examined	34,690	
(b) Number (occasions) found verminous	248	
(c) Percentage found verminous		0.71
2. *Selective surveys*		
(a) Number examined	22,025	
(b) Number (occasions) found verminous	294	
(c) Percentage found verminous		1.33

3. *Verminous cases*

(a) Total times vermin found	542	
(b) Total percentage found verminous		0.96
(c) Number of individual pupils found verminous	349	
(d) Percentage of individuals found verminous *(of School Roll)*		0.89

4. *Action taken with verminous cases*

(a) Advice and/or Lorexane	418	
(b) Further action	124	
(c) Percentage of cases given advice and/or Lorexane requiring further action		29.67
Voluntary attendances at bathing centres: Number of pupils	108	
Number of statutory notices issued	—	

5. *Communicable disease surveys*

Numbers catered for:	1968	*1967*
Athlete's foot	7,383	*6,230*
Plantar warts	8,178	*7,257*
Dysentery	98	*434*
Other communicable diseases	5,743	*3,223*
	21,402	*17,144*

School Medical Inspections *(excluding dental and health surveys)*

School Roll *(May 1968)*	39,204
Routine Inspections	
Number inspected	15,765
Number found not to warrant examination (7 plus "special scheme")	11

Percentage of Number inspected of

Parent present	53.0
Care Committee present	78.0
Number vaccinated against smallpox	78.9
Number immunised against diphtheria	91.5
Number immunised against whooping cough	84.2
Number vaccinated against poliomyelitis	91.2
Physical condition unsatisfactory	1.2
Referred for treatment of defects	14.7
Referred for treatment of defects other than vision	7.9

Non-Routine Inspections

(i) Specials	4,838
(ii) Re-inspections	5,828
TOTAL (i) and (ii)	10.666
Number of routine inspections as percentage of school roll	40.2
Number of non-routine inspections as percentage of school roll	27.2

B.C.G.—1968

	SKIN TESTED		NEGATIVE		B.C.G. GIVEN	
	Schools	Further Education & Training Colleges	Schools	Further Education & Training Colleges	Schools	Further Education & Training Colleges
1st Quarter	887	4	771	1	771	1
2nd Quarter	935	—	726	—	726	—
3rd Quarter	373	—	304	—	304	—
4th Quarter	692	222	530	41	530	41
Total for 1968	2,887	226	2,331	42	2,331	42

Examinations for recuperative holidays

Thirty-eight such examinations were carried out in 1968 (36 examinations in 1967). The schoolchildren were examined after recommendations by school medical officers, the Children's Department, the Education Department or various social agencies, as being in need of a holiday which would provide fresh air, nourishing diet and adequate rest. Sometimes these children were accompanied by their siblings, while mother and children under five also enjoyed a holiday elsewhere.

Infectious Diseases in Schools

Disease	*Number*
Chickenpox	313
Dysentery, diarrhoea or enteritis	54
German Meales	599
Glandular Fever	2
Impetigo	36
Influenza	1
Jaundice	13
Measles	103
Mumps	54
Ophthalmia and conjunctivitis	31
Ringworm *(body)*	3
Scabies	8
Scarlet Fever	79
Sore throat and tonsilitis	59
Whooping cough	65

Number of Children of all ages noted for Treatment or Observation

(Number of children noted for treatment and observation expressed as a rate per 1,000 inspected)

NUMBER INSPECTED 15,765

Defects	*Treatment*		*Observations*	
	1968	*1967*	1968	*1967*
Skin	9.39	*8.84*	14.59	*15.92*
Eyes				
(a) *Vision*	73.33	*74.26*	32.79	*30.99*
(b) *Squint*	9.39	*7.86*	5.39	*4.81*
(c) *Other*	1.90	*1.23*	2.92	*3.51*
Ears				
(a) *Hearing*	6.53	*7.02*	6.15	*6.30*
(b) *Otitis media*	2.92	*3.77*	5.01	*6.56*
(c) *Other*	0.32	*0.32*	1.14	*1.62*
Nose and Throat	6.34	*9.29*	36.60	*38.14*
Speech	5.84	*4.81*	9.01	*10.85*
Lymphatic Glands	0.25	*0.32*	5.46	*7.54*
Heart	3.93	*3.25*	11.29	*11.89*
Lungs	5.65	*4.81*	15.22	*15.66*
Developmental				
(a) *Hernia*	1.46	*1.62*	2.98	*3.57*
(b) *Other*	1.90	*1.69*	9.83	*8.19*
Orthopaedic				
(a) *Posture*	1.52	*2.14*	5.96	*8.90*
(b) *Feet*	3.68	*4.68*	33.17	*32.74*
(c) *Other*	2.60	*2.60*	10.21	*13.58*
Nervous System				
(a) *Epilepsy*	1.97	*2.08*	1.40	*1.62*
(b) *Other*	0.38	*0.45*	2.92	*3.31*
Psychological				
(a) *Development*	1.01	*0.92*	7.74	*8.32*
(b) *Stability*	1.21	*1.17*	12.43	*15.40*
Abdomen	1.14	*0.45*	1.84	*2.40*
Other	16.81	*17.09*	45.48	*40.48*

Comparison of Defects noted at 7-plus routine and 7-plus "Special" Medical Examinations in 1968

(Expressed as a rate per 1,000 inspected)

Number inspected at 7-plus Routine Inspections 3,547

Number inspected at 7-plus Experimental Scheme Inspections 18

Defects	*A**	*B†*
Skin	19.7	55.6
Eyes		
(a) *Vision*	106.31	166.7
(b) *Squint*	17.8	—
(c) *Other*	5.1	—
Ears		
(a) *Hearing*	16.4	—
(b) *Otitis media*	7.6	55.6
(c) *Other*	1.4	—
Nose and Throat	52.4	55.6
Speech	14.9	—
Lymphatic Glands	5.6	—
Heart	15.0	—
Lungs	22.2	55.6
Developmental		
(a) *Hernia*	5.1	—
(b) *Other*	11.8	—
Orthopaedic		
(a) *Posture*	8.2	—
(b) *Feet*	34.7	—
(c) *Other*	4.8	—
Nervous System		
(a) *Epilepsy*	3.4	55.6
(b) *Other*	3.4	—
Psychological		
(a) *Development*	12.4	—
(b) *Stability*	20.0	—
Abdomen	2.8	—
Other	54.2	111.2

* Column "A" refers to 7-plus routine medical inspections.

† Column "B" refers to 7-plus experimental scheme inspections.

Educationally Sub-normal Pupils Number examined: 107

Number recommended :

1. Day E.S.N. School	75
2. Boarding E.S.N. School	3
3. Ordinary School with special help	27
4. Junior Training Centre	2

Routine Audiometer Testing

Pupils given screening tests	7,993
Pupils failing screening tests	399
Pupils given pure tone tests	
Pupils failing pure tone tests	166
Pupils referred to Otologists	
Percentage referred to Otologists	2.1

Visits made to Schools in the Borough by Public Health Inspectors

VISITS—1968

Purpose	Numbers	Remarks
HYGIENE Food	32	Routine Inspections.
Foot—*Verrucae* *Prevention*	3	At request of Headmaster.
FOOD Inspection	36	At request of school catering service.
Sampling	18	Routine.
DISEASES Notifiable	19	Investigations following medical or school notifications.
NUISANCES Public Health	26	Inspections on request of Head Teachers, on complaints.
SURVEYS Clean Air Act	17	
Others	2	Following complaints from school staff.
RODENT CONTROL	25	On complaints.
DISINFESTATION Insect Pests	3	On request.
Talks on Health subjects	9	On request.
TOTAL	190	

School Health Service — Social Work

Social workers in the School Health Service are jointly employed by the Inner London Education Authority and the Borough and work under the direction of the Principal School Medical Officer. They are concerned with socio/medical symptoms and work in the School Clinics, Hospitals and in Special Schools for the various types of handicapped children. Because of the nature of their work, they work in close contact with all other agencies but particularly with the School Care Committee Service of the Inner London Education Authority. They are attached to the following Clinics and Schools :—

(a) *Local Authority Clinics :*

Special Investigation Clinics :

Health Centre, Market Street, S.E.18.
Health Centre, Plumstead High Street, S.E.18.
Abbey Wood School, Eynsham Drive, S.E.2.
M. & C.W. Centre, Burney Street, S.E.10.
M. & C.W. Centre, Rusthall Lodge, Southend Crescent, S.E.9.

Audiology :

Hearing Centre, Fairfield House, Fairfield Grove, S.E.7.

E.N.T.:

Health Centre, Market Street, S.E.18 *(closed June, 1968).*

(b) *Special Education Units :*

Beverley School—Deaf.
Meridian School—Partially Hearing.
Griffin Manor—Autistic Unit.
Goldie Leigh Hospital School—Diseases of Skin.
Moatbridge School—Maladjusted.

(c) *Hospital :*

Memorial Hospital—Child Guidance.

During 1968 plans were made to extend the service to Charlton Park Physically Handicapped School and Hawthorn Cottage for Delicate Children.

Staff

During 1968 a member of the staff was released to take a Medical Social Worker's Course at the Institute of Medical Social Workers.

THE SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer

The Annual Report for 1967 stated in its penultimate paragraph "While 1965 could be regarded as a year of assessment and 1966 as that of reorganisation and modernisation, it had been fervently hoped that 1967 would have been the year of achievement. However, it was not to be. Perhaps the coming year will see the realisation of such aspirations prior to entering upon an expansion phase leading to a realistic dentist/patient ratio". I am happy to report that in 1968 we approached the optimal deployment of the potential of facilities available. We succeeded for the first time in achieving continuity of dental manpower and in deploying the service rather than overcoming difficulties.

In January, yet another surgery in a school, Eltham Green Comprehensive, was brought into use which has equalled the success of its predecessor at Kidbrooke Comprehensive School.

Although school dental inspections still had to be kept in step with the treatment facilities available by restriction to the younger age groups, the statistical analysis for 1968 shows an increase of over 200% in the number of children inspected at schools and clinics compared with 1967. It has to be stressed that every child examined at school was given a detailed examination of clinical standard with an individual recorded assessment of diseased, missing and filled teeth, orthodontic aspects and oral hygiene. Simultaneously, the preventive and dental health education programme outlined in the 1967 Report, was consolidated and extended into all the schools examined. The schools inspected also included all but one of the special schools for educationally subnormal and handicapped children.

Having analysed and planned the administrative, physical and clinical aspects of the service as outlined in my previous three Annual Reports, the next step to be taken was the assessment of the problem from a public health point of view. To standardise the findings and to eliminate the individual variations introduced whenever a number of examiners partake in a survey, I thought it preferable to carry out a one-man survey myself. The appended synopsis of the comprehensive survey therefore only gives my own personal findings and excludes children examined by other dental officers.

The scope and tabulations of the findings changed somewhat as the survey progressed. At first the main objective was to assess the individual and collective dental health of the pupils of the schools examined. Whilst from the very beginning all the factors were entered on the child's dental health record card, inital separate

tabulations for the survey only included the necessity or lack of treatment required and the diseased, missing and filled teeth, without the details of individual age groups. This is mentioned to explain why the "number of children examined" figures in the comparison of age groups is less than the sum total examined.

As there is some doubt amongst clinicians whether anterior milk teeth due to be shed shortly require filling and, as the main object of the survey was to assess the dental health from a treatment point of view, the figures of diseased, missing and filled exclude the anterior milk teeth and, as a consequence, the sum total findings of diseased + missing + filled is somewhat reduced. Nevertheless it shows the usual disappointing trend of decrease in dental health with ascending age groups. Similarly, teeth with both previous fillings and decay were recorded as both filled and decayed. This was done so as not to distort the picture of previous treatment where a tooth was filled and now found decayed as it would otherwise appear that the child had had no previous treatment. The apparent slight drop from the 9-10 to the 10-11 age group regrettably does not show an improvement but only replacement of milk teeth by as yet healthy permanent successors. If we consider that dental disease is largely preventable, the findings substantiate the sad picture of preceding reports.

Inadequate oral hygiene is a major factor in the production of dental disease and the findings show how small the percentage of good oral hygiene is. It is hoped that the dental health education programme now established, supplemented in 1968 by a dental health education officer's follow-up visits after school dental inspections, will show its effect in future findings. Parents attending at school inspections were shown details of their children's dental health and oral hygiene and received individual preventive instructions. It is disappointing to note the low percentage of parents availing themselves of this opportunity and their descending percentage with increasing age groups. Although 17.08% prevalence of orthodontic malocclusions may not appear to be extremely high, the figure of 1,180 children in a sample of 6,623 shows the definite existence of a problem closely connected with the necessity of establishing a Borough school orthodontic service.

The annual report for 1968 is intended to let figures speak for themselves. It shows the magnitude of the problem in the young age groups, which equally exists in the children of secondary school age. It must be stressed again that dental disease is largely preventable and that more than 51,000 diseased, missing and filled teeth seen by one man in a relatively small sample points to the urgency of expansion of the Borough's school dental service.

More than one-third (38.01%) of the children examined by me

have never had any dental treatment. As only 15.12% had unmutilated dentitions requiring no treatment, this leaves us with more than one in five (22.89%) who have never seen a dental surgeon though in need of treatment. If this percentage were to apply to the Borough's whole school population, it would point to a figure of over 8,000 children who have never had necessary dental treatment.

SCHOOL DENTAL SERVICE

Statistical Analysis

SESSIONS		
Treatment	1,610.2	*1,365*
School Inspections	130.4	*24*
Dental Health Education	70	*15*
Total sessions	1,814.6	*1,404*
INSPFCTIONS		
Children inspected at schools and clinics	12,677	*4,039*
Percentage found to require treatment	70.9%	*73%*
VISITS FOR TREATMENT		
First	3,995	*2,657*
Subsequent	10,486	*8,891*
Total visits	14,481	*11,548*
Emergency patients	551	*344*
BROKEN APPOINTMENTS		
Number	3,291	*3,054*
Percentage	18.60%	*25.48%*
TREATMENT GIVEN		
(1) *Permanent teeth*		
fillings	5,289	*4,917*
extractions *(including orthodontics)*	153	*84*
ratio of fillings to extractions	31.6	*62.96*
(2) *Deciduous teeth*		
fillings	5,749	*4,189*
extractions *(including orthodontics)*	270	*176*
Ratio of fillings to extractions	18.6	*23.8*
Total number of fillings	11,038	*9,478*
Ratio of fillings to extractions	26.09	*36.45*
Teeth root-filled	309	*391*
Other operations	6,677	*4,826*
General anaesthetics	Nil	Nil

Orthodontics

New patients undertaken for treatment or referred	108	*34*

Sessional Averages

First visits	2.5	*2.3*
Subsequent visits	6.5	*6.3*
Total visits	9.0	*8.6*
Emergency patients	0.34	*0.3*
Broken appointments	2.0	*2.2*
Fillings		
in permanent teeth	3.3	*3.9*
in deciduous teeth	3.6	*3.1*
Total fillings	6.9	*7.0*
Extractions		
of permanent teeth	0.095	*0.061*
of deciduous teeth	0.17	*0.1*
Total extractions	0.265	*0.161*

SYNOPSIS OF COMPREHENSIVE SURVEY

I. Comparison of infant and junior schools

	Infant	Junior
1) Number examined:	6778	3629
2) Treatment required: Yes	4427 = 65·31%	2243 = 61·8%
No	2351 = 34·69%	1386 = 38·2%
3) Findings:		
a) *Sum total:*		
decayed teeth (D)	14183	4621
extracted teeth (M)	5309	5052
filled teeth (F)	9340	9362
b) *Average per child:*		
decayed teeth (D)	2·09	1·27
extracted teeth (M)	0·78	1·4
filled teeth (F)	1·38	2·6
c) *Average dental health per child:* (D+M+F)	4·25	5·22
d) *Perfect dentitions and no treatment required:*	1345 = 20%	229 = 6·31%
4) Previous dental treatment:		
None	3158 = 46·59%	798 = 21·99%
Extractions only	709 = 10·46%	464 = 12·78%
Fillings only	1644 = 24·26%	1144 = 31·52%
Extractions + fillings	1267 = 18·69%	1223 = 33·71%
5) Oral Hygiene:		
Good	1667 = 24·6%	543 = 14·96%
Fair (= *ineffective*)	4414 = 65·1%	2499 = 68·86%
Poor	697 = 10·3%	587 = 16·18%

II. **Comparison of individual age groups**

	age in years						
	4–5	5–6	6–7	7–8	8–9	9–10	10–11
A. DENTAL HEALTH							
1) Number examined:	519	1776	1346	813	958	824	776
2) Treatment required:							
Yes	299	1086	905	532	639	517	431
%	57·6	61·15	67·24	65·44	66·7	62·74	55·67
No	220	690	441	281	319	307	345
%	42·4	38·85	32·76	34·56	33·3	37·26	44·43
3) Findings:							
a) *Sum total:*							
decayed teeth (D)	892	3717	2781	1759	1815	1495	1146
extracted teeth(M)	243	1125	1200	960	1338	1273	1122
filled teeth (F)	590	2086	2201	1207	2139	2415	2332
b) *Average per child:*							
decayed teeth (D)	1·72	2·09	2·07	2·1	1·89	1·8	1·47
extracted teeth(M)	0·47	0·63	0·89	1·2	1·4	1·54	1·44
filled teeth (F)	1·14	1·17	1·63	1·48	2·23	2·93	3·00
c) *Average dental health per child:* (D+M+F)	3·32	3·9	4·59	4·8	5·5	6·3	5·93
d) *Perfect dentitions and no treatment required:*	144	383	224	78	73	37	33
%	27·75	21·56	16·64	9·6	7·63	4·49	4·25
4) Previous dental treatment:							
None	298	901	527	261	254	154	14·3
%	57·4	50·73	38·93	32·1	26·51	18·69	18·42
Extractions only	54	213	191	115	163	86	96
%	10·4	12	14·19	14·14	17·02	10·44	12·38
Fillings only	122	416	389	220	247	263	262
%	23·5	23·42	28·90	27·06	25·78	31·92	33·76
Extractions+fillings	45	246	239	217	294	321	275
%	8·7	13·85	17·76	26·7	30·7	38·95	35·44
B. ORTHODONTIC INVESTIGATION OR TREATMENT REQUIRED							
Number examined	519	1433	1346	767	958	824	776
Malocclusion present	4	28	74	193	259	315	307
%	0·77	2	5·5	23·7	27·04	38·23	38·3
C. ORAL HYGIENE							
Number examined	519	1433	1346	813	958	824	776
Good	91	332	231	110	98	102	109
%	17·53	23·17	17·16	13·53	10·23	12·38	14·05
Fair (=*ineffective*)	396	933	950	603	709	575	544
%	76·3	65·16	70·58	74·17	74·02	69·78	70·10
Poor	32	168	165	100	151	147	123
%	6·17	11·72	12·26	12·3	15·76	17·84	15·58
D. PARENTS ATTENDED FOR CONSULTATION AT SCHOOL INSPECTION							
Number examined	519	1433	1346	767	958	824	776
Parents present	137	457	214	77	63	7	7
%	26·5	31·89	15·9	9·6	6·58	0·85	0·9

III. Special Schools

	Physically Handicapped	Educationally Subnormal	Maladjusted	Junior Training Centre	Autistic Unit	Deaf	Diseases of Skin
A. DENTAL HEALTH							
1) Age Group	3½–17	6–16	8–15	5–16	6–12	5–11	4–11
2) Number examined	141	531	45	96	15	35	23
3) Treatment required:							
Yes	82	387	29	39	5	19	12
%	58·16	72·88	64·44	40·62	33·3	54·3	47·8
No	59	144	16	57	10	16	11
%	41·84	27·12	35·46	59·38	66·6	45·7	52·2
4) Findings:							
a) *Sum total:*							
decayed teeth (D)	268	554	118	125	15	62	41
extracted teeth(M)	160	651	43	116	15	35	17
filled teeth (F)	285	1069	117	98	18	35	18
b) *Average per child:*							
decayed teeth (D)	1·90	1·04	2·6	1·3	1·0	1·77	1·8
extracted teeth(M)	1·14	1·23	0·96	1·2	1·0	1·0	0·74
filled teeth (F)	2·02	2·01	2·60	1·02	1·2	1·0	0·8
c) *average dental health per child:* (D+M+F)	5·06	4·3	6·18	3·5	3·2	3·77	3·3
d) *Perfect dentitions and no treatment required*	27	56	5	21	6	8	6
%	19·1	10·5	11·1	21·88	40·0	23·0	26·1
5) Previous dental treatment							
None	56	181	12	48	9	23	12
%	39·7	34	26·66	50	60	65·7	52·2
Extractions only	27	87	4	18	1	5	3
%	19·15	16·4	8·88	18·75	6·66	14·3	13
Fillings only	38	116	14	17	4	3	5
%	26·95	21·8	31·11	17·07	26·66	8·58	21·7
Extractions+fillings	20	147	15	13	1	4	3
%	14·18	27·7	33·33	13·55	6·66	11·43	13
B. ORTHODONTIC INVESTIGATION OR TREATMENT REQUIRED							
Malocclusion present	9	89	9	6	NIL	NIL	4
%	6·4	16·76	20	6·25	NIL	NIL	17·4
C. ORAL HYGIENE							
Good	20	38	3	4	6	11	3
%	14·18	7·16	6·66	4·16	40	31·43	13
Fair (+*ineffective*)	91	317	30	55	7	21	14
%	64·54	59·7	66·66	57·3	46·66	60	60·9
Poor	30	176	12	37	2	3	6
%	21·28	33·14	26·66	38·54	13·33	8·57	26·1

INDEX

CASES OF INFECTIOUS DISEASE notified during the Year ended 31st December, 1968

Notifiable Disease	Cases Notified in Whole District																						Total Cases Notified in 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 & over		Greenwich		Woolwich	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Small-Pox	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute Encephalitis (Infectious)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute Encephalitis (Post-Infectious)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dysentery (a)	20	29	1	1	1	1	3	1	3	1	–	1	3	9	1	1	2	4	3	6	1	1	2	3	4	5	16	22
Erysipelas	7	3	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	2	–	4	2	1	–	3	–	4	3
Acute Polio-Myelitis (P.)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute Polio-Myelitis (N.P.) (b)	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Scarlet Fever	52	54	–	–	2	1	1	4	6	10	8	4	27	29	3	4	2	1	3	1	–	–	–	–	19	23	33	31
Enteric Fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Malaria	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–
Puerperal Pyrexia (c)	–	72	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	15	–	57	–	–	–	–	–	9	–	30
Meningococcal Infection	1	3	–	1	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	1	–	–	3
Measles (d)	168	144	7	10	27	17	24	25	18	20	27	11	57	56	4	3	3	1	1	1	–	–	–	–	35	31	131	113
Whooping Cough	56	64	2	7	8	4	8	12	5	12	13	6	17	20	3	2	–	–	–	1	–	–	–	–	20	18	36	46
Infective Jaundice (e)	14	14	–	–	–	–	–	–	–	–	2	–	4	7	3	2	3	2	2	3	–	–	–	–	2	4	10	9
Ophthalmia Neonatorum	1	1	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–
Pneumonia, Acute Primary or Acute Influenzal	24	35	–	–	1	–	1	1	–	–	–	–	2	–	–	–	1	–	–	–	6	8	13	26	7	7	17	28
Tuberculosis, Pulmonary	27	19	–	–	–	–	–	–	–	–	–	1	2	3	1	2	3	1	6	6	11	5	4	1	10	3	17	16
,, Non-Pulmonary	9	8	–	–	–	–	–	–	–	–	–	–	–	1	2	–	3	4	3	2	1	–	–	1	3	4	6	4
Totals	380	447	11	20	39	24	37	43	32	43	50	24	112	125	17	15	18	28	21	78	23	16	20	31	105	105	271	305

NOTE:—The above table refers to "Corrected Notifications" only, i.e., all cases in which the diagnosis was not confirmed have been ignored

(a) Of this total 2 hospitalised within Greenwich but resident outside the Borough
(b) ,, ,, ,, 1 ,, ,, ,, ,, ,, ,, ,, ,,
(c) ,, ,, ,, 33 ,, ,, ,, ,, ,, ,, ,, ,,
(d) ,, ,, ,, 2 ,, ,, ,, ,, ,, ,, ,, ,,
(e) ,, ,, ,, 3 ,, ,, ,, ,, ,, ,, ,, ,,

TOTAL CAUSES OF, AND AGES AT, DEATH during the year ended 31st December 1968.

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	WOOLWICH	St. Alfege's Hospital	Seamen's Hospital	Miller Hospital	Herbert Military Hospital	Brook Hospital	St. Nicholas Hospital	Memorial Hospital	B.H.M.B.	E. & M. Hospital	Other Institutions	Outside Institutions	
			Under 4 wks.	4 wks. and under 1 yr.																						
1	Tuberculosis, Respiratory ...	5	..	..	..	..	..	..	..	2	2	1	1	4	..	..	..	..	1	1	..	..	..	..	3	5
2	Tuberculosis, Other	1	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..
3	Syphilitic Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
4	Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6	Meningococcal Infections ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7	Acute Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8	Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9	Other Infective and Parasitic Diseases	1	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	5
10	Malignant Neoplasm, Stomach	54	..	..	..	..	..	..	1	18	14	21	18	36	9	..	1	..	4	9	4	..	3	1	7	47
11	Malignant Neoplasm, Lung, Bronchus	152	..	..	..	..	..	..	2	55	73	22	50	102	17	1	6	2	23	12	3	..	3	3	34	129
12	Malignant Neoplasm, Breast ...	45	..	..	..	..	..	..	5	21	12	7	10	35	4	..	1	..	3	9	3	..	5	1	7	44
13	Malignant Neoplasm, Uterus	16	..	..	..	..	..	1	3	4	7	1	4	12	..	..	1	..	2	3	1	..	1	..	2	10
14	Other Malignant and Lymphatic Neoplasms	262	..	..	..	..	1	1	11	80	88	81	84	178	31	5	7	1	20	36	18	..	4	5	54	243
15	Leukaemia, Aleukaemia ...	11	..	..	..	..	..	1	..	3	5	2	4	7	..	..	2	..	2	3	..	..	..	..	1	14
16	Diabetes	15	..	..	..	..	..	..	..	1	7	7	4	11	3	..	2	..	2	4	..	..	..	1	1	17
17	Vascular Lesions of Nervous System	300	..	..	..	..	..	..	3	39	68	190	83	217	44	4	9	3	78	57	3	..	3	9	32	427
18	Coronary Disease, Angina ...	346	..	..	..	..	..	..	10	98	104	134	116	230	36	2	17	1	21	47	19	..	1	11	46	261
19	Hypertension with Heart Disease	7	..	..	..	..	..	..	..	..	..	7	2	5	..	..	..	..	2	..	1	..	1	..	1	7
20	Other Heart Disease	462	..	..	..	..	..	1	4	65	118	274	150	312	84	11	9	1	96	64	10	..	3	13	60	530
21	Other Circulatory Disease ...	133	..	..	..	..	..	..	3	15	28	87	45	88	32	..	3	1	23	13	9	..	..	3	16	158
22	Influenza	5	..	..	..	..	..	..	..	1	1	3	2	3	..	..	..	..	1	..	..	..	..	1	1	4
23	Pneumonia	231	..	4	1	3	1	..	2	21	40	159	91	140	65	3	9	1	47	22	4	..	2	5	43	266
24	Bronchitis	196	..	4	..	1	..	..	3	32	70	86	70	126	23	4	9	1	20	33	8	..	..	8	24	186
25	Other Diseases of Respiratory System	18	..	..	..	..	..	..	..	5	7	6	4	14	..	..	..	..	2	5	..	..	..	..	5	14
26	Ulcer of Stomach and Duodenum	19	..	..	..	..	..	..	..	5	5	9	7	12	2	1	3	..	3	7	1	..	..	..	2	27
27	Gastritis, Enteritis and Diarrhoea	11	..	3	..	..	..	..	1	2	3	2	2	9	..	..	..	..	2	3	3	..	..	..	..	15
28	Nephritis and Nephrosis ...	20	..	..	..	..	..	..	1	3	5	11	8	12	5	3	2	..	2	2	..	..	..	..	4	29
29	Hyperplasia of Prostate ...	3	..	..	..	..	..	..	..	..	1	2	1	2	..	1	..	..	1	..	1	..	..	..	..	7
30	Pregnancy, Childbirth, abortion	1	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	2
31	Congenital Malformations ..	16	6	5	..	1	4	..	..	..	..	..	4	12	1	..	..	..	5	..	..	3	..	2	5	19
32	Other defined and ill-defined Diseases	145	35	1	1	..	3	3	2	18	21	61	54	91	18	1	6	..	29	16	11	12	2	3	27	217
33	Motor Vehicle Accidents ...	25	..	1	..	1	3	4	1	7	2	6	10	15	5	..	3	..	2	2	1	..	..	..	7	45
34	All other Accidents	28	..	..	..	3	1	1	3	3	8	9	10	18	2	..	...	..	3	4	5	..	..	1	8	33
35	Suicide	27	..	..	..	..	..	3	10	9	4	1	12	15	1	..	2	..	..	3	2	..	..	2	6	13
36	Homicide and Operations of War	1	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
	Totals	2556	41	18	2	9	13	16	66	507	695	1189	847	1709	382	36	92	12	395	355	108	15	28	69	396	2776

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*.