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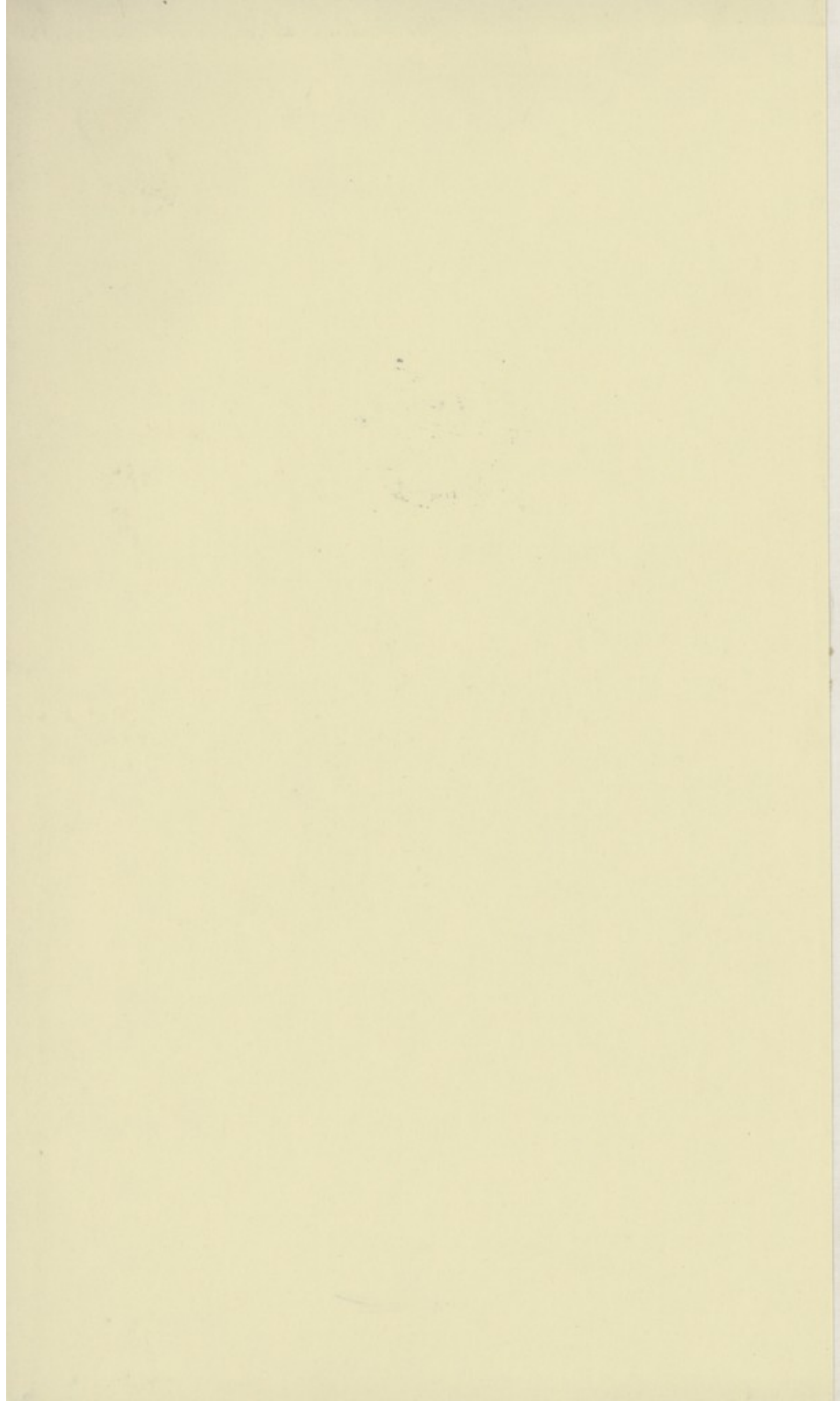
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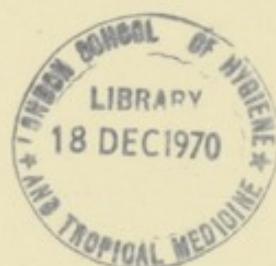
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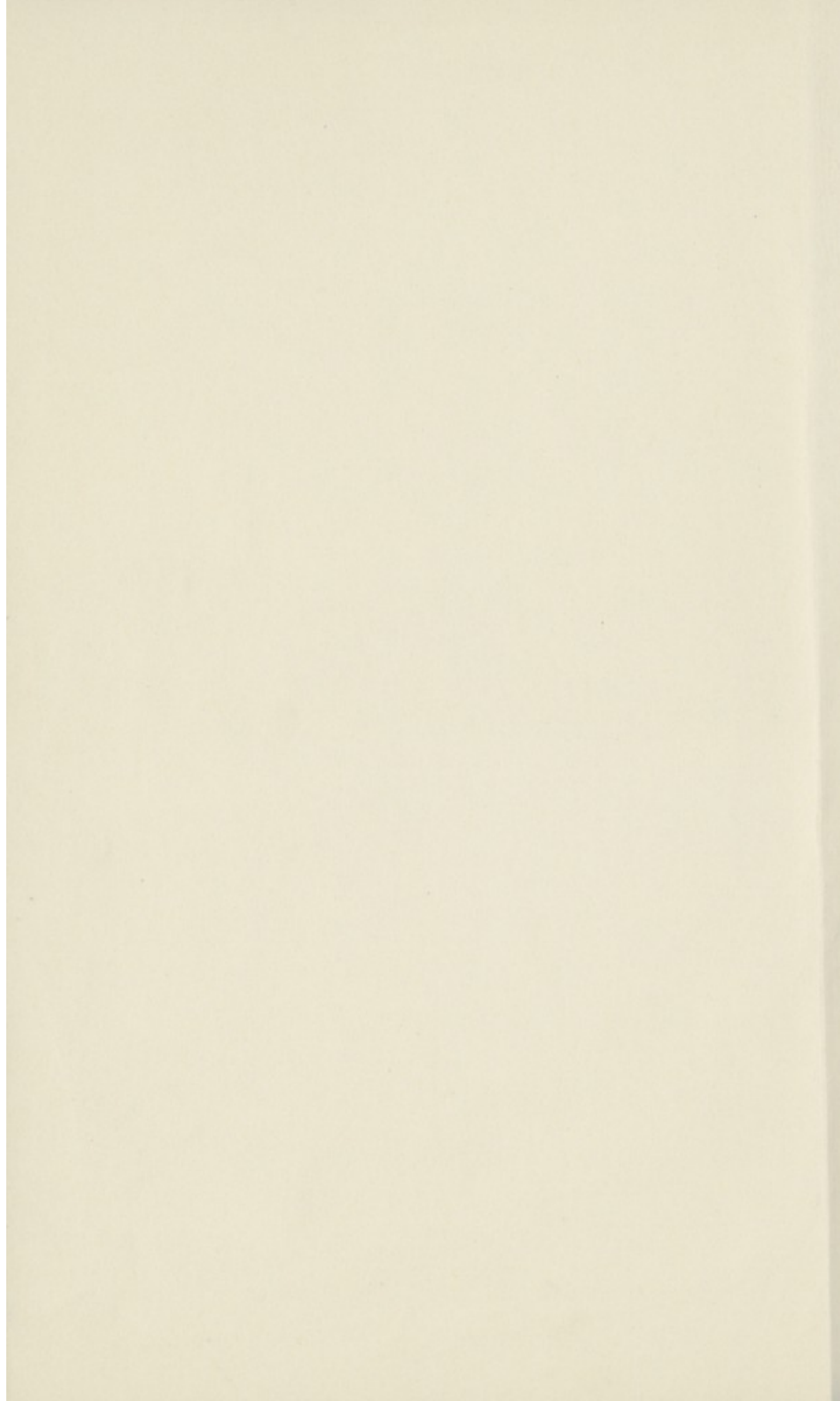


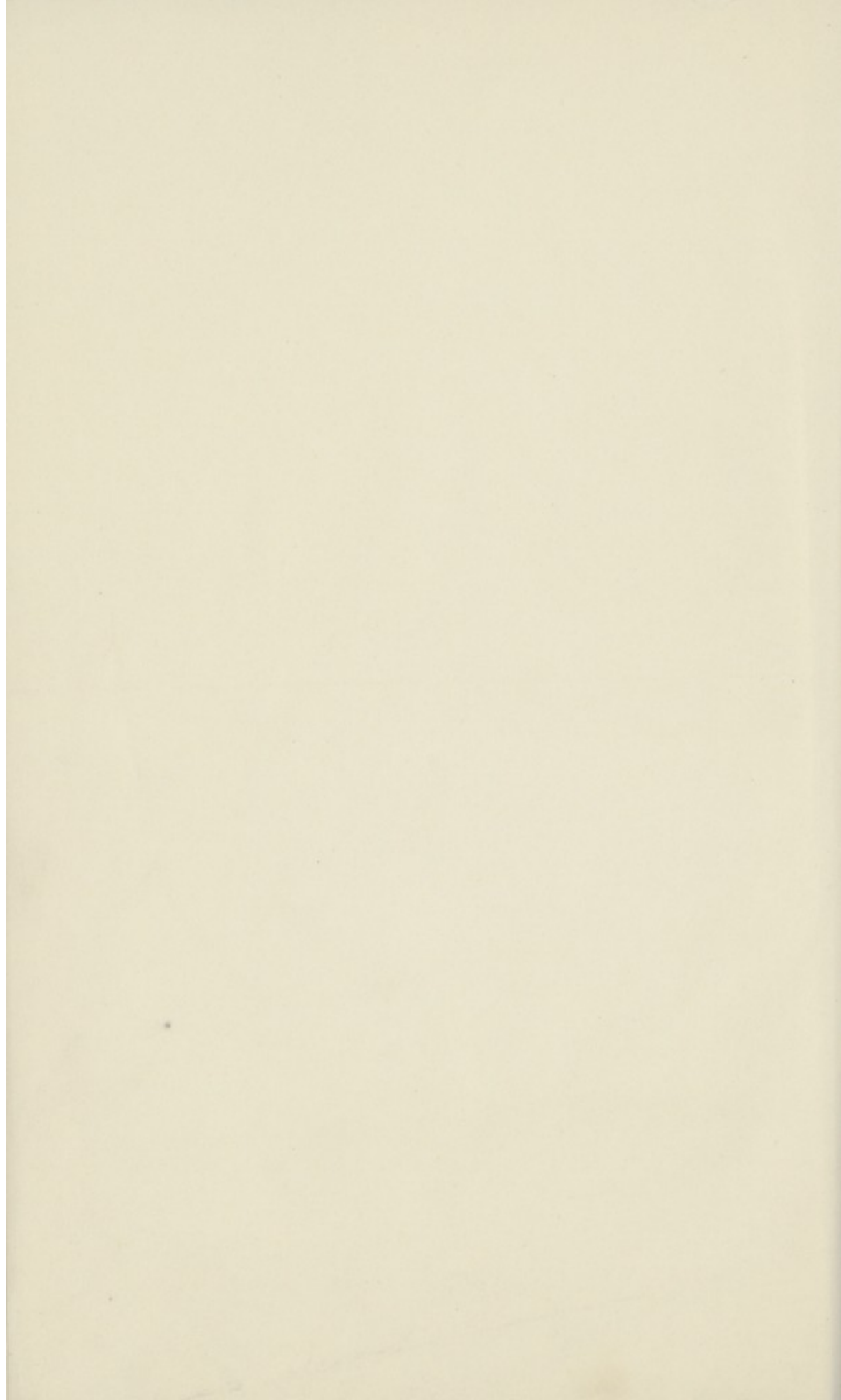
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REPORT
on the
HEALTH
of the
BOROUGH OF LAMBETH
during the year
1939
(84th Annual Report)

By

A.G.G. THOMPSON, M.A., M.D., B.C., D.P.H.,
Medical Officer of Health

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REPORT

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HEALTH

of the

BOROUGH OF LAMBETH

During the year



By

A.O.B. THOMPSON, M.A., M.D., B.C., D.P.H.,

Medical Officer of Health

PREFACE

It has not been possible to prepare other than a much abridged report upon the health of the Borough for the year 1939. The various statistical rates are based upon the two estimates of population provided by the Registrar General. The estimated resident population at the mid-year of 270,800 was clearly not applicable after the evacuation in September and the calculation of death rates is based upon an average population of 254,800.

The winter of 1939 though almost unprecedentedly severe did not coincide with any serious epidemics with the exception of cerebro-spinal meningitis. The anticipated measles epidemic did not inflict itself upon the child population at a time when every circumstance of weather and lack of ventilation from the "black out" was in its favour for striking a severe blow.

The position in the coming winter is however far less favourable. Measles has started, and with the thoughtless preference of the general public for public shelters instead of private ones not only will measles be likely to menace the young members of the population but outbreaks of diphtheria, cerebro-spinal meningitis, scarlet fever, the common cold and perhaps influenza are anticipated and may assume alarming proportions. A more chronic danger to the younger population but by no means less to be feared is the risk of infection from active cases of pulmonary tuberculosis unknown numbers of whom are also shelterers.

These infections are by no means the only "horrors of war" likely to be met with through the public shelter habit. Numbers of children as well as adults have not removed their clothes for weeks, bedding is left in shelters permanently and has been known to be used in the day time by others. The opportunities for the spread of scabies are matchless and its cure in such circumstances impossible without admission to hospital of all sufferers from a shelter at the same time, synchronising with cleansing of all their clothes and bedding. The ticket system for bunks will help in many directions but it must be remembered that some part of every public shelter must still be available for casual visitors and be open to them day and night. Active protection against these risks is almost confined to the one measure, viz., dispersal of population. Evacuation of all who are not obliged to stay in London and much greater use of private family shelters, Anderson shelters and the like should be the prime concern of every family.

There are no known means of prophylaxis which can be used in the circumstances against colds bronchitis and pneumonia, against measles and influenza, against cerebro-spinal meningitis, or against scarlet fever and whooping cough. Against diphtheria and typhoid well tried and proved means are known. Diphtheria can be prevented and typhoid rendered unlikely by inoculation but without some compulsion there will be so few willing to be treated as to render an attempt to stem these epidemics in this way of no avail.

Those who believe that the risks are exaggerated might do well to remember that underground dwellings have for years been regarded as unfit for human habitation and where found have been closed by law. Public shelters are in the same category but their unfitness is magnified many times by the large numbers who unfortunately use them.

Thanks are gratefully tendered to the Mayor and Councillors for much help, to the chief officers with whom the team spirit has never before been so manifest, and principally to the staffs of the Public Health Department and of the Welfare Centres. All the staff have been asked to undertake duties often not even remotely related to peace time; without stint they have worked long hours often over thankless tasks and it is in large measure due to them that the general public are now so well aware of their Town Hall and of the help they can obtain there to an extent undreamed of in times of peace.

November, 1940.

A.G.G.T.

The position in the coming winter is however far less favourable. Measles has started, and with the thoughtless preference of the general public for public shelters instead of private ones not only will measles be likely to menace the young members of the population but outbreaks of diphtheria, cerebro-spinal meningitis, scarlet fever, the common cold and perhaps influenza are anticipated and may assume alarming proportions. A more chronic danger to the younger population but by no means less to be feared is the risk of infection from active cases of pulmonary tuberculosis unknown members of whom are also anticipated.

These infections are by no means the only "horrors of war" likely to be met with though the public shelter habit. Numbers of children as well as adults have not removed their clothes for weeks, bedding left in shelters permanently and has been known to be used in the day time by others. The opportunities for the spread of scabies are manifold and its cure in such circumstances impossible without admission to hospital of all sufferers from a shelter at the same time, synchronising with cleansing of all their clothes and bedding. The ticket system for public shelters will help in many directions but it must be remembered that some part of every public shelter must still be available for casual visitors and be open to them day and night. Active protection against these risks is almost confined to the one measure, viz., disinfection of population. Evacuation of all who are not obliged to stay in London and much greater use of private family shelters, Anderson shelters and the like should be the prime concern of every family.

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Those who believe that the risks are exaggerated might do well to remember that underground dwellings have for years been regarded as unfit for human habitation and where found have been closed by law. Public shelters are in the same category but their usefulness is magnified many times by the large numbers who unfortunately use them.

STATISTICS AND SOCIAL CONDITIONS

The comparable figures for the previous year appear in brackets

Population Registrar-General's estimate

- (a) resident population, mid 1939270,800 (272,800)
 (b) average population appropriate to
 the calculation of death rates....254,800

Live Births

	Total	M	F	
Legitimate....	3,335	1,678	1,657	Birth rate per 1,000 estimated
Illegitimate..	232	94	138	resident population
	<u>3,567</u>	<u>1,772</u>	<u>1,795</u>	Corrected....13.17 (14.09)
				Uncorrected..17.88 (20.74)

Notification of births

Total number of notified births.....4,844 (5,886)

Stillbirths

Total	M	F
103	41	62

Deaths

3,444	1,708	1,736	Death rate per 1,000 estimated average population as adjusted by comparability factor 13.37 (11.78)
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Deaths from puerperal causes

Puerperal sepsis.....	Nil	Rate per 1,000 total (live and still) births..1.18 (1.82)
Other puerperal causes....	4	

Infantile Mortality Rate.... 57 (51)

Classification of deaths

The causes of deaths were as follows:- typhoid 0, measles 0, scarlet fever 1, whooping cough 8, diphtheria 3, influenza 60, encephalitis lethargica 3, cerebro-spinal fever 2, tuberculosis of respiratory system 212, other tuberculosis 29, syphilis 10, general paralysis of the insane 12, cancer 466, diabetes 38, cerebral haemorrhage 179, heart disease 1,110, aneurysm 24, other circulatory diseases 154, bronchitis 114, pneumonia (all forms) 179, other respiratory diseases 24, peptic ulcer 48, diarrhoea under 2 years 25, diarrhoea 2 years and over 6, appendicitis 15, cirrhosis of liver 14, other diseases of liver 16, other digestive diseases 43, acute and chronic nephritis 68, puerperal sepsis 0, other puerperal causes 4, congenital debility, premature birth, malformations etc. 109, senility 121, suicide 33, other violence 105, other defined diseases 207, causes ill defined or unknown 2.

Total deaths.....3,444.

Infantile Mortality

There were 192 deaths of infants under one year of age. The causes of deaths were as follows:- whooping cough 6, influenza 4, other tuberculosis 1, syphilis 2, bronchitis 8, pneumonia 19, diarrhoea 24, appendicitis 1, other digestive diseases 3, congenital debility, premature birth etc. 109, violence 7, other defined diseases 8.

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

Nursing in the Home

The number of visits paid to children under five years of age was 5,012 (5,613) and to persons over five years of age 1,622 (1,579)

Welfare centres

Total individual cases dealt with	22,517	(26,120)
" sessions held	3,825	(4,677)
" attendances A/N cases	16,235	(18,817)
" " P/N cases	3,758	(3,946)
" " nursing mothers	41,989	(49,113)
" " infants under 1	46,449	(51,442)
" " children 1 - 5	32,138	(37,377)
Visits paid to A/N cases	8,300	(8,724)
" " P/N cases	2,217	(2,436)
" " nursing mothers	24,945	(25,673)
" " infants under 1	23,212	(26,258)
" " children 1 - 5	44,872	(42,556)

Child Life Protection

3,175 (3,420) visits and re-visits were made to Foster Mothers and nurse children.

Foster mothers on Register at 31/12/39	39	(140)
Nurse children on Register at 31/13/39	42	(220)

Maternity Home

372 (383) cases admitted during the year.

Assistance towards cost of Midwives

35 (63) applications - cost to Council £37:1s:0d.

Home Helps

169 (165) applications - 3 cancelled, 2 evacuated =
164 (161) Home Helps provided - cost to Council £115:18s:3d.

Sterile Maternity Outfits

29 (30) applications - 2 cancelled = 27 (27) sterile
maternity outfits issued - cost to Council £2:7s:3d.

Obstetric Consultants

Called once (5 times)

Puerperal Fever and Pyrexia Consultants

Called once (nil)

This was evacuated to Godalming on the outbreak of war.

Convalescent Homes

(a) Zacchary Merton

The two beds maintained by the Council were kept fully occupied until the home closed at the beginning of the war. 34 mothers and 39 children spent a fortnight or more there.

(b) Through the I.C.A.A. with the Council's assistance 29 children were sent away.

Milk Assistance Scheme

63,167 gallons of milk were provided free compared with 68,481 gallons in the previous year.

SANITARY CIRCUMSTANCES OF THE AREA

Matters were conducted normally until the outbreak of war when the entire staff were asked to undertake duties of various kinds in the casualty service. Some were released from this service as they could be spared but no routine work could be kept up in the prevailing circumstances. It is not possible to make a comparison with the work of previous years and yet by one means or another all the really urgent difficulties were overcome by the depleted staff.

HOUSING

All work under the Housing Act, 1936, was stopped at the outbreak of war and all inspectors employed in that work have been engaged ever since in the casualty service.

INSPECTION AND SUPERVISION OF FOOD

This section of work was kept going all the time and the duties become more onerous as time passes and food suffering war damage is added to an already full day's work. The two food inspectors have shouldered the additional burdens and carried out their work remarkably well.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

In common with the rest of the country the incidence of all the ordinary infectious diseases fell to levels far below those ever before recorded and moreover the expected biennial measles epidemic failed to materialise.

Notifications received during the year
ended 31st December, 1939

Scarlet Fever	261 (463)
Diphtheria	238 (610)
Typhoid Fever	4 (8)
Erysipelas	89 (109)
Puerperal Pyrexia	42 (46)
Puerperal Fever	6 (19)
Cerebro-spinal Fever	10 (18)
Ophthalmia Neonatorum	37 (50)
Measles	113 (4,025)
Whooping Cough	896 * (104)
Primary Pneumonia	125 (166)
Encephalitis Lethargica	1 (-)
Dysentery	14 (18)
Influenzal Pneumonia	64 (56)
Food Poisoning	8 (25)

5. * not previously notifiable

TUBERCULOSIS

The discharge of many cases under treatment in sanatoria and hospitals on the outbreak of war liberated a number of foci of infection which will provide the opportunity for an increase in the incidence always likely to follow periods of war-strain, without those accompanying trials of feeding and housing which have been accentuated in the present conflict.

Notifications received during the year
ended 31st December, 1939

Pulmonary	446 (505)
Non-Pulmonary	74 (81)

Deaths certified.....241 (209)