

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

Contributors

Lambeth (London, England).

Publication/Creation

[1970?]

Persistent URL

<https://wellcomecollection.org/works/df9xb2dd>

License and attribution

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

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

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



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



THE HEALTH OF LAMBETH

ANNUAL REPORT
1969



LONDON BOROUGH OF LAMBETH



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1969



A. L. THROWER, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

CONTENTS OF REPORT

	<i>Page</i>
Members of the Health Committee	5
Staff of Health Department	9
Introductory remarks of Medical Officer of Health	10
SECTION A: Statistics and Social Conditions of the Area	
General	
Births; Birth Rate; Still Births	15-16
Deaths; Death Rate	16
Maternal Mortality	16
Infantile Mortality	17
Vital Statistics for Years 1959-1969	19
Classification of Causes of Death	20
Notes on Vital Statistics	26
Deaths from Cancer of the Lung and Bronchus	28
Road Traffic Accidents	28
SECTION B: Prevalence of, and Control over, Infectious and Other Diseases	
Notifiable Diseases	31
Notifications other than Tuberculosis	32
Age distribution of Infectious Diseases	33
Notes on Infectious Diseases	35
Salmonella Infections	37
Notification of Tuberculosis	38
Report of Chest Physician	38
SECTION C: Personal Health Services	
Maternity and Child Health Service	44
Cervical Cytology Screening Service	46
Family Planning	47
Health Visiting	49
Domiciliary Midwifery Service	52
Midwives Act 1951	53
Health Education	54
Day Nurseries	57
Child Minding	61
Toys Project	62
Registered Play Groups	62
In-Service Training	62
Observation/Handicap Register	63

SECTION C: Personal Health Services (continued) Page

Medical Examination of Staff	70
Advisory service to the Children's Department	71
Advisory service to the Welfare Department	72
Standing Committee for Co-ordination	73
Health Services - Family Case Workers	75
International Certificates of Vaccination	75
Vaccination and Immunisation	77
Tuberculosis	80
B.C.G. Vaccination	80
Home Nursing	81
Loan of Nursing Equipment	83
Mental Health Service	84
Priority Dental Service	100
Chiropody	102
Home Help Service	104
Recuperative Holidays	105

SECTION D: Environmental Health Services

Housing —	Clearance Areas declared	107
	Individual Unfit Houses	107
	Unfit part of premises	107
	Modernisation and Improvement	108
	Repair and maintenance	108
	Control of Multiple Occupation	108
	Means of escape in case of fire	108
	Qualification Certificates	109
	Certificates of Disrepair	109
	House Purchase	109
	Rehousing and Overcrowding	109
	Abatement of Nuisances	110
	Works in default	110
	Choked Drains - Emergency Service	110
	Sealing of Disused Drains	110
	Drainage Work	111
Food Hygiene —	Imported Food	111
	Bacteriological and other examinations	111
	Sampling of Food and Drugs	112
	Complaints	112
	Inspection of Unfit Food	113
	Method of Disposal of Unsound Food	113
	Food Premises	113
	Licensed Milk premises	114

SECTION D: Environmental Health Services (continued) Page

Atmospheric Pollution — Smoke Control Areas	115
National Survey	115
Environmental Health Generally —	
Infectious Diseases	115
Disinfection and Disinfestation	116
Rates and Mice	116
Pharmacy and Poisons	117
Pet Animal Establishments	117
Animal Boarding and Riding Establishments	117
Diseases of Animals	117
Long-stay Immigrants	117
Massage and Special Treatment	118
Hairdressers and Barbers	118
Care of the Aged	118
Laundry Service for Aged Incontinent	118
Compulsory Removal	119
Burial or Cremation of the Dead	119
Home Dialysis Units	119
Nursing Homes	120
Noise	120
Factories and Outworkers	120

SECTION E: General

Water Supply	127
Swimming Pools	129
Sewers	131
Hospital Facilities	132
Ambulance Facilities	132
Public Health Laboratory Service	132

SECTION F: School Health Service

Report of the Principal School Medical Officer	134
--	-----

LONDON BOROUGH OF LAMBETH

HEALTH COMMITTEE

Period from 1st January, 1969, to 24th May, 1969

The Worshipful the Mayor of Lambeth

Alderman Walter C. Dennis, J.P. (*Ex-officio*)

The Deputy Mayor of Lambeth

Alderman Donald Taylor Campbell, J.P. (*Ex-officio*)

Chairman

Alderman Mrs. M.F. Steere, B.A.

Vice-Chairman

Councillor Miss H. Jellie

Councillor Mrs. D.D. Brimacombe

Councillor Mrs. L.M. Burton

Councillor G.F. Carey (deceased 26.1.69)

Councillor Miss F. Clark

Councillor J.R. Ebling

Councillor S.J. Fitchett

Councillor W.F.R. Fuller

Councillor R. Pickard

Councillor G.B.F. Pisani

Councillor F.S.G. Rigger

Councillor L.J.B. Roux

Councillor R.F. Turtill

Co-opted Members

Representing Inner London Local Medical Committee - Dr. G.I. Taylor

Representing Teaching Hospitals Association - Mr. B.A. McSwiney

SECTION D: Environmental Health Services (continued)

Atmospheric Pollution - Smoke Control Areas

National Parks

MENTAL HEALTH (GUARDIANSHIP) SUB-COMMITTEE**Chairman**

Alderman Mrs. M.F. Steere, B.A.

Vice-Chairman

Councillor Miss H. Jellie

Councillor G.F. Carey (deceased 26.1.69)

Councillor F.S.G. Rigger

NURSERY and CHILD-MINDERS SUB-COMMITTEE**Chairman**

Alderman Mrs. M.F. Steere, B.A.

Vice-Chairman

Councillor Miss H. Jellie

Councillor Mrs. D.D. Brimacombe

Councillor Miss F. Clark

Councillor S.J. Fitchett

Councillor R. Pickard

HEALTH COMMITTEE

Period from 24th May, 1969, to 31st December, 1969

The Worshipful the Mayor of Lambeth

Alderman Donald Taylor Campbell, J.P. (*Ex-officio*)

The Deputy Mayor of Lambeth

Alderman Jack Westbury (*Ex-officio*)

Chairman

Alderman Mrs. M.F. Steere, B.A.

Vice-Chairman

Councillor Miss H. Jellie

Alderman T. Cleasby
Councillor D. Ayres
Councillor Mrs. M. Becker
Councillor Mrs. D.D. Brimacombe
Councillor Mrs. M.F. Brown
Councillor Mrs. L.M. Burton
Councillor Miss F. Clark
Councillor S.J. Fitchett
Councillor D.F. How
Councillor R. Pickard
Councillor L.J.E. Roux (deceased 30.8.69)

Co-opted Members

Representing Inner London Local Medical Committee - Dr. G.I. Taylor
Representing Teaching Hospitals Association - Mr. B.A. McSwiney

MENTAL HEALTH (GUARDIANSHIP) SUB-COMMITTEE

Chairman

Alderman Mrs. M.F. Steere, B.A.

Vice-Chairman

Councillor Miss H. Jellie

Alderman T. Cleasby

NURSERY and CHILD-MINDERS SUB-COMMITTEE

Chairman

Alderman Mrs. M.F. Steere, B.A.

Vice-Chairman

Councillor Miss H. Jellie

Councillor Mrs. D.D. Brimacombe

Councillor Miss F. Clark

Councillor S.J. Fitchett

Councillor R. Pickard

STAFF OF HEALTH DEPARTMENT

Medical Officer of Health and Principal School Medical Officer

A.L. Thrower, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Associate Medical Officer of Health

F. Summers, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

N. Christina Walsh, M.B., B.Ch., D.C.H., D.P.H.

Principal Administrative Officer

D.E. Armstrong

Deputy Principal Administrative Officers

J.M. Roberts

J.A. Spall

Principal Nursing Officer

Miss E. Early

Deputy Principal Nursing Officer

Miss A. Swift

Principal Mental Health Social Worker

A.J. Shriever

Assistant Principal Mental Health Social Worker

T.A. Hawley

Principal Social Worker (Health Services)

Miss M. le S. Kitchin

Acting Assistant Principal Social Worker (Health Services)

Miss T. Watts

Chief Dental Officer

B.M.S. Spalding

Chief Public Health Inspector

H. Plinston

Deputy Chief Public Health Inspector

R.C. Charlton

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my report on the health of the Borough for 1969, the fifth year since the London Borough came into being on the 1st April 1965. The Council and the Health Department can, I believe, look back with some satisfaction on the progress which has been made during those years.

Initially services which had been designed on a countywide basis by the London County Council had to be reorganised to fit the Borough's needs. In particular this necessitated the urgent provision of two temporary junior training schools for severely mentally handicapped children, where none existed before, and of a maternity and child health centre to serve an area previously attached to a centre situated in the new borough of Wandsworth. Because of the urgency of the need all were provided by the adaptation of existing buildings. The planning of new buildings to replace these and other unsatisfactory premises and for the expansion and improvement of existing services has continued throughout the period. The first two purpose-built premises - a junior training school and a maternity and child health centre, both replacements - are expected to open early in 1970. Also planned for over the next five years are four day nurseries (one, additional to present provision, to be provided under the Urban Programme) three health centres, one maternity and child health centre, a second junior training school, an adult training centre and hostels for mentally handicapped children and adults. Two day centres for the mentally ill, of which the Borough has none at present, are planned in adapted premises. This will reduce dependence on centres provided by other boroughs or by voluntary bodies as well as helping to meet needs, at present unsatisfied, for this service.

The movement of population out of the Borough, to which I referred in my report for 1968, has continued. Allowing for the excess of births over deaths it appears that some 30,000 residents have moved out of the Borough since 1965. The total population fell from 339,560 in 1965 to 325,070 in 1969 (mid-year estimates). During the same period the annual total of births fell by about 20% from 7,439 in 1965 to 5,978 in 1969. Substantial movements of population in and out of the Borough add to the difficulties of maintaining essential contacts with families with children.

The proportion of confinements taking place at home has continued to fall, and is now less than 8%, while early discharges from hospital after confinement are increasing. Domiciliary midwives are thus spending an increasing proportion of their time on post-natal care. This trend seems likely to lead to a hospital-based midwifery service, with hospital midwives visiting homes to attend the small number of women confined at home and to give post-natal care to those discharged early from hospital.

An important advance was made in July when effect was given to the Council's decision to implement in full, mainly through the agency of the Family Planning Association, the provisions of the National Health Service (Family Planning) Act 1967. As a result free examination and advice is available to all Lambeth residents who seek it, with an expanding domiciliary service for those who need it.

The extension of the requirements of the Nurseries and Child Minders Regulation Act 1948 to women minding one or two children at once brought within its scope a large number of child-minders who had previously been exempt from registration. It was soon evident that the initial visiting of applicants for registration should continue long beyond the three months allowed for the completion of registration procedures. By the end of the year more than 500 applicants had received one or more preliminary visits, and 109 registrations had been completed. There is no doubt that the extended requirements will contribute to the prevention of unsatisfactory child-minding.

Every encouragement and help has been given to suitable persons wishing to start pre-school playgroups, and to those already running them. A grant under the Urban Programme made increased financial assistance available for groups catering for children from areas of social need, and the total of such assistance is likely to reach £10,000 in the next year.

I am pleased to be able to report that the number of health visitors, which had fallen to a disturbingly low level in 1967 has been substantially increased as a result of the sponsorship by the Council in successive years of considerable numbers of student health visitors. It is hoped that the present trend will continue until a sufficient total is reached, and maintained.

The Housing Act 1969 which came into effect on 25th August 1969 placed on local authorities a duty to cause an inspection of their districts to be made from time to time with a view to dealing with a wide range of unsatisfactory conditions.

New provisions relating to increased maximum improvement and standard grants; the conversion of controlled tenancies to regulated tenancies, if the dwelling is in good repair, and provided with standard amenities; compensation in respect of unfit houses subject to action by the Council; and an amendment to the standard of fitness, are welcomed.

In particular, the new special grant applicable to houses in multiple occupation, together with control provisions relating to schemes for the registration of houses in multiple occupation, will be of great assistance in dealing with this immense problem.

I am convinced that a scheme for the registration of houses in multiple occupation covering the whole of the Borough, and incorporating the new control provisions is necessary, not only to provide vital information, but to enable measures to be taken to improve standards in these houses.

I am pleased to have this opportunity of thanking the Chairman and members of the Health and Welfare Committee and other members of the Council for their interest and support throughout the year. I am also most grateful for the co-operation which I have received from Dr. A.B. Stewart, Medical Adviser, Inner London Education Authority and his staff, and from my fellow chief officers. I pay tribute to the excellent and, I believe, mutually beneficial relationships which have continued with the family doctors and hospitals in the area, particularly with St. Thomas' Hospital which is the district hospital for a large part of the Borough. Lastly and perhaps most important, I wish to express my deep sense of gratitude to the staff of my own department for their able and willing help and support.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

A.L. THROWER

Medical Officer of Health

Section A

Statistics and Social Conditions of the Area

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

In the North the London Borough of Lambeth has a common boundary - down the middle of the Thames - with the Cities of London and Westminster, and is flanked by the Boroughs of Southwark and Wandsworth and, in the South has common boundaries with the Boroughs of Bromley, Croydon and Merton.

The land surface rises from 12 feet above sea level at the river to 50 feet at Brixton, 150 feet at West Norwood, 200 feet at Streatham and about 379 feet at and near the Crystal Palace.

The perimeter of the Borough measures $19\frac{1}{2}$ miles and its total area is approximately $10\frac{1}{2}$ square miles. In terms of population, Lambeth is the largest of the London Boroughs.

The Borough has approximately 600 acres of park and open spaces including Brockwell, Kennington, Ruskin, Norwood, Archbishop's and Vauxhall Parks, Myatt's Fields, Streatham Common and parts of Clapham and Tooting Bec Commons.

Amongst the world famous buildings within its boundaries are Lambeth Palace, The Oval Cricket Ground, The County Hall, The Royal Festival Hall, the Headquarters of the London Fire Brigade and the Transport Museum at Clapham.

For Parliamentary purposes the Borough is divided into five constituencies, Vauxhall, Brixton, Norwood, Streatham and Clapham, each returning one Member or Parliament. For Borough Council elections the Borough is divided into a total of 20 wards each returning three Councillors. Four members are returned to Greater London Council.

STATISTICS

GENERAL

Area of Borough	..	..	..	..	..	..	..	6727 acres
Number of Wards	..	..	..	..	..	..	..	20
Number of Parliamentary Constituencies	..	..	..	..	..	..	..	5
Population (Mid-year estimate 1969)	..	..	..	..	..	..	..	325,070
Density of Population (i.e. number of persons per acre)	..	..	..	..	..	..	..	48.32
Number of marriages during the year	..	..	..	..	..	..	..	2,547
Marriage rate per 1,000 population	..	..	..	..	..	..	..	7.8
Rateable Value of District (1st April 1969)	..	..	..	..	..	..	..	£20,430,955
Sum represented by a penny rate (1969/1970)	..	..	..	..	..	..	..	£80,500
Number of separately rated houses and flats as 1st April, 1969	..	..	..	..	..	..	..	94,120

VITAL STATISTICS

LIVE BIRTHS

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	2,504	586	3,090
Females	2,349	539	2,888
Totals	<u>4,853</u>	<u>1,125</u>	<u>5,978</u>
Live Birth Rate per 1,000 home population	..	..	18.38*
Birth Rate corrected for comparison with other areas	..	..	16.17
Comparability factor supplied by Registrar General	..	..	0.88
Birth Rate per 1,000 Home Population England and Wales	..	..	16.3
Birth Rate per 1,000 Home Population Inner London Area	..	..	15.7 *
Birth Rate per 1,000 Home Population Outer London Area	..	..	15.7 *
Birth Rate per 1,000 Home Population Greater London Area	..	..	15.7 *
Illegitimate live Births per cent of total live births	..	..	18.8
Illegitimate Live Births per cent of total live births Inner London Area	..	..	15.4
Illegitimate Live Births per cent of total live births Outer London Area	..	..	8.3
Illegitimate Live Births per cent of total live births Greater London Area	..	..	11.0

* Crude Rate

STILL BIRTHS

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	32	10	42
Females	24	2	26
Totals	<u>56</u>	<u>12</u>	<u>68</u>

Still Birth Rate per 1,000 Total Births

(i.e. Live and Still)	11.2
Still Birth Rate per 1,000 total births England and Wales ..	13.0
Still Birth Rate per 1,000 total births Inner London Area ..	13.4
Still Birth Rate per 1,000 total births Outer London Area ..	12.3
Still Birth Rate per 1,000 total births Greater London Area ..	12.7

DEATHS

<u>Males</u>	<u>Females</u>	<u>Totals</u>
1,889	1,863	3,752

Death Rate per 1,000 home population	11.54*
Death Rate corrected for comparison with other areas ..	12.46
Comparability Factor (supplied by Registrar General) ..	1.08
Death Rate per 1,000 home population England and Wales ..	11.8
Death Rate per 1,000 home population Inner London Area ..	11.9 *
Death Rate per 1,000 home population Outer London Area ..	11.2 *
Death Rate per 1,000 home population Greater London Area ..	11.5 *

MATERNAL MORTALITY

Number of Women dying in consequence of Childbirth ..	2
Maternal Mortality Rate per 1,000 total births	0.33
Maternal Mortality Rate per 1,000 total births Inner London Area	0.21
Maternal Mortality rate per 1,000 total births Outer London Area	0.19
Maternal Mortality Rate per 1,000 total births Greater London Area	0.20

* Crude Rate

INFANTILE MORTALITY

Deaths of infants under one year of age

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	56	15	71
Females	52	13	65
Totals	<u>108</u>	<u>28</u>	<u>136</u>

Death Rate of infants under one year of age per 1,000 live births	22.75
Death Rate of infants under one year of age per 1,000 live births England and Wales	18.0
Death Rate of infants under one year of age per 1,000 live births Inner London Area	20.4
Death Rate of infants under one year of age per 1,000 live births Outer London Area	16.2
Death Rate of Infants under one year of age per 1,000 live births Greater London Area	17.9

Deaths of infants under four weeks of age

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	45	10	55
Females	29	8	37
Totals	<u>74</u>	<u>18</u>	<u>92</u>

Neo-natal Mortality Rate

(Deaths under four weeks per 1,000 live births)	15.38
Neo-Natal Mortality Rate England and Wales	10.0
Neo-natal Mortality Rate Inner London Area	13.3
Neo-natal Mortality Rate Outer London Area	10.8
Neo-natal Mortality Rate Greater London Area	11.7

Deaths of infants under one week of age

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	42	9	51
Females	25	5	30
	—	—	—
Totals	<u>67</u>	<u>14</u>	<u>81</u>

Early Neo-natal Mortality Rate

(Deaths under one week per 1,000 live births) 13.5

Early Neo-natal Mortality Rate England and Wales 10.0

Early Neo-natal Mortality Rate Inner London Area 11.7

Early Neo-natal Mortality Rate Outer London Area 9.2

Early Neo-natal Mortality Rate Greater London Area 10.2

Perinatal Mortality Rate

(Still births and deaths under one week per 1,000 total births) .. 21.5

Perinatal Mortality Rate England and Wales 23.0

Perinatal Mortality Rate Inner London Area 25.0

Perinatal Mortality Rate Outer London Area 21.4

Perinatal Mortality Rate Greater London Area 22.8

SUMMARY OF VITAL STATISTICS FOR THE TEN YEAR PERIOD 1959 – 1969

METROPOLITAN BOROUGH OF LAMBETH 1959-1964

Year	Population	Deaths	* Death Rate	Live Births	* Live Birth Rate	Deaths of Infants under 1 year of age	Infantile Mortality Rate	Maternal Deaths	Maternal Mortality Rate
1959	223,300	2,483	11.38	4,685	19.09	116	24.76	1	.21
1960	224,080	2,388	10.86	4,802	19.55	101	21.0	2	.41
1961	221,960	2,585	11.65	4,847	19.87	109	22.41	3	.61
1962	223,370	2,479	11.10	5,329	21.94	102	19.15	5	.92
1963	223,120	2,732	13.71	5,580	22.01	141	25.27	3	.53
1964	223,140	2,417	12.13	5,604	22.10	120	21.41	3	.52

LONDON BOROUGH OF LAMBETH

SUMMARY FOR YEARS 1965 – 1969

1965	339,560	3,709	11.36	7,439	19.5	175	23.52	4	.51
1966	339,400	3,804	11.87	7,372	19.35	153	20.8	3	.40
1967	338,130	3,612	11.3	6,799	17.9	149	21.9	1	.14
1968	329,250	3,897	12.63	6,585	17.6	128	19.4	5	.75
1969	325,070	3,752	12.46	5,978	16.17	136	22.75	2	.33

* As adjusted by comparability factor.

LONDON BOROUGH OF LAMBETH

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1969

CAUSE OF DEATH		Sex	Total All ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
						1-	5-	15-	25-	35-	45-	55-	65-	75 and over
B5	Tuberculosis Respiratory	M	13	-	-	-	-	-	-	-	-	2	10	1
		F	3	-	-	-	-	-	-	-	-	1	2	-
B6	Tuberculosis, Other	M	5	-	-	-	-	-	-	-	1	2	2	-
		F	3	-	-	-	-	-	1	-	1	-	-	1
B17	Syphilitic Disease	M	3	-	-	-	-	-	-	-	-	-	-	3
		F	3	-	-	-	-	-	-	-	-	1	-	2
B9	Whooping Cough	M	1	-	-	1	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B11	Meningococcal Infections	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	-	-	1	-	-	-	-	-	1	-
B14	Measles	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	1	1	-	-	-	-	-	-	-	-
B18	Other Infective and Parasitic Diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	4	-	1	-	-	-	-	1	-	2	-	-
B19(3)	Malignant Neoplasm, Stomach	M	42	-	-	-	-	-	-	1	5	10	11	15
		F	42	-	-	-	-	-	1	1	2	3	16	19
B19(6)	Malignant Neoplasm, Lung, Bronchus	M	184	-	-	-	-	-	-	1	19	61	72	31
		F	45	-	-	-	-	-	-	-	8	9	18	10

20

B19(7) Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	65	-	-	-	-	-	-	4	10	17	16	18
B19(1) Malignant Neoplasm, Buccal Cavity, etc.	M	11	-	-	-	-	-	-	1	-	2	5	3
	F	5	-	-	-	-	-	-	2	-	1	1	1
B19(2) Malignant Neoplasm, Oesophagus	M	11	-	-	-	-	-	-	-	1	3	5	2
	F	10	-	-	-	-	-	-	-	1	1	5	3
B19(4) Malignant Neoplasm, Intestine	M	41	-	-	-	-	-	-	1	4	10	16	10
	F	70	-	-	-	-	-	-	-	6	10	19	35
B19(5) Malignant Neoplasm, Larynx	M	3	-	-	-	-	-	-	-	-	1	-	2
	F	2	-	-	-	-	-	-	-	1	-	1	-
B19(9) Malignant Neoplasm, Prostate	M	19	-	-	-	-	-	-	-	-	2	7	10
B19(8) Malignant Neoplasm, Uterus	F	24	-	-	-	-	-	-	1	5	4	8	6
B19(11) Other Malignant Neoplasms	M	104	-	-	-	-	1	6	4	19	26	28	20
	F	107	-	-	2	1	-	1	7	10	29	27	30
B19(10) Leukaemia,	M	13	-	-	2	-	-	1	2	1	2	1	4
	F	7	-	-	-	-	-	-	3	2	-	1	1
B20 Benign and Unspecified Neoplasms	M	5	-	-	-	-	1	-	1	-	2	1	-
	F	6	-	1	-	-	-	1	-	-	2	1	1
B21 Diabetes Mellitus	M	7	-	-	-	-	1	-	-	1	2	2	1
	F	17	-	-	-	-	-	-	1	1	4	5	6
B46(1) Other Endocrine etc, Diseases	M	4	1	-	-	1	-	-	-	-	2	-	-
	F	10	-	1	-	-	-	-	-	-	2	3	4
B23 Anaemias	M	3	-	-	-	-	1	-	-	-	2	-	-
	F	8	-	-	-	-	-	1	-	-	1	-	6

21

CAUSE OF DEATH		Sex	Total All ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
						1-	5-	15-	25-	35-	45-	55-	65-	75 and over
B46(2)	Other Diseases of Blood, etc	M	2	-	-	-	-	-	1	-	-	-	-	1
		F	-	-	-	-	-	-	-	-	-	-	-	-
B46(3)	Mental Disorders	M	2	-	-	-	-	-	-	-	1	-	1	
		F	2	-	-	-	-	-	-	-	-	-	2	
B4	Enteritis and other Diarrhoeal Diseases	M	4	1	3	-	-	-	-	-	-	-	-	
		F	3	-	1	-	-	-	-	-	1	-	1	
B24	Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	
		F	1	-	-	-	-	-	-	-	-	1	-	
B46(4)	Other Diseases of Nervous System, etc.	M	30	-	1	-	1	1	1	-	5	2	10	
		F	28	-	2	-	-	1	1	1	3	5	8	
B26	Chronic Rheumatic Heart Disease	M	22	-	-	-	-	2	-	2	5	8	2	
		F	32	-	-	-	-	-	1	3	8	11	9	
B27	Hypertensive Disease	M	41	-	-	-	-	-	1	2	4	10	7	
		F	42	-	-	-	-	-	-	2	2	17	21	
B28	Ischaemic Heart Disease	M	465	-	-	-	-	-	3	14	53	119	161	
		F	353	-	-	-	-	-	1	4	13	29	88	
B29	Other forms of Heart Disease	M	51	-	-	-	-	1	-	2	2	8	16	
		F	112	-	-	-	-	-	1	1	2	8	12	
B30	Cerebrovascular Disease	M	107	-	-	-	-	-	3	7	20	34	43	
		F	239	-	-	-	-	1	-	1	8	20	50	

22

B46(5) Other Diseases of Circulatory System	M	56	-	-	-	-	-	-	2	6	10	21	17
	F	92	1	-	-	-	-	1	1	1	7	16	65
B31 Influenza	M	19	-	-	-	-	-	-	1	1	2	12	3
	F	18	-	-	-	-	-	-	1	3	6	2	6
B32 Pneumonia	M	130	-	6	1	-	-	-	1	6	15	24	77
	F	163	3	8	2	1	-	-	1	2	12	23	111
B33(1) Bronchitis and Emphysema	M	204	-	-	-	-	-	-	1	10	34	86	73
	F	70	-	-	-	-	-	-	1	1	8	9	51
B33(2) Asthma	M	4	-	-	-	-	2	-	-	-	-	2	-
	F	7	-	-	1	-	-	-	1	-	2	1	2
B46(6) Other Diseases of Respiratory System	M	21	1	4	1	-	-	1	-	-	4	5	5
	F	18	-	6	1	-	-	-	-	1	1	2	7
B34 Peptic Ulcer	M	19	-	-	-	-	2	-	-	3	1	8	5
	F	14	-	-	-	-	-	-	1	-	2	3	8
B35 Appendicitis	M	1	-	-	-	-	-	1	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
B36 Intestinal Obstruction and Hernia	M	7	-	-	-	-	-	-	-	-	-	5	2
	F	15	2	1	-	-	-	-	-	-	-	3	9
B37 Cirrhosis of Liver	M	3	-	-	-	-	-	-	-	1	1	1	-
	F	11	-	-	-	-	1	-	2	3	3	3	1
B46(7) Other Diseases of Digestive System	M	11	-	-	-	-	-	-	2	2	2	2	3
	F	33	-	-	-	-	1	-	-	-	2	10	20
B38 Nephritis and Nephrosis	M	13	-	-	-	-	1	3	2	1	2	2	2
	F	11	-	-	-	-	-	-	1	-	4	2	4

23

CAUSE OF DEATH		Sex	Total All ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
						1-	5-	15-	25-	35-	45-	55-	65-	75 and over
B39	Hyperplasia of Prostate	M	11	-	-	-	-	-	-	-	-	-	5	6
B46(8)	Other Diseases, Genito- urinary System	M	13	-	-	-	-	1	1	-	2	2	1	6
		F	9	-	-	-	-	-	-	-	1	2	3	3
B41	Other Pregnancy, etc.	F	2	-	-	-	-	2	-	-	-	-	-	-
B46(9)	Diseases of Skin, Subcutaneous Tissue	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	3	-	-	-	-	-	-	-	-	1	-	2
B46(10)	Diseases of Musculo-Skeletal System	M	5	-	-	-	-	-	-	-	-	1	2	2
		F	21	-	-	-	1	-	-	-	1	2	4	13
B42	Congenital Anomalies	M	27	9	2	4	2	2	2	-	4	1	1	-
		F	16	5	4	1	1	-	-	-	-	2	2	1
B43	Birth Injury, Difficult Labour, etc.	M	24	24	-	-	-	-	-	-	-	-	-	-
		F	16	16	-	-	-	-	-	-	-	-	-	-
B44	Other Causes of Perinatal Mortality	M	19	19	-	-	-	-	-	-	-	-	-	-
		F	8	8	-	-	-	-	-	-	-	-	-	-
B45	Symptoms and Ill-Defined Diseases	M	2	-	-	-	-	-	1	-	1	-	-	-
		F	14	1	-	-	-	-	1	-	1	-	2	10
BE47	Motor Vehicle Accidents	M	26	-	-	1	5	3	2	-	2	3	5	5
		F	13	-	-	-	2	1	2	-	1	3	2	2
BE48	All Other Accidents	M	51	-	-	7	3	4	4	5	7	4	7	10
		F	34	-	1	4	3	3	2	3	2	2	3	11

24

BE49	Suicide and Self-Inflicted Injuries	M	28	-	-	-	-	3	3	4	4	8	5	1	
		F	20	-	-	-	-	1	1	6	4	7	1	-	
B50	All Other External Causes	M	5	-	-	-	-	1	3	-	-	-	1	-	
		F	7	1	1	1	-	-	1	2	-	-	1	-	
	TOTAL ALL CAUSES	M	1,889	55	16	17	12	27	34	52	177	387	585	527	
		F	1,863	37	28	13	10	11	14	49	98	226	402	975	
GRAND TOTAL				3,752	92	44	30	22	38	48	101	275	613	987	1,502

25

VITAL STATISTICS

POPULATION

The Registrar-General's mid-year estimate for the year 1969 is 325,070. This is a decrease of 4,180 on the figure for the year 1968.

The number of live births exceeded the deaths, giving a natural increase of 2,226. This would, therefore, appear to indicate a movement of residents out of the Borough.

Based on information supplied by the Greater London Research and Intelligence Unit a breakdown of the estimated population is as follows :-

Under 1 year	6,200
1 to 4 years	23,000
5 to 14 years	39,300
15 to 64 years	215,570
65 years and over	41,000
 Total	 <u>325,070</u>

LIVE BIRTHS

The total number of live births occurring to residents of the Borough was 5,978 comprising 3,090 males and 2,888 females. This figure was 607 less than that for 1968 giving a reduced corrected birth rate of 16.17 per 1,000 population. The rate for England and Wales was 16.3 and the rates for the Inner, Outer and Greater Londo Areas were 15.7 in each instance.

During the year there were 1,125 illegitimate live births. This figure is 88 less than for 1968 but due to the reduction in the total number of live births, the percentage, 18.8 is slightly higher and compares unfavourably with those for the Inner London, Outer and Greater London Areas which are 15.4, 8.3 and 11.0 respectively.

STILL BIRTHS

Stillbirths for the year numbered 68. This is 15 fewer than for 1968 and owing to this and to the reduction in the total number of births, the stillbirth rate at 11.2 is lower than that for last year (12.4) which was itself lower than that for 1967 (15.2). The rate is also lower than those for England and Wales, and the Greater London Area. (13.0 and 12.7 respectively).

DEATHS

Allowing for inward and outward transfers the total number of deaths comprising 1,889 males and 1,863 females was 3,752.

The corrected death rate at 12.46 per 1,000 population is slightly higher than those for England and Wales and the Greater London Area. Sixty-six per cent of the total deaths occurred in persons aged 65 and over.

Heart and diseases of the circulatory system accounted for the largest number of deaths, 1,609 occurring out of a total of 3,752.

Malignant neoplasms of all forms ranked second.

48 people took their own lives compared to 49 in 1968 and motor vehicle accidents accounted for 39 deaths, and increase of 5 on the figure for last year.

Two mothers died as a result of diseases of pregnancy or childbirth giving a maternal mortality rate of .33 per 1,000 total births. This figure compares very favourably with those for England and Wales and the Inner, Outer and Greater London Areas.

INFANTILE MORTALITY

One hundred and thirty-six infants died before reaching 1 year of age, 5 more than in 1968. The infantile mortality rate rose to 22.75 per 1,000 live births compared with 19.4 last year, and 21.9 in 1967.

The causes of death fell into the undermentioned categories :-

<u>Cause of death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Birth injury, difficult labour, etc.	24	16	40
Other causes of perinatal mortality	19	8	27
Other infective and parasitic diseases	-	1	1
Pneumonia	6	11	17
Other diseases of the circulatory system	-	1	1
Other diseases of respiratory system	5	6	11
Enteritis and diarrhoeal diseases	4	1	5
Internal obstruction and hernia	-	3	3
Congenital anomalies	11	9	20
Symptoms and ill defined diseases	-	1	1

<u>Cause of death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Measles	-	1	1
Benign and unspecified Neoplasms	-	1	1
Other Endocrine etc. diseases	1	1	2
Other diseases of the nervous system	1	2	3
All other accidents	-	1	1
All other external causes	-	2	2
	<u>71</u>	<u>65</u>	<u>136</u>

DEATHS FROM CANCER OF THE LUNG AND BRONCHUS

There was a reduction in the number of deaths from cancer of the lung and bronchus 229 occurring compared with 259 in 1968.

The deaths were distributed amongst the various age groups as follows :-

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Totals</u>
25 - 34 years	- (-)	- (-)	- (-)
35 - 44 years	1 (3)	- (-)	1 (3)
45 - 54 years	19 (24)	8 (7)	27 (31)
55 - 64 years	61 (80)	9 (12)	70 (92)
65 - 74 years	72 (79)	18 (14)	90 (93)
75 years and over	31 (22)	10 (18)	41 (40)
	<u>184 (208)</u>	<u>45 (51)</u>	<u>229 (259)</u>

The figure in brackets are those for the year 1968.

ROAD TRAFFIC ACCIDENTS

My thanks are due to the Borough Engineer and Surveyor for the following information regarding road traffic accidents occurring in the Borough of Lambeth during the year 1969.

The figures shown refer not only to Lambeth residents but also to persons living in other areas who were involved in accidents in the Borough.

The number of fatalities shown may not agree, therefore, with those in the list of causes of death supplied by the Registrar-General. The Registrar-General's figures refer to Lambeth residents only, and the death may have occurred within the Borough of Lambeth or outside the district.

	<u>No. of accidents</u>	<u>Killed</u>	<u>Seriously injured</u>	<u>Slightly injured</u>
Adult	1,861 (2,025)	27 (17)	326 (328)	1,988 (2,124)
Children	615 (620)	7 (4)	139 (141)	547 (556)
	<u>2,476 (2,645)</u>	<u>34 (21)</u>	<u>465 (469)</u>	<u>2,535 (2,680)</u>

The figures in brackets are those for the year 1968.

Section B

Prevalence of and Control over Infectious and other Diseases

The deaths were distributed amongst the various age groups as follows:

Age	Male	Female	Total
25 - 34 years	(1)	(1)	2
35 - 44 years	11 (3)	(1)	12 (4)
45 - 54 years	19 (24)	4 (7)	23 (31)
55 - 64 years	61 (83)	9 (12)	70 (95)
65 - 74 years	72 (99)	13 (14)	85 (113)
75 years and over	31 (32)	10 (16)	41 (48)
	<u>194 (239)</u>	<u>43 (59)</u>	<u>237 (298)</u>

The figure in brackets are those for the year 1965.

ROAD TRAFFIC ACCIDENTS

My thanks are due to the Borough Engineer and Surveyor for the following information regarding road traffic accidents occurring in the Borough during the year 1965.

The figures shown refer not only to Lambeth residents but also to persons living in other areas who were involved in accidents in the Borough.

PREVALENCE OF, AND CONTROL OVER
INFECTIOUS AND OTHER DISEASES

The undermentioned diseases are notifiable within the Borough of Lambeth :-

Acute encephalitis
 Acute meningitis
 Acute poliomyelitis
 Anthrax
 Cholera
 Diphtheria
 Dysentery
 (amoebic or bacillary)
 Food Poisoning
 Infective jaundice
 Leprosy
 Leptospirosis
 Malaria
 Measles
 Ophthalmia neonatorum
 Paratyphoid Fever
 Plague
 Relapsing fever
 Scarlet fever
 Smallpox
 Tetanus
 Tuberculosis
 Typhoid fever
 Typhus
 Whooping cough
 Yellow fever

CORRECTED NUMBER OF NOTIFICATIONS EXCLUDING TUBERCULOSIS RECEIVED

CORRECTED NUMBER OF NOTIFICATIONS, EXCLUDING TUBERCULOSIS RECEIVED

DURING 1969

Disease	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Totals		Grand Total
	M	F	M	F	M	F	M	F	M	F	
Scarlet Fever	5	7	10	8	3	4	5	5	23	24	47
Whooping Cough	9	10	7	9	-	1	1	3	17	23	40
Measles	454	437	198	173	127	115	10	7	789	732	1,521
Dysentery	4	7	12	10	9	12	1	1	26	30	56
Acute Meningitis	4	2	-	2	3	1	1	1	8	6	14
Infective Jaundice	8	10	11	2	9	4	-	-	28	16	44
Malaria	-	-	-	-	1	2	-	-	1	2	3
Paratyphoid Fever	-	-	-	-	1	-	-	-	1	-	1
Food Poisoning	7	2	-	-	-	-	2	-	9	2	11
Typhoid Fever	-	-	-	-	-	1	-	-	-	1	1
Ophthalmia	-	-	-	-	-	-	-	-	-	-	-
Neonatorium	1	-	-	-	1	-	1	-	3	-	3
TOTALS	492	475	238	204	154	140	21	17	906	835	1,741

NOTIFICATION OF INFECTIOUS DISEASES – AGE DISTRIBUTION

Age Group	Scarlet Fever		Whooping Cough		Measles		Dysentery		Acute Meningitis		Infective Jaundice		Totals
	M	F	M	F	M	F	M	F	M	F	M	F	
Under 1 year	-	-	3	3	43	35	1	2	-	3	-	-	90
1 year	1	-	3	4	134	116	1	3	1	-	-	-	263
2 years	-	1			146	110	3	4	2	2	-	-	268
3 years	2	4	6	10	127	145	3	4	1	-	1	1	304
4 years	3	6			103	101	2	1	1	-			217
5-9 years	11	11	4	6	218	191	11	4	-	1	2	3	462
10-14 years	2	-	1	-	10	21	4	-	-	-	8	1	47
15-24 years	3	1	-	-	6	6	-	5	2	-	8	4	35
25 years and over	1	1	-	-	-	4	1	7	1	-	9	5	29
Age unknown	-	-	-	-	2	3	-	-	-	-	-	2	7
TOTALS	23	24	17	23	789	732	26	30	8	6	28	16	1,722

CORRECTED NUMBER OF NOTIFICATIONS, EXCLUDING TUBERCULOSIS RECEIVED

NOTIFICATION OF INFECTIOUS DISEASES – AGE DISTRIBUTION (Contd.)

Age Group	Malaria		Paratyphoid Fever		Food Poisoning		Typhoid Fever		Ophthalmia Neonatorum		Totals
	M	F	M	F	M	F	M	F	M	F	
Under 5 years	-	-	-	-	3	-	-	-	-	-	3
5-14 years	-	-	-	-	-	-	-	-	-	-	-
15-44 years	-	-	1	-	5	2	-	1	-	-	9
45-64 years	-	-	-	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	1	-	-	-	-	-	1
Age unknown	1	2	-	-	-	-	-	-	3	-	6
TOTALS	1	2	1	-	9	2	-	1	3	-	19

GRAND TOTAL 1,722

19

1,741

NOTIFICATIONS OTHER THAN TUBERCULOSIS

The number of notifications received during the year increased by 367; 1,741 cases of infectious disease being notified compared with 1,374 in 1968. No cases of poliomyelitis or diphtheria occurred.

TYPHOID FEVER

On the 8th June, Mrs. M. left Bombay and arrived at London Airport the next day. She had recently married and came to Lambeth to join her husband's family. A celebration party was held on the 14th June.

Mrs. M. felt unwell on the 22nd June and was admitted to hospital on the 30th. On the 8th July information was received that she was suffering from typhoid fever.

From her arrival in this country the patient had had little contact with persons other than her family and friends at the wedding party. Among these were some who had previously suffered from typhoid fever and who might have been carriers of the disease. All specimens proved negative however and it was assumed that the patient had contracted the infection abroad. No secondary cases occurred.

PARATYPHOID FEVER

Mr. R. visited Spain on holiday and returned on the 27th July. He was taken ill on the 3rd August and was admitted to hospital on the 11th. Three days later the laboratory confirmed the presence of salmonella paratyphoid B. phage type Beccles in the patient's stool.

Mr. R. had spent a few days at work, visited friends and stayed overnight with his parents in Wales before his admission to hospital. All known contacts were traced and investigated but no secondary cases occurred.

MEASLES

There was an increase in the incidence of measles, 1,521 cases being notified compared with 900 in 1968. The majority of the cases occurred in the first quarter of the year.

SCARLET FEVER

Forty-seven cases were notified compared with 56 in 1968.

WHOOPIING COUGH

There was a reduction in the number of cases notified, 40 compared with 94 in 1968.

DYSENTERY

Fifty-six cases were notified - a reduction of 86 on last year.

ACUTE MENINGITIS

Fourteen cases were notified, compared to 4 cases in the period 1st October to 31st December, 1968.

INFECTIVE JAUNDICE

Forty-four cases were notified, compared to 56 cases in the period 15th June to 31st December, 1968.

MALARIA

Three cases were notified.

OPHTHALMIA NEONATORUM

Three cases were notified compared to one in 1968.

FOOD POISONING

24 cases, notified (11) or otherwise ascertained, were investigated. Following a party at Sunbury a general outbreak of *S. VIRCHOW* occurred leading to four cases in Lambeth. A similar outbreak originating in Dorchester resulted in two cases of *S. IRANGI*.

The remaining 18 cases were sporadic, 2 due to *S. typhi-murium*, 14 to other salmonellae and 4 in which the cause was unknown.

SALMONELLA INFECTIONS (NOT FOOD BORNE)

Two family outbreaks involving 5 persons and 4 sporadic cases were due to *S. TYPHI-MURIUM*. One family of two persons and six sporadic cases were due to other salmonellae.

SALMONELLA INFECTIONS (NOT FOOD BORNE) INCIDENTS AND CASES

Causative agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES Notified or ascertained	TOTAL No. of outbreaks and sporadic cases columns (1+3+5)	TOTAL No. of cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
1. S. typhimurium	1	2	2	5	4	6	9
2. Other Salmonellae (a)			1	2	6	7	8
3. TOTAL			3	7	10	13	17

DETAILS OF SALMONELLA INFECTIONS DUE TO SALMONELLAE

OTHER THAN S. TYPHIMURIUM (NOT FOOD BORNE)

Type of Salmonellae							
Heidelberg					3	3	3
Virchow			1	2	2	3	4
Un-named					1	1	1
TOTAL			1	2	6	7	8

TUBERCULOSIS

CORRECTED NUMBER OF NOTIFICATIONS RECEIVED

DURING THE YEAR

AGE	RESPIRATORY		OTHER		MENINGES, and C.N.S.		TOTAL
	M	F	M	F	M	F	
Under 1 year	-	-	-	1	-	-	1
1 year	1	-	-	-	-	-	1
2-4 years	1	1	-	-	-	-	2
5-9 years	-	1	-	-	1	-	2
10-14 years	-	1	-	-	-	-	1
15-19 years	3	1	-	-	-	-	4
20-24 years	2	1	1	-	-	-	4
25-34 years	12	4	7	2	-	-	25
35-44 years	11	1	2	3	-	-	17
45-54 years	8	2	-	1	-	-	11
55-64 years	8	3	1	2	-	-	14
65-74 years	6	6	1	1	-	-	14
75 and over	3	-	-	-	-	-	3
Age unknown	-	-	-	1	-	-	1
TOTAL	55	21	12	11	1	-	100

Male

Female

Cases of fatal tuberculosis not notified before death.

3

-

I am indebted to Dr. C.F. Price for the following report on the work of St. Francis' Chest Clinic for the year :-

REPORT ON CHEST CLINIC WORK 1969

"The following tables are extracts from the Annual Return of Chest Clinic work as now prepared for the Department of Health and Social Security. It includes cases with evidence of tuberculosis not notified under the Tuberculosis Regulations but requiring Chest Clinic observation and advice.

TABLE 1: Number of cases of Tuberculosis (whether notified or not) under treatment, supervision, or observation at 31st December, 1969.

		Men	Women	Children	Total
Number of cases (including both out-patients and in-patients).	Respiratory	592	401	13	1,006
	Non-Respiratory	22	18	-	40
	TOTAL	614	419	13	1,046

Number of cases included above whose broncho-pulmonary secretion was positive during the year 24.

TABLE 2: Number of cases of tuberculosis (whether notified or not) new to the clinic (but excluding transfers from other clinics) during the year ended 31st December, 1969.

		Men	Women	Children	Total
Respiratory Non-bacteriologically confirmed.	Group I	11	6	3	20
	Group II	8	2	-	10
	Group III	2	-	-	2
	TOTAL	21	8	3	32
Respiratory Bacteriologically confirmed.	Group I	1	1	-	2
	Group II	8	1	1	10
	Group III	1	-	-	1
	TOTAL	10	2	1	13
Non-respiratory		3	2	-	5
TOTAL NEW CASES		34	12	4	50

Whilst these tables give a picture of Chest Clinic work the incidence of new infectious tuberculosis cases in the Borough is more accurately shown in the following Table 3 which is a record of cases first diagnosed during the year and formally notified under the Tuberculosis Regulations. These figures refer only to that part of Lambeth which is in the South East Metropolitan Regional Hospital Board area, served by the Chest Clinic in St. Francis' Hospital. Most

cases of tuberculosis are now diagnosed following hospital attendance for examination and investigation and it is becoming customary for hospital medical officers to defer notification until the diagnosis and the presence of infection has been confirmed bacteriologically by examination of sputum or other pathological specimen. This is reflected in a fall of the total notified cases as compared with previous years although, as will be seen from Table 4 there has been an increase in the number of newly diagnosed cases added to the clinic register in the year.

TABLE 3:

	Respiratory Tuberculosis				Non-Respiratory Tuberculosis			
	Men	Women	Children	Total	Men	Women	Children	Total
Number of cases diagnosed during the year 1969	10	2	1	13	4	1	-	5
Deaths	6	1	-	7	-	-	-	-

Deaths:

There were 7 deaths among chest clinic patients directly attributable to tuberculosis - as low a figure as ever previously recorded. All were respiratory cases and all were more than 60 years old. There was only one female death and this in the case of a patient age 65 years who had extensive lung damage as the result of tuberculosis recurring over the previous forty years.

Of the 6 men all but one were over 65 years old and age changes played a contributory part in the cause of death. Two were residents in the Council's hostel for tuberculosis men at Knight's Hill and both these men had developed tuberculosis infection resistant to standard treatment. One was however over 82 years of age. The other male deaths, as in recent previous years, also reflected the problems now arising from the onset of drug resistance and neglect in old age as a contributing cause of death.

There were 25 other known deaths among chest clinic patients including 8 due to cancer of the lung. The majority of deaths however were due to age and cardiovascular diseases.

TABLE 4:

Year	Total on Register	New Cases Diagnosed	Deaths
1951	1,541	266	62
1952	1,512	152	38
1953	1,434	115	39
1954	1,395	159	20
1955	1,281	86	12
1956	1,242	80	21
1957	1,252	128	7
1958	1,214	118	7
1959	1,240	86	8
1960	1,239	89	12
1961	1,159	77	23
1962	1,144	60	18
1963	* 1,411	46	17
1964	* 1,380	47	11
1965	* 1,357	42	12
1966	* 1,234	37	9
1967	* 1,173	33	8
1968	* 1,175	42	14
1969	* 1,046	50	7

* Includes observation cases.

Tuberculosis Incidence:

There was a decrease in the incidence of tuberculosis and the total number of 18 newly notified cases with confirmed infectious disease, added to the clinic register in one year, is the lowest recorded. Of these, 5 were of English racial origin, 5 West Indian, 2 African, 1 Indian and 1 Burmese. As in previous years the male incidence was considerably higher than the female - of the 18 cases, 14 were men, 4 women.

Treatment:

The majority of patients were given anti-tuberculosis chemotherapy at home and where necessary the services of the district nurse were called upon to give injections. A minority of patients suffering from severe infection and in need of in-patient care and others with an inadequate social and domestic background were admitted to hospital for an initial period of treatment. An average of five tuberculosis beds were kept occupied in Dulwich Hospital during the year.

B.C.G. Vaccination:

The Chest Clinic service offers B.C.G. Vaccination against tuberculosis to contacts at special risk and who have missed or are not old enough to qualify for vaccination under the School Medical Service B.C.G. Scheme. During the year, 91 such vaccinations were performed at the Chest Clinic.

Home Visiting:

The Council provides the services of one full time tuberculosis Health Visitor with office accommodation at the Chest Clinic giving access to patients records and facilities for discussion of case problems with the Chest Physician."

PERSONAL HEALTH SERVICES

Section C

Personal Health Services

For mothers, ante-natal and post-natal care is provided. At two centres evening child planning clinics and health education are provided. Health care is provided for working mothers. Health care is provided for the families of mothers and children under five in their homes as well as other members of the family, and including old people, at periods of family visit or living alone.

Mothers and families know the health centre as a focal point where they can contact the health visitor and visit at intervals for consultation with the clinic medical officer.

PERSONAL HEALTH SERVICES

MATERNITY AND CHILD HEALTH SERVICE

There are fourteen Maternity and Child Health Centres in the Borough, some in purpose-built or adapted accommodation and others in rented premises. Because of the difficulty in persuading mothers living in Ferndale Court, Ferndale Road, S.W.9. to bring their children to the Rose McAndrew Centre, the Committee agreed to the provision of a branch clinic in a ground floor flat at Ferndale Court, rented from the Housing Department. Sessions to be provided at the clinic include child health, vaccination and immunisation, cervical cytology and family planning.

Mothers attend at child health centres with infants from the age of two weeks for the purpose of getting advice from health visitors and clinic doctors about mothercraft and care of their children and for routine developmental examinations by clinic medical officers. Mothers may attend as often as they wish but are invited to attend for routine developmental examinations at three monthly intervals for the first year. Thereafter, they should attend at six monthly intervals until the child's second birthday, after which they should attend at least once yearly for medical examination. As required, children are referred for further developmental examinations to the Borough's Developmental Clinics held at selected child health centres where they are seen by specialists in developmental paediatrics, who refer them to assessment centres, if necessary, or continue to keep them under supervision.

Other services available for children at the centres include routine prophylaxis against smallpox, diphtheria, whooping cough, tetanus, poliomyelitis and measles, as well as creche facilities.

For mothers, ante-natal and post-natal, cervical cytology and family planning clinics and health education are provided. At two centres evening child health clinics are provided for working mothers. Health visitors working from the centres visit mothers and children under five in their homes, as well as other members of the family, and including old people whether as part of a family unit or living alone.

Mothers and families know the health centres as a focal point where they can contact the health visitor and visit at intervals for consultation with the clinic medical officers.

Priority Dental Treatment

Dental treatment is provided for expectant and nursing mothers and children under five years; the attendances being 22 and 553 respectively. The service is provided in conjunction with that for school children, combined use being made of the staff and premises.

Screening for Phenylketonuria

All new-born babies have a screening test at the age of six days, using the Guthrie method, for the detection of phenylketonuria. This is normally carried out in hospital on babies born in hospital and by domiciliary midwives on children born at home and on those babies discharged from hospital before six days. This test is used to detect the presence of phenylketones in the blood which result from a metabolic disorder which if left untreated may lead to mental subnormality. Positive cases can be referred to hospital for treatment and development is then normal.

There were 72,211 attendances at child health and toddlers' sessions and 1,661 attendances at ante-natal and post-natal clinics sessions. The Council provides facilities at some centres for general practitioner obstetricians to see their own booked maternity patients and 268 such sessions were held during the period.

Crèches at which mothers may leave their children for the duration of the session (normally 3 hours) are held in many child health centres. There were 1,428 sessions during the period at which 17,871 attendances were made.

CHILD HEALTH CENTRES

Number of children attending during the year -

Born in 1969	4,743
Born in 1968	5,139
Born in 1964-1967	5,758
Total	<u>15,640</u>

Number of sessions held during the year by

Medical Officers	323
Health Visitors	3
Sessional General Practitioners	2,452
Hospital Medical Staff	52
Total	<hr/> 2,830 <hr/>

Number of children referred elsewhere	885
Number of children on "at risk" register at the end of the year	549

CERVICAL CYTOLOGY SCREENING SERVICE

This service was established in 1966 with two weekly clinics for well women over 35 who were resident in Lambeth.

During 1967 and 1968 increased pathological facilities became available so that in 1969 five clinics were held every week, three of which were evening clinics.

Women of any age who live or work in Lambeth may attend and are actively encouraged to do so by health visitors. Some excellent publicity leaflets and posters have been provided by the Women's National Cancer Control Campaign and the Council for Health Education.

Only ten appointments are made for each session so that in addition to the smear test each patient has a urine examination, a full gynaecological examination, and examination of the breasts to screen for early breast cancer. Our doctors instruct each woman on how to examine her own breasts and there is time also for discussion of marital problems, if required.

The family doctors are informed of all results, whether negative or positive, and patients are invited to have a second test after 3 years. In 1969 a start was made on re-testing those women who had had their first smear test in 1966.

In 1969 although 2,257 women asked for appointments only 1,749 actually attended for examination in the Lambeth clinics. About nine times this number, however, had smear tests from other agencies, i.e. hospital gynaecological departments, general practitioners, and family planning clinics.

The incidence of cancer of the cervix is highest in women over 35 and in social classes IV and V. This borough in common with most local authorities in South-East England is reaching about half to two-thirds of the target figure needed for effective screening in numbers of women tested, but the women at greatest risk are not coming forward. Only 20% of women over 35 are being screened, and many of those in social classes IV and V are reluctant to have this examination.

It is hoped that some of the high risk women will be reached early in 1970 when a clinic will be started in one of the blocks of flats used for temporary accommodation of homeless families.

Clinic	Number called	Number examined	Results		
			Negative	Positive	Retaken
Riggindale	511	409	368	3	37
South London Hosp.	511	413	360	-	53
Moffat	213	143	120	2	21
West Norwood	459	383	365	-	18
Loughborough	559	401	375	6	19
TOTAL	2,253	1,749	1,589	11	148

(Sgd) Dr. M.P. Elman,
Senior Medical Officer

FAMILY PLANNING

The main bulk of the family planning services in the Borough is provided by the Family Planning Association, acting as the Council's agents. Since July 1969 the Council has made a grant to the Association to cover the whole cost of providing the service to Lambeth residents. The Association also provides training for the doctors, nurses, and layworkers who man the clinics.

Premises, heating, lighting, cleaning, and a certain amount of equipment are provided in Lambeth by the Council, while the Family Planning Association provides trained medical and nursing staff for examination and advice, secretarial staff, and contraceptive equipment and supplies. Patients are referred to the

clinics by hospitals (after confinement or gynaecological treatment), health visitors, their family doctors, or by friends and neighbours. By the end of 1969 there were seven centres in the Borough, three in hospital premises and four in local authority centres. Some centres have several sessions a week and some have "double doctor sessions" so that in 1969 there were no less than 1,025 doctor sessions. In addition, about 200 new cases and 800 re-attendances were seen at the twice weekly birth control clinics which are held at King's College Hospital and provided by the International Planned Parenthood Federation. We have no way of knowing how many women seek advice on family planning from their own family doctors, but the number must be considerable.

A great step forward was taken when Lambeth Council implemented the National Health Service (Family Planning) Act of 1967 in July 1969. This Act enables local health authorities to provide free consultation for all and free supplies for those referred on medical grounds and in necessitous cases. Since July 1969 no Lambeth resident has paid a fee for birth control advice at F.P.A. clinics. Supplies must still be paid for except in medical and social cases. It is interesting to note that all clinics in the Borough were busier during the last five months of 1969 and there was an increase of fifteen per cent in new patients recorded for the year, as compared with a drop of two per cent reported in 1968, and the total number of patients seen showed an increase of seventeen per cent for 1969.

More sessions are held in the evenings (when clinic premises are not being used for child health clinics) than in the daytime. This arrangement satisfactorily meets the needs because many women are working and so prefer to attend evening sessions.

(Sgd) Dr. M.P. Elman
Senior Medical Officer

DOMICILIARY SERVICE

Although clinics are provided in the borough at different times of the day, there will always be some women who because of difficult home circumstances, cannot attend. Many of these women have large families and tend not to be able to care adequately for them. In August 1968 it was arranged for the F.P.A. to start a domiciliary family planning service for a few selected cases, the cost being met by the Council. The following referrals have been selected at random from the records.

- (1) "Mrs. X age 24, has 5 children. Family living in one room. Family Planning has been discussed before but Mrs. X finds it too difficult to get to a clinic."

- (2) "Mrs. Y age 43. Mr. Y is having psychiatric treatment and is of little help to his wife. She has been meaning to get Family Planning advice but never gets round to it. Although there are only two children, this couple could not cope with another child at present."
- (3) "Mrs. Z age 27, has had four children and is constantly changing cohabitees. Living on Social Security."

Referrals are usually made by the health visitors although family doctors, probation officers, child care officers, or personnel in statutory or voluntary welfare services may contact the Health Department with requests for home visiting.

A specialist team of doctor and nurse is available. The doctor will contact the family doctors and ask permission to visit his patient. Both the family doctor and the referring agency will be informed of the outcome. After the F.P.A. doctor's first visit the domiciliary nurse will take over until the doctor's next visit. Visits will continue until the patient is able to accept and become established on the method most suitable for her and her husband. 150 families had been visited by the end of 1969. The cost of the domiciliary service is £10 a year per family.

(Sgd) Dr. M.P. Elman
Senior Medical Officer

The Principal Nursing Officer, Miss E. Early, reports as follows :-

HEALTH VISITING

Due chiefly to the Department's Sponsorship Scheme for health visitor students the improvement in staffing achieved in 1968 was maintained throughout the year. Fourteen students successfully completed their training in September and joined the staff as qualified health visitors. Ten new students commenced training at the same time.

This improvement made it possible to reduce case loads and widen the scope of the work. An increased number of staff now undertake combined school nursing health visiting, concentrating on the primary schools, and particularly on the younger children. This in turn has extended the scope of health education in primary schools and has also resulted in an improved immunisation state in the schools concerned and greater stability in staffing.

There was an increase in visits to the elderly and to the mentally ill and handicapped. The tendency continued for an increase in requests for advice by telephone and also in the numbers of callers at child health centres at other than recognised clinic session times.

Extra curricular activities of health visitors included both sound and vision broadcasting, and teaching at Technical Colleges and Colleges of Further Education.

Changes forecast for the future indicate that there may be greater demands on the health visitor. There is an increased awareness on the part of family doctors of the contribution being made to their patients' well-being by the Local Authority nursing services, and there is every indication that if the staffing situation remains favourable attachments of staff to general practices will be the developing pattern, co-existing with the present pattern of work.

No matter where children under the age of 5 years are cared for it is the responsibility of the health visitor to keep an eye on their health, both mental and physical, and in the foreseeable future she will still be the most readily available source of help to mothers in time of stress.

Ancillary Staff

Clinic auxiliaries and clinic nurses make a valuable contribution to the nursing services. They enabled health visitors to be relieved of duties which do not require their specialised training.

After a period of in-service training, the majority of clinic nurses become school nurses, and undertake duties offering greater responsibility and scope. There are always a number of student health visitors sponsored by the Borough who originally commenced as clinic nurses.

Health Visiting and Midwifery Students

A total of 17 health visitor students from Borough Polytechnic, the University of Surrey and Croydon Polytechnic received their practical training in the Borough.

In addition to Part II Student Midwives placed for three months, an additional 24 student midwives were given generalised experience in the Community Health Services.

Other Students and Visitors to the Department

Requests for visits of observation and facilities for practical work placement of students continued to increase. Periods involved varied from single visits to programmes of several weeks.

The largest single group of students was hospital student nurses. Facilities were provided for over 600 student nurses during the year. These visits have been included in nurse training for a number of years with the object of giving students some insight into the social aspects of disease. The new General Nursing Council syllabus will increase the amount of time allocated to this aspect of nursing.

Students who visited the nursing services included students studying economics, social sciences, teaching, child care and speech therapy.

Overseas visitors came from all continents excepting Antarctica. Every effort is made to make visits as interesting and instructive as possible, but the time involved is steadily increasing.

HEALTH VISITING

Cases visited by Health Visitors :-

Children born in 1969	5,691
Children born in 1968	6,078
Children born in 1964-67	14,625
	<hr/>
	26,394

Persons aged 65 and over	227*
Mentally disordered persons	413†
Persons, excluding Maternity cases discharged from hospital (other than Mental Hospitals)	94+
Number of Tuberculous households visited	7
Number of households visited on account of other infectious diseases	94
Other cases	4,406
Number of Tuberculous Households visited by Tuberculosis Visitors	421
Total number of effective visits and re-visits	82,252
Total number of unsuccessful visits	17,542

- * Included in this figure are 37 persons who were visited at the special request of the general practitioner or hospital.
- † Included in this figure are 38 persons who were visited at the special request of the general practitioner or hospital.
- + Included in this figure are 25 persons who were visited at the special request of the general practitioner or hospital.

Domiciliary Midwifery

The number of home confinements has continued to decline, and at the same time the number of early discharges from hospital has continued to increase. This position should level off in the near future, assuming that there will always be a number of women who prefer to have their babies at home.

In September the General Practitioner Obstetric Unit at the Weir Hospital opened. This enabled general practitioner obstetricians and local authority midwives to look after their patients during labour, and arrange for planned discharge within a period of up to 48 hours. The Weir catchment area includes a part of Wandsworth in addition to a small area of Lambeth. The scheme provides a service which has the advantage of giving the mother the protection of hospital confinement, and the benefits of a much shorter separation from her family, with continuity of care throughout, by the same medical and midwifery staff.

Early in the year the Guthrie Test replaced the Phenistix test for phenylketonuria in part of the Borough, and had extended to the whole area by the end of the year. Domiciliary midwives took over the responsibility for following up hospital confinement cases where for some reason a re-test was required.

At the end of the year there were nine midwives directly employed; the Lambeth District Nursing Association and the South London Hospital continued to provide a service on an agency basis in parts of the Borough, and participated in providing 24 hour coverage.

It is worth recording that there was a number of home confinements sufficient to provide the required experience for 36 student midwives from Kings College Hospital and South Western London Hospital Group during the year.

The 24 hour supervision of the service shared with the Boroughs of Southwark and Wandsworth through the Lambeth Emergency Control Service continues to work satisfactorily.

DOMICILIARY MIDWIFERY

Attendance by midwives :-

Confinements	
Doctor not booked	22
Doctor booked	421
Number of hospital cases discharged to midwife before tenth day	784

ANTE-NATAL AND POST NATAL CLINICS

Number of Sessions held by :-

Medical Officers	3
Midwives	14
Sessional General Practitioners	208
Number of women attending for ante-natal examination	580
Number of women attending for post-natal examination	34

Mothercraft and Relaxation Classes

Number of women attending :-

(a) Hospital booked	55
(b) Domiciliary booked	36
Total	91
Total number of attendances	836

MIDWIVES ACT, 1951

The Council is the supervising authority for all midwives practising in the Borough under the Midwives Act, 1951.

During the year 283 midwives notified the Council of their intention to practise in the Borough.

HEALTH EDUCATION

Looking back, 1969 was a year of expansion. The Health Education Working Party met monthly under the Chairmanship of the Assistant Principal Nursing Officer having responsibility for this aspect of the work. The Committee planned programmes and selected posters and pamphlets to fit in with monthly topics featured throughout the borough. Centres arranged displays and exhibitions and group talks on the selected topic. Much of the display material was original being devised and made by the staff concerned.

Mothers Clubs in child health centres continued to grow in size and number, providing a valuable medium for health education as well as being a useful form of group therapy. Five centres now have regular meetings. Arrangements were made for small children to be looked after while their mothers joined in the group activities. Midwives and health visitors co-operated in providing ante-natal classes and health visitors have continued to visit the South London Hospital to participate in classes for expectant mothers.

Other audiences included Mothers Clubs in various settings, guides, brownies, young wives, expectant mothers, schoolchildren and students. Venues included schools, colleges of further education, churches, mother and baby homes, out-patients departments, childrens homes and hostels for working adolescents. Topics included the danger of drugs, sex education, family planning, first aid, home safety, child care, road safety and personal hygiene.

To meet a request by a member of the Inner London Education Authority staff facilities were made available for the photographing of the Council's health services in action. As a result we acquired an interesting and attractive set of slides which have already proved their worth as visual aids.

We are grateful for the loan of extra equipment by the Public Relations Officer and for the help given by the Safety Officer.

SIX SHOE RULES FOR FAIRY FEET



DAY NURSERIES — 1969

The ten day nurseries in Lambeth provided excellent care from 7.30 or 8 a.m. to 6 p.m. daily for 596 children with special needs (social and/or medical), and there continued to be a waiting list for this service. Requests came mainly from health visitors, child care officers and an increasing number from hospitals.

During the previous year, provision was made for some children to attend part-time at five nurseries, to give the equivalent of an additional 60 places and so lessen the waiting list. Unfortunately it was found that in one nursery full use was not being made by the parents of the part-time unit, and so it was decided to revert to full time placements.

Many emergency places were provided for children to prevent their reception into care. It is unfortunate to find a growing number of families where mother has deserted and father is struggling to keep the family together. Each nursery accommodated a few handicapped children and it was encouraging for the staff who worked tremendously hard with these little ones to see in some cases great improvement, which enabled the children to go on to special or even ordinary schools. Tulse Hill Special Unit continued to provide good day care for nine severely handicapped children. The staff in the Unit has given devoted service in the work that needs great patience and understanding.

The staffing situation fluctuated throughout the year. Although there were times when a full staff was achieved, the turnover remained high, mainly because of the high number of young girls who want to move to other types of nursery work to gain experience.

There was a large number of applicants for the 30 Nursery Nurse Training places, which enabled candidates to be carefully selected, thus reducing the number of failures. 21 students who sat for the N.N.E.B. examination during the year passed, and three went on to take nurse training.

Several staff, having had a few years nursery experience since qualification, went to refresher courses, and ten attended a most useful and interesting week's course on the Immigrant Child. The speakers were from Commonwealth and other countries and each talked of the history and culture patterns of his own land. Two matrons attended the Annual Conference of the National Association of Nursery Matrons at Llandudno, when the theme was "Children in the Social Structure of Today", and two staff attended a useful course at Bristol on the Handicapped Child.

A study day on the subject of play was organised for all nursing staff. The nursery nurses exhibited creative work done by the children and toys which could be made from a variety of things which would normally have been thrown away. Two of the staff gave an excellent talk on the use of junk as play material for the under 5's.

In recent years it has become increasingly difficult to obtain cooks for work in day nurseries. A good cook is of the utmost importance since she relieves Matron of much worry. Having been without a cook for three months in one nursery, it was decided to try using frozen foods. This meant a less highly skilled person was required in the kitchen and domestic staff could be reduced. The foods have been most successful, and enjoyed by both children and staff. The variety and palatability as well as nutritional value are excellent. Night cleaning was extended and is now in operation in five nurseries. This avoids the problem of having the floors cleaned whilst children are at the nursery, as well as meeting the difficulty of recruitment of suitable domestic staff.

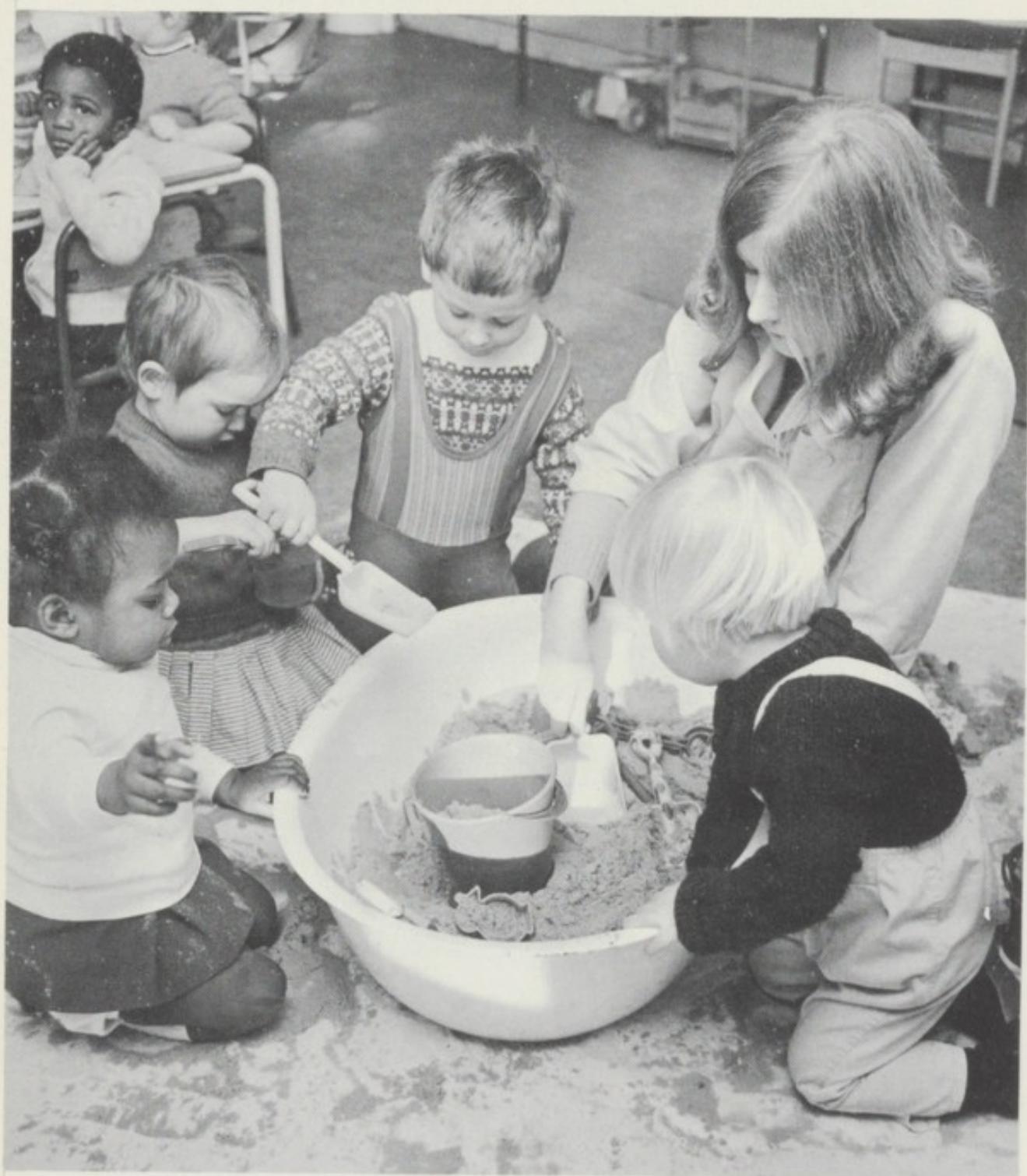
Apart from students, there was several hundreds of visitors to nurseries during the year. These included people from overseas, health visitors, nurses, midwives, and speech therapy students, teacher trainees, schoolgirls, potential playgroup leaders. Help was given to several students doing projects on children under 5. The year ended with Christmas parties in all the nurseries, which were made to look most attractive through the enthusiastic efforts of the staff and the children, and the parties were very much enjoyed by all.

DAY NURSERIES

Nurseries maintained by the Authority or by
Voluntary organisations under Section 22
of National Health Service Act 1946

	Day Nurseries	Part-time Nursery Groups
Number at end of the year	10	5
Number of approved places	527	60
Average daily attendance	509	-
Number of children on register at the end of the year	579	108





CHILD MINDERS

The beginning of the year saw a positive deluge of names and addresses of would-be registered child minders - proof that the publicity posters and cards in shop windows announcing the implementation of the Act had not gone unnoticed. Initial applications and inquiries totalled nearly 700. Visiting them would be a formidable task indeed, and it was with relief that we welcomed an additional Nursing Officer. Of 507 applicants visited during the year 272 had either moved, gone to work, or were persuaded to cease minding. It is interesting to note that a number of minders requested registration only to legalise their caring for the child of a friend; they had no wish to continue when this child left them. Of the remainder, only a relatively small percentage qualified for immediate recommendation to the Committee for registration. The rest needed to comply with safety regulations before such recommendations could be put forward - and getting fireguards fixed during a long hot summer proved to be no mean task; many applicants required several visits before registration could be recommended.

In a Borough with a population coming from such a wide range of backgrounds, standards must be flexible. Where a child is happy and well cared for the aim has been to raise the standard of care rather than reject the application. Experience has shown that only by constant supervision can these standards be maintained, and the questions of diet and the concept of play are two factors where a change of attitude can only be encouraged by regular visiting - a task that has been undertaken by the health visitors, who in many cases have already formed relationships with the child minders on which they can build. Nevertheless it is felt that it is necessary to "educate" Child Minders in a more formal manner, and it is proposed to arrange visits of small groups to day nurseries and centres during the coming year.

DAILY MINDERS AND REGISTERED NURSERIES

Nurseries and Child Minders Regulation Act 1948

Number of Premises registered at the end of the year	41
Number of places	995
Daily minders registered at end of year	101
Number of children minded at end of year	333

TOYS PROJECT

We have long been aware of the need of many children in the Borough for the stimulation of play, and it was hoped that we could be able to demonstrate this need through the child minders. An invitation to a member of the Health Department from the Divisional Education Officer to sit on a committee to discuss how to introduce toys into the homes was therefore most welcome. Examples of the types of toys that could be produced in the craft classes at school were shown to us, and it was decided to request constructive, unbreakable wooden play material that was not bulky and would therefore not cause any mess or take up too much room. It was suggested that they be introduced on loan as an educational aid, and that a pilot scheme be undertaken by Loughborough Child Health Centre, the supervising health visitor to report on the reaction of the child minder, the children, and, indeed, the parents. The Council was prepared to make a grant to the project to cover the cost of materials, and it is hoped that the resultant awareness of the need for play by the pupils who will make the toys will help to alleviate the problem in the next generation.

REGISTERED PLAY GROUPS

Registered Play Groups made a considerable contribution to the facilities for the pre-school child. During the year 3 meetings of leaders were held, one to discuss the Borough's Sponsorship Scheme, the other two to enable nursing officers and play group leaders to discuss matters of mutual interest. At each of these meetings a film was shown, following a lively and frank exchange of views.

The willingness of play group leaders to accept children who need special help has been appreciated by not only the mothers and children, but also the medical and nursing personnel in the Health Department and Hospitals who are concerned with their progress and development.

Without these groups, over 1,000 children would have been deprived of the opportunity of group play and of learning to use material and facilities not available in their own homes.

Financial aid has been given in a variety of ways; grants for play equipment, deficiency grants, sponsorship of children and payment of fees for training staff.

IN-SERVICE TRAINING

Training programmes were arranged for all staff for whom the Medical Officer of Health has responsibility.

For the first time outside visits of interest were included in the home help's programme. Particularly popular were the visits to Occupational Therapy Department of King's College and St. Francis Hospitals. Their courses had a final "Any Questions" session and the questions asked revealed a deep understanding and sympathy for the problems of the recipients of the service.

Two study days were arranged for nursing staff; one on Play and the other on Health Education in schools. At the "Play" day, the slides made for use as visual aids were shown. The Children's Librarian spoke on "Books for Young Children". Numbers of day nursery staff provided an exhibition of toys made from junk. All members of nursery staff, and a number of outsiders interested in the subject were able to attend for some part of the day.

At the invitation of the Children's Officer, a member of health visiting staff took part in the training of housemothers at Shirley Oaks. Nursing Officers have participated in courses arranged by the London Boroughs Training Committee, and have given talks on careers in nursing in Secondary Schools.

OBSERVATION/HANDICAP REGISTER OF CHILDREN AGED UNDER FIVE YEARS

Handicap is regarded as a disability which permanently or for a substantial part of a child's life interferes with his growth, development, activity and social adjustment.

The Observation/Handicap Register is not a list of medical handicaps but a living, ever changing record/index of children in their particular social and family setting who have emotional, mental and physical disabilities. Their basic needs are just the same as those of any other children and any other families, but specific needs are greater because they have to strive harder.

The general aim of Observation/Handicap Register for children aged under five is to co-ordinate all services available for the handicapped child, local and national, statutory and voluntary, medical, social and educational. The specific aims are :-

- Early identification of a handicapped child
- Full medical and social assessment
- Early and appropriate treatment
- Guidance and assistance for parents and the family
- Follow-up and re-assessment
- Appropriate educational treatment.

Very few children indeed have only one handicap. The majority have two or more, some of which are secondary - "a handicap breeds handicaps". The main handicap is usually obvious; the others are generally less obvious and, therefore, may be missed, but are as detrimental to the child's future as the main handicap if not dealt with.

The analysis of information obtained from the Observation/Handicap Register provides valuable indications as to what improvement should be made in all the services for handicapped children and stresses priorities. It may also suggest ways for better deployment of professional workers (of whom there is a great shortage).

The Observation/Handicap Register for under fives in this Local Authority was made the responsibility of a Senior Medical Officer on whose medical judgement based on evidence obtained, the child's name is entered on the Register. A continuous review of information and a continuing assessment enables appropriate recommendations to be varied and a considered decision reached before final removal from the Handicap Register.

Every case submitted for entry into the Observation/Handicap Register has to be confirmed by the diagnosis of a Hospital consultant.

Not all children on the Observation/Handicap Register require the same degree of care; not all of them remain on the Register for the same length of time. All of them, however, require a great deal of thought and time for the right decision to be made.

The following information has been obtained from analysis of the Observation/Handicap Register :-

**Number of Children on Observation/Handicap Register (as at 30th May 1969)
in Areas of Maternity and Child Health Centres**

TABLE I

Welfare Centre area	Number of handicapped children on 30th May, 1969	No. of battered babies	Rate per 1,000
Clapham	39	(2)	11.8
Loughborough	68	—	16.8
Moffat	41	(1)	25.2
North Brixton	32	(2)	16.7
Riggindale	40	(2)	19.2
Rose McAndrew	56	—	13.9
Royal Street	8	—	12.5
St. Anne's	12	—	10.3
Streatham Hill	58	(5)	14.5
Tulse Hill	51	(2)	15.4
West Norwood	45	(1)	13.9
TOTAL	449	(15)	15.5

Number of Children Under the Age of Five with Different Handicaps

TABLE II

Only physical handicap(s)	Physical handicap & mild mental retardation	Physical handicap and severe mental retardation	Severe mental retardation predominantly	Only mild mental retardation
256	29	39	71	54

**The Most Common Physical Handicaps Found Among
Severely Mentally Retarded Children Under Five**

TABLE III

Defect	Number			Incidence per /100 S.M.R.
	M	F	Total	
Cerebral palsy	6	10	16	14.5
Deaf	1	2	3	2.5
Mongol	19	28	47	42.8
Lack of speech	6	8	14	12.7
Congenital heart malformation	4	8	12	10.9
Blind	2	3	5	44.5
Visual defect	8	7	15	13.6
General convulsions	6	8	14	12.4
Congenital malformation of urinary tract	5	5	10	9.1

**Severely Mentally Retarded Children Under Five According
to Maternity and Child Health Centre Areas**

TABLE IV

Welfare Centre Area	Total S.S.N.	Rate per 1,000
Clapham	14	4.2
Loughborough	11	3.2
Moffat	11	6.8
North Brixton	9	4.7
Riggindale	7	3.3
Rose McAndrew	17	4.3
Royal Street	—	—
St. Anne's	5	4.2
Streatham Hill	14	3.5
Tulse Hill	12	3.6
West Norwood	14	4.3
TOTAL	110	3.8

It seems that the figures for severely mentally retarded children under 5 in Lambeth are higher than those estimated by A. Kushlik.

TABLE V

	Actually in Lambeth	Estimated for Lambeth
All severely mentally retarded	110	108
Mongols	47	29

(A. Kushlik, "Method of Evaluating the Effectiveness of Paediatric Care for Severely Retarded Children, 1967).

The files of children under five on the Observation/Handicap Register make sad reading: physical suffering, emotional deprivation, social stress, depressed and fatigued mothers, break down of families, gruesome housing conditions, and still inadequate provisions.

DEVELOPMENTAL PAEDIATRIC CLINICS

The needs for early diagnosis of a handicapping condition is well known. The need for assessment of what the child can do is not less important. The Developmental examination concerns itself with establishing whether the child is functioning on the level expected for his age. His hearing and vision, language and speech, drive and emotional characteristics, ability to learn and motor development, are tested and assessed. The age of children referred to Developmental Clinics varies from three months (the youngest patient) to four years plus.

Children who are suspected of delayed development are referred to Developmental Clinics by the health visitors and clinic doctors. At these clinics they are seen by medical officers who are skilled in developmental assessments, by a consultant psychiatrist and a clinical psychologist. Further investigations, if required, are offered by Braidwood Audiology Unit, (I.L.E.A.) and by the appropriate consultants in hospitals. The social needs of children attending Developmental Clinic are sometimes even more pronounced than the developmental defect. A senior nursing officer in the Department and the senior medical officer responsible discuss and outline a plan of action in each individual case.

LIAISON WITH TEACHING HOSPITALS

A handicapped child needs comprehensive care. The close co-operation with hospital services is absolutely vital for the child's welfare.

Queen Mary's Hospital for Children, Carshalton

A senior registrar was seconded to this Department for one session per week, to assist with the problems of severely retarded children. Besides helping with individual cases, the registrar carried out a great deal of teaching of doctors and of social workers in the Mental Health Department and the Children's Department.

Manor Hospital, Epsom

A Consultant Psychiatrist and her staff hold joint Development Clinics once a month with the Senior Medical Officer for specially selected children.

King's College Hospital

The S.M.O. is seconded from Health Department for one day per week for the purpose of teaching the medical students and carrying out Developmental Examinations of children attending King's College Hospital and Belgrave Hospital.

Doctors working in Child Health Clinics attend teaching rounds, on a rota basis, in King's College Hospital and Belgrave Hospital.

St. Thomas' Hospital

Doctors from Child Health Centres participate in clinical rounds at St. Thomas' Hospital.

IN-SERVICE TRAINING OF HEALTH DEPARTMENT STAFF IN DEVELOPMENTAL PAEDIATRICS

Regular monthly meetings during lunch time were arranged for the purpose of studying the problems of a child's development, normal and abnormal. Films were shown and comments were given by a Consultant in Developmental Paediatrics and this was followed by a discussion on a variety of subjects, i.e. Mental Retardation, Lead Poisoning, Battered Babies, etc.

A study group of Health Visitors and Clinic Doctors with theoretical and practical training in Developmental Paediatrics is to start soon under the guidance of a Consultant to Guy's Hospital.

(Sgd) Dr. O. Nietupska
Senior Medical Officer

SERVICE TO OTHER DEPARTMENTS

Medical Examination of Staff

In 1965 when the Personal Health Services, Welfare and Children's Department, came over to the Borough, the Health Department assumed responsibility for the medical examination and medical supervision of the staff of these and other departments in the Borough. All entrants who have not passed a Local Authority Medical Examination within the last 5 years are given a full medical examination, including chest X-ray either at the time of entry, or after a period of six months as appropriate. Their family doctor is informed of any significant findings.

Staff at risk are advised to have full protection against diphtheria, poliomyelitis and small-pox, not only for their own safety but in the interest of the communities in which they work. Close liaison is maintained with heads of departments and the family doctors of sick staff so as to ensure their fitness to resume work and, where possible, to adapt the work situation to meet the needs of the individual concerned.

The underlying concept is that of a preventive health service in which examination of entrants provides a screening service for each employee, an evaluation of their medical suitability for the work to be undertaken, an assessment of fitness of sick staff to resume former employment; and also, where appropriate, adaptation of work situation or, if necessary, change of occupation. It is envisaged that this service should be extended so as to provide a more comprehensive and a more frequent screening cover with the object of maintaining a high level of health, job satisfaction, and efficiency amongst all employees.

Examinations carried out during the year numbered, 1,145.

Details are given below :-

Health Department	290
Children's Department	167
Welfare Department	237
Town Clerk's Department	44
Borough Architects Department	135
Borough Engineer & Surveyor's Department	134
Establishment Department	119
Libraries Department	12
Other Local Authorities	7
	<hr/>
	1,145

(Sgd) Dr. N.C. Walsh

Deputy Medical Officer of Health

Advisory Service to the Children's Department

One senior medical officer in the department works in close liaison with the Children's Department in providing advice on the medical aspects of children in care. All residential nurseries, family homes and hostels belonging to the Children's Department are visited once or twice yearly in order to provide medical advice on health and hygiene generally and, in specific instances, advice on the care of children with special problems or handicaps. Discussion with the child's general practitioner, who is also the Visiting Medical Officer to the home, takes place at these visits and on other occasions as required. Measures to investigate and control any outbreaks of infection which may occur are taken in consultation with the Visiting Medical Officer and the local Medical Officer of Health for residential establishments situated outside the Borough.

Child care officers have ready access to the senior medical officer for consultation, advice and guidance on any medical problems arising in the course of their work. The oversight of various medical reports of children fostered or boarded out, and medical reports on adoptions are the responsibility of this medical officer. She is also a member of the Children's Department's Adoption Panel and acts as the liaison officer with medical colleagues in other fields who

may be dealing with medical aspects of children in care. On matters of medical policy there is close consultation between the Medical Officer of Health, or his deputy, and the Children's Officer and Senior Officers in his department.

(Sgd) Dr. N.C. Walsh
Deputy Medical Officer of Health

Advisory Service to the Welfare Department

The many and varied activities of the Welfare Department include the provision of residential accommodation for the aged - healthy, infirm and disabled - and some young permanently disabled persons.

Temporary accommodation is also provided for homeless families in primary and intermediate accommodation. Visiting Medical Officers who are also general practitioners to the residents are appointed to these various establishments by the Medical Officer of Health.

A senior medical officer in the Health Department with a senior nursing officer pays periodic visits to these homes to supervise and advise on health and hygiene matters and on the general medical and nursing care of the residents. A screening audiometry service is provided so that residents who might benefit from hearing aids can be referred for specialist advice. Arrangements are being made for a local opticians to provide a service in homes, and a chiropodist visits the homes regularly to give necessary treatment. When dental treatment is required, residents go out to a local dentist.

It is intended to provide child health clinics and other screening services in one of the Homeless Family Units, so enabling these families to benefit from the preventive services of which they would otherwise not avail themselves. A playgroup is already provided.

(Sgd) Dr. N.C. Walsh
Deputy Medical Officer of Health

PREVENTION OF BREAK-UP OF FAMILIES

STANDING COMMITTEE FOR CO-ORDINATION

The Committee met quarterly, twice under the Chairmanship of the Housing Manager, and twice under that of the Associate Town Clerk.

Throughout the year, as in 1968, a high proportion of the Committee's time was given to the prevention of homelessness, particularly among those families with whom multiple debt is of long standing, has often become habitual, many of whom have already been through the homeless family cycle. Rent arrears, even of £50 and over, are usually only one item; twice as much again is often owed for H.P. (some of it subject to Court committal orders) and for electricity and gas, both frequently cut off following meter rifling, sometimes accompanied by illegal connection to main or landing supplies. The number of these hardcore persistent debt families is increasing, just as the total number of families who endanger their tenancies (largely through sheer irresponsibility towards rent) increases annually. The combined figures for Lambeth Council and Greater London Council tenants living in Lambeth who were notified to the Committee as in danger of eviction rose from 258 in 1968 to 338 in 1969.

In July 1969 an Arrears Sub-Committee was therefore formed under the Chairmanship of the Associate Town Clerk, consisting of Assistant Chief Officers from the Children's, Housing and Welfare Depts., and the Principal Nursing Officer, with the Principal Social Worker (Health Services), who is Secretary to the Standing Committee, as Secretary. It should be noted that the bulk of the information concerning the families discussed by the Sub-Committee came from the health visitors and the School Care Organisation, who together have more comprehensive records of families with dependent children than any other service.

Powers were delegated to the Sub-Committee to arrange for both case-work and rent guarantees, and in November 1969, it was further agreed that the Children's, Health, Housing and Welfare Departments should each, on the recommendation of the Arrears Sub-Committee, accept five families at any one time, in addition to their normal caseloads, specifically for intensive visiting in the hope of establishing rent control.

The main causes for arrears have been shown to be

- (a) extravagance and a poor perception of priorities on good incomes (several families in danger of eviction were running cars, had telephones, and carried heavy H.P. commitments on such items as washing machines, three piece suites and, in one or two cases even fitted carpets)

- (b) bad budgeting on low incomes (expensive unnutritious diet, tinned food, bought pies, buns, crisps, excessive pocket money to children for sweets, ices, soft drinks; and 'fashion' clothes and shoes with no wear in them)
- (c) drink and gambling, often coupled, and often accompanied by very irregular employment, marital disharmony, and delinquency. A number of fathers in this group consider it simply not worth while to work "for fifteen bob a week", the difference between their earning capacity and what they can draw for Social Security for doing nothing.
- (d) drug dependence, steadily increasing in a number of forms; even when legally prescribed, drugs are becoming a factor which shows signs of competing with alcoholism in producing the really bedrock homes, stripped of all comfort, disorganised, dirty, the parents prone to violence, apathy or despair.

To preserve a sense of proportion it is necessary to stress that though these "arrears" families present over 80% of the Standing Committee, Arrears Sub-Committee, and individual case conference work, they form only roughly 2% of the Lambeth population.

During 1969 individual case conferences (more prolonged discussion than can be given at the Arrears Sub-Committee, with a greater number of activity involved workers present) were held concerning 98 families. These were requested by :-

Lambeth Housing Department	43
Children's Department	22
Divisional School Care Organiser	8
Principal Nursing Officer	6
G.L.C. Housing Department	3
Welfare Department	3
Psychiatrists	3
Family Service Unit	2
Probation Service	2
Social Security	2
Health Services Caseworkers	2
Mental Health	1
Standing Committee	1

98

(Sgd) Miss M. le Kitchen

HEALTH SERVICES

Family Caseworkers

There are three full time family caseworkers in the Department and three I.L.E.A. school health social workers who do combined duties at school Clinics and with a limited number of problem families. 45 families were covered, having between them a total of 231 children. Referrals were from Case Conferences and from the Arrears Sub-Committee. The latter were families in danger of eviction and were initially taken on for 3 months' casework, but two proved to be long term cases; it is gratifying to note that none of the families were evicted, one cleared the rent completely; the rent was however only the presenting problem, and the caseworker is still working with the family because of the serious marital problems.

The turnover in this type of casework is always slow. It takes time to form a working relationship with mentally subnormal or emotionally disturbed parents and once the caseworker has gained their confidence it is equally slow helping the family to make the best use of their capabilities and to modify their often aggressive behaviour towards those trying to help them. Co-ordination with Statutory and Voluntary Social Work Agencies is an important part of the caseworkers' role.

Since taking on cases from this Arrears Sub-Committee there has been closer co-operation and co-ordinating between the Caseworkers and the Housing and Welfare Departments.

Dr. Isaacs, Psychiatrist from the Maudsley Hospital, has had two hourly sessions every three weeks with the caseworkers and these consultations have been invaluable. He has been able to see some of the parents either at the Maudsley or one of his other hospital clinics when an emergency has arisen and in some cases this has prevented the breakup of a family.

(Sgd) Miss T. Watts

INTERNATIONAL CERTIFICATES OF VACCINATION

Certificates of recent successful vaccination/inoculation are required by persons travelling to certain countries abroad.

After completion by the vaccinating doctor (normally the persons's own doctor) the certificate must be taken or sent for authentication of the doctor's signature by the Medical Officer of Health for the area in which the doctor practises.

In Lambeth signatures on certificates are authenticated in the Health Department, Blue Star House, 234/244 Stockwell Road, S.W.9.

Prophylaxis

Vaccination and immunisation against certain diseases is undertaken both by the Council's doctors at maternity and child health centres and schools and by general practitioners. During the period the following numbers were protected against the diseases specified. Of the total of 53,295, 43,184 were vaccinated by the Council's doctors and 10,111 by general practitioners.

	<u>Primary</u>	<u>Reinforcing</u>
Smallpox	2,156	115
Diphtheria	5,295	8,960
Whooping Cough	4,492	3,428
Tetanus	5,325	8,975
Polio	5,924	7,799
Measles	824	—

It is estimated that 74% of the population aged 0-4 had been immunised against diphtheria.

IMMUNISATION AND VACCINATION 1969

Immunisation: Completed Primary Courses – Number of persons under age 16

Type of Vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	1,640	2,594	167	46	34	11	4,492
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	4	20	9	26	260	476	795
5. Diphtheria	—	—	—	—	6	2	8
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	4	34	38
8. Salk	—	—	—	—	—	—	—
9. Sabin	1,613	2,654	232	134	535	756	5,924
10. Total – Diphtheria	1,644	2,614	176	72	300	489	5,295
11. Total – Whooping Cough	1,640	2,594	167	46	34	11	4,492
12. Total – Tetanus	1,644	2,614	176	72	298	521	5,325
13. Total – Poliomyelitis	1,613	2,654	232	134	535	756	5,924
14. Measles	—	104	265	191	241	25	826

IMMUNISATION: REINFORCING DOSES – NUMBER OF PERSONS UNDER AGE 16

Type of Vaccine or Dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	1,083	1,872	153	267	53	3,428
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	13	59	54	3,098	2,230	5,454
5. Diphtheria	—	—	1	—	24	53	78
6. Pertusis	—	—	—	—	—	—	—
7. Tetanus	—	2	4	1	18	68	93
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	1,053	1,825	184	3,138	1,599	7,799
10. Total – Diphtheria	—	1,096	1,932	207	3,389	2,336	8,960
11. Total – Whooping Cough	—	1,083	1,872	153	267	53	3,428
12. Total – Tetanus	—	1,098	1,935	208	3,383	2,351	8,975
13. Total – Poliomyelitis	—	1,053	1,825	184	3,138	1,599	7,799

SMALLPOX VACCINATION

Number of Persons Vaccinated								
Age	0-3 months	4-6 months	7-9 months	10-11 months	1 year	2-4 years	5-15 years	Total
Primary	—	10	22	19	1,221	785	99	2,156
Re-vaccination	—	—	—	—	—	19	96	115

TUBERCULOSIS

The Council is responsible for services for the prevention of tuberculosis and the care and after care of tuberculosis patients in the community. These services function in conjunction with the chest clinics provided by the Regional Hospital Boards and the Boards of Governors of teaching hospitals and are under the general supervision of the chest physician. The Council either employs or pays the full cost of T.B. health visitors and reimburses the hospital authorities a proportion of the cost of social work with chest clinic patients.

There were 3,992 patients on chest clinic registers at 31 December 1969. T.B. health visitors made 2,915 effective home visits and 166 patients received extra nourishment or other benefits.

The Council is responsible for Knight's Hill Hostel for homeless infective T.B. men which provides 29 places. It is used extensively by other Inner London Boroughs, there being only three such hostels in London.

B.C.G. Vaccination

B.C.G. Vaccination against T.B. is undertaken both at the chest clinics, which normally deal with contacts, and by the Council's doctors in schools. The protection is offered to all 13 year old school-children each year and during the period 357 contacts and 2,260 school-children were vaccinated.

TUBERCULIN TEST AND B.C.G. VACCINATION

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACT (Circular 19/64)

(i)	No. skin tested	739
(ii)	No. found positive	442
(iii)	No. found negative	297
(iv)	No. vaccinated	357

B. SCHOOL CHILDREN AND STUDENTS (Circular 19/64)

(i)	No. skin tested	2,777
(ii)	No. found positive	413
(iii)	No. found negative	2,364
(iv)	No. vaccinated	2,259

Home Nursing

The Lambeth District Nursing Joint Committees provides, on behalf of the Council, a home nursing service throughout the Borough, for which it receives an appropriate grant from the Council. In addition, service is given in a small area in the extreme north of the Borough by the Catholic Nursing Institute. The two bodies provided service to 5,242 patients of which 3,968 were newly referred and a total of 149,248 visits was made by the nursing staff.

During the year the Council decided to terminate its arrangements with the District Nursing Joint Committee and to provide directly a home nursing service from 1 April 1971. The Catholic Nursing Institute will continue to operate in a small area in the north of the borough.

HOME NURSING

Total number of persons nursed during the year	5,321
Number aged under 5 at first visit during the year	522
Number aged 65 and over at first visit in the year	3,021
Total number of visits during the year	<u>149,248</u>

**REGISTRATION OF NURSING HOMES UNDER SECTIONS 187 TO 194 OF PUBLIC
HEALTH ACT 1936, AS AMENDED BY THE NURSING HOMES ACT 1963**

	Number of Homes	Number of beds provided		
		Maternity	Other	Total
1. Homes registered during the year	—	—	—	—
2. Homes whose registrations were withdrawn during the year	2	38	—	38
3. Homes on the register at the end of the year	6	45	114	159

LOAN OF NURSING EQUIPMENT AND FIREGUARDS

Articles of nursing equipment are loaned free of charge to persons being nursed in their own homes. Smaller articles are loaned by the District Nursing Association, or through the medical loan depots of the Lambeth Division of the British Red Cross Society, to whom the Council makes a grant for this purpose.

During the year the following articles of equipment were loaned through the Health Department :-

<u>Articles Delivered</u>		<u>Returned</u>
Armchair Commodes	197	95
Stool Commodes	97	105
Tripod Walking Aids	—	1
Penryn Hoists	—	1
Homecraft Walking Aids	7	12
Zimmer Walking Aid	4	6
Hospital Beds	6	1
Mattresses	4	—
Plastic Mattress Covers	4	—
Dunlopillo Mattresses	2	2
Adult Cot Bed	—	1
McLoughlin Sani-chair	1	—
Back Rests	8	11
Bed Cradles	17	12
Easi-carri Hoists with slings	2	4
Fracture Boards	59	28
Rubber Sheeting 36"	42 yds.	—
Rubber Toilet Seat	2	—
Rubber Bed Pans	6	—
Ripple Bed (property of		
London Borough of Lambeth)	1	1
Ripple Bed — Hire from		
Talley Surgical Co.	2	1
Child's Cot Bed with Mattress	1	—
Fire Guards	24	5

INCONTINENCE

Supplies of incontinence pads have been issued to 624 patients in their own homes, on the recommendation of the family doctor or district nurse. Recipients must be able to make satisfactory arrangements for the disposal of the used pads.

Incontinence garments in the following sizes have been issued :-

Small	19
Medium	16
Large	19

Protective liners were also issued to 75 patients.

MENTAL HEALTH SERVICES

The Mental Health Services continued to expand during the year and dealt with an increased rate of referrals. Difficulties were still encountered in terms of staff shortages and limited facilities generally, but there were some interesting developments.

Mental Health Social Work

The mental health social work services were further strengthened by the Council's decision to provide a third senior mental health social worker. This will lead to the development of the service on area lines and give incentive to the building up of the area teams on a professional team-work basis. The benefits of the department's training programme began to be felt as trainees returned from full-time courses. Others continued their period of training and will return to the department in 1970 and 1971.

Adult Training Centre Changes

A number of mentally handicapped men from other Local Authorities, who had been attending Clapham Adult Training Centre, were withdrawn during the year thus making it possible to integrate the Lambeth women who had previously travelled daily to training centres in other areas. A number of trainees continued to make good use of the day training facilities at the Manor Hospital, Epsom, and it is expected that this arrangement will continue until Lambeth's purpose-built centre is opened.

Junior Training School Developments

Construction of the Windmill Junior Training School, Mandrell Road, was well advanced by the end of the year in preparation for its opening in 1970. Designed to accommodate 114 children, the school is planned on one level as a double octagon, with the assembly hall and therapeutic pool forming the focal centres. Classrooms and other facilities are grouped round the perimeter in each case.

In the meantime, the needs of mentally handicapped children have been provided for at the Council's two temporary junior training schools, at Streatham, which will be replaced by the Windmill School, and at Clapham, which will later be replaced by another purpose-built school in Monkton Street. We have been most grateful too, for the facilities provided for a number of Lambeth children at the Junior Training Schools at the Manor Hospital, Epsom, and Queen Mary's Hospital, Carshalton. These children will be transferred to Lambeth schools when the Windmill School is completed.

Hospital Links

Cane Hill Hospital, Coulsdon, which provides psychiatric hospital services for East Lambeth, has been in the process of reorganising its Social Work Department on the lines of a joint service with the Local Authorities in its catchment area. The scheme provides for a high level of continuity of care and strengthens the links between the Hospital and the community. One of our mental health social workers has been acting as a joint Lambeth/Cane Hill social worker since July and the arrangement has already proved of great benefit. This is in addition to the existing arrangement whereby one of the consultant psychiatrists from Cane Hill Hospital provides consultant sessions to the department on a regular basis.

Discussions have continued with representatives of the St. Thomas' and South Western Hospitals regarding the development of their plans for a comprehensive psychiatric service in which the Borough's Mental Health Services will be actively involved.

Links with the Manor and Queen Mary's Hospitals have already been mentioned. We are also grateful for a great deal of assistance from their medical staff in terms of consultation and advice.

Definite links of this type prove to be invaluable, but some of the communication problems can be appreciated when it is noted that the department is involved more or less frequently with psychiatric services of one type or another which are provided by at least 21 hospitals!

Future Plans

Preparations were well advanced by the end of the year for the setting up of a pilot area office providing social services for the Clapham Town and Larkhall wards of the Borough. When this becomes operational, mental health social work for that district will be based on the area office.

In addition to the two purpose-built Junior Training Schools already referred to, the Council's immediate plans include an Adult Training Centre in Somerleyton Road for 150 trainees, two thirty-place Day Centres for the mentally ill at the South Western Hospital and in Riggindale Road, and a twelve-place hostel for mentally handicapped children. These are to be followed by a second sixty-place Adult Training Centre, a second twelve-place hostel for mentally handicapped children, two twenty-five-place hostels for mentally handicapped adults, another thirty-place Day Centre for the mentally ill, and a thirty-place work centre for sheltered employment.

TRAINING

Trainee Mental Health Social Workers

The Mental Health Social Worker Establishment includes five positions for trainees. Men or women between the ages of 21 and 35 are appointed, and are expected to have the minimum of 5 G.C.E. passes preferably including two at "A" level. Preference is given to Social Science Graduates and persons with practical experience of some form of social service. Trainee mental health social workers usually complete not less than one year of practical work in the department before commencing a full-time course of training. During this period they participate in an In-Service Training Programme and work in one of the social work teams under the supervision of a senior mental health social worker. It is the trainee's responsibility to apply for a place on a full-time training course, and the final selection of candidates rests with the University or College. University Postgraduate Professional Social Work Courses are of one to two years duration, while the Certificate in Social Work courses at Colleges of Further Education are two years in length. Full salary and training expenses are paid during this period on the undertaking that the officer remains in the Council's service for a minimum of two years after qualification.

Trainee Teachers of Mentally Handicapped Children

Young men or women aged 18 years and over are appointed and are expected to have a minimum of 5 "O" level G.C.E. passes including English. Trainee teachers usually complete not less than one year of practical work in a junior training school before commencing a full-time course of training. During this period they take an active part in the work of the school under the supervision of the head teacher. It is the trainee's responsibility to apply for a place on a two-year full-time training course at a College of Further Education, and the final selection of candidates rests with the College. Full salary and training expenses are paid during this period on the undertaking that the officer remains in the Council's service for a minimum of two years after qualification.

(Sgd) A.J. Shriever

Principal Mental Health Social Workers

MENTAL HEALTH

Number of persons under Local Health Authority care at 31st December 1969

		Mentally ill				Elderly mentally infirm		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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		(19)
1	Total number		2	105	175					2		37	25	54	52	91	70	88	70	771
2	Attending workshop/occupation training centres			14	14							25	16	13	11	63	51	53	37	297
3	Awaiting entry to workshop/ occupation training centres											5	2	1		10	6		2	26
4	Receiving home training															3	1			4
5	Awaiting home training																			
6	Resident in L.A. home/hostel			3	2							1								6
7	Awaiting residence in L.A. home/hostel																			
8	Resident at L.A. expense in other homes/hostels			11	11							1	3	4	5	4	4	1	8	52
9	Resident at L.A. expense by boarding out in private household													5	2	1	2	1		11

MENTAL HEALTH

Number of persons under Local Health Authority care at 31st December 1969

		Mentally ill				Elderly mentally infirm	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			
		(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		(17)	(18)	(19)
10	Attending day hospitals													1						1	
11	Receiving home visits and not included in lines 2-10	(a) suitable to attend a training centre																			
												3	2	3	5	3	2	19	13	50	
	(b) others			2	77	148					2		3	2	27	31	7	4	14	11	328
12	Number of children under age 16 attending training centres who have not been included in item 2 overleaf because they do not come within the categories covered in columns (1) to (18)															Male		—			
																Female		—			
13	Number of persons included in item 6 overleaf who reside in accommodation provided under the National Assistance Act, 1948															Male		—			
																Female		—			

MENTAL HEALTH

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1969

		Mentally Ill				Elderly mentally infirm		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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		(19)
1	Number of persons in L.H.A. area of waiting list for admission to hospital at end of year																			
	(a) In urgent need of hospital care															2				2
	(b) Not in urgent need of hospital care											1	1			5	4	2		13
	(c) Total											1	1			7	4	2		15
2	Number of admissions for temporary residential care (e.g. to relieve family)																			
	(a) To N.H.S. hospitals											3	1			10	8	4	2	28
	(b) To L.A. residential accommodation														2					2
	(c) Elsewhere				1											2	5	3	1	12
	(d) Total				1							3	1		2	12	13	7	3	42

MENTAL HEALTH

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1969

	Guardian	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	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		(17)
3 (a) Admission to guardianship during the year	L.H.A.																	
	Other																	
	Total																	
(b) Total number under guardianship at end of year	L.H.A.											1				1	2	
	Other																	
	Total											1				1	2	

MENTAL HEALTH

Number of persons referred to Local Authority during year ended 31st December 1969

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	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		(17)
(a)	General practitioners	1		46	72						1	1			1			122
(b)	Hospitals, on discharge from in-patient treatment			52	59			3	1	1		4	4	1	1		1	127
(c)	Hospitals, after or during out-patients or day treatment			65	81					1		4	3	1	2		1	158
(d)	Local education authorities	1	1	4	3					8	6	38	23	3	5			92
(e)	Police and courts	1		24	13							1	2					41
(f)	Other sources	1	1	200	281			2		16	9	9	19	21	14	5	3	581
(g)	Total	4	2	391	509			5	1	26	16	57	51	26	23	5	5	1,121

MENTAL HEALTH STATISTICS FOR 1969

WORKSHOPS, OCCUPATIONAL CENTRES AND TRAINING CENTRES AS AT 31st DECEMBER 1969

TABLE 1 – Workshops or occupational centres for the mentally ill

Number of premises and places provided	1	Premises	–
	2	Places	–

TABLE 2 – Training centres for the subnormal or severely subnormal (including special units)

	Age group provided for	Number of premises	Places	
			Junior	Adult
3	Under 16	3	114	
4	16 and over	1		90
5	Junior and adult			
6	Total	4	114	90

TABLE 3 – Special units (included in table 2 above) providing for the severely subnormal with gross physical handicaps or gross behaviour difficulties

1	Special Units within training centres	7	Premises	1
		8	Places	10
2	Self contained units independent of training centres	9	Premises	–
		10	Places	–

TABLE 4 – Places made available to or by other authorities or organisations

		Type of authority or organisation	Places in workshops of occupational centres for the mentally ill	Places in training centres for the subnormal or severely subnormal		Places in special units for the severely subnormal
				Junior	Adult	
Places made available to other authorities or to hospitals	11	Local authority			1	
	12	Hospital				
	13	Total			1	
Places made available to the authority by other authorities or organisations	14	Local authority	14	1	2	
	15	Hospital		32	24	5
	16	Other organisations	15	2	8	2
	17	Total	29	35	36	7

TABLE 5 – Adjusted figures for places

Workshops or occupational centres		18	Line 2 + line 17 – line 13	29
Net number of places available to the authority	Training centres	Junior	Line 6 + line 17 – line 13	149 †
		Adult	Line 6 + line 17 – line 13	123
	Special Units	21	Lines 8 + 10 – 17 – line 13	17

† excludes 6 subnormal/severely subnormal children under 5 attending the Authority's day nurseries.

MENTAL HEALTH STATISTICS FOR 1969

HOMES, HOSTELS, SOCIAL CENTRES AND CLUBS AS AT 31st DECEMBER 1969

TABLE 1 – Homes and hostels

Age group provided for	For the mentally ill		For the subnormal or severely subnormal		
	Number of premises	Number of places	Number of premises	Number of places	
				Junior	Adult
1. Under 16	—	—	—	—	—
2. 16 and over	—	—	—	—	—
3. Junior and adult	—	—	—	—	—
4. Total	—	—	—	—	—
Homes and hostels for the elderly mentally infirm provided under the National Health Service Act, 1946			5	premises	—
			6	places	—
Homes and hostels included in line 4 which were specifically provided for the mentally disordered under the National Assistance Act, 1948			7	premises	—
			8	places	—

TABLE 2 – Places in homes/hostels made available to or by other authorities or organisations

	Type of authority or organisation	For the mentally ill	For the elderly mentally infirm	For the subnormal or severely subnormal	
				Junior	Adult
Places made available to other authorities or to hospitals	9. Local authority	—	—	—	—
	10. Hospital	—	—	—	—
	11. Total	—	—	—	—

TABLE 2 – continued

Places made available to the authority by other authorities or organisations.	12.	Local authority	5	—	1	—
	13.	Hospital	—	—	—	—
	14.	Other organisations	22	—	12	18
	15.	Total	27	—	13	18

TABLE 3 – Social centres and clubs provided under the National Health Service Act, 1946

Category of person catered for		Number of centres or clubs			
		Junior	Adult	Mixed	Total
16.	Mentally ill	—	—	—	—
17.	Subnormal or severely subnormal	—	—	—	—
18.	Elderly mentally infirm	—	—	—	—
19.	Total	—	—	—	—

TABLE 4 – Adjusted figures for places in homes and hostels

Net number of places available to the authority	For the mentally ill		20.	Line 4 + line 15 – line 11	27
	For the elderly mentally infirm		21.	Line 6 + line 15 – line 11	—
	For the subnormal or severely subnormal	Junior	22.	Line 4 + line 15 – line 11	13
		Adult	23.	Line 4 + line 15 – line 11	18

PUBLIC HEALTH ACT 1936, (sections 187 to 194)

MENTAL HEALTH ACT 1959, (section 15 (1))

RETURN OF MENTAL NURSING HOMES REGISTERED AT 31st DECEMBER, 1969

Name of mental nursing home	Total number of beds	Number of beds available for (see note 1)						Whether authorised to detain patients
		Patients aged under 16			Patients aged 16 and over			
		Mentally ill	Psycho pathic	Subnormal or severely subnormal	Mentally ill	Psycho pathic	Subnormal or severely subnormal	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) ST. MICHAEL'S CONVENT	22						22	Yes

Number of registrations during 1969 which were (a) refused NONE (b) cancelled NONE

PUBLIC HEALTH ACT 1936 (section 187 to 194)
MENTAL HEALTH ACT 1959 (section 15 (1))
RETURN OF MENTAL NURSING HOMES AUTHORISED TO DETAIN PATIENTS

Number of admissions during 1969										
	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		Total	
	M	F	M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Informal admissions	—	—	—	—	—	7	—	—	—	7
(b) Compulsory admissions for observation under Section 25	—	—	—	—	—	—	—	—	—	—
(c) Compulsory admissions for observation under Section 29	—	—	—	—	—	—	—	—	—	—
(d) Compulsory admissions for treatment under Section 26	—	—	—	—	—	—	—	—	—	—
(e) Transfers from guardianship under section 41(2)d	—	—	—	—	—	—	—	—	—	—
(f) Removals from Northern Ireland under Section 87	—	—	—	—	—	—	—	—	—	—
(g) Compulsory admissions on court orders under Section 60	—	—	—	—	—	—	—	—	—	—
(h) Compulsory admissions on court orders under Section 61	—	—	—	—	—	—	—	—	—	—
(j) Compulsory admissions on court orders under Section 65	—	—	—	—	—	—	—	—	—	—
(k) By direction of Home Secretary under Section 73	—	—	—	—	—	—	—	—	—	—

PUBLIC HEALTH ACT 1936 (section 187 to 194)

MENTAL HEALTH ACT 1959 (section 15 (1))

RETURN OF MENTAL NURSING HOMES AUTHORISED TO DETAIN PATIENTS

Number of admissions during 1969										
	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		Total	
	M	F	M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(l) Removals from Northern Ireland, Channel Islands or Isle of Man under Section 88	—	—	—	—	—	—	—	—	—	—
(m) Removals from Northern Ireland, Channel Islands or Isle of Man under Section 89	—	—	—	—	—	—	—	—	—	—
(n) Admissions under Section 64(1)	—	—	—	—	—	—	—	—	—	—
(o) Admissions under Section 68	—	—	—	—	—	—	—	—	—	—
(p) Admissions under Section 71 (1)	—	—	—	—	—	—	—	—	—	—
(q) Admissions under Section 135	—	—	—	—	—	—	—	—	—	—
(r) Admissions under Section 136	—	—	—	—	—	—	—	—	—	—
(s) Total admissions	—	—	—	—	—	7	—	—	—	7

Number of patients resident in mental nursing homes (including any temporarily absent and expected to return) on 31st December 1969

(a) Patients subject to detention under the Act but excluding any detained under section 30 (2)	—	—	—	—	—	—	—	—	—	—
(b) Mentally disordered patients not subject to detention but including any temporarily detained under section 30 (2)	—	—	—	—	—	16	—	6	—	22

(c) Other patients — — —

PUBLIC HEALTH ACT 1936 (section 187 to 194)

MENTAL HEALTH ACT 1959 (section 15 (1))

Number of cases who completed a period of observation under Sections 25 or 29 of the Act

Number of admissions during 1969										
Action taken at end of period of detention	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		Total	
	M	F	M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Remained in home (or transferred to another mental nursing home or hospital) for psychiatric treatment, and detained under the Act	—	—	—	—	—	—	—	—	—	—
(b) As for (a) above but not detained under the Act	—	—	—	—	—	—	—	—	—	—
(c) Remained in home (or transferred to another nursing home or hospital) for non-psychiatric treatment.	—	—	—	—	—	—	—	—	—	—
(d) Left mental nursing home	—	—	—	—	—	7	—	—	—	7
(e) Died in mental nursing home	—	—	—	—	—	—	—	—	—	—

PRIORITY DENTAL SERVICE

There has been a marked increase in the provision of dental treatment for the priority classes, expectant and nursing mothers and pre-schoolchildren. In 1966, 46.2 sessions were devoted to this service and in 1969, 78.7 sessions (i.e. equivalent half days).

As one would expect, the highest proportion of treatment is provided at the Norwood Treatment Centre, where there is provision of other services for these groups. The number of attendances has increased by $\frac{1}{3}$ rd since 1966 and the number of fillings almost doubled, and completed cases risen from 78 to 115.

Three visits have been made to creches in order to give simple instruction in dental health to pre-schoolchildren.

As a pilot scheme, birthday cards have been sent to children on their third birthday to invite them to have a dental inspection at a child health centre. The results so far have been encouraging and apart from the opportunity to invite parents to seek treatment, provision has been made for instructing parents and children in dental hygiene.

Provision is also made for dental treatment at Shirley Oaks, one of the Children's Department's homes. Sessions take place once a week and inspection and treatment provided for a large proportion of the children in residence there. Instruction has also been given to the children on dental health.

B.M. Spalding, L.D.S., R.C.S.(Eng.)
Chief Dental Officer

DENTAL TREATMENT FOR EXPECTANT AND NURSING

MOTHERS AND CHILDREN UNDER 5 YEARS

ATTENDANCES AND TREATMENT

A. Number of visits for Treatment during the year :-

	Children 0-4 (incl)	Expectant and Nursing Mothers
First visit	213	11
Subsequent visits	340	11
Total visits	<u>553</u>	<u>22</u>

Number of additional courses of treatment, other than the first course, commenced during the year

17

—

Treatment provided during the year :-

Number of fillings	418	15
Teeth filled	380	15
Teeth extracted	38	1
General anaesthetics given	17	—
Emergency visits by patients	28	—
Patients x-rayed	—	—
Patients treated by scaling and/ or removal of stains from teeth	91	14
Teeth otherwise conserved	298	—
Number of courses of treatment completed during the year	112	3

B. Patients supplied with a full upper or full lower denture - first time

—

Patients supplied with other dentures

—

Number of dentures supplied

—

C. General anaesthetics administered by Dental Officers

1

	Children 0-4 (incl)	Expectant and Nursing Mothers
D. Inspections during year - First inspections	252	7
Patients in above who required treatment	158	7
Patients in above who were offered treatment	158	7
Number of dental officer sessions (i.e. equivalent half days) devoted to maternity and child welfare patients during the period	78.7	

Chiropody

During the year the Council decided that the chiropody service administered by Lambeth Old People's Welfare Association, to which the Council made a grant for the purpose, should be transferred to the Health Department. This includes the work in seven foot clinics, two private surgeries, four private old people's homes and a domiciliary service. It is hoped that full integration will be achieved by 1st April, 1970. In addition, treatment is provided by the Council at six centres for certain priority classes, including the aged, expectant and nursing mothers, school children, and the handicapped.

Under the Council scheme 12,100 treatments were given to 2,166 patients whilst under that provided by the Lambeth Old People's Welfare Association, 3,596 patients received 24,309 treatments.

In addition, the department provides chiropody service in Welfare homes for which the Welfare Department pays. Service was provided for 625 people and 2,562 treatments were given.

CHIROPODY SERVICE

Details of statistics on chiropody treatment year ending 31st December 1969

Number of persons treated during year ending 31st December 1969

		By local authorities (1)	By voluntary observations (2)	Total (3)
1.	Persons aged 65 and over	2,717	3,596	6,313
2.	Expectant mothers	—	—	—
3.	Others	74	—	74
	Total	2,791	3,596	6,387

Number of treatments given during year ending 31st December 1969

1.	In clinics	11,025	17,010	28,035
2.	In patients' homes	1,075	6,254	7,329
3.	In old peoples' homes	2,562	—	2,562
4.	In chiropodists' surgeries	—	1,045	1,045
5.	Total	14,662	24,309	38,971

HOME HELP SERVICE

Officers

Plans were developed during the year, for implementation in 1970, for the reorganisation of the service into four instead of three areas as at present, and for the provision of home help support in the area to be covered by the Pilot Area Officer (Seebohm), 361 Clapham Road. The fourth home help area office will be located at Clapham Baths, Clapham Manor Street, and the North area office will move shortly from Offley Road to 157 South Lambeth Road.

Staff

Organising staff comprised one senior organiser, 3 organisers and 8 assistant organisers assisted by 6 full-time and 1 part-time clerical staff.

Home Visits

There were 9,131 home visits made by organising staff in 1969, compared with 8,522 made in 1968.

Home Helps

At the end of the year there were 424 Home Helps working in the borough. This number is the equivalent of 293 full-time Home Helps working a 40-hour week.

Approximately 560,000 hours were worked in households during the year. Time spent travelling between households accounted for a further 45,000 hours.

The turnover of staff continued to be high, at about 30%.

During the year 1,987 new applications for the services of a home help were received, 1,494 households ceased having help and 2,939 households were receiving help at the end of the year. 91% of patients were aged 65 and over, 5% were chronic sick aged under 65, and the remainder were made up of maternity, T.B., and various acutely sick people; morning and evening help was also supplied to families, and special help given for problem families.

9,243 hours of help were given during the year to 42 families, involving 184 children who, without the support of the home help service, might otherwise have been received into care. The average cost per child for every week of service received is £1.

Mrs. E. Wilson
Senior Home Help Organiser

Recuperative Holidays

Recuperative holidays are provided for expectant and nursing mothers and children under five, psychiatric patients and other adults recovering from illness where a short holiday involving rest, fresh air and good food only is needed, and regular medical supervision and organised nursing are not required. Patients are placed in private homes and hotels etc. approved by the Health Department. A total of 185 holidays were provided as follows :-

Expectant and nursing mothers and children under five	69
Psychiatric patients	16
Persons of pensionable age	66
Other adults	34

Clearance Areas declared

Lifford Road	14 houses	} 69 persons
Rectory Gardens	20 houses	
Bowland Road	40 houses	
Wilsons Road	205 houses	

Individual Units closed

Closing Orders in lieu of Demolition Orders	26
---	----

Units part-of premises

Closing Orders	29
Closing Orders determined after inspection and approval by certain	3

Dr. F. Summers, Associate Medical Officer of Health, and Mr. H. Plinston, Chief Public Health Inspector, report as follows.

ENVIRONMENTAL HEALTH

The Public Health Inspectorate has four main functions.

Housing
Food Hygiene
Atmospheric Pollution
Environmental Health generally

None of these can be considered in isolation and collectively they are closely associated with the work of almost all other Departments of the Council.

The following summarises the work of the Public Health Inspectors within these four aspects of a very wide field.

HOUSING

Clearance Areas declared

Lillieshall Road	19 houses	} 965 persons
Rectory Gardens	20 houses	
Bowland Road	40 houses	
Wilcox Road	205 houses	

Individual Unfit Houses

Closing Orders in lieu of Demolition Orders 26

Unfit parts of premises

Closing Orders 29
Closing Orders determined after repair and improvement by owners. 3

Modernisation and Improvement

Inspections		1,799 dwellings
Discretionary Grants paid	£17,612	74 dwellings
Standard Grants paid	£12,739	58 dwellings
Improved to full standard		
following representations		13 dwellings
Improved to reduced standard		1 dwelling
Additional amenities installed		21 dwellings

The improvement of houses in multiple occupation is difficult due to lack of space for installing amenities.

Repair and Maintenance

The Housing Act 1969 which came into effect on the 25th July, 1969, makes provision for a local authority to serve notices requiring the carrying out of repairs, and empowering the authority to carry out the works in default and recover the cost.

By formal and informal action repairs and proper standards of Management were secured in 129 houses.

Control of Multiple Occupation

161 Directions were given by the Council, requiring regular reinspection to ensure compliance. Staff were increasingly obstructed whilst trying to carry out inspections and Warrants of Entry had to be obtained from the Court of Petty Sessions. It was necessary to force an entry into four houses.

Means of Escape in case of fire

An ever increasing problem is the risk of fire in houses in multiple occupation. The lack of permanently secured appliances for space heating leads to the use of portable oil heaters. These are generally badly maintained and sited, and, with the congestion of furniture usually present in small rooms, a serious fire hazard results.

203 notices were served requiring the provision of satisfactory means of escape; in 59 houses the Council carried out the work in default and in 15 cases formal or informal action resulted in the owners complying.

5,414 visits were made to houses in multiple occupation.

Qualification Certificates

The Housing Act 1969 (operable from 25th July) provides in respect of lettings, previously controlled under the Rent Act 1957, for rents to be varied, subject to certain conditions being met.

Applications were not received for attention by the Department until the last two months of the year.

Applications for Qualification Certificates	643
Granted	9
Refused	Nil
Application for Provisional Approval	16
Granted	2
Refused	Nil

Certificates of Disrepair

No applications were received.

House Purchase

Applicants for mortgages are required by the Council and the Greater London Council to undertake to conform to the provisions of the Housing Acts in respect of multiple occupation and to make comply with the Regulations and Underground Rooms in the property concerned.

905 visits were made in this connection and 663 visits in respect of property previously mortgaged to ascertain the condition and occupancy.

Rehousing and Overcrowding

1,475 applications for rehousing received attention in respect of the following :-

	Lambeth Borough Council	Greater London Council
Health grounds	1,235	10
Insanitary conditions	69	5
Special cases	16	-
Cases previously investigated and rehoused	132	8

Abatement of Nuisances

3,661 complaints were received, 4,986 inspections were carried out and 5,746 revisits made to premises. In 2,139 cases Statutory Notices were served; 56 Nuisance Orders were obtained after legal proceedings; 94 cases adjourned sine die and 89 cases were withdrawn. 781 cases were dealt with informally.

As a result of action taken repairs including those listed below were carried out.

Drainage work	216
Dampness	615
Flooring	161
Walls	178
Ceilings	282
Roofs	315
Rainwater pipes and gutters	172
Soil pipes	24
Waste pipes	86
Water closets	259
Water supplies	76
Windows	265
Staircases	37

Works in Default

In 345 cases the Council carried out works required by notices in default of the owners. 207 by contractors directly engaged and 138 through the services of the Borough Engineer and the Borough Architect.

Choked Drains - Emergency Service

It is often possible to prevent a serious nuisance by dealing with a choked drain at an early stage. At the direction of the Public Health Inspector, the Drainage Assistant attempted emergency clearance in 64 cases and failed in only 19.

No charge is made for this service.

Sealing of Disused Drains

Many rat infestations are due to dis-used drains not being properly sealed from the sewer. 149 drains were sealed under the supervision of the Drainage Assistant prior to demolition of property.

Drainage Work

1,500 tests were carried out on existing drainage and 189 drains were exposed for examination.

409 plans for alterations to drainage in existing premises and 153 for new buildings were received and examined. 1,385 tests were applied to new drainage works.

FOOD HYGIENE

Imported Food

An increased amount and variety of imported food was received in the Borough without having been inspected at the port of entry. Products proved mainly satisfactory on sampling, unsatisfactory consignment being normally returned to the Country of origin.

Samples submitted to the Public Health Laboratory were as follows :-

	<u>No. of Samples</u>	<u>Country of Origin</u>
Albumen Crystals	5	Sweden
Dried Hen Egg Yolk	107	Denmark
Dried Whole Hen Egg	25	Denmark
Dried Hen Egg Albumen	9	Denmark
Prawns	14	China
Uncooked headless Prawns	62	Hong Kong
Uncooked Prawn tails	11	China
Uncooked Prawn tails	18	Indonesia
Uncooked Prawns	4	China
Cooked and peeled Prawns	10	Hong Kong
Uncooked headless Prawns	37	China
Dried Hen Egg	10	Denmark
Frozen Whole Hen Egg	15	Holland
Dried Hen Egg powder	10	Holland

Bacteriological and other examinations

162 samples of milk were submitted to the Public Health Laboratory, of these 23 were void, the atmospheric shade temperature being above 65°F, 2 failed the Methylene Blue Test and one failed the Phosphatase Test.

The amount of untreated milk sold in the Borough is negligible and no samples were taken for examination for the presence of *Brucella Arbutus*.

Other samples taken for bacteriological examination included ice cream, fresh cream, dairy cream, cakes and meat.

Sampling of Food and Drugs

400 formal and 1,697 informal samples were submitted to the Public Analyst, who reported unfavourably on 106 in respect of analysis and 23 in respect of labelling.

10 formal samples proved unsatisfactory as follows.

Magnesium sulphate paste	Deficient in magnesium sulphate
Orange drink	Deficient in fruit juice
Biscuits	Contained fat other than corn oil
Margarine	Contained fat other than corn oil
Iodised Celery salt	No iodine detected
Instant milk powder	Excess water
Instant milk granules	Excess water
Steak and Kidney pudding	Deficient in kidney
Steak and Kidney pie	Deficient in kidney
Mincemeat	Excess acetic acid

In each case the matter was raised with the manufacturer. The Magnesium Sulphate Paste was withdrawn from sale and further samples of the other products subsequently proved satisfactory.

Complaints

69 complaints of food being sold in an unfit condition were investigated.

Many of these referred to mould, unpleasant taste and staleness but foreign matter present included pins, splinters, hair, muslin, washers, stones, nails, insects and animal droppings.

In nine of these cases legal proceedings were taken, the defendants found guilty and fines totalling £115 made. Costs of £25 were awarded to the Council.

Inspection of Unfit Food

Usually at the request of shop keepers, large quantities of food were examined for fitness for human consumption. As a result the following food was surrendered and certificates were issued.

	<u>Tons</u>	<u>cwts</u>	<u>lbs</u>
Carcase meat	1	16	62
Cooked meat and meat products	1	5	31
Canned meats		15	77
Other canned foods	3	-	60
Fresh fish		1	58
Fresh fruit and vegetables	2	12	50
Other foods	8	7	110

Method of Disposal of Unsound Food

Where necessary unfit food was stained to prevent its use for human consumption. Suitable commodities were released to firms, specialising in the manufacture of glue or similar products, from whom satisfactory guarantees as to disposal had been obtained. Food suitable for feeding pigs was diverted to approved establishments and the remainder was disposed of by arrangement with the Greater London Council Public Health Engineering Department.

Food Premises

The following table shows the number of food premises by type of business in the borough.

	No. of premises	No. fitted to comply with Reg.16	No. to where Reg.19 applies	No. fitted to comply with Reg.19
Greengrocery and fruit	192	192	192	192
Grocery and provisions	350	350	200	200
Fish shops, wet, dry and fried	85	85	85	85
Bakers and bakehouses	99	99	99	99
Butchers	128	128	128	128
Confectioners	322	322	119	119
Restaurants, cafes, canteens and clubs	267	267	267	267
Dairies	3	3	3	3
Delicatessen	15	15	15	15
Food factories and warehouses	17	17	17	17
Public houses and Off-licences	310	310	310	310
Milk Distributors	451	451	-	-
Ice cream premises	1,153	1,153	170	170
Preserved food premises	197	197	197	197

Regulation 16 requires the provision of wash hand basins and Regulation 19 facilitates for washing of food and equipment.

These premises are inspected regularly and 36 prosecutions resulting in 31 convictions were instituted.

Licensed Milk Premises

The following table shows the number of licences in force.

Dealers Licences (Pre-packed)

Untreated	49
Pasteurised	309
Sterilised	298
Ultra Heat Treated	71

Dealers (Pasteurisers) Licence 3

Dealers (Ultra Heat Treated) Licence 3

ATMOSPHERIC POLLUTION

Clean Air Act, 1956

Smoke Control Areas

Three Smoke Control Orders (Nos. 21, 22 and 23) were confirmed by the Minister of Housing and Local Government covering areas of Streatham, Clapham and Streatham Vale.

19,665 inspections and visits were made to premises and 369 observations (119 timed, 250 untimed) were made on chimneys.

382 smoke nuisances were abated after informal action and no abatement notices were required to be served.

In spite of difficulties in the disposal of garden refuse few complaints of smoke from bonfires were received.

Smoke Control Orders in force covered an area of over 2,900 acres involving 52,513 premises, with a further 847 acres (13,382 premises) covered by Orders made but not operative.

National Survey

It was possible to maintain only one Volumetric Measurement Station (for Smoke and Sulphur Dioxide) to assist in the National Survey.

This was due to the co-operation of the Staff and Students of the Norwood Technical College, Knight's Hill, S.E.27.

ENVIRONMENTAL HEALTH – GENERALLY

The diversity of headings in this section gives some indication of the all-embracing nature of "Environmental Health".

Infectious Diseases

319 visits were made by Public Health Inspectors investigating cases of infectious disease.

Tracing sources of infection and preventing its spread requires a tactful but persistent approach.

Specimens of suspected food and a great many specimens of faeces from patients and contacts were sent to the Public Health Laboratory for examination. The fullest co-operation of the Laboratory staff was always available and gratefully accepted.

Disinfection and Disinfestation

There was a marked increase in the numbers of complaints of fleas, mostly animal fleas, but it was not possible to find the cause.

In addition to the work summarised below, the staff of the Disinfecting Station dealt with 1,318 infestations of insects, including ants, cockroaches, silver fish, woodworm, mites, carpet beetles and lice. 129 wasp nests were also destroyed.

<u>Disinfestation</u>	<u>Bugs</u>	<u>Fleas</u>
No. of premises visited	297	188
No. of rooms treated	957	882

<u>Disinfection</u>	
No. of premises visited	113
No. of rooms treated	201
Library books disinfected	346
Other articles disinfected	9,541

Rats and Mice

1,185 complaints of rats and 1,828 of mice were investigated by the Rodent Officer and his staff, resulting in 5,950 baitings being made in dwellings and business premises. 46 visits were made by Public Health Inspectors and 5 notices were served.

The increase in complaints of mice was partly due to the better service offered by the Council and partly to the difficulty found by the public using proprietary poisons on mice resistant to "Warfarin".

Baiting of sewers to reduce the rat population was carried out by the Borough Engineer's Department. Some 3,500 manhole covers required to be lifted and baits laid, the work frequently being hampered by traffic. The task is a large one and unfortunately can never result in completely rat-free sewers.

Pharmacy and Poisons

122 persons were entered or retained on the register required by the Pharmacy and Poisons Act, 1933, Section 21, of those persons selling poisons listed under Part II.

Pet Animal Establishments

21 visits were made to the 18 establishments licensed in the Borough.

Animal Boarding and Riding Establishments

By arrangement with the Corporation of London, the Veterinary Officer, whose services are essential, acts as the agent of the Council and pays regular visits to these establishments to ensure the well being of the animals. No formal action proved necessary during the year.

The Public Health Inspectors made 61 visits to check the condition of the premises.

Diseases of Animals

Similar arrangements with the Corporation of London Veterinary Officer exist in this connection.

In December a report was received from the Divisional Officer of the Ministry of Agriculture, Fisheries and Food that a Siamese Kitten with symptoms of rabies was being isolated at the premises of a veterinary surgeon in the Borough.

Earlier in the year there had been a case of rabies in a dog at Camberley but, as far as was known, the kitten, which was born in this country had had no contact with any animal from that area.

The animal died shortly after notification was received and pathological examination proved negative for rabies.

Long-stay Immigrants

881 advice notices of the arrival of immigrants proceeding to addresses in the Borough were received from the Port Health Authorities.

The Public Health Inspectors successfully visited 426 of these and offered advice on medical arrangements etc. where necessary.

Massage or Special Treatment

42 establishments are licensed by the Council to give massage and "special treatment", which term covers chiropody, manicure, Galvanism, Faradism, Ionisation, Diathermy (long and short wave), Sinusoidal currents, Ultra-violet, Infra-red, X or other rays.

All premises were inspected and licences issued only to qualified persons.

Hairdressers and Barbers

Persons carrying on the business of a hair dresser or barber on any premises in the Borough are required to be registered by the Council in respect of those premises. The Public Health Inspectors made 50 inspections of such premises.

Care of the Aged

1,109 new cases were brought to the notice of the Old People's Visitors, who are three State Registered Nurses.

They deal in the main with old people suffering from various degenerative processes and by intensive care work endeavour to prevent them deteriorating to such an extent that removal to a hospital or institution is necessary. To do this they are able to call on many other statutory and voluntary agencies in this supportive work. 8,254 visits were made and 3,418 persons received help in some form or another. The Visitors supervise the work of the bathing attendants, who are employed to give suitable persons regular baths in their own homes, 3,491 baths were given.

Laundry Service for Aged Incontinent

The incontinent laundry service is provided under Section 28 of the National Health Service Act, 1946 and is almost entirely confined to old persons, although a few young chronic sick may from time to time benefit from it.

It is a growing service which is carried out at the Council's laundry establishment at Streatham Baths, the collection and delivery being done by the staff of the disinfecting station. 271 persons received the service, involving 6,593 visits and the collection of 55,939 soiled articles.

Compulsory Removal

It was necessary only once to exercise powers under Section 47 of the National Assistance Act, 1948 :-

Miss B. was living in deplorable conditions with four dogs in a basement. She refused offers of help from the various domiciliary services available. The other occupants of the house were too old and feeble to be of any assistance. As she was therefore a danger, both to herself and others, an Order was obtained from the Court for her removal to an institution for three months. She died just before the Order was due for review.

441 old people were persuaded to enter hospitals or institutions voluntarily.

Burial or Cremation of the Dead - National Assistance Act, 1948

Under Section 50 of the National Assistance Act 1948, the council is required to arrange for the burial or cremation of any person who has died, or been found dead, in the Borough, if it appears that no other satisfactory arrangements are being made.

38 such funerals were arranged and whenever possible the Council's expenses were recovered.

Home Dialysis Units

With the introduction of Home Dialysis Units (Kidney machines) it is possible for the pressure on restricted hospital facilities to be relieved by discharging to their homes people with kidney failure.

The units are provided by the hospital service, but their installation requires adaptation to the patient's home.

Early in 1968 a circular was received from the Ministry of Health notifying the Minister's approval to the making of arrangements by the Council (under Section 28 of the National Health Service Act, 1946) ".....for the adaptation of any dwelling or the provision of any additional facilities which may be necessary for installing equipment for intermittent haemodialysis".

Late in 1968 a teaching hospital asked for such facilities to be provided for one of its patients residing in the Borough. It was found that the premises in which this patient resided were totally unsuited to such adaptation, so

special rehousing was arranged with the Housing Department. In conjunction with that Department, the Borough Architect and the Senior District Public Health Inspector arrangements were made for the necessary work to be carried out and the patient was able to move in early in the year under review.

The second case was brought to our notice by the same hospital in November, and in this instance the adaptations were possible in the patient's own home. Here again the combined efforts of officers of the Architect's Department and the Senior Public Health Inspector resulted in a rapid and satisfactory adaptation of the premises.

A letter of thanks was received from this patient.

The cost of the adaptations has been borne entirely by the Council.

Nursing Homes

30 visits were made to registered Nursing Homes and the premises inspected for suitability as to condition, amenities, etc.

Noise

69 complaints were investigated of noise caused by factory machinery or methods of working.

In 13 cases a reduction to a tolerable level was obtained by informal action. In the remaining 56 cases it was considered either that the best practicable means were already being used to minimise the noise or that it was not a nuisance within the meaning of the Act.

Two vendors of ice cream, operating vehicles fitted with loudspeakers, were prosecuted for sounding chimes after 7 pm. One offender was fined £2 with £2 costs, and the other, who committed the same offence twice in one evening, was fined a total of £7 plus £2 costs.

Factories and Outworkers

Annexed to this Report is a table giving prescribed particulars on the administration of the Factories Act 1961.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION
OF THE FACTORIES ACT, 1961

Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	22	7	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,144	214	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	13	20	-	-
TOTAL	1,179	241	-	-

2. Cases in which DEFECTS were found
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	1	1		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 (c) Not separate for sexes	1	1		1	
Other offences against the Act (not including offences relating to Out-work)					
TOTAL	2	2	-	2	-

Part VIII of the Act

OUTWORK
(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel Making etc., Cleaning and Washing	128					
Household linen						
Lace, lace curtains and nets						
Curtains and furniture hangings	6					
Furniture and upholstery	1					
Electro-plate						
File making						
Brass and brass articles						
Fur pulling	8					
Iron and steel cables and chains						

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Iron and Steel anchors and grapnels						
Cart gear						
Locks, latches and keys						
Umbrellas, etc.,						
Artificial flowers	2					
Nets, other than wire nets						
Tents						
Sacks						
Racquet and tennis balls						
Paper bags	2					
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	5					
Brush making						

Pea picking					
Feather sorting					
Carding, etc., of buttons etc.	70				
Stuffed toys	16				
Basket making					
Chocolates and sweetmeats					
Cosaques, Christmas stockings, etc.,	1				
Textile weaving	1				
Lampshades	15				
TOTAL	255				

Section E

General

WATER SUPPLY

I am indebted to Dr. E. Windle Taylor, Director of Water Examination, Metropolitan Water Board, for the following report on the water supplied by the Board to the Borough of Lambeth during the year :-

“The report relates to the Board’s direct supply to the Lambeth administrative area and its several parts. The information does not relate to private supplies and supplies from other Water Undertakings (if any).

The supply was satisfactory both as to quality and quantity throughout 1969.

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 any other abnormality is immediately investigated.

The Board has no record of the number of structurally separate dwellings supplied in Lambeth, but the population supplied direct according to the Registrar General’s estimates at 30th June, 1969 was 325,066.

No houses were permanently supplied by standpipe.

No fluoride was added, and where fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

The supply was derived from the following works and pumping stations :-

River Thames — derived
Honor Oak well
Merton well

No new sources of supply were instituted and there were no changes to the general scheme of supply in the 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 following pages.

The Board's river and well sources have not been considered to have a plumbo-solvent action, on account of their hardness content and alkaline reaction. It should, however, be appreciated that all types of water pick up varying amounts of metal from piping, particularly when it is newly installed; this applies to copper, zinc, iron and also lead. Surveys carried out between 1966 and 1968 on analyses of water from consumers' premises confirmed this statement.

Average Results of Chemical Examination

Milligrammes per litre (unless otherwise stated)

Description of the Sample	Number of Samples	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from KMnO_4 4 hrs at 27° C.	B.O.D. 5 days at 20° C.
Thames-derived,	371	0.024	0.083	4.4	1.05	
Honor Oak well	4	0.045	0.021	0.2	0.10	
Merton well	4	0.005	0.017	0.2	0.08	
Description of the Sample	Hardness (total) CaCO_3	Hardness (non-carbonate) CaCO_3	Magnesium as Mg	Sodium Potassium as Na	Sodium Potassium as K	Chloride as Cl
Thames-derived	282	79	5	24.0	5.4	32
Honor Oak well	292	43				17
Merton well	252	38				13
Description of the Sample	Phosphate as PO_4	Silicate as SiO_2	Sulphate as SO_4	Natural Fluoride as F	Surface-active Material as Manoxol OT	
Thames-derived	2.1	9	58	0.25	0.02	
Honor Oak well				0.50		
Merton well				0.50		
Description of the Sample	Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micromhos)		
Thames-derived	0.1	11	7.9	550		
Honor Oak well	0.5	9	7.3	480		
Merton well	0.4	4	7.4	430		

EXAMINATION OF WATER—SUPPLY

Bacteriological Results — Yearly Averages 1969

BEFORE TREATMENT							
Source of supply	Number of samples	Agar plate count per ml.		Coliform count		Escherichia coli count	
		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100ml.	Count per 100ml.	Per cent. samples negative in 100ml.	Count per 100ml.
River Thames	8,196	66.5		39.79	19.0	53.97	7.0
Honor Oak well	81	0.0	3	97.53	0.1	100.0	-
Merton well	19	2.3	10	100.0	-	100.0	-

AFTER TREATMENT					
Source of supply	Number of samples	Agar plate count per ml.		Coliform count	E. coli count
		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100ml.	Per cent. samples negative in 100ml.
River Thames	3,698	12.9		99.89	100.0
Honor Oak well	81	0.1	11	100.0	100.0
Merton well	19	0.2	2	100.0	100.0

Water from Wells

Samples of well water used by industrial or commercial undertakings are examined both chemically and bacteriologically. During the year no unsatisfactory reports were received.

Swimming Pools

There are a number of swimming pools in the Borough including Clapham Manor Street Baths and Streatham Baths, which are the responsibility of the Council. All of these pools are subject to regular inspections and sampling of the water.

SWIMMING BATHS UNDER CONTROL OF THE GREATER LONDON COUNCIL

I am indebted to the Scientific Adviser of the Greater London Council for the following report on the bacteriological examination of the water during 1969.

	No. of samples	Agar count per ml. 24 hr. at 37°C.			Presumptive Coliform without E. Coli in 100 ml.	E. Coli in 100 ml.
		0 - 10	10 - 100	More than 100		
<u>Brockwell Park Lido</u>						
Summer	10	10	-	-	-	-
Winter	10	10	-	-	1	3
<u>Kennington Park Lido</u>						
Summer	10	10	-	-	-	-
Winter	8	8	-	-	1	2
<u>Parkside School</u>	10	10	-	-	-	-
<u>Shirley Oaks Residential Home</u>	24	23	1	-	-	-
<u>Dick Sheppard School</u>	10	9	1	-	1	-
<u>St. Martin-in-the-Fields School</u>	20	19	1	-	1	-

Brockwell Park Lido

All samples were satisfactory during the summer season. During the winter season the water was treated with chemicals by hand. This is obviously not as efficient as mechanical purification. The formation of ice on the surface of the water hindered treatment and may have been the cause of the presence at certain times of small numbers of Coliform bacteria.

Kennington Park Lido

The results obtained were similar to Brockwell Park Lido.

Shirley Oaks Swimming Bath

All samples were found to be satisfactory.

Parkside School Swimming Bath

All samples were found to be satisfactory.

Dick Sheppard School

One sample was unsatisfactory due to a plant failure but the necessary repairs were attended to.

St. Martin-in-the-Fields School

At the beginning of the year, a fault in the chlorinator developed. This gave rise to an unsatisfactory sample. The plant was speedily repaired and satisfactory conditions restored.

In general the bacterial conditions of the baths showed some improvement compared with that of the previous year.

Plans were made for the organisation of special courses for schoolkeepers and for Lido superintendents on swimming bath plant maintenance, on control of dosage and on routine tests for free chlorine content and pH value. The Scientific Branch and the Department of Mechanical and Electrical Services collaborated in drawing up a training scheme involving lectures, visits, practical demonstrations and discussions. These courses lasting two days were planned to take place during the following year.

SEWERS

I am indebted to the Borough Engineer and Surveyor for supplying me with the following information with regard to sewers within the Borough.

During the year a sum of £42,600 was spent on the general maintenance, flushing and cleansing of the sewers for which the Council is the drainage authority. Part of the cleansing works were carried out under contract using high pressure jetting equipment and approximately 72 miles were cleansed by this method.

Two contracts were completed for the reconstruction and laying of new sewers :-

- (a) Streatham High Road - Stage 1 at a cost of £11,280 which consisted of laying a new 15" diameter sewer 155 yards long in Natal Road.
- (b) Hawke Road - Stage 1 at a cost of £8,350 which consisted of laying of 110 yards of 21" diameter sewer and 65 yards of 18" diameter sewer

to take part of the flow from the Council's proposed development at Central Hill.

HOSPITAL FACILITIES

The undermentioned hospitals are located in the Borough -

Lambeth Hospital, Brook Drive, S.E.11.
 South Western Hospital, Landor Road, S.W.9.
 Annie McCall Maternity Hospital, Jeffreys Road, S.W.4.
 Kings College Hospital, Denmark Hill, S.E.5.
 Belgrave Hospital for Children, Clapham Road, S.W.9.
 St. Thomas' Hospital, Westminster Bridge, S.E.1.
 St. Thomas' Babies Hospital, Black Prince Road, S.E.11.
 General Lying-in Hospital, York Road, S.E.1.
 Royal Waterloo Hospital, Waterloo Road, S.E.1.
 South London Hospital for Women, Clapham Common South, S.W.4.
 Weir Maternity Hospital, Weir Road, S.W.12.
 British Home and Hospital for Incurables, Crown Lane, S.W.16.

AMBULANCE FACILITIES

The Greater London Council is responsible, under Section 27 of the National Health Service Act, 1946, for the provision of the Ambulance Service in the area.

PUBLIC HEALTH LABORATORY SERVICE

The Public Health Laboratory Service provides a comprehensive service for the examination of specimens submitted by Local Authorities and General Practitioners. The local laboratory is situated in County Hall.

Section F

School Health Service Report of the Principle School Medical Officer

LONDON BOROUGH OF LAMBETH

SCHOOL HEALTH SERVICE

Report of the Principal School Medical Officer for the Year 1969

The Inner London Education Authority is responsible for the School Health Service, but by virtue of an agreement made under Section 32 of the London Government Act 1963 there is joint use by the Authority and the Borough Council 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.

During the past five years the number of treatments given for various conditions in Local Authority clinics in Lambeth shown on the whole a most satisfactory downward trend, indicative of the steadily improving health of the Borough's school-children.

The incidence of juvenile rheumatism had become so negligible that in May 1969 it was possible to wind up the Rheumatism Supervisory Service altogether, closing the last of the rheumatism clinics. Heart conditions, once closely associated with rheumatic damage, have naturally also decreased and the murmurs which are now referred from medical inspections for investigation frequently and happily prove to be of minor or of no clinical significance.

Nutrition has greatly improved. The Special Investigation Clinics no longer have to carry stocks of cod liver oil and malt, haliborange and vitamin tablets; children falling below the height/weight ratio health average are rare, indeed obesity has become far more common, from over plentiful diet composed mainly of carbohydrates. This year even enuresis has shown a decline, from 221 new cases in 1968 to 175 new cases in 1969.

The number of minor ailments treated remain much the same - figures for 1969 are given in the accompanying table - but the defects themselves have become progressively minor. Otorrhoea has almost disappeared because of early diagnosis of ear infections and treatment with antibiotics. Conjunctivitis, once a very common condition running through whole classes and even whole schools, was down to 27 cases for the whole Borough during 1969. Impetigo and allied skin conditions, equally prevalent at one time have also declined but more gradually, there were 196 cases in 1969 as against 283 in 1966.

Apart from occasional accidents, e.g. cuts, abrasions, foreign bodies, the cases seen in the minor ailment clinics are in fact now predominantly plantar warts, verrucas and fungus infections.

There are 47,332 children on the school roll in the Borough. There are 103 schools of which 10 are special schools -

- 2 schools for delicate children
- 2 schools for educationally backward children
- 2 schools for physically handicapped children
- 2 schools for maladjusted children
- 1 school for partially sighted children
- 1 school for deaf children

and there are 4 special units -

- a unit for autistic children
- a Rubella unit for deaf and blind children in any ordinary school and
- a remedial centre for linguistically deprived children
- a special unit for partially deaf children in an ordinary school

Routine medical inspections are held in all schools.

Children are examined four times - during their school life - on entry to infant, junior and secondary school, and on leaving. Numerous special examinations and follow-up re-inspections are carried out in addition whenever required. Each term the school nurses conduct special hygiene examinations. During the year medical officers undertook 16,747 routine medical examinations, 4,333 special examinations and 5,712 re-inspections. School nurses carried out a total of 36,657 health surveys.

Information about children who require special educational help and observation in school is passed routinely to the head teachers and school doctors concerned.

Discussions are held with head teachers, parents, and career officers concerning school leavers for the purpose of ensuring the most suitable choice of career, and the provision of help for handicapped pupils. A liaison has been established with the Welfare Department for the follow-up of handicapped pupils in the community.

Treatment facilities

The School Health Service makes use of treatment facilities provided by the local authority, hospitals and general practitioners. Sessions provided in teaching hospitals include two vision sessions at King's College Hospital and one audiology session at Belgrave Hospital. All these sessions are attended by

social workers attached to the School Health Service, who arrange appointments and act as liaison officers with the hospital, the Inner London Education Authority, school care officers and school inquiry officers.

Treatment facilities provided directly by the local authority include vision clinics (3 sessions weekly) in local authority premises, 1 orthoptic clinic and 4 special investigation clinics for treatment of enuresis, obesity and minor behaviour problems. Minor ailments, accidents and foot care are provided for in 5 Minor Ailment Clinics.

Recently opened is the Braidwood Audiology Clinic, situated in the vicinity of the School for Deaf Children, and providing comprehensive assessment for children with impairment of hearing and speech. The clinic is staffed by an E.N.T. surgeon, an audiologist, and educational psychologist, speech therapist and a social worker. An audiology centre also opened in February 1969 at Barley Mow (Waterloo) Treatment Centre for North Lambeth children who fail to pass pure tone tests.

Audiometry

All children in the primary schools in the Borough have a sweep test by an experienced school nurse and those having hearing loss are followed up and investigated. It is hoped that next year a sweep test will be provided routinely in secondary schools as well.

Special educational problems

Many school children present complex problems of learning difficulties and behaviour. Close co-operation with all agencies involved in the solution of these problems helps with educational placement and provision of help to the children, school staff and children's parents. The agencies involved include teaching staff, school doctors, educational psychologist, child care officer, school inquiry officer, probation officer, schoolcare organiser, psychiatrist, etc. There is a shortage of places in E.S.N. schools and schools for maladjusted children in the Borough, and efforts are being made by the Inner London Education Authority to provide more vacancies.

Placement of children in residential schools is the responsibility of the specialist staff at County Hall.

There is a large number of children in the Borough requiring language stimulation and an early introduction to social life, therefore it is hoped that next year a number of nursery school classes will be provided in ordinary schools.

Prophylaxis

Action has been taken to increase the number of school children protected against infectious diseases. 3,442 children have been immunised against diphtheria and tetanus, 3,019 vaccinated against poliomyelitis, and 2,260 have had B.C.G. vaccination. A trial vaccination against rubella has been conducted in conjunction with I.L.E.A. in two secondary schools for girls.

Recuperative Holidays

Recuperative holidays for school children are provided at homes in Littlehampton and Bognor Regis run by the Inner London Education Authority. 210 children were accommodated for periods between two and four weeks.

Health Education

Health education in schools has been undertaken by health visitors, school doctors and nurses at the request of the head teacher. At present 4 health visitors hold regular Health Education sessions in schools. Doctors hold discussion groups on the problem of drugs, V.D., and personal relationships.

The Health Education Team from I.L.E.A. visited several primary and secondary schools with their programmes on growing up, personal relationships, drugs, smoking and V.D.

Student Health Service

A preventive and advisory student health service has been continued in the Borough in 3 Colleges for Further Education - Brixton School of Building, Brixton College for Further Education and Kennington College.

Doctors' sessions averaged two weekly at Brixton School of Building, and one a week at the others.

Regular medical and counselling advice was provided by the College doctor working closely with the College Welfare Officer. B.C.G. and poliomyelitis vaccination was provided in all 3 colleges.

Health Education sessions were held and numerous problems including drugs and general health topics discussed.

(Sgd) Dr. K.H. Tlusty
Senior Medical Officer

SCHOOL HEALTH STATISTICS

FOR YEAR 1969

SCHOOL ROLL (May 1969) 47,332

SCHOOL MEDICAL INSPECTION

Routine	16,747
Special	4,333
Re-inspections	5,712
No. of medical inspections per 1,000 pupils	566
Health Surveys - comprehensive	29,423
No. per 1,000 pupils	622
Percentage found verminous	1.3
Health Surveys - selective	7,234
No. per 1,000 pupils	153
Percentage found verminous	3.9

Audiometry -

No. of children given sweep test	9,677
No. of children given pure tone test	575
No. of children referred to otologist at audiology centre	92

SCHOOL MEDICAL TREATMENT

Hospital and Specialist Clinics

Vision Centres :-

Vision sessions	132
Number of new cases	274
Total attendances	1,544
Errors of refraction and squint	998
Other eye defects	21
Spectacles ordered	490

Orthoptic sessions

Number of new cases	8
Total attendances	19

Ear, Nose and Throat Centres :-

Sessions	-
Number of new cases	-
Total attendances	-

LOCAL AUTHORITY CLINICS

Audiology centres :-

Sessions	49
Number of new cases	146
Total attendances	238

Special investigation clinics :-

Sessions	131
Number of new cases	181
Total attendances	1,017

Minor ailment centres :-

Sessions	
Medical officer	65
Nursing sister	566
Number of new cases seen by medical officer	450
Average per session	6.9
Number of new cases seen by nursing sister only	1,151
Average per session	2.0
Total attendances	10,601

Defects treated :-

Athlete's foot	115
Verrucae	886
Ringworm on body	11
Impetigo	98
Other skin diseases	98
Eye diseases	27
Ear diseases	24
Miscellaneous: Bruises, lacerations, etc.	370

RECUPERATIVE HOLIDAY HOMES

Schoolchildren (including nursery school children)

Number admitted during year	175
-----------------------------	-----

SCHOOL DENTAL SERVICE 1969

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Five Year Review

This is my fifth annual report and it seems to be a suitable time to look back to my first report and to compare it with the present situation.

In 1965 standards of decoration of premises and of equipment were in need of improvement. It is pleasing to report that the surgeries are now generally in good decorative state and have more modern equipment. An additional surgery at Barley Mow Treatment Centre, to serve the needs of children in the northern part of the borough, and a second surgery at Brixton Treatment Centre, staffed by a dental auxiliary have opened. In 1965 little was being done on dental health education and in accordance with the policy of the London Education Authority at that time, dental inspections were carried out only of 5 year old school entrants. At the end of 1969 the staff consisted of -

Principal School Dental Officer

Senior dental officer

2 full time dental officers

5 sessional dental officers (2.1 full time equivalent)

1 dental auxiliary

8 full time dental surgery assistants

Dental Health Education

There has been a considerable increase in this important field during the year and this has been due in no small measure to the efforts of the newly appointed dental auxiliary. Lewisham had pioneered the use of puppet shows to get the dental health message across. As a result of the joint efforts of our dental auxiliary and the I.L.E.A. Dental Health Educator, many of our infant schools found the puppet shows instructive and entertaining. There has also been a heavy demand for talks in Junior Schools. A total of 71 schools were visited for dental health education purposes and this involved about 15,000 children.

Some equipment was purchased in the year in order to provide more adequate and suitable audio-visual aids. It has been most encouraging to see the great interest shown by the schools in dental health.

Efforts have been made to ensure that the dental health posters in the surgery waiting rooms are changed more often and requests by dental officers for leaflets have been met.

To provide dental staff with more information on the dental health material available a small exhibition was arranged. The display of posters, pamphlets, books, models and the showing of slides and films, all helped to make the afternoon session successful.

Inspection and Treatment

There has been marked increase in the number of school dental inspections. Numbers of inspection sessions carried out in the past five years were as follows -

1965	1966	1967	1968	1969
73.0	48.2	188	144.2	310.3

Despite the number of sessions devoted to school dental inspections, the number of visits for treatment increased from 13,375 last year to 14,428 in 1969.

The Principal School Dental Officer administered general anaesthetics for 210 cases.

There has also been an increase of orthodontic cases and their appropriate treatment.

There has been an increase in the ratio of permanent teeth filled to teeth extracted, and the ratio of deciduous teeth filled to teeth extracted has improved very slightly. Further details of the treatment patterns are given in the statistics.

Appointment

The appointment of a senior dental officer has helped to create a career structure within the Borough.

Barley Mow School Treatment Centre

It was gratifying to note that the new surgery in the north of the borough finally opened. It is well equipped and there is adequate working space and good facilities for a high standard of dentistry.

Courses and Conferences

It is most important that the dental staff should have the opportunity to keep abreast of latest developments in the profession. The following course and conferences were attended :-

Dental Health Education Conference organised by the General Dental Council

Orthodontic Course at Leeds organised by the British Society for the Study of Orthodontics

Orthodontic Course at King's College Hospital

Dental Symposium at Guy's

British Dental Association Conference at Bournemouth

British Association of Dental Auxiliaries Symposium in London

Visitors

Two dental surgeons visited the Borough from overseas, one from Sudan and the other from Thailand. Arrangements were also made for a student dental auxiliary to visit the Borough.

My thanks are again due to the dental staff for their work during the year and I would like to thank all those in the Borough's Health Department for their interest and co-operation.

B.M. Spalding, L.D.S., R.C.S.(Eng.)
Principal School Dental Officer

SCHOOL DENTAL SERVICE

Number of Sessions:

Inspection	310.3
Ordinary treatment	2,387.3
General anaesthetic	64.1
Orthodontic	52.2
Health education	337.4
Total sessions	3,151.3

Inspections: number of children given:

First inspection at school	32,325
First inspection at clinic	3,463
Percentage found to require treatment	56.9
Re-inspection at school or clinic in 1969	1,004
Percentage found to require treatment	74.9

Visits for treatment

Number of first visits	4,834
Number of subsequent visits	9,594
Total visits	14,428
Emergencies	412
Additional courses commenced	639

Number did not attend

9,100

Treatment given:

Number of fillings:	
In permanent teeth	6,938
In temporary teeth	6,351

Number of extractions:

Of permanent teeth	465
Of temporary teeth	1,951
Number of other operations	5,235
Courses of treatment completed	3,409

Orthodontics:

Number of new cases	62
Number of removable appliances fitted	141
Number of fixed appliances fitted	3

Sessional averages:

First visits	1.9
Subsequent visits	3.8
Emergencies	0.2
Did not attend	3.6

Fillings:

In permanent teeth	2.8
In temporary teeth	2.5

Extractions:

Of permanent teeth	0.2
Of temporary teeth	0.8
Ratio of permanent teeth filled to permanent teeth extracted	13.1
Ratio of temporary teeth filled to temporary teeth extracted	2.9

Staff:

Number of dentists employed (F.T.E.)	5.2
--------------------------------------	-----

Consent and Discharge

Number of first visits
Number of subsequent visits
Total number of visits
Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Visits for treatment

Number of first visits

Number of subsequent visits

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

Number of patients who have been discharged

