

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

**Contributors**

Lambeth (London, England).

**Publication/Creation**

[1971?]

**Persistent URL**

<https://wellcomecollection.org/works/swmbft8c>

**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.

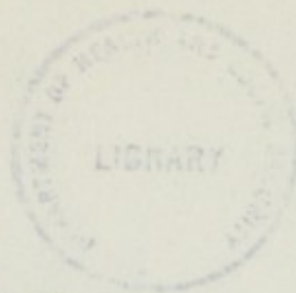
Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



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

II

# THE HEALTH OF LAMBETH



## ANNUAL REPORT

### 1970

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





LONDON BOROUGH OF LAMBETH



# ANNUAL REPORT

OF THE

## MEDICAL OFFICER OF HEALTH

AND

## PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1970



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 the Health Department	7
Introductory remarks of Medical Officer of Health	8
<b>SECTION A: Statistics and Social Conditions of the Area</b>	
General	13
Births; Birth Rate; Still Births	13-14
Deaths; Death Rate	14
Maternal Mortality	14
Infantile Mortality	15
Vital Statistics for Years 1960-1970	17
Classification of Causes of Death	18
Notes on Vital Statistics	24
Deaths from Cancer of the Lung and Bronchus	26
Road Traffic Accidents	26
<b>SECTION B: Prevalence of and Control over Infectious and Other Diseases</b>	
Notifiable Diseases	28
Notifications other than Tuberculosis	29
Age Distribution of Infectious Diseases	30
Notes on Infectious Diseases	32
Salmonella Infections	36
Notification of Tuberculosis	37
Report of Chest Physicians	37
<b>SECTION C: Personal Health Services</b>	
Maternity and Child Health Service	44
Screening for Phenylketonuria	45
Dental Treatment for Expectant and Nursing Mothers and Children under 5 years	46
Cervical Cytology Screening Service	47
Family Planning	48
Health Visiting	49
Registration of Nurseries of Child Minders	51
Domiciliary Midwifery Service	51
Midwives Act 1951	52
Students and Visitors to the Nursing Services	53
Ancillary Staff	53
Health Education	53
In-Service Training	54

### ERRATUM

Please note that there are no pages for 55 and 56.

### SECTION C: Personal Health Services (continued) Page

Day Nurseries	57
Observation/Handicap Register	63
Medical Examination of Staff	68
Advisory Service to the Children's Department	69
Standing Committee for Co-ordination	70
Health Services — Family Caseworkers	70
International Certificates of Vaccination	71
Vaccination and Immunisation	72
Tuberculosis	76
B.C.G. Vaccination	76
Home Nursing	77
Loan of Nursing Equipment	79
Mental Health Services	80
Chiropody	95
Home Help Service	97
Recuperative Holidays	98

### SECTION D: Environmental Health Services

Food Hygiene — Food premises	100
Licensed milk premises	101
Market Stalls	101
Control of Drainage and Plumbing Works	101
Abatement of Nuisances other than repair of dwellings	102
Factories and Outworkers	103
Registration of Certain Premises	108
Diseases of Animals Act	108
Clean Air	108
Rodent Control	109
Disinfection and Disinfestation	110
Laundry Service for Incontinent Persons	111
Control of Food and Drugs on Sale	111
Control of Imported Food	111
Containers	111
Investigation of Unsound Food	112
Condemnation of Unsound Food	112
Control of Food Factories, Large Wholesale Depots and Stores	112
Housing — Clearance	113
Individual Unfit Houses	113
Modernisation and Improvement	114
Repair & Maintenance	114
Rehousing and Overcrowding	114

## SECTION D: Environmental Health Services (continued) Page

### Housing — (continued)

Control of multiple occupation	115
Qualification certificates	116

## SECTION E: General

Water Supply	118
Swimming Pools	121
Housing (Medical Grounds)	123
Home Dialysis Machines	123
Care of the Aged	123
Sewers	124
Burial or Cremation of the Dead	124
Control of Venereal Disease	125
Hospital Facilities	125
Ambulance Facilities	126
Public Health Laboratory Service	126

## SECTION F: School Health Service

Report of the Principal School Medical Officer	128
--	-----



**LONDON BOROUGH OF LAMBETH**  
**HEALTH AND WELFARE COMMITTEE**

Period from 1st January, 1970 to 24th May, 1970

**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

**Co-opted Members**

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

**LONDON BOROUGH OF LAMBETH**  
**HEALTH AND PROTECTION COMMITTEE**

Period from 24th May, 1970 to 31st December, 1970

**The Worshipful the Mayor of Lambeth**

Alderman Jack Westbury (*Ex-officio*)

**The Deputy Mayor of Lambeth**

Alderman George Harrison Hickmore, J.P. (*Ex-officio*)

**Chairman**

Alderman Walter C. Dennis, J.P.

**Vice-Chairman**

Councillor W. G. C. Vinnell

Alderman T. Cleasby  
 Councillor Mrs. J. Brittain  
 Councillor Mrs. M. F. Brown  
 Councillor Mrs. L. M. Burton  
 Councillor J. F. E. Cartwright  
 Councillor J. R. Ebling  
 Councillor S. J. Fitchett (Resigned 6.12.70)  
 Councillor Miss H. Jellie  
 Councillor D. F. Renwick  
 Councillor D. E. J. Smith

**Co-opted Members**

Representing Inner London Medical Committee — Dr. G. I. Taylor  
 Representing Teaching Hospitals Association — Mr. B. A. McSwiney,  
 Mrs. V. B. Dennis



## STAFF OF HEALTH DEPARTMENT

Director of Health Services, 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 Officer

T. J. Amos

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. Kitchen — retired 14.3.70

Miss T. Watts — appointed 16.3.70

Assistant Principal Social Worker (Health Services)

Miss M. Smith

Chief Dental Officer

B.M.S. Spalding

**Mr. Mayor, Ladies and Gentlemen,**

I have pleasure in presenting to you my report on the health of the Borough during 1970.

This has been an eventful year so far as decisions on the future functions of the Health Services Directorate are concerned. There have been and will be important changes both as a consequence of legislation, and of decisions by the Council. As a result of a decision by the Council to include within one department all its functions relating to housing, the public health inspectorate has been transferred to the Directorate of Housing, while continuing to be responsible to me, as Medical Officer of Health, for all their environmental health work. The Education (Handicapped Children) Act 1970 will transfer responsibility for junior training schools from 1 April 1971 to the Inner London Education Authority. It is satisfactory to note that both the junior training schools to be transferred (with plans for the replacement of one of them by a larger school) have been provided by the Council. There were no such schools in the Borough prior to 1965.

The new Directorate of Social Services to be set up by 1 April 1971 under the Local Authority Social Services Act 1970 will assume responsibility for a number of services including day nurseries, home help and mental health, at present the concern of my Directorate. Finally the home nursing service, hitherto provided by the Lambeth District Nursing Joint Committee on the Council's behalf, will from 1 April 1971, be operated directly by the Health Directorate. These changes will require a substantial reorganisation within the Directorate.

The coming changes and the need to plan for them have not prevented and will not prevent the expansion and improvement of existing services and the planning of future developments both of services to remain with the Health Directorate and those to be transferred elsewhere. Expansion of both clinic and domiciliary chiropody services and of the domiciliary family planning service has continued, though the rate of improvement of the former has been limited by shortage of qualified chiropodists. This year saw the opening by the Mayor of the first two purpose-built health services premises to be completed within the life of the London Borough — Windmill Junior Training School (which will pass to the I.L.E.A. next April) and Streatham Common Maternity and Child Health Centre. The up-dated 5 year capital building programme includes plans for eight health centres, six day nurseries, one junior training school, two adult training centres, two psychiatric day centres, and one (eventually two) hostel each for mentally handicapped children and adults.

An interesting development of co-operation with St. Thomas' hospital has arisen in the planning of a psychiatric day centre at South Western hospital. The hospital will provide and adapt ground floor accommodation and let it to the Council, and will supply meals and cleaning services. The Council will be responsible for staffing and operation of the centre which, it is expected, will be ready for use early in 1971. Close association with the hospital psychiatric and psycho-geriatric services will be an important feature in the operation of the centre.



Voluntary pre-school playgroups have continued their valuable contributions to the day care of Lambeth children, with substantial support from the Council, which was at the end of the year meeting between 50 and 100 per cent of the net expenditure of 12 groups, as well as sponsoring the attendance of individual children at other groups.

Shortage of smokeless fuels became acute towards the end of the year, so that it unfortunately became necessary to seek suspension of Smoke Control Orders in respect of a substantial proportion of the premises to which they applied.

Miss M. Le S. Kitchin, principal social worker (health services) retired in March after nearly 40 years service, most of it with the London County Council. Her work was initially concerned with the welfare of school-children, but of recent years, by which time she had attained senior status, her responsibilities were extended to include social work with "problem" families. Her knowledge and experience in this field were of great value when, in 1965, the Council set up the Standing Committee for Co-ordination, and she continued as its Secretary until her retirement.

I am glad again to have the opportunity to express my gratitude to members of the Council and particularly to the Chairman and members of the Health and Protection and Social Services Committee for their help and encouragement throughout the year. My thanks are also due to the Chief Executive and my fellow Directors, to Dr. A. B. Stewart, Medical Adviser, Inner London Education Authority and his staff and to hospital staffs and general practitioners, with whom the department is in frequent contact.

I have already referred to the changes which will come about in 1971, one result of which will be the transfer of a considerable number of staff to the new Directorate of Social Services. I should not wish to let such an occasion pass without expressing both to those who will be going and those who will remain, my deep appreciation of their loyalty and hard work during the past six years, without which the Directorate could not have achieved and maintained its present high standard of services.

I am,

Mr. Mayor, Ladies & Gentlemen,

Your obedient servant,

**A. L. THROWER**

Director of Health Services







## 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 Inner 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 of 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.

STATISTICSGENERAL

Area of Borough .. .. .	6,727 acres
Number of Wards .. .. .	20
Number of Parliamentary Constituencies .. .. .	5
Population (Mid-year estimate 1970) .. .. .	321,260
Density of Population (i.e. number of persons per acre) .. .. .	47.75
Number of marriages during the year .. .. .	2,628
Marriage rate per 1,000 population .. .. .	8.2
Rateable Value of District (1st April 1970) .. .. .	£20,589,659
Sum represented by a penny rate (1970/1971) .. .. .	£80,750
Number of separately rated houses and flats at 1st April, 1970 .. .. .	94,172

VITAL STATISTICSLIVE BIRTHS

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	2,322	530	2,852
Females	2,137	570	2,707
<u>Totals</u>	<u>4,459</u>	<u>1,100</u>	<u>5,559</u>

Live Birth Rate per 1,000 home population .. .. .	17.30*
Birth Rate corrected for comparison with other areas .. .. .	15.22
Comparability factor supplied by Registrar General .. .. .	0.88
Birth Rate per 1,000 Home Population England and Wales .. .. .	16.0 *
Birth Rate per 1,000 Home Population Inner London Area .. .. .	15.0 *
Birth Rate per 1,000 Home Population Outer London Area .. .. .	15.4 *
Birth Rate per 1,000 Home Population Greater London Area .. .. .	15.2 *
Illegitimate live Births per cent of total live births .. .. .	19.78
Illegitimate live Births per cent of total live births Inner London Area .. .. .	16.2
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 .. .. .	11.3

\* Crude Rate



**STILL BIRTHS**

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	31	11	42
Females	38	6	44
<u>Totals</u>	<u>69</u>	<u>17</u>	<u>86</u>

Still Birth Rate per 1,000 Total Births (i.e. Live and Still)	15.23
Still Birth Rate per 1,000 total births England and Wales	13.0
Still Birth Rate per 1,000 total births Inner London Area	12.1
Still Birth Rate per 1,000 total births Outer London Area	11.9
Still Birth Rate per 1,000 total births Greater London Area	12.0

**DEATHS**

<u>Males</u>	<u>Females</u>	<u>Totals</u>
1,756	1,716	3,472
Death Rate per 1,000 home population	.. ..	10.80*
Death Rate corrected for comparison with other areas	..	11.6
Comparability Factor (supplied by Registrar General)	..	1.07
Death Rate per 1,000 home population England and Wales		11.7 *
Death Rate per 1,000 home population Inner London Area		11.6 *
Death Rate per 1,000 home population Outer London Area		11.1 *
Death Rate per 1,000 home population Greater London Area		11.3 *

**MATERNAL MORTALITY**

Number of Women dying in consequence of Childbirth	3
Maternal Mortality Rate per 1,000 total births	0.53
Maternal Mortality Rate per 1,000 total births Inner London Area	0.25
Maternal Mortality rate per 1,000 total births Outer London Area	0.12
Maternal Mortality Rate per 1,000 total births Greater London Area	0.17

\* Crude death Rate

## INFANTILE MORTALITY

### Death of infants under one year of age

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	57	15	72
Females	30	11	41
Totals	<u>87</u>	<u>26</u>	<u>113</u>
Death Rate of infants under one year of age per 1,000 live births...			20.3
Death Rate of infants under one year of age per 1,000 live births England and Wales			18.2
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			16.3
Death Rate of infants under one year of age per 1,000 live births Greater London Area			17.8

### Deaths of infants under four weeks of age

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	31	10	41
Females	21	7	28
Totals	<u>52</u>	<u>17</u>	<u>69</u>
Neo-natal Mortality Rate (Deaths under four weeks per 1,000 live births)			12.4
Neo-Natal Mortality Rate England and Wales			12.3
Neo-natal Mortality Rate Inner London Area			13.5
Neo-natal Mortality Rate Outer London Area			11.6
Neo-natal Mortality Rate Greater London Area			12.3

## Deaths of infants under one week of age

	<u>Legitimate</u>	<u>Illegitimate</u>	<u>Totals</u>
Males	26	10	36
Females	19	7	26
	—	—	—
Totals	<u>45</u>	<u>17</u>	<u>62</u>

## Early Neo-natal Mortality Rate

(Deaths under one week per 1,000 live births) .. .. 11.1

Early Neo-natal Mortality Rate England and Wales .. .. 10.6

Early Neo-natal Mortality Rate Inner London Area .. .. 11.9

Early Neo-natal Mortality Rate Outer London Area .. .. 10.0

Early Neo-natal Mortality Rate Greater London Area .. .. 10.7

## Perinatal Mortality Rate

(Still births and deaths under one week per 1,000 total births) 26.2

Perinatal Mortality Rate England and Wales .. .. 23.5

Perinatal Mortality Rate Inner London Area .. .. 23.9

Perinatal Mortality Rate Outer London Area .. .. 21.8

Perinatal Mortality Rate Greater London Area .. .. 22.6



# SUMMARY OF VITAL STATISTICS FOR THE TEN YEAR PERIOD 1960-1970

## METROPOLITAN BOROUGH OF LAMBETH 1960-1964

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
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 1965-1970

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
1970	321,260	3,472	11.6	5,559	15.22	113	20.3	3	.53

\* As adjusted by comparability factor.

LONDON BOROUGH OF LAMBETH

NUMBERS OF DEATHS BY CAUSE, IN SEX AND AGE GROUPS DURING 1970

CAUSE OF DEATH		Sex	All ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
						1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
B4	Enteritis and other Diarrhoeal Diseases	M	5	—	2	1	—	—	—	—	—	1	—	1
		F	2	—	—	—	—	—	1	—	—	—	—	1
B5	Tuberculosis of Respiratory System	M	6	—	—	—	—	—	—	—	—	1	4	1
		F	4	—	—	—	—	—	—	—	1	1	1	1
B6(1)	Late effects of Respiratory T.B.	M	5	—	—	—	—	—	—	—	2	1	2	—
		F	2	—	—	—	—	—	—	—	—	1	—	1
B6(2)	Other Tuberculosis	M	1	—	—	—	1	—	—	—	—	—	—	—
		F	1	—	—	—	—	—	—	—	1	—	—	—
B11	Meningococcal Infection	M	2	—	—	1	—	—	—	—	1	—	—	—
		F	1	—	1	—	—	—	—	—	—	—	—	—
B17	Syphilis and its Sequelae	M	2	—	—	—	—	—	—	—	—	—	2	—
		F	3	—	—	—	—	—	—	—	—	—	1	2
B18	Other Infective and Parasitic Diseases	M	5	1	—	—	—	—	1	—	1	2	—	—
		F	1	—	—	—	—	—	—	—	—	—	1	—
B19(1)	Malignant Neoplasm, Buccal Cavity etc.	M	6	—	—	—	—	—	—	—	—	2	2	2
		F	4	—	—	—	—	—	—	—	—	1	2	1

18

B19(2)	Malignant Neoplasm, Oesophagus	M	5	—	—	—	—	—	—	—	1	3	—	1
		F	7	—	—	—	—	—	—	—	—	2	2	3
B19(3)	Malignant Neoplasm, Stomach	M	40	—	—	—	—	—	1	—	6	14	12	7
		F	37	—	—	—	—	—	—	2	5	4	10	16
B19(4)	Malignant Neoplasm, Intestine	M	32	—	—	—	—	—	—	3	6	9	7	7
		F	55	—	—	—	—	—	—	—	2	10	15	28
B19(5)	Malignant Neoplasm, Larynx	M	2	—	—	—	—	—	—	—	—	1	—	1
		F	—	—	—	—	—	—	—	—	—	—	—	—
B19(6)	Malignant Neoplasm, Lung, Bronchus	M	196	—	—	—	—	—	1	2	21	66	76	30
		F	56	—	—	—	—	—	—	1	10	18	15	12
B19(7)	Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—	—	—	—
		F	76	—	—	—	—	—	—	3	10	25	22	16
B19(8)	Malignant Neoplasm, Uterus	F	31	—	—	—	—	—	1	2	6	9	5	8
B19(9)	Malignant Neoplasm, Prostate	M	28	—	—	—	—	—	—	—	—	3	8	17
B19(10)	Leukaemia	M	17	—	—	—	2	—	1	1	—	5	5	3
		F	12	—	—	—	—	—	—	—	1	2	3	6
B19(11)	Other Malignant Neoplasms	M	101	—	1	2	1	—	1	4	14	33	27	18
		F	97	—	—	2	—	1	3	1	10	29	20	31
B20	Benign and Unspecified Neoplasms	M	2	—	—	—	1	—	—	—	—	—	—	1
		F	2	—	—	—	—	—	—	—	—	—	1	1
B21	Diabetes Mellitus	M	11	—	—	—	—	—	—	1	1	2	3	4
		F	12	—	—	—	—	1	—	—	—	1	6	4
B22	Avitaminoses, etc.	M	1	—	—	—	—	—	—	—	—	—	—	1
		F	1	—	—	—	—	—	—	—	—	—	1	—

19

CAUSE OF DEATH		Sex	All ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
						1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
B46(1)	Other Endocrine etc. Diseases	M	3	-	-	-	-	-	-	-	1	1	1	-
		F	7	-	-	1	-	1	-	-	-	1	2	2
B23	Anaemias	M	1	-	-	-	-	-	-	-	1	-	-	-
		F	2	-	-	-	-	-	1	-	-	1	-	-
B46(2)	Other diseases of blood, etc.	M	1	-	-	-	-	-	-	-	-	-	1	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
B46(3)	Mental Disorders	M	2	-	-	-	-	-	-	-	-	1	-	1
		F	3	-	-	-	-	-	-	-	-	1	-	2
B24	Meningitis	M	4	-	2	-	-	-	-	-	-	2	-	-
		F	1	-	-	-	-	-	-	-	-	1	-	-
B46(4)	Multiple Sclerosis	M	3	-	-	-	-	-	-	1	-	1	1	-
		F	3	-	-	-	-	-	-	-	2	-	1	-
B46(5)	Other Diseases of Nervous System	M	22	-	1	1	-	-	1	-	-	3	7	9
		F	24	-	1	-	1	-	-	1	-	3	5	13
B26	Chronic Rheumatic Heart Disease	M	17	-	-	-	-	2	1	-	-	7	5	2
		F	35	-	-	-	-	-	1	-	5	9	6	14
B27	Hypertensive Disease	M	28	-	-	-	-	-	-	-	2	9	7	10
		F	44	-	-	-	-	-	-	-	5	4	11	24
B28	Ischaemic Heart Disease	M	436	-	-	-	-	-	2	14	43	133	131	113
		F	292	-	-	-	-	-	-	1	7	28	86	170
B29	Other Forms of Heart Disease	M	43	-	-	1	-	-	-	-	2	5	10	25
		F	110	-	-	-	-	-	-	1	3	3	13	90

B30	Cerebrovascular Disease	M	133	-	-	-	-	-	2	1	11	19	41	59
		F	232	-	-	-	-	1	1	3	8	21	49	149
B46(6)	Other Diseases of Circulatory System	M	55	-	-	-	-	-	3	-	1	6	14	31
		F	86	-	-	-	-	-	-	-	1	8	13	64
B31	Influenza	M	16	-	-	-	-	-	2	1	2	3	5	3
		F	26	-	1	-	-	-	-	-	3	3	9	10
B32	Pneumonia	M	111	1	9	3	1	-	-	-	2	5	26	64
		F	156	2	5	2	-	1	-	-	1	9	21	115
B33(1)	Bronchitis and Emphysema	M	165	-	-	-	-	-	-	1	12	21	58	73
		F	65	-	-	-	-	-	-	-	1	8	14	42
B33(2)	Asthma	M	2	-	-	-	-	1	-	-	-	-	-	1
		F	8	-	-	-	-	1	-	2	-	2	2	1
B46(7)	Other Diseases of Respiratory System	M	23	-	10	-	-	-	-	1	-	2	4	6
		F	20	-	1	1	-	-	-	1	2	2	4	9
B34	Peptic Ulcer	M	17	-	-	-	-	-	-	-	1	3	9	4
		F	13	-	-	-	-	-	-	-	1	2	1	9
B35	Appendicitis	M	2	-	-	-	-	-	-	-	-	-	1	1
		F	1	-	-	-	-	-	-	-	1	-	-	-
B36	Intestinal Obstruction and Hernia	M	3	1	-	-	-	-	-	-	-	-	1	1
		F	10	-	-	1	-	-	-	-	1	2	-	6
B37	Cirrhosis of Liver	M	4	-	-	-	-	-	3	-	-	-	1	-
		F	1	-	-	-	-	-	-	-	-	-	1	-
B46(8)	Other Diseases of Digestive System	M	17	-	-	-	-	1	-	-	2	5	5	4
		F	20	-	-	-	-	-	-	-	1	5	1	13



CAUSE OF DEATH		Sex	All ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
						1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
B38	Nephritis and Nephrosis	M	8	—	—	—	—	—	1	—	1	3	—	
		F	10	—	—	—	—	—	—	2	2	1	4	
B39	Hyperplasia of Prostate	M	9	—	—	—	—	—	—	—	—	—	8	
B46(9)	Other Diseases, Genito-Urinary System	M	6	—	—	—	—	—	—	—	1	1	1	
		F	12	—	—	—	—	—	—	—	—	1	8	
B41	Other Complications of Pregnancy, etc.	F	3	—	—	—	—	1	2	—	—	—	—	
B46(10)	Diseases of Skin, Subcutaneous Tissue	M	1	—	—	—	—	—	—	1	—	—	—	
		F	3	—	—	—	—	—	—	—	1	—	2	
B46(11)	Diseases of Musculo-Skeletal System	M	9	—	—	—	—	—	—	—	—	—	6	
		F	17	—	—	—	—	—	—	2	1	—	13	
B42	Congenital Anomalies	M	20	7	5	2	1	2	—	—	—	1	1	
		F	21	9	2	3	2	1	—	—	1	1	—	
B43	Birth Injury, Difficult Labour, etc.	M	24	24	—	—	—	—	—	—	—	—	—	
		F	8	8	—	—	—	—	—	—	—	—	—	
B44	Other Causes of Perinatal Mortality	M	6	6	—	—	—	—	—	—	—	—	—	
		F	9	9	—	—	—	—	—	—	—	—	—	
B45	Symptoms and Ill Defined Conditions	M	3	1	—	—	—	—	—	—	—	—	2	
		F	6	—	—	—	—	—	—	—	—	1	4	
BE47	Motor Vehicle Accidents	M	32	—	—	2	3	8	7	1	—	5	3	
		F	13	—	—	—	2	1	—	1	1	3	3	

22

BE48 All Other Accidents	M	28	-	1	2	2	3	-	5	5	5	2	3
	F	22	-	2	2	-	-	1	1	1	2	4	9
BE49 Suicide and Self-Inflicted Injuries	M	26	-	-	-	-	2	3	6	7	5	3	-
	F	20	-	-	-	-	1	1	3	3	7	5	-
BE50 All Other External Causes	M	9	-	-	-	-	-	2	2	2	-	1	2
	F	8	-	-	-	-	1	1	1	-	3	2	-
TOTAL ALL CAUSES	M	1,756	41	31	15	12	19	32	45	149	389	496	527
	F	1,716	28	13	12	5	11	13	28	98	235	365	908
GRAND TOTAL		3,472	69	44	27	17	30	45	73	247	624	861	1,435

23

## VITAL STATISTICS

### POPULATION

The Registrar-General's mid-year estimate for the year 1970 is 321,260. This is a decrease of 3,810 on the figure for the year 1969, and of 18,300 compared with mid-1965.

The number of live births exceeded the deaths, giving a natural increase of 2,087. This would, therefore, appear to indicate a movement of residents out of the Borough. Allowing for the total natural increase since 1965, the total movement of residents out of the Borough in the past six years was of the order of 35,780.

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

Under 1 year	5,550
1 to 4 years	22,050
5 to 14 years	39,400
15 to 64 years	212,960
65 years and over	41,300
Total	<u>321,260</u>

### LIVE BIRTHS

The total number of live births occurring to residents of the Borough was 5,559 comprising 2,852 males and 2,707 females. This figure was 419 less than that for 1969 giving a reduced corrected birth rate of 15.22 per 1,000 population. The rate for England and Wales was 16.0 and the rates for Inner, Outer and Greater London Areas are 15.0, 15.4 and 15.2 respectively.

During the year there were 1,100 illegitimate live births. This figure is 25 less than for 1969 but due to the reduction in the total number of live births, the percentage 19.8 is slightly higher and compares unfavourably with those for Inner London, Outer and Greater London Areas which are 16.2, 8.3 and 11.3 respectively.

### STILL BIRTHS

Stillbirths for the year numbered 86, which is an increase of 18 to the 1969 figure, and gives a stillbirth rate of 15.2. The rate for England and Wales is 13.0 and for the Greater London Area it is 12.0.



## DEATHS

Allowing for inward and outward transfers the total number of deaths comprising 1,756 males and 1,716 females was 3,472.

The corrected death rate at 11.6 per 1,000 population is slightly lower than England and Wales (11.7) and for Inner London, Outer and Greater London Areas they are 11.6, 11.1 and 11.3 respectively.

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, 1,511 occurring out of a total of 3,472.

Malignant neoplasms of all forms ranked second.

46 people took their own lives compared to 48 in 1969 and motor vehicle accidents accounted for 46 deaths, an increase of 7 on the figure for last year.

Three mothers died as a result of diseases of pregnancy or childbirth giving a maternal mortality rate of .53 per 1,000 total births. The figures for Inner London, Outer London and Greater London Areas are 0.25, 0.12 and 0.17 respectively.

## INFANTILE MORTALITY

One hundred and thirteen infants died before reaching 1 year of age, 23 less than in 1969. The infantile mortality rate fell to 20.3 per 1,000 live births compared with 22.75 last year.

The causes of death fell into the undermentioned categories :—

<u>Cause of death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Enteritis or other diarrhoeal diseases	2	—	2
Other Malignant Neoplasms	1	—	1
Meningococcal Infection	—	1	1
Infective and parasitic diseases	1	—	1
Pneumonia	10	7	17
Meningitis	2	—	2
Other diseases of respiratory system	10	1	11
Other diseases of nervous system	1	1	2
Birth, injury, difficult labour etc.	24	8	32
Congenital Anomalies	12	11	23
Other defined and ill defined diseases	1	—	1
Influenza*	—	1	1
Intestinal obstruction and hernia	1	—	1
Other causes of perinatal mortality	6	9	15
All other accidents	1	2	3
	<u>72</u>	<u>41</u>	<u>113</u>

## DEATHS FROM CANCER OF THE LUNG AND BRONCHUS

There was an increase in the number of deaths from cancer of the lung and bronchus, 252 occurring compared with 229 in 1969.

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	1 ( – )	– ( – )	1 ( – )
35 – 44 years	2 ( 1 )	1 ( – )	3 ( 1 )
45 – 54 years	21 ( 19 )	10 ( 8 )	31 ( 27 )
55 – 64 years	66 ( 61 )	18 ( 9 )	84 ( 70 )
65 – 74 years	76 ( 72 )	15 ( 18 )	91 ( 90 )
75 years and over	30 ( 31 )	12 ( 10 )	42 ( 41 )
	<u>196 ( 184 )</u>	<u>56 ( 45 )</u>	<u>252 ( 229 )</u>

The figure in brackets are those for the year 1969.

## ROAD TRAFFIC ACCIDENTS

My thanks are due to the Director of Civil Engineering and Public Services for the following information regarding road traffic accidents occurring in the Borough of Lambeth during the year 1970.

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>
Adults	1,859 (1,861)	25 (27)	369 (326)	2,107 (1,988)
Children	569 ( 615 )	6 ( 7 )	128 (139)	515 ( 547 )
	<u>2,428 (2,476)</u>	<u>31 (34)</u>	<u>497 (465)</u>	<u>2,622 (2,535)</u>

The figures in brackets are those for the year 1969.

## Prevalence of and Control over Infectious and other Diseases

# Prevalence of and Control of Infectious and other Diseases



## 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  
Opthalmia 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  
DURING 1970**

Disease	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Totals		Grand Total
	M	F	M	F	M	F	M	F	M	F	
Scarlet Fever	4	2	2	3	2	6	4	6	12	17	29
Whooping Cough	2	10	4	3	13	12	19	18	38	43	81
Measles	44	57	74	75	181	189	402	445	701	766	1467
Dysentery	1	1	1	4	4	4	13	6	19	15	34
Acute Meningitis	—	—	1	—	—	1	1	—	2	1	3
Acute Encephalitis	—	—	—	—	1	—	1	—	2	—	2
Typhoid Fever	—	—	—	—	—	—	1	1	1	1	2
Food Poisoning	2	1	1	—	2	—	3	4	8	5	13
Malaria	1	1	—	—	—	—	—	—	1	1	2
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—
Neonatorium	1	—	—	—	—	1	—	—	1	1	2
<b>TOTALS</b>	<b>55</b>	<b>72</b>	<b>83</b>	<b>85</b>	<b>203</b>	<b>213</b>	<b>444</b>	<b>480</b>	<b>785</b>	<b>850</b>	<b>1635</b>

# **NOTIFICATION OF INFECTIOUS DISEASES – AGE DISTRIBUTION**

Age Group	Scarlet Fever		Whooping Cough		Measles		Dysentery		Acute Meningitis		Totals
	M	F	M	F	M	F	M	F	M	F	
Under 1 year	—	—	9	8	45	38	2	1	1	1	105
1 year	2	—	4	6	84	103	4	1	—	—	204
2 years	—	—	10	16	96	125	1	2	—	—	224
3 years	—	—			102	103	4	1	—	—	210
4 years	1	2			100	94	1	—	—	—	224
5 – 9 years	6	8	14	13	243	273	1	5	—	—	563
10 – 14 years	1	2	1	—	6	9	—	2	—	—	21
15 – 24 years	1	3	—	—	8	3	1	1	—	—	17
25 years and over	—	2	—	—	3	5	4	2	1	—	17
Age unknown	1	—	—	—	14	13	1	—	—	—	29
<b>TOTALS</b>	<b>12</b>	<b>17</b>	<b>38</b>	<b>43</b>	<b>701</b>	<b>766</b>	<b>19</b>	<b>15</b>	<b>2</b>	<b>1</b>	<b>1614</b>



**NOTIFICATION OF INFECTIOUS DISEASES – AGE DISTRIBUTION (Contd.)**

Age Group	Acute Encephalitis		Typhoid Fever		Food Poisoning		Malaria		Ophthalmia Neonatorum		Totals
	M	F	M	F	M	F	M	F	M	F	
Under 5 years	—	—	—	—	—	—	—	—	—	—	—
5 – 14 years	—	—	1	—	—	2	—	1	—	—	4
15 – 44 years	2	—	—	1	5	2	1	—	—	—	11
45 – 64 years	—	—	—	—	3	—	—	—	—	—	3
65 & over	—	—	—	—	—	1	—	—	—	—	1
Age unknown	—	—	—	—	—	—	—	—	1	1	2
<b>TOTALS</b>	<b>2</b>	<b>—</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>21</b>

GRAND TOTAL    1614

21

1635

## NOTIFICATIONS OTHER THAN TUBERCULOSIS

The number of notifications received during the year decreased by 106; 1,635 cases of infectious disease being notified compared with 1,741 in 1969.

### CONTROL OF INFECTED INDIVIDUALS

Public Health Inspectors visit the dwellings of persons known to be infected or having been in contact with an infectious disease where advice, surveillance or exclusion from normal occupation may help to prevent the spread of the disease.

Where necessary specimens from patients or samples of suspected food are collected and submitted for investigation to the Public Health Laboratory whose services in this connection are invaluable.

### TYPHOID FEVER

Two notifications only were received:

1. A boy, aged 8 years, returned from a ten week stay in Bombay on the 2nd October. On the 5th he became unwell and was admitted to hospital. Typhoid fever was diagnosed on the 8th October. Bacteriological examination of specimens from his parents proved negative and no further cases resulted.
2. Mrs. S. returned to this country from Naples on the 20th October, having attended a wedding party there on the 13th. She became ill on the 5th November and was admitted to hospital where a diagnosis of typhoid fever was confirmed. Her husband and two family contacts were all employed by a catering firm in another Borough. These were excluded from work while specimens from them and four other home contacts were examined. All were negative and no further cases came to light.
3. Following a routine bacteriological test during a hospital confinement, Mrs. O. was found to be a carrier of typhoid fever, although this result was not available until after she had been discharged. She and her baby were re-admitted to an isolation hospital and all known hospital and home contacts were traced. Four adults were excluded from work and four children from school.

This proved to be a rare Salmonella Phage Type 51 about which little was known but efforts to trace the source of infection failed and specimens from contacts were negative. No secondary cases occurred.

4. An auxillary nurse at a hospital in Lambeth was found to be a carrier of typhoid fever. She lived in another Borough and fortunately had worked



a few days only in the hospital. Specimens were taken from discharged patients who might have been at risk but no infected cases were found.

### **DIPHTHERIA**

1. A Council employee, who lived in another Borough, was reported to be a contact of a Diphtheria carrier. The man was excluded from work. Nose and throat swabs of the man and his workmates were taken and his nasal swab showed diphtheria to be present. All other swabs proved negative and no other cases developed.

### **DYSENTERY**

34 persons were notified as suffering from dysentery and following investigation of these a number of carriers of the disease came to light. Frequently one or more carriers are found amongst a patient's home contacts and those are kept under surveillance until cleared.

Following reports of diarrhoea occurring in children in a play group associated with a particular block of flats, a combined investigation by Health visitors and Public Health Inspectors was carried out. Some 150 families were visited and where necessary specimens were taken. The play group was discontinued during this time. Five cases or carriers were discovered and a potentially large outbreak was successfully contained.

### **FOOD POISONING etc.**

20 cases of food poisoning (notified plus other cases coming to notice through laboratory examination of specimens), mainly due to Salmonella infection, were considered to be directly due to infected food, 4 cases of *S. Virchow* resulting from a party held at Sunbury-on-Thames and 3 cases of *S. Isangi* originating in a holiday camp in Dorchester.

In the remaining cases the source of infection was not established and 15 other cases appeared not to be directly associated with food.

A case of Salmonella Parama occurring in a private nursery required close surveillance and many frequent specimens before the matter could be closed, the disease being especially persistent in the patient.

A cook, living in another Borough but employed in Lambeth, had to be excluded from work for a number of weeks, also due to *S. Parama*. In this case the Council were required to pay compensation to the man for loss of earnings, but as his place of employment was a large establishment with a wide-spread clientele his exclusion from any form of food handling was essential.



## **EPIDEMICS**

No one outbreak of any disease reached epidemic proportions but prompt action in the early stages of any known or suspected case is an essential factor in the prevention of spread of disease. For this reason close liaison and co-operation is maintained between Boroughs, and Schools, Nurseries and Hospitals play a large part in supplying early information of epidemic threatening situations.

In this field it is unusual to encounter less than full co-operation from organisations, businesses and members of the public once the need has been explained.

## **INTERNATIONAL**

Individuals arriving in this country from areas abroad where certain diseases are prevalent and who are unable to produce satisfactory evidence of vaccination are notified that they will be placed under surveillance during the period of incubation of the disease. Information from ports of entry was received in respect of 22 persons coming from smallpox infected areas and 5 from cholera areas. All were visited and kept under surveillance. No cases developed.

An increasing number of people spending holidays abroad risk infections other than those covered by the international regulations, principally typhoid fever and other salmonella infections. At the request of employers a number of specimens from such persons engaged in food handling were taken for examination. These were in all cases satisfactory but at least 5 of the cases reported under "Food Poisoning" were probably contracted abroad.

## **SCOPE OF SERVICE**

225 visits were made by Public Health Inspectors in connection with communicable diseases during 1970. An unrecorded number of visits was also made by non-technical staff for the collection of pathological specimens and their delivery to the laboratory for examination.

## **SCARLET FEVER**

Twenty-nine cases were notified compared with forty-seven in 1969.

## **WHOOPING COUGH**

There was an increase in the number of cases notified, eighty-one compared with forty in 1969.

### MEASLES

There was a reduction in the incidence of measles, 1,467 cases being notified compared with 1,521 in 1969. The majority of the cases occurred in the last quarter of the year.

### ACUTE MENINGITIS

Three cases were notified, compared to fourteen cases in 1969.

### ACUTE ENCEPHALITIS

Two cases were notified this year; there were no cases last year.

### MALARIA

Two cases were notified compared to three in 1969.

### OPHTHALMIA NEONATORUM

Two cases were notified compared to three in 1969.

### SALMONELLA INFECTIONS (NOT FOOD BORNE) INCIDENTS AND CASES

CAUSATIVE AGENT	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES notified or ascertained	TOTAL	TOTAL No. of cases COLS. 2 + 4 + 5
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained		No. of outbreaks and sporadic cases COLS. 1 + 3 + 5	
	1	2	3	4	5	6	7
1. S Typhimurium			1	3	5	6	8
2. Other Salmonellae			2	4	3	5	7
3. TOTAL			3	7	8	11	15

Details of Salmonella infections due to Salmonella other than S. Typhimurium (not food borne)

Type of Salmonellae							
St. Paul			1	2		1	2
Enteritidis			1	2		1	2
Anatum					1	1	1
Un-named					2	2	2
TOTAL			2	4	3	5	7



**TUBERCULOSIS**  
**CORRECTED NUMBER OF NOTIFICATIONS RECEIVED**

**DURING THE YEAR 1970**

AGE	RESPIRATORY		OTHER		MENINGES, and C.N.S.		TOTAL
	M	F	M	F	M	F	
Under 1 year	—	—	—	—	—	—	—
1 year	1	1	—	—	—	—	2
2—4 years	2	1	1	—	—	—	4
5—9 years	1	—	—	2	—	—	3
10—14 years	2	—	—	—	1	—	3
15—19 years	1	2	1	1	—	—	5
20—24 years	4	6	—	—	—	—	10
25—34 years	10	5	4	4	—	—	23
35—44 years	6	5	—	1	—	—	12
45—54 years	9	4	2	2	—	—	17
55—64 years	14	4	—	1	—	—	19
65—74 years	6	—	—	1	—	—	7
75 & over	—	1	—	—	—	—	1
Age unknown	1	—	—	—	—	—	1
<b>TOTAL</b>	<b>57</b>	<b>29</b>	<b>8</b>	<b>12</b>	<b>1</b>	<b>—</b>	<b>107</b>

Male

Female

Cases of fatal tuberculosis not notified before death.

2

2

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

**REPORT ON CHEST CLINIC WORK 1970**

The following tables are extracts from the Annual Return of Chest Clinic work as now prepared for the Department of Health & 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, 1970.

	Men	Women	Children	Total
Number of cases (including both out-patients and in-patients)				
Respiratory	555	382	11	948
Non-Respiratory	24	15	—	39
TOTAL	579	397	11	987

Number of cases included above whose broncho-pulmonary secretion was positive during the year ..... 31

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, 1970.

		Men	Women	Children	Total
Respiratory Non-bacteriologically confirmed.	Group I	9	11	4	24
	Group II	—	—	—	—
	Group III	—	—	—	—
	TOTAL	9	11	4	24
Respiratory Bacteriologically confirmed.	Group I	2	—	—	2
	Group II	8	3	—	11
	Group III	8	1	—	9
	TOTAL	18	4	—	22
Non-respiratory		2	1	1	4
TOTAL NEW CASES		29	16	5	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. The figure of 26 total new respiratory cases represents double that for the previous year 1969.



TABLE 3:

	Respiratory Tuberculosis				Non-Respiratory Tuberculosis			
	Men	Women	Children	Total	Men	Women	Children	Total
Number of cases diagnosed during the year 1970	14	10	2	26	2	—	—	2
Deaths	5	1	—	6	—	—	—	—

**Deaths:**

There were 6 deaths among chest clinic patients, directly attributable to tuberculosis — the lowest figure ever recorded. All were respiratory cases and there was only one female death. This occurred in an aged lady of 85 years, neglected and living alone whose tuberculosis was not discovered until it proved to be her fatal illness. Similar circumstances attended the death of a lone aged man who collapsed and died undiagnosed until at post-mortem examination. One male death occurred in a patient whose infection had become resistant to standard treatment preparations. As in previous years these deaths reflect problems arising from the onset of drug resistance and neglect in old age as a contributing cause of death.

TABLE 4: This table shows the steady decline in the number of cases on the register over a 20 year period, and the reduced mortality, but it also shows a steady incidence of new cases over the past eight years.

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
1970	* 987	50	6

\* Includes observation cases



### **Tuberculosis Incidence:**

There was an increased incidence of tuberculosis cases as compared with the previous year. Of the 28 new cases notified 13 were of overseas racial origin including 5 Jamaican, 6 Indians, 1 African and 1 Burmese. Both new non-respiratory cases were Indians suffering from glandular tuberculosis.

### **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, and of these 3 were occupied by patients admitted from the Council's Hostel for tuberculous men at Knight's Hill House.

### **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, 70 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.

I am indebted to Dr. H. J. Anderson for the following report on the work of St. Thomas's Chest Clinic for the year:—

REPORT ON THE WORK OF THE CHEST CLINIC,  
ST. THOMAS'S HOSPITAL, 1970

The overall pattern of work did not alter much. Each week there are six general chest sessions, one bronchitis session and one contact clinic, and a small research clinic.

There were fewer referrals from Mass X-ray, but more from general practitioners. The major increase in cases of carcinoma of the lung shows in the number of outpatient bronchoscopies arranged. Unfortunately most of these were only suitable for palliative therapy.

The hospital Social Service Department helped with the terminal arrangements for patients who could not be managed at home even with the help of the Council services, i.e. district nurses and home helps, and saw that their needs were supplied.

The Clinic continued to X-ray home helps, children who were positive skin reactors at school for the Borough's school B.C.G. programme.

There were several cases of T.B. meningitis admitted during the year. The majority of patients with active tuberculosis were treated by long term chemotherapy, following a short stay in hospital to establish treatment. Unfortunately the homeless vagrants among them are not easy to manage. The hostel for tuberculous men run by the Council has been very useful in resettling some of these men.

Statistics

66 notifications of tuberculosis —

57 men (10 immigrants)

13 women (3 immigrants)

6 children

Outpatient attendances 11,377

B.C.G. vaccinations 114 children  
38 babies

Outpatient bronchoscopies 51



I am indebted to Dr. J. G. S. McQueen for the following report on the work of Battersea Chest Clinic for the year :—

### ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH 1970

The part of the Borough of Lambeth included in the district covered by this Clinic is the comparatively small area lying north of Clapham Road. The natural "drainage" of medical cases, including tuberculosis, from this area has always been towards St. Thomas's Hospital. At one time, when tuberculous cases were over-plentiful, the hospital referred them to this Clinic for treatment, supervision and contact examinations but of late years the tendency has been for all these functions to be carried out at the hospital.

My Health Visitor still, of course, visits notified cases and has close liaison with Miss McCormack of St. Thomas's Chest Department. She is able to explore the contact situation more fully and bring in for examination the less obvious contacts which might otherwise be missed. She, of course, gives general counsel to the family and checks as to the taking of chemotherapy.

Apart from the routine supervision of old cases on the register there is thus very little work attracted to this Clinic from the Lambeth area and I find it difficult to find material worthy of inclusion in your Annual Report.

I think you already have the statistics relating to the work of the Chest Clinic as a whole but these relate, for by much the greater part, to the Borough of Wandsworth and must be of little interest to you. The only statistics relating to the Lambeth area which I can extract are as follows:—

<b>Tuberculosis Cases</b>		<b>On Notification Register 31.12.70.</b>			
<b>Pulmonary</b>	<u>Men</u> 81	<u>Women</u> 61	<u>Boys</u> 2	<u>Girls</u> 4	
<b>Non-Pulmonary</b>	<u>Men</u> 3	<u>Women</u> 5			
<b>New Notifications 1970</b>					
<b>Pulmonary</b>	<u>Men</u> 2	<u>Women</u> 8			
Removed from Register by death		5			
Contacts given B.C.G.		7			



## Section C

### Personal Health Services

## PERSONAL HEALTH SERVICES

### MATERNITY AND CHILD HEALTH SERVICES

There are fourteen Maternity and Child Health Centres in the Borough, some in purpose-built or adapted accommodation and others in rented premises. The new purpose built Streatham Common Maternity and Child Health Centre was officially opened on 28th May, 1970. 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 arrangements were made for the provision of a branch clinic in a ground floor flat at Ferndale Court, rented from the Housing Department. Sessions provided at the clinic include child health, vaccination and immunisation, cervical cytology and family planning. The clinic opened in February, 1970.

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; attendances were 32 and 516 respectively. The service



is provided in conjunction with that for schoolchildren, 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 73,222 attendances at child health and toddlers' sessions and 1,273 attendances at ante-natal and post-natal clinic sessions. The Council provides facilities at some centres for general practitioner obstetricians to see their own booked maternity patients and 195 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 1,541 sessions during the period at which 18,268 attendances were made.

### CHILD HEALTH CENTRES

#### Number of children attending during the year

Born in 1970	4,460
Born in 1969	4,754
Born in 1965-1968	6,302
Total	15,516

#### Number of sessions held during the year by

Medical Officers	303
Health Visitors	35
Sessional General Practitioners	2,613
Hospital Medical Staff	107
Total	3,058

Number of children referred elsewhere	876
Number of children on "at risk" register at the end of the year	534



## 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	207	9
Subsequent visits	309	23
Total visits	516	32

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

16	1
----	---

#### Treatment provided during the year:—

Number of fillings	422	36
Teeth filled	362	34
Teeth extracted	65	1
General anaesthetics given	19	—
Emergency visits by patients	33	—
Patients x-rayed	1	4
Patients treated by scaling and/or removal of stains from teeth	79	6
Teeth otherwise conserved	184	—
Number of courses of treatment completed during the year	105	2

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

—

Patients supplied with other dentures

1

Number of dentures supplied

2

#### C. General anaesthetics administered by Dental Officers

—

#### D. Inspections during year — First inspections

219	15
-----	----

Patients in above who required treatment

160	15
-----	----

Patients in above who were offered treatment

160	15
-----	----

Number of dental officer sessions (i.e. equivalent half days) devoted to maternity and child welfare patients during the period

69.6

## CERVICAL CYTOLOGY SCREENING SERVICE 1970

Six clinics were held each week at five centres in the Borough, three daytime and three evening clinics.

Nearly 2,000 (1989) women were screened in our own clinics during the year. 204 tests were repeated and 7 cases were positive. Several large firms in the Borough were approached to co-operate in the screening of their female staff. Where facilities existed, special sessions were held on the firm's premises.

If this was not possible, publicity material was displayed and the Personnel Officer arranged appointments in our regular clinics.

There has been a good response from those women first tested when the scheme started in 1966, who were invited to come for a repeat test three years later.

All those originally tested in 1966 have now had repeats and all those tested in 1967 have been called.

There are encouraging signs that more older women (over age 35) are coming forward now. In the fourth quarter of 1970 69% of those screened were over 35 years and only 31% were under 35. This reverses the previous trend when more young women came forward.

Our health visitors and clinic doctors have been actively encouraging those women most at risk of cervical cancer, i.e. those over 35 and in social classes IV and V to come forward but unfortunately these are still the women most reluctant to do so.

In 1970 only a very small number of those screened came from social class V.

Clinic	Number called	Number examined	Results		
			Negative	Positive	Retaken
G.P.O. 136 Streatham H. Rd.	26	19	15	—	4
Pratts of Streatham	54	52	44	1	7
Riggindale/Streatham Com.	527	399	302	1	96
South London Hospital	498	390	340	1	49
Moffat	184	127	108	2	17
West Norwood	328	270	264	—	6
Loughborough	1,026	732	705	2	25
<b>TOTAL</b>	<b>2,643</b>	<b>1,989</b>	<b>1,778</b>	<b>7</b>	<b>204</b>

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



## FAMILY PLANNING IN 1970

1970 was the first full year since 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 for medical reasons or on grounds of social hardship. Married or single women are seen. Patients under 16 can have a general talk with the doctor but are not given contraceptives without the consent of a parent or guardian. Over the age of 16 this does not apply, but anything discussed between a patient and a Family Planning doctor is treated as confidential and is not divulged to a third party without the consent of the patient.

When in the judgement of the F.P.A. doctor an oral contraceptive (the pill) is to be chosen, the patient is told that her family doctor must be consulted but this will be done only with her consent. If she refuses her consent, the F.P.A. doctor uses her professional judgement to give the appropriate advice.

There have been some changes in the Lambeth Family Planning Clinics. At Easter, the Annie McCall Hospital closed and the I.U.D. session was transferred to the Outpatients Department at the South London Hospital. This was followed by the transfer of the session from the Rose McAndrew Clinic in Lingham Street to a new clinic in the temporary accommodation unit at Ferndale Court.

In early summer the Welfare Centre in Riggindale Road was closed and all sessions including family planning were transferred to the new Streatham Common Maternity and Child Health Centre at the junction of Baldry Gardens and Streatham High Road.

There has been an increase in total clinic patients from 6,737 in 1969 to 7,985 in 1970. To accommodate these a session was started at Streatham Hill centre in Kirkstall Road and an extra weekly session is now held at Lambeth Hospital Clinic. The move to Ferndale Court made it possible for a whole day to be set aside for Family Planning and at these sessions IUD's can be fitted when required.

The busiest clinic in the Borough is the Clapham Clinic at the South London Hospital. There are five sessions a week, three of which are double doctor sessions.

At the request of the hospital medical staff, arrangements were made for a senior family planning nurse to see mothers attending Post Natal clinics to give advice on birth control methods, and this has proved most successful. Emergency supplies were issued and an appointment made for one of the family planning clinics held in the same premises. The nurse has now been asked to visit the maternity wards in order to make contact with those who do not attend the post natal clinics.



There are now in all eighteen sessions a week in the Borough. Sixteen are run by the Family Planning Association and include six double doctor sessions; the remaining two sessions are run by the International Planned Parenthood Federation and are held at King's College Hospital.

The Domiciliary Family Planning service continues to give help to those who, although needing advice about birth control, are unable or unwilling to attend our Family Planning clinics. Referrals are channelled through the Health Department and as most of these women have young children it is mainly the health visitors who are the link with the Domiciliary Family Planning teams. Success in preventing unwanted children is largely dependent on their co-operation received and that of the family doctors whose permission to visit is always sought. An increasing number of women are now being weaned from the domiciliary service to the regular clinics.

As a half-way measure in this weaning process, monthly clinic sessions at Moffat Child Health Centre are held by the domiciliary doctor specifically for her patients who live in Louise Court, an 'intermediate accommodation' block of flats. A nurse is available to fetch those who fail to attend, but the proportion who keep their appointments unaided is most encouraging.

There were 166 new domiciliary cases during 1970 including a high proportion of immigrant mothers; the total number of mothers visited was 244 and the total number of visits was:—

389 by the doctor and 665 by the nurse.

Much educational work has been done by showing films and giving talks to young adults in schools, colleges and youth clubs.

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

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

### HEALTH VISITING

Although the major demand on health visitors' time has been the care of mothers and young children, a continuing increase in the number of visits to the homes of the elderly and to the mentally ill, have been reported and also of visits of these individuals to the centres.

The overall staffing position has remained satisfactory. When difficulties do arise, additional efforts of the staff concerned ensure that standards of work do not suffer.

During the year the first three attachments of health visitors to group medical practices were established. Discussions were taking place by the end of the year to extend this pattern of work to three other groups. The chief problem encountered is the overlapping of general practitioners' areas and the fact that a practice can have patients in as many as seven local authorities areas. Even within the Borough boundaries, a practice can have patients living in the areas of twelve Child Health Centres. There was at the end of the year a total of fourteen centres.

The long awaited Streatham Common Child Health Centre was officially opened by the Mayor on May 28th; all the services previously provided at Riggindale Centre were transferred to the new premises, as were all the staff. It has been possible to expand group health education and to treat school children for minor ailments. By the end of the year the increase in attendances at the new centre provided evidence of the advantages of having more satisfactory accommodation; the centre also provides accommodation for the home help service.

### HEALTH VISITING

#### Cases visited by Health Visitors:—

Children born in 1970	5,530
Children born in 1969	6,624
Children born in 1965-68	15,528
	27,682
Persons aged 65 and over	558 *
Mentally disordered persons	350 $\phi$
Persons, excluding Maternity cases discharged from hospital (other than Mental Hospitals)	59 +
Number of Tuberculous households visited	31
Number of households visited on account of other infectious diseases	74
Other Cases	5,408
Number of Tuberculous Households visited by Tuberculosis Visitors	394
Total number of effective visits and re-visits	86,491
Total number of unsuccessful visits	18,164

\* Included in this figure are 116 persons who were visited at the special request of the general practitioner or hospital.

$\phi$  Included in this figure are 22 persons who were visited at the special request of the general practitioner or hospital.

+ Included in this figure are 21 persons who were visited at the special request of the general practitioner or hospital.



## **REGISTRATION OF NURSERIES AND CHILD MINDERS**

Investigations leading to the approval, rejection or withdrawal of applications for the registration of nurseries or child minders, and the subsequent supervision of those registered were the responsibility of nursing officers. Health visitors continued to visit regularly to advise on the care of the children involved. In the majority of cases the first approach of prospective child minders was to the health visitor.

The increase in the number of new applications for registrations of premises slowed down, probably because of lack of suitable accommodation not already in use at the time of the day required. The majority of premises registered as day nurseries are in fact pre-school playgroups open for sessions of from 2 to 2½ hours, but to accord with the requirements of the Nurseries and Child Minders Regulation Act they are registered as day nurseries. These groups provide a valuable service to the community.

The number of new applications for registration as child minders averaged 16 per week and it would seem that this may be a continuing pattern. A successful course for playgroup helpers was arranged at the new Streatham Common Centre, which seemed to be both enjoyable and helpful to those who attended and provided an opportunity for discussion of problems within the group.

During the year two well attended meetings of playgroup leaders took place at the Town Hall. These meetings have proved to be a valuable aid to understanding and co-operation between nursing officers and the playgroup leaders.

The sponsorship scheme continued to provide a means whereby children most in need of the service were able to attend playgroups regardless of ability of parents to pay the fee. Health visitors nominated selected children and fees were covered by the Council.

## **DAILY MINDERS AND REGISTERED NURSERIES**

Nurseries and Child Minders Regulation Act 1948

Number of Premises registered at the end of the year	58
Number of places	1,303
Daily minders registered at end of year	298
Number of children minded at end of year	668

## **Domiciliary Midwifery**

Both the total numbers of home confinements and the proportion of them taking place at home continued to fall during the year. The number of early



discharges after hospital confinement, which had been rising steadily for several years, seem to have levelled off. A large part of the Borough was covered by midwives directly employed by the Council, and smaller areas by the Lambeth District Nursing Association and South London Hospital acting as the Council's agents.

**Attendance by midwives:—**

Confinements	
Doctor not booked	7
Doctor booked	316
Number of hospital cases discharged to midwife before tenth day	734

**ANTE-NATAL AND POST NATAL CLINICS**

**Number of Sessions held by:—**

Medical Officers	16
Midwives	36
Sessional General Practitioners	144
Number of women attending for ante-natal examination	460
Number of women attending for post-natal examination	18

**Mothercraft and Relaxation Classes**

**Number of women attending:—**

(a) Hospital booked	37
(b) Domiciliary booked	47
Total	84
Total number of attendances	207

**MIDWIVES ACT 1951**

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

During the year 235 midwives notified the Council of their intention to practise in the Borough.

### Students and Visitors to the Nursing Services

As in previous years visitors to the nursing services came from many countries, the furthest away being Japan. Following the Japanese visit a pamphlet was received giving an account of the visit but was alas in Japanese, so whether complimentary or otherwise will never be known.

Hospital student nurses formed the largest single group totalling over 600 during the year. Other students included those studying economics, social sciences, teaching, child care and speech therapy.

Twelve health visitors students from the Polytechnic of the South Bank and Croydon Polytechnic received their practical experience in the centres and a total throughout the year of 36 student midwives received part of their training in the Borough.

### Ancillary Staff

Clinic nurses and clinic auxiliaries made a valuable contribution to the nursing services. After a period of in service training the majority of clinic nurses become school nurses and undertake duties offering greater responsibility and scope.

School nursing duties in secondary schools throughout the Borough are undertaken by school nurses. Primary schools are the responsibility of health visitors.

## HEALTH EDUCATION

As in 1969, expansion of the service has continued, and, as was hoped, contacts made then have developed into more lasting liaisons, Regular teaching sessions in adolescents' homes, a teachers' training college etc. are now established, adding to the sessions already taking place in schools, colleges of further education, mothers' clubs, hospitals and Mother & Baby Homes.

Participation in the training and examining of St. John's Ambulance and Red Cross Association member, when requested, continues and speakers to church mothers' clubs, youth clubs and schools are still supplied.

A weight watchers club run by the school nurse in a primary school is enthusiastically attended and has been the first of similar clubs to be formed in other schools.

Mothers' clubs have increased in number and size, the programmes providing a fine balance between entertainment and education. Crèches have proved their



worth in giving relief from their children to the mothers attending, and it is felt that these clubs have definite therapeutic value. At one club 6th form girls from a local grammar school have joined the mothers at their meetings — a useful contact for both groups.

Working parties planned and prepared stands for the Dental Care Exhibition and the Safety Exhibition, and staff manning them found the young — and not so young — members of the public an interested audience.

The Health Education Sub-Committee continued to meet monthly, choosing material for display, discussing types of display, reviewing new material and generally disseminating information. The enthusiasm of the staff is reflected in the increasing demands for material made to the Department.

### IN-SERVICE TRAINING 1971

Training this year has covered a wide spectrum. As well as attending courses on Family Planning, Film Projection, Hearing Test Techniques and other subjects closely allied to their every day work, staff have been seconded to courses emphasising rehabilitation within the community, e.g. "stroke" patients, spina bifida children, epileptics, renal dialysis etc.

A study day on Health Education in schools for nursing staff was arranged. A Head Teacher, himself an enthusiastic health educator — spoke on the need to integrate health education into the school curriculum, and a member of the I.L.E.A. Health Education Team spoke on sex education in Junior Schools.

A course for Playgroup Helpers — held in the new Streatham Common Child Health Centre — was well attended, and the fact that many participants asked for an extension of the course may be some indication of the interest shown.

The Playgroup Leaders requested — and received — a lecture on First Aid in Playgroups, and a talk from a Nursing Officer in the D.O.H.S. on Mental Handicap. A film and the sincere concern of the lecturer highlighted the needs of the mentally handicapped within the community and in residential care.

The Home Help training continued with visits of interest, and nursing staff continue to participate in the training of House Mothers at Shirley Oaks.



## DAY NURSERIES

Once again in 1970 — the ten day nurseries (596 places) in the Borough provided a stable, secure and happy environment for several hundred children.

The demand for places was as high as in previous years and the waiting list of priority cases reached over four hundred. In addition to admissions from the waiting list many emergencies were dealt with, so helping to prevent the break up of families. Emergencies are greater and more frequently occurring where there is mental illness and stress in the family, often in the mother. It is children of these families who benefit most from nursery stability and regular discipline. Facilities for part-time attendance have been particularly useful for these children by giving the mother sufficient relief without taking the child away from her for the whole day or into residential care.

Each nursery had in its groups a proportion of handicapped children, some severely so, but where there was mental retardation as well as physical handicap, the aim has been to place the child in Tulse Hill Special Unit. The Unit accepts nine children, who are able to get a great deal of attention from the three staff. It has been very gratifying to the parents and to the nursery staff to see the tremendous progress some of the children have made.

As always, staffing the day nurseries has not been an easy task, and much time has been spent on selection and interviewing, as well as on maintaining good contact with education establishments and with a staff who have left for further experience, some of whom one hopes will return to nursery work.

The Department has an establishment of sixty nursery students gaining practical experience in the seven training nurseries as part of the two year National Nursery Examination Board Course and examination. Over the past few years, as a result of widening contacts, the great improvement in the courses themselves and in the standard of examination, it has been possible to be selective in the choice of students, so that only one out of every three applicants has been employed.

All students but one passed the N.N.E.B. examination during the year, and all remained for at least a short period as staff nursery nurses. Later a few were sent on to further training in teaching, nursing or to gain further experience.

Two matrons attended and greatly enjoyed the Annual Conference of the National Association of Nursery Matrons.

Several staff were able to go to refresher courses at Southwark Day College, and benefitted from the courses and discussion of new ideas amongst staff from various nursery establishments.

The domestic arrangements once again brought problems. Night cleaners are established in nearly all nurseries which has been a tremendous help to the matrons. They no longer have the responsibility of recruiting domestic staff, nor is there, except rarely, the need to divert nursing staff to domestic duties. However, cooking has become an increasing problem, since all but one of the cooks who had given years of excellent service, have left. It has been necessary to make more use of frozen foods, and they have proved to be nutritious, attractive, time and labour saving, and easy to prepare and cook.

During the Autumn, it was with regret that we bade farewell to Mrs. E. Brooks, Matron of Coldharbour Lane Day Nursery, who joined the nursery as matron when it was opened by Lambeth Metropolitan Borough Council during the war days in 1942.

Christmas for the children in the nurseries was as gay and colourful as always, but the staff were feeling a little apprehensive about the coming changes in 1971, when the service will become part of the new Directorate of Social Services. I am confident, however, that all the matrons and their staffs will continue to give an excellent service to the children of Lambeth, and great support to the many parents with whom they have daily contact.

### 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	4
Number of approved places	548	48
Average daily attendance	468	31
Number of children on register at the end of the year	593	74

\* Places set aside in day nurseries  
for part-time attendance:

1 attendance = 2 part-time attendances















## OBSERVATION/HANDICAP REGISTER

As in the previous year the Observation/Handicap Register has concentrated on two aims; the early identification and registration of a handicapped child and the promotion of any necessary medical and/or social action for the handicapped child. On 31 December 1970 there were 640 children on the Register. During the year many names were taken off either because the chronic condition from which they initially suffered was successfully treated in paediatric departments of hospitals or the general or specific delay in development was overcome by the appropriate action in the community.

On the approach of their 5th birthday many of the children from the Observation/Handicap Register are referred to the School Health Service with a recommendation for admission to ordinary schools, without any reservations, as they have learned to manage their handicap. Some children referred to the School Health Service and recommended for ordinary school still need supportive therapy in one form or another. Small numbers are recommended for special schools, and the severely mentally handicapped children for one of the Junior Training Schools. In many cases the choice between ordinary school or special school for the rising 5 is dictated not solely by the degree to which the child's physical handicap limits his normal functioning, but by the additional environmental hazards such as lack of acceptance and security within the family, absence of appropriate training in self-reliance through either parental neglect or parental over-protection. Happily, the majority of parents display common sense and loving concern in dealing with their handicapped children, often under most taxing circumstances. The difficulties in promoting clean habits and the appropriate daily routine in a severely mentally handicapped child where the family lives in an overcrowded house with an outdoor shared lavatory, without bathroom or hot water are extreme. Often it is impossible for a mother to keep hospital or clinic appointments if, for instance, she has to carry her heavy, incapacitated 4-year-old spastic child up and down five flights of stairs twice daily; and who would look after the rest of her young family if she fell? A great deal of assistance is needed for the families of handicapped children in Lambeth, in the form of various community facilities.

To recommend the appropriate provisions, both good judgment and a great deal of accurate up to date information is essential. The information should come directly from those who deal most closely with handicapped children, namely, the parents. With this in mind, a survey of how families of severely mentally handicapped children live in Lambeth is being planned and will begin in the early part of 1971.

The day nurseries continue to admit handicapped children in numbers not exceeding 10% of their population. A considerable number of handicapped children do not attend day nurseries because of lack of vacancies, and yet this service means a great deal to the families, and most of all to the child. There are, however, some handicapped children, the nature of whose disability is such that,



for them, a day nursery placement is not quite appropriate. Such children may find the setting over-stimulating, or may require longer spells of one-to-one relationship with a member of staff for the channels of communication even to begin to function. There are strong indications that a special day nursery for handicapped children is required and that it would play an important role in providing diagnostic observation of the child and preparing him for entry to an ordinary nursery. Some play groups do offer a few sessions to handicapped children. It is hoped that in the future all of them will do so.

Multi-handicapped children under 5 are placed in a Special Care Unit attached to Tulse Hill Day Nursery. The long waiting list for admission to this Unit clearly indicates that more Special Care Units for the under-fives are needed.

### **DEVELOPMENTAL ASSESSMENT OF YOUNG CHILDREN**

This comparatively new branch of paediatrics is based on the knowledge of normal and abnormal progress of a child in all aspects of his development. The methods applied in this examination are simple and, in experienced hands, almost infallible. The advantage of Developmental Assessment is that it discovers delays and deviations of development in pre-clinical stages and enables early corrective action to be taken.

In Lambeth, several special Developmental Clinics are regularly held by three doctors in different parts of the Borough. One clinic is held, together with a psychiatrist and psychologist from a hospital for the subnormal. Unfortunately, due to family commitments, two doctors can give only a limited number of sessions. It seems that much more Developmental Assessment will need to be undertaken by clinical doctors at Child Health Centres as otherwise the waiting list for children referred to Developmental Assessment Clinics will become unduly long, and the early corrective steps will be unavoidably delayed.

The average number of Developmental Clinics held in the Borough is eleven per month. One session takes place in the Child Health Department at King's College Hospital, and is carried out by one of Lambeth's Senior Medical Officers.

The close co-operation between Observation/Handicap Register and hospitals in this area of London leads to an exchange of reports, information and personnel. A consultant from the Manor Hospital is involved in the Developmental Assessment in the Borough, while a senior medical officer from the Lambeth Health Department holds Developmental Assessment Clinics in King's College Hospital, and carries out teaching sessions for the undergraduates. A senior medical officer from St. Thomas' Hospital attends Developmental Clinics in the Borough and is about to undertake clinical sessions in a Special Care Unit at one of the Junior Training Schools. There is close co-operation with Queen Mary's Hospital for Children at Carshalton, which takes the majority of our short-term

care children and provide full physical and mental assessment while the children are in hospital. This essential provision applies, unfortunately, only to those children who live in the catchment area of S.W. Regional Hospital Board. Some general hospitals (Belgrave, King's College, St. Thomas' and St. George's) who are not strictly bound by the catchment area, help to relieve social pressure on the families of handicapped children by admitting them, at our request, for several weeks of rest. Very often the severely mentally handicapped child creates great problems for the staff in Children's Medical Wards, but never yet has a socially needy child been refused, and this is greatly appreciated by us.

King's College Hospital hold regular four-weekly conferences with the representatives of local authorities, to discuss the action for physically damaged children, integrating all available services.

It would be appropriate to finish this report by stating the aims which guide the work of the Observation/Handicap Register: it is to develop the capacities of handicapped children "spiritually, intellectually, socially and physically to the highest level consistent with the degree of their handicap, with due regard to the welfare of their families and of the public generally". (Guy Wigley).

(Sgd) Dr. O. Nietupska  
Senior Medical Officer

### OBSERVATION/HANDICAP REGISTER

Number of children under the age of 5 on the Register December 1970	640
Severe mental handicap	90
Generalised convulsions	77
Social deprivation resulting in, or aggravating, physical handicap	43
Gross hearing defect	31
Spina bifida	12
Severe visual defect	8
Progressive crippling disability	2
Still under investigation and observation — for diagnosis	377



Severely mentally handicapped children under the age of 5 on Observation/  
Handicap Register – December 1970.

Date	1970	1969	1968	1967	1966	Total
Boys	3	8	11	13	15	50
Girls	2	6	9	12	11	40
Both Sexes	5	14	20	25	26	90

OBSERVATION/HANDICAP REGISTER – December 1970

Mongol Children – under the age of 5

Date	1970	1969	1968	1967	1966	Total
Boys	1	3	2	6	4	16
Girls	1	4	5	6	5	21
Both Sexes	2	7	7	12	9	37

One Mongol boy is of average intelligence and, therefore, is not included in the table.

MEAN AGE OF PARENTS OF MONGOL CHILDREN

AT THE BIRTH OF A MONGOL CHILD

Mongol boys		Mongol girls	
Father 34.3		Father 37.4	European
Mother 34		Mother 37	
Father 51.3		Father 43.6	Jamaican
Mother 43.6		Mother 41.6	

This sex/parental age ratio may not be significant owing to small numbers involved, but certainly is of some interest.

**OBSERVATION/HANDICAP REGISTER – December 1970**

**Other Handicaps amongst severely mentally handicapped children  
under the age of 5**

		1970	1969	1968	1967	1966		Grand Total
Cerebral palsy	B		4	3	2	1	10	16
	G			4	1	1	6	
Spina Bifida	B						—	3
	G	1		1	1		3	
Severe vision defect	B	1	1	2	1	1	6	12
	G	1		2	1	2	6	
Severe hearing defect	B			1		2	3	5
	G				1	1	2	
Severely multi- handicapped	B		2	5	4	2	13	24
	G			4	4	3	11	

## MEDICAL OFFICER OF HEALTH'S ANNUAL REPORT 1970

### SERVICE TO OTHER DEPARTMENTS

#### Medical Examination of Staff

This service has continued, as in previous years, with a slight increase in the total number of persons examined. Amongst those entrants who were given a full medical examination were some with symptoms who required further investigations.

All of these were referred to their family doctor and the majority were, in due course, recommended as fit for appointments in the various departments. A few considered to be in an "at risk" category were advised to consider, and accepted, alternative placements.

Advice regarding protection against infectious diseases in staff exposed to the hazards of these in the course of their work, continued to be given.

Particular emphasis was laid on the risks to staff working with children in the community and in residential establishments.

The problems relating to sick staff still continued to occupy a disproportionately large part of the time of the Senior Medical Officer responsible for staff medical supervision. There are, however, no short cuts in this field. Time is of the essence of many of the measures required to solve these problems. Much thought, discussion and careful evaluation of the many factors involved in each individual's situation, is necessary. The picture of the total environment and the pattern of his/her reaction, have to be identified in order to make constructive and useful decisions with regard to the best methods of rehabilitation, which will provide suitable placement and job satisfaction. It is, however, rewarding and worthwhile work of inestimable value, not only to the individuals concerned, but to the department in which they work. There is no doubt that this service should now be expanded and extended in the direction of a preventive health service for all employees, providing a regular screening service and a health education programme which defines occupational hazards and orientates employees and management towards the concept of the importance of the working environment and job satisfaction in relation to the health of the individual in its widest context.

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



Staff Medicals 1970

	<u>Men</u>	<u>Women</u>	<u>Total</u>
Health	26	394	420
Administration & Legal	35	12	47
Social Services (Welfare)	68	166	234
Social Services (Childrens)	26	158	184
Development	145	Nil	145
Public Services	271	3	274
Amenities	3	12	15
Housing & Property	8	80	88
Other Authorities	8	2	10
TOTAL	<u>590</u>	<u>827</u>	<u>1,417</u>

Advisory Service to the Children's Department

During 1970, close liaison continued to be maintained with the Children's Department, the Senior Medical Officer from this department providing advice on the medical aspects of child care. Residential nurseries, family homes and hostels for children in care were visited at least once during the year. In some of the new hostels opened by the Children's Department to provide for children with special difficulties (as also in some of the existing hostels), new medical and social problems became apparent. Many of these may well be due to the cumulative effect of the "permissive society" and the subtle pressures of the mass media on children already deprived of stable home backgrounds. The provision of specialised advice and support for staff in these establishments enabled most, if not all, of the problems to be contained and for the level of tolerance to stress to be raised.

In one large group of children's family homes, which for many years had their own primary and nursery school attached, it was possible to appoint a School Medical Officer who provides regular school medical inspections and works closely with the children's family doctor, and the specialist services in the School Health Service. Consultation, advice and guidance as required, continued to be given to child care officers by a Senior Medical Officer working closely with the Children's Department.

In consultation with the Children's Officer, local Consultant Paediatricians and Psychiatrists, Family Doctors, various voluntary organisations and other interested parties, a procedure for dealing with battered baby syndrome was set up. The responsibility for dealing with the day-to-day implementation and co-ordination of this procedure as between the various bodies involved, rests with the Senior Medical Officer who acts as adviser to the Children's Department and with a Senior Nursing Officer in the Health Department. So far, the procedure has worked quite satisfactorily.

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

## **PREVENTION OF BREAK-UP OF FAMILIES**

### **STANDING COMMITTEE FOR CO-ORDINATION**

The Committee continued to meet quarterly, first under the Chairmanship of Mr. S. J. G. Smith, Director of Administration and Legal Services, and twice under Mr. A. R. Taylor, Education Officer. It was still very much concerned with saving families with high rent arrears from eviction and evidence of the causes of breakdown in these hard core families was supplied for the Greves report on Homelessness.

The Arrears Sub-Committee which had been set up in July 1969, continued to meet every fortnight under the chairmanship of Mr. Smith. Children's, Health, Housing and Welfare Directorates undertook to provide case work for the most vulnerable families — 39 families were helped and rent guarantees given when appropriate and in the cases where the Department of Health and Social Security paid the current rent matching payments were guaranteed. Several of the families proved to need continued case work. Though the Arrears Sub-Committee were unable to discuss cases in great depth the case work provided by this Committee did lessen the need for Case Conferences.

sgnd. T. Watts (Miss)

## **HEALTH SERVICES**

### **Family Caseworkers**

Family Caseworkers deal with specially difficult families, with multiple problems, who need more time and individual help than can be given by normal field workers if family breakdown is to be prevented, not only through rent arrears, but also through marital disharmony, promiscuity, prison sentences, drink and, increasingly often, drugs, all of which render the children particularly vulnerable to neglect.



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.

The need for more family caseworkers in the Health Service became apparent and in 1970 a senior caseworker was appointed to carry a small case load and to supervise the 3 full-time caseworkers as well as some of the casework undertaken by the School Health Social Workers for the Borough.

The full time case workers carried a case load of 12 – 17 families and the School Health Social Workers 3 – 5. Families were referred through interdepartmental Case Conferences, Rent Arrears Sub-Committee and a few through the Special Investigation Clinics.

Caseworkers found that families referred for Rent Arrears and other debts often had more deepseated problems, debts were merely the presenting problem. There were several cases of severe marital disharmony and a small increase of cases of unsupported mothers.

The Caseworkers continued to have the regular advice and support of Dr. Isaacs (Psychiatrist, the Maudsley Hospital) in the treatment and recognition of mental illnesses.

In the advent of the new Social Services Directorate forming in 1971 the Caseworkers in the Health Services would be absorbed into the Area Generic Teams.

(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 person'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 45,078, 36,707 were vaccinated by the Council's doctors and 8,371 by general practitioners.

	<u>Primary</u>	<u>Reinforcing</u>
Diphtheria	4,556	6,508
Whooping Cough	4,122	2,956
Tetanus	4,574	6,837
Poliomyelitis	4,779	6,532
Smallpox	2,198	209
Measles	1,805	—
Rubella	2	—

It is estimated that 73% of the population aged 0 — 4 had been immunised against diphtheria.

A new vaccine has been developed and Local Health Authorities were asked to offer protection against rubella to schoolgirls aged 13 because of the known association of certain foetal abnormalities with rubella infection in pregnancy. The first injections were given in December, 1970.

# IMMUNISATION AND VACCINATION 1970

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

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963-66		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	1,446	2,388	222	38	25	3	4,122
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	6	14	17	28	158	191	414
5. Diphtheria	—	—	—	—	—	20	20
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	4	34	38
8. Salk	—	—	—	—	—	—	—
9. Sabin	1,423	2,405	256	81	287	327	4,779
10. Measles	9	612	481	269	367	67	1,805
11. Rubella	—	—	—	—	—	2	2
12. Total – Diphtheria	1,452	2,402	239	66	183	214	4,556
13. Total – Whooping cough	1,446	2,388	222	38	25	3	4,122
14. Total – Tetanus	1,452	2,402	239	66	187	228	4,574
15. Total – Poliomyelitis	1,423	2,405	256	81	287	327	4,779



# **IMMUNISATION: REINFORCING DOSES – NUMBER OF PERSONS UNDER AGE 16**

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963-66		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	9	811	1,840	134	145	17	2,956
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	2	21	88	74	2,539	803	3,527
5. Diphtheria	—	—	4	1	13	7	25
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	56	298	354
8. Salk	—	—	—	—	—	—	—
9. Sabin	6	808	1,885	203	2,575	1,055	6,532
10. Total – Diphtheria	11	832	1,932	209	2,697	827	6,508
11. Total – Whooping cough	9	811	1,840	134	145	17	2,956
12. Total – Tetanus	11	832	1,928	208	2,740	1,118	6,837
13. Total – Poliomyelitis	6	808	1,885	203	2,575	1,055	6,532

**SMALLPOX VACCINATION**

Age at date of vaccination	Number of persons vaccinated (or revaccinated during period)	
	Number vaccinated	Number revaccinated
0 – 3 months	—	—
3 – 6 months	5	—
6 – 9 months	14	1
9 – 12 months	15	1
1 year	1,235	2
Total under 2 years	1,269	4
2 – 4 years	759	27
5 – 15 years	170	178
Total (persons)	2,198	209

## **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 3,971 patients on chest clinic registers at 31 December, 1970. T.B. health visitors made 3,419 effective home visits and 148 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.G.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 schoolchildren each year and during the period 339 contacts and 2,294 school-children were vaccinated.

## **TUBERCULIN TEST AND B.C.G. VACCINATIONS**

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

### **A. CONTACTS (Circular 19/64)**

(i)	Skin tested	660
(ii)	Found positive	409
(iii)	Found negative	251
(iv)	Vaccinated	339

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

(i)	Skin tested	2,851
(ii)	Found positive	503
(iii)	Found negative	2,348
(iv)	Vaccinated	2,294



### Home Nursing

The Lambeth District Nursing Joint Committee 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 5,855 patients of whom 4,524 were newly referred and a total of 154,703 visits was made by the nursing staff.

During the last 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.

Arrangements are made for the loan of home nursing equipment which is required by patients being nursed in their own homes. Larger or more expensive items of equipment are supplied direct by the Health Department. Smaller articles are supplied through medical loan depots of the British Red Cross Society which receives a grant from the Council.

#### HOME NURSING

Total number of persons nursed during the year	5,657
Number aged under 5 at first visit during the year	570
Number aged 65 and over at first visit in the year	2,870
	<hr/>
Total number of visits during the year	154,703
	<hr/>

**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	—	—	—	—
3. Homes on the register at the end of the year	6	45	114	159

## LOAN OF NURSING EQUIPMENT AND FIREGUARDS

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

<u>Articles Delivered</u>		<u>Returned</u>
Armchair Commodes	260	181
Stool Commodes	60	77
Tripod Walking Aids	9	3
Penryn Hoists	6	4
Homecraft Walking Aids	12	7
Zimmer Walking Aids	6	9
Hospital Beds	8	8
Mattresses	6	3
Dunlopillo Mattresses	3	4
Plastic Mattress Covers	6	—
Adult Cot Beds	2	1
Back Rests	19	16
Bed Cradles	19	11
Easi-carri Hoists with slings	4	2
Fracture Boards	45	23
Fireguards	24	2
Rubber Sheeting 36"	80½ yards	—
Ripple Bed — Hire from Talley Surgical Co.	9	9
Ripple Bed (Property of London Borough of Lambeth)	2	—

## INCONTINENCE

Supplies of incontinence pads (38,812) and Padding Rolls (92) have been issued to 593 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	18
Medium	22
Large	17

Protective liners (19,700) were issued to 58 patients.



## MENTAL HEALTH SERVICES

### 1. Social Work Services

There was a further expansion of the mental health social work services during the year following the setting up of the pilot area social services office at Clapham. A senior mental health social worker together with two team members moved to the area office to operate on an inter-disciplinary basis with social workers from the Children's and Welfare Departments. The remainder of the Borough continued to be covered by three area teams based in Blue Star House.

### 2. Day Care Services

(a) Junior Training Schools. The new Windmill School, Mandrell Road, S.W.2., was officially opened by the Mayor in July. The building is of advanced design and provides excellent facilities, including a therapeutic pool, for 114 children. As a result, it has been possible to close the Streatham Junior Training School and to withdraw the children who were attending the Manor Hospital School, Epsom. The Clapham Junior Training School, which will eventually be replaced by a new building in Monkton Street, S.E.11, continues its valuable work in the meantime. Under the Education (Handicapped Children) Act 1970, all Junior Training Schools will be taken over by the local education authorities.

(b) Adult Training Centres. The Council's first purpose built Adult Training Centre is due to open in Somerleyton Road, S.W.9. in 1971. In the meantime, mentally handicapped adults continue to attend the Clapham Adult Training Centre and also the Training Centre at the Manor Hospital, Epsom.

(c) Day Centres for the Mentally Ill. The Council's first day centres are due to open in 1971, at the South Western Hospital, Landor Road, S.W.9., and Riggindale Road, S.W.16. Lambeth residents, in the meantime, attend day centres situated in other London Boroughs and also the Crossways Rehabilitation Centre.

### 3. Residential Care Services

At the end of the year a total of 78 persons (22 mentally ill and 56 mentally handicapped) were in residential care at the Council's expense. Extensive use was made of accommodation provided by other local authorities and voluntary agencies as plans for Lambeth premises are still in the future. These include plans for accommodation for both mentally handicapped children and adults.

### 4. Mentally Handicapped Children and Adults

With effect from January 1971, under the Local Authority Social Services Act, these services will be transferred from the Directorate of Health to the Directorate of Social Services with the exception of Junior Training Schools which will be taken over by the Inner London Education Authority on 1st April 1971.

A. J. Shriever

# **MENTAL HEALTH**

**Number of persons under Local Health Authority care at 31st December 1970**

		Mentally Ill				Elderly mentally infirm*	Psychopathic				Mentally handicapped				Severely Mentally handicapped				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)	
1	Total number	2	1	171	116						40	27	69	57	83	89	80	67	802
2	Attending workshops, day centres or training centres (including special units) day nurseries			13	9						26	15	13	13	62	66	49	39	305
3	Awaiting entry to workshops, day centres, or training centres (including special units)										4	2			8	9			23
4	Receiving home training										3	1			2	1			7
5	Awaiting home training																		
6	Resident in L.A. home/hostel			2	1														3
7	Awaiting residence in L.A. home/hostel																		
8	Resident in other home/hostel			9	10						2	4	13	8	5	7	4	10	72
9	Boarded out in private household												1			2			3
10	Attending day hospital																		
11	Receiving home visits and not included in lines 2 – 10	(a) suitable to attend a training centre																	
		(b) others	2	1	147	96						5	5	42	36	6	4	27	18

# MENTAL HEALTH

Number of patients awaiting entry to hospital, admitted for temporary residential care, or admitted to guardianship during 1970

		Mentally Ill				Elderly Mentally Infirm	Psychopathic				Mentally Handicapped				Severely Mentally Handicapped				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)
1	Number of persons in L.H.A. area on waiting list for admission to hospital at end of year.																			
	(a) In urgent need of hospital care															3	2	2		7
	(b) Not in urgent need of hospital care											2					4	1		7
	(c) Total											2				3	6	3		14
2	Number of admissions for temporary residential care (eg to relieve the family)																			
	(a) To N.H.S. hospitals											2	-	1	-	12	7	3	-	25
	(b) To L.A. residential accommodation											-	-	-	-	-	-	-	-	-
	(c) Elsewhere											-	3	-	-	8	-	3	-	14
	(d) Total											2	3	1	-	20	7	6	-	39



# MENTAL HEALTH

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1970

	Guardian	Mentally Ill				Psychopathic				Mentally Handicapped				Severely Mentally Handicapped				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
	Other																	
	Total											1						1

## MENTAL HEALTH

Number of persons referred to Local Health Authority during year ended 31 December 1970

Referred by		Mentally Ill				Psychopathic				Mentally Handicapped				Severely Mentally Handicapped				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)	
(a)	General practitioners			30	64			1					1					96
(b)	Hospitals, on discharge from in-patient treatment			64	54			3	1			5	2	3	1	5	—	138
(c)	Hospitals, after or during out-patient or day treatment	1		41	86					1	1	4	6				1	141
(d)	Local education authorities		1	5	8					10	6	25	20	7	8	1		91
(e)	Police and courts			13	23							1	1					38
(f)	Other sources	4	2	222	308					16	6	19	20	10	19	3	2	631
(g)	Total	5	3	375	543			4	1	27	13	54	50	20	28	9	3	1135

## MENTAL HEALTH

### WORKSHOPS, DAY CENTRES AND TRAINING CENTRES AS AT 31 DECEMBER 1970

**TABLE 1** – Workshops, or day centres for the mentally ill

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

**TABLE 2** – Training centres for the mentally handicapped or severely mentally handicapped (including special units)

	Age group provided for	Number of premises	Places	
			Junior	Adult
3	Under 16	3	183	—
4	16 and over	1	—	90
5	Junior and adult			
6	Total	4	183	90

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

1	Special Units within training centres	7	Premises	2
		8	Places	22
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 of organisation	Places in workshops or day centres for the mentally ill	Places in training centres for the mentally handicapped or severely mentally handicapped		Places in special units for the severely mentally handicapped
			Junior	Adult	
Places made available to other authorities or to hospitals (include in tables 1 – 3)	11 Local authority			2	1
	12 Hospital				
	13 Total			2	1
Places made available to the authority by other authorities or organisations (do not include in tables 1 – 3)	14 Local authority	11	5	4	
	15 Hospital			27	
	16 Other organisations	10	1	5	
	17 Total	21	6	38	1

TABLE 5 – Adjusted figures for places

Net number of places available to the authority	Workshops or day centres		18	Line 2 + line 17 – line 13	21
	Training centres (including special units)	Junior	19	Line 6 + line 17 – line 13	189
		Adult	20	Line 6 + line 17 – line 13	128
	Special units		21	Lines 8 + 10 + 17 – line 13	22

# MENTAL HEALTH

## HOMES, HOSTELS, SOCIAL CENTRES AND CLUBS AS AT 31 DECEMBER 1970

TABLE 1 – Homes and hostels

Age group provided for	For the mentally ill		For the mentally handicapped or severely mentally handicapped		
	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 mentally handicapped or severely mentally handicapped	
					Junior	Adult
Places made available to other authorities or to hospitals (Include in table 1)	9	Local authority				
	10	Hospital				
	11	Total				

TABLE 2 – continued

Places made available to the authority by other authorities or organisations (Do not include in table 1)	12	Local authority	3			
	13	Hospital				
	14	Other organisations	19		18	35
	15	Total	22		18	35

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. Mentally handicapped or severely mentally handicapped				
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	22
	For the elderly mentally infirm		21	Line 6 + line 15 – line 11	
	For the mentally handicapped or severely mentally handicapped	Junior	22	Line 4 + line 15 – line 11	19
		Adult	23	Line 4 + line 15 – line 11	35



PUBLIC HEALTH ACT 1936, (sections 187 to 194)

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

RETURN OF MENTAL NURSING HOMES REGISTERED AT 31 DECEMBER 1970

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	Mentally handicapped or severely mentally handicapped	Mentally Ill	Psycho-pathic	Mentally handicapped or severely mentally handicapped	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) St. Michael's Convent	22						22	Yes
(b)								Yes / No
(c)								Yes / No
(d)								Yes / No
(e)								Yes / No
(f)								Yes / No
Total								

Number of registrations during 1970 which were (a) refused None (b) cancelled None

**PUBLIC HEALTH ACT 1936 (sections 187 to 194)**

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

**RETURN OF MENTAL NURSING HOMES AUTHORISED TO DETAIN PATIENTS AT 31 DECEMBER 1970**

**PART I**

Number of admissions during 1969

	Mentally ill		Psychopathic		Mentally handicapped		Severely mentally handicapped		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						12				12
(b) Compulsory admissions for observation under Section 25										
(c) Compulsory admissions for observation under Section 29										
(d) Compulsory admission 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										

## PART I (continued)

Number of admissions during 1969										
	Mentally ill		Psychopathic		Mentally handicapped		Severely mentally handicapped		Total	
	M	F	M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(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										
(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						12				12



## PART II

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

Action taken at end of period of detention	Mentally Ill		Psychopathic		Mentally handicapped		Severely mentally handicapped		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						12				12
(e) Died in mental nursing home										

Note (1) If a patient completes more than one period of observation, each period should be counted.

### PART III

Number of cases of use of compulsory powers:— (a) and (b) — following informal admission  
(c) and (d) — prior to informal residence

Action taken	Mentally Ill		Psychopathic		Mentally handicapped		Severely mentally handicapped		Total	
	M	F	M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Patients detained under section 25 or 29 when already in the home on an informal basis										
(b) Patients detained under section 26 when already in the home on an informal basis										
(c) Patients remaining on an informal basis after detention in the home under S 25 or 29										
(d) Patients remaining on an informal basis after detention in the home under S 26										

# PART IV

Number of patients resident in mental nursing homes (including any temporarily absent and expected to return)  
on 31 December 1970

Category of patient	Mentally ill		Psychopathic		Mentally handicapped		Severely mentally handicapped		Total	
	M	F	M	F	M	F	M	F	M	F
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Patients subject to detention under the Act but excluding any detained under S 30(2)										
(b) Mentally disordered patients not subject to detention but including any temporarily detained under section 30(2)						12		10		22
(c) Other patients										



## CHIROPODY

Last year the Council decided that the chiropody service administered by Lambeth Old People's Welfare Association, to which the Council made a grant covering the full cost of the service, should be transferred for direct operation by the Directorate of Health Services. This included the work in seven foot clinics, two private surgeries, four voluntary establishments. Full integration was achieved by 1 April 1970. Treatment is now provided by the Council at 22 centres for certain priority classes, including the aged, expectant and nursing mothers, school children, and the handicapped. In addition a domiciliary service is provided for patients who are housebound.

During the year 35,511 treatments were given to 6,555 patients.

In addition, the department provides chiropody service in Welfare Department old people's homes. Service was provided for 763 people and 2,951 treatments were given.

### CHIROPODY SERVICE

#### Details of statistics on chiropody treatment year ending 31st December 1970

##### Number of persons treated during year ending 31st December 1970

		By local authorities (1)	By voluntary observations (2)	Total (3)
1.	Persons aged 65 and over	7,271	175	7,446
2.	Expectant mothers	1	—	1
3.	Others	46	—	46
	Total	7,318	175	7,493

##### Number of treatments given during year ending 31st December 1970

1.	In clinics	24,216	509	24,725
2.	In patients' homes	9,174	—	9,174
3.	In old peoples' homes	2,951	—	2,951
4.	In chiropodists' surgeries	1,612	—	1,612
	Total	37,953	509	38,462

## HOME HELP SERVICE

### Offices

Plans were implemented during the year for reorganisation of the services into four instead of three areas, as at the end of last year, and for the provision of home help support in the area covered by the Pilot Area Social Services Office, 361 Clapham Road. The fourth home help area office is located at Clapham Baths, Clapham Manor Street, the North area office was moved from Offley Road to 157 South Lambeth Road, and the South office from Riggindale Road to Streatham Common Maternity & Child Health Centre.

### Staff

Organising staff comprised one senior organiser, three organisers and nine assistant organisers assisted by eight full-time and one part-time clerical staff.

### Home Visits

10,721 home visits were made by the organising staff in 1970, compared with 9,131 visits made in 1969.

### Home Helps

At the end of the year there were 441 Home Helps working in the Borough; 87 Home Helps were working full-time (40-hour week) and 354 working part-time.

Approximately 612,700 hours were worked in households during the year. Time spent travelling between households accounted for a further 54,000 hours.

The turnover of staff continued to be high, at about 35%.

During the year 1,914 new applications for the services of a home help were received, and 2,993 households were receiving help at the end of the year. 92% of patients were aged 65 and over, 5% were chronic sick and the remainder were made up of maternity, T.B., and various acutely sick people; morning and evening help was also supplied to families with children.

10,212 hours of help were given during the year to 41 families, involving 157 children who, without support of the home help service, might otherwise have been received into care.

(signed) 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 203 holidays were provided as follows:—

Expectant and nursing mothers and children under five	62
Psychiatric patients	16
Persons of pensionable age	73
Other adults	52

With effect from January, 1971, under the Local Authority Social Services Act, this service will be transferred from the Directorate of Health to the Directorate of Social Services. Medical advice on the selection of suitable persons for holidays will continue to be provided by the Directorate of Health Services.

## Section D

### Environmental Health Services

The number of food premises subject to these regulations is shown below:

72 summonses were issued during 1970 involving 12 defendants.

67 Conditions were obtained and fines totalling £377 were imposed with £78 costs. In addition one defendant was fined £100 on a charge of failing to comply with the regulations.

Inspection in the exercise of duties by the Food Hygiene Inspectors is shown below:

Greenhouse and fruit	17
Grocery and provisions	17
Fish shops, wet, dry and frozen	17
Butchers and butcheries	17
Butchers	17
Food factories and warehouses	17
Public houses, off-licences	17
Milk distributors	17
Ice-cream premises	17
Hot food premises	17
Registered premises	17

Hot food premises	17
Registered premises	17
Hot food premises	17
Registered premises	17
Hot food premises	17
Registered premises	17
Hot food premises	17
Registered premises	17
Hot food premises	17
Registered premises	17

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

### **FOOD HYGIENE AND CONTROL OF SALE OF CERTAIN FOODS**

All premises (from market stalls to large factories) where food is prepared, stored or offered for sale are subject to regular inspection by Public Health Inspectors. Advice is given on the types of construction, fittings and equipment that are available and owners and staff are instructed in the best methods of handling and rotating stocks. Particular emphasis is placed on the hygiene necessary to prevent food poisoning.

### **FOOD HYGIENE (GENERAL) REGULATIONS 1960**

Where premises do not meet the requirements of the statutory regulations, owners are informed and if necessary court proceedings are instituted.

72 Summonses were issued during 1970 involving 15 defendants.

67 Convictions were obtained and fines totalling £377 were imposed with £78 costs. In addition one defendant was fined £1 for obstructing a Public Health Inspector in the execution of his duty.

The number of food premises subject to these regulations is shown below, grouped in categories of trade carried on in them.

Greengrocery and fruit	192
Grocery and Provisions	368
Fish shops, wet, dry and fried	81
Bakers and bakehouses	101
Butchers	134
Confectioners	349
Restaurants, cafes, canteens & clubs	218
Delicatessen	13
Food factories and warehouses	17
Public houses, Off-licences	340
* Dairies	2
* Milk distributors	222
* Ice-cream premises	1,118
* Preserved food premises	199

\* Registered premises.



### Milk (Special Designation) Regulations, 1963

The numbers of milk licences in force are as follows:—

Dealers (Pasteurisers)	2
Dealers (Ultra Heat Treated)	Nil
Dealers (Pre-packed)	
Untreated	Nil
Pasteurised	209
Sterilised	181
Ultra Heat Treated	101

### THE FOOD HYGIENE (MARKET STALLS & DELIVERY VEHICLES)

#### Regulations 1966

Public Health Inspectors carry out frequent inspection of stalls in the recognised street markets and, also the vehicles of itinerant vendors of ice-cream etc.

27 Summonses against 13 defendants resulted in 24 convictions for offences against the regulations. Fines of £74 together with £24 costs were imposed.

2,642 routine visits were made to food premises by District Public Health Inspectors in 1970. The activities of Food Inspectors are reported upon under the heading of "Food and Drugs".

### CONTROL OF DRAINAGE & PLUMBING WORKS

Drainage and plumbing plans and works of all new buildings and alterations to existing buildings are checked by Public Health Inspectors, with regard to drainage and other aspects of legislation which may apply to the building.

Consultation with the Directorate of Civil Engineering & Public Services and owners, architects, surveyors and builders is entailed, and detailed advice is given in the planning stages and as the work proceeds.

When buildings are demolished efforts are made to trace and properly seal off all disused drains as failure to do so can lead to rat infestation.

Plans for new drainage examined	130
Tests applied	1,647
Plans for alterations examined	411
Tests applied	840
Disused drains sealed	325

## **ABATEMENT OF NUISANCES OTHER THAN REPAIR OF DWELLINGS**

These nuisances cover a wide range of matters which can affect the environment.

Where owners fail to carry out the necessary works, these are carried out in default directly through an approved panel of builders, or, in the case of underground drainage work, by the Director of Public Services.

Notices were served in respect of nuisances found as under:—

### **Public Health Act 1936**

Section 39.	Provisions as to drainage etc. of existing buildings	473
Section 45.	Buildings having defective closets capable of repair	270
Section 56.	Yards and passages to be paved and drained	2
Section 75.	Provision of dustbins	91
Section 83.	Cleansing of filthy or verminous premises	6
Section 84.	Cleansing or destruction of filthy or verminous articles	1

### **Public Health Act 1961**

Section 17.	Remedying of stopped-up drains	116
Section 34.	Removal of accumulations of rubbish in the open air	181

### **L.C.C. (G.P.) Act 1925**

Section 33.	Fencing of sites	16
-------------	------------------	----

### **G.L.C. (G.P.) Act 1967**

Section 23.	Restoration of water supply	1
-------------	-----------------------------	---

## **NOISE ABATEMENT ACT 1960**

### **Section 1.**

25 complaints of noise nuisance were received and investigation confirmed a nuisance in 16 of these. 15 were remedied after informal action and 1 after the service of an abatement notice.

### **Section 2.**

One ice cream vendor was prosecuted and fined £8 with £3 costs.

Investigations into complaints of noise is often protracted, necessitating visits at night and at week-ends, and when a nuisance is found to exist it may be necessary to consult engineers regarding the best practical method of reducing noise or vibration levels.



### FACTORIES ACT 1961

This table is enclosed by a request of the Secretary of State for Employment and Productivity to indicate to Medical Officers of Health the prescribed particulars which are required by Section 153(1) of the Factories Act 1961, to be furnished in their Annual Reports with respect to matters under Parts I and VIII of that Act which are administered by the District Council. This table, which is not intended to supersede the fuller statement which is desirable in the text of the Report, should be attached as an annex to the Report.

#### 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 †	21	5	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,171	259	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority †† (excluding out-workers' premises)	17	15	—	—
TOTAL	1,209	279	—	—

† To prevent any differences between the lists kept respectively by the Local Authorities and H.M. Inspectors of Factories of the numbers of factories in which sections 1, 2, 3, 4, and 6 of the Factories Act, 1961 are enforced by Local Authorities, it is requested that Local Authorities should compare their lists of factories with the lists kept by H.M. Inspectors of Factories.

†† i.e. Electrical Stations (Section 123(1)), Institutions (Section 124) sites of Building Operations and Works of Engineering Construction (Section 127), Slaughterhouses, (Section 175(1)(d) and (e)) and Railway Running Sheds (Section 175(2) and (10)).



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	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
(1)	(2)	(3)	(4)	(5)	(6)
Want on cleanliness (S.1)	1	1	—	1	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventiaition (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	1	1	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	1	1	—	1	—
TOTAL	3	3	—	3	—

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	212					
Household linen						
Lace, lace curtains and nets						
Curtains and furniture hangings	6					
Furniture and upholstery	3					
Electro-plate						
File making						
Brass and brass articles						
Fur pulling	9					
Iron and steel cables and chains						

**Part VIII of the Act (continued)**

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	10					



**Part VIII of the Act (continued)**

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)
Brush making						
Pea picking						
Feather sorting						
Carding, etc. of buttons etc.	85					
Stuffed toys	18					
Basket making						
Chocolates and sweetmeats						
Cosaques, Christmas stockings, etc.	3					
Textile weaving						
Lampshades	17					
TOTAL	367	—	—	—	—	—

### REGISTRATION OF CERTAIN PREMISES

Premises which require to be registered because of the trade or business which is carried on there are first inspected for suitability and after registration periodical re-inspections are made.

Registered premises are as follows:—

Rag Flock and other Filling Materials	6
Pt. II Poisons	119
Pet Shops	14
Hairdressers & Barbers	224
Massage & Special Treatment	38
Riding Establishments	3

Veterinary inspection of riding establishments is carried out by the Veterinary Surgeon of the Corporation of London as an agent of the Council.

This Officer is also available for inspection of animal boarding establishments.

### DISEASES OF ANIMALS ACT

Arrangements have been made for the Corporation of London, who have the essential veterinary staff, to enforce all the necessary provisions of the Act, as agents of the London Borough of Lambeth.

No formal action under the Act, or Orders made thereunder, was necessary during the year.

A cat's death, in circumstances suggesting the possibility of rabies, was followed by the death of a rabbit at the same premises. The brains of both animals were subjected to tests at the Central Veterinary Laboratory but both Fluorescent Anti-body test and Histological examination were negative for Rabies.

### CLEAN AIR

Smoke Control Orders have now been made under the Clear Air Act 1956 covering 3,954.61 acres and some 69,247 premises. This is slightly more than half the total number of premises to which Smoke Control will be applicable when extended to the entire borough.

The Target Year for 100% Smoke Control is 1976.

As a result of a forecast shortage of solid smokeless fuel, Smoke Control Orders covering some 40% of the total premises in existing controlled areas were suspended for part of the year. In the event the winter proved relatively mild and no difficulties in obtaining fuel were reported. 215 instances of smoke nuisance were abated after informal action and 10 contraventions in connections with the sale of fuel were dealt with without the necessity of legal proceedings.

In industrial premises 20 plans of new furnaces were submitted and accepted, alterations being required in 8 cases, and a similar number of applications in respect of chimney heights were approved after alteration in 7 cases.

## PEST CONTROL

### RODENT CONTROL

Surface infestations of rats are steadily diminishing. Treatment of sewers, prompt sealing of disused drains of demolished premises and thorough investigation of complaints are all factors contributing to this decline.

On the other hand, complaints of mouse infestation more than compensate for the diminution of rat complaints. Mice becoming resistant to Warfarin, which is a basic ingredient of most rodenticides on sale to the public, has led to an increase in appeals for help from the Council from many people previously themselves coping with minor infestations.

Comparative figures are shown below:—

	<u>1969</u>	<u>1970</u>
Complaints	3,032	3,397
Investigations	3,695	4,388
Revisits	7,026	8,097
Baitings	6,409	6,898
Rat-Infestations	1,149	918
Mice-Infestations	1,846	2,479
Drain Tests	62	54

Treatment in domestic premises is carried out free of charge, but a charge is made for Commercial premises and owners of the latter are encouraged to employ private contractors to ease the demand on the Council's staff.

Sewer treatment is carried out in conjunction with the Directorate of Civil Engineering and Public Services and involves the baiting of some 3,500 manholes.



## **PIGEON CONTROL**

Flocks of feral pigeons which reach proportions causing a considerable nuisance are reduced as far as practicable by a private contractor working under the general direction of the Public Health Inspectors.

The pigeons are almost entirely dependent on members of the public as there are few natural sources of food in Lambeth.

## **CONTROL OF FOXES**

Reports of foxes being seen in the Streatham and Norwood areas are increasing but as yet no evidence exists that they constitute a health hazard or serious nuisance. It may become necessary however for some form of control and in the event of rabies occurring in the locality immediate measures would be essential.

## **DISINFECTION AND DISINFESTATION**

### **At Wanless Road and on Domestic Premises**

Disinfection is less used in the prevention of spread of disease than it was formerly, but the disinfestation of insects of many kinds now forms a large part of the work of the Disinfecting Staff.

Of the parasitic insects, bed bugs required 349 visits, fleas 188 and lice 28, while wasps (218), cockroaches (160) and ants (129) were the most common of the household pests.

Other insects dealt with included various beetles, mites and maggots, and the minute Pharoah's Ant, infestations of which are extremely difficult to eradicate.

The staff are not infrequently called upon to do their work in conditions which are decidedly unpleasant. Apart from the merely verminous, premises, fouled with excrement, human or animal, and sites of murder, suicide and persons found dead after a period of time, are often nauseating to an extreme, and it is usually the Disinfectors' unenviable task to take the first steps in any clearing operation.

At the station, 12,721 articles were put through the stoving apparatus, including 8,605 items from the Tuberculosis Hostel and 366 books from Public Libraries.

### **Laundry Service for Incontinent Persons**

The collection and delivery of laundry in this service is made by the Disinfecting Staff. 53,805 articles were collected during 6,142 visits to 260 homes.

### **CONTROL OF FOOD & DRUGS ON SALE IN LAMBETH**

Samples of food and drugs on sale are regularly submitted to the Public Analyst for chemical examination and to the Public Health Laboratory Service for bacteriological examination.

1,568 informal and 291 formal samples of food yielded unsatisfactory reports from the Public Analyst in respect of 102 on analysis and 7 on labelling. Legal proceedings leading to a successful prosecution were taken in respect of an uncut loaf of bread containing a nail.

145 samples were submitted for bacteriological examination.

### **CONTROL OF IMPORTED FOOD**

Some food is imported directly into the country at a wharf in the Borough. Physical, chemical or bacteriological examination of the food is made before it is released for distribution for sale, any unsatisfactory consignments being destroyed, processed and repacked, re-exported or released for animal feeding under strict control.

### **CONTAINERS**

The Imported Food Regulations 1968 allowed food to be imported into the country without inspection at the port of entry. This food must be packed in sealed containers and inspection of the food is made at the final inland destination by the local Public Health Inspector.

The number of such containers consigned to food premises in Lambeth has increased considerably during the year. The Senior Public Health Inspectors (Food) are now being called upon to make decisions regarding large quantities of imported food of considerable value and during the year examined such diverse products as frozen pigeons, canned tomatoes, bales of bacon from various countries, casks of Sicilian lemon juice, canned slide, butter and wheat gluten.

Physical, chemical or bacteriological examination of the food is made before it is released for distribution, any unsatisfactory consignments being destroyed or processed.



## **INVESTIGATION OF UNSOUND FOOD**

The public are now more inclined to complaint about unsound foods with a view to action being taken to prevent similar articles being sold rather than as a means of obtaining recompense for the unsound food purchased. This trend is welcomed as it helps the Public Health Inspectors to obtain a better picture of the problem and is of assistance to manufacturers who generally are most helpful and are concerned to prevent their products being sold in an unsound condition.

Some seven million bottles of milk a week are processed in the Borough and this does give rise to a number of complaints of dirty milk bottles but the number of complaints compared to the number of bottles of milk produced is remarkably low.

Bread is one of the foods which is liable to mould growth and despite the fact that mould inhibitors are used in the manufacture of bread a fairly large number of complaints are received of mould in bread and these complaints increase in hot humid weather.

## **CONDEMNATION OF UNSOUND FOOD**

Unsound food found, as a result of inspection or complaint but mainly by voluntary surrender, is disposed of through the refuse disposal services of the Greater London Council or where possible by release to firms specialising in processing such commodities for use other than for human consumption.

24 tons 9 cwts of food were condemned including nearly 6 tons of carcase meat, over 3 tons of cooked meat and meat products, and some 5½ tons of canned meat and other foods. 8 tons 13 cwts of frozen foods were made unfit by the breakdown of freezer cabinets.

## **CONTROL OF FOOD FACTORIES, LARGE WHOLESALE DEPOTS AND STORES**

Three large milk depots, a large grocery store and three bacon factories are regularly visited by the Food Inspectors to ensure the maintenance of the highest standard of hygiene.

There are also factories making a wide variety of foodstuffs for sale within their own organisations including such things as sausages, meat pies and pastries of many different types.

During the year one of these factories commenced small scale manufacture or speciality ice cream products for sale by their own restaurants.



## ENVIRONMENTAL HEALTH EDUCATION

No special campaigns were mounted during 1970, but, in their daily contact with members of the public and food handlers particularly, the public health inspectors constantly advise and instruct on matters of hygiene.

Formal instruction or organised groups on any aspect of Public Health Inspection is readily given on request, and lectures were given to various schools and organisations.

## M.O.H. ANNUAL REPORT 1970

### HOUSING

The work of the Public Health Inspectorate covers many aspects of housing, in particular:—

1. the clearance of unfit areas of houses, individual unfit houses and parts of houses.
2. the modernisation and improvement of the existing housing stock.
3. the repair and maintenance of existing housing stock.
4. the prevention of overcrowding, control of multiple occupation and means of escape in case of fire.
5. the inspection of houses where qualification certificates are applied for.

#### 1. Clearance

During 1970 the Council declared four Clearance areas containing 252 houses with 996 persons. Twenty (20) houses were demolished.

#### 2. Individual unfit houses and Parts of Houses

Action was taken under Part II of the Housing Act 1957 in respect of twenty-three (23) individual unfit houses. Twenty-one (21) Closing Orders were made and two (2) Demolition Orders. Three Closing Orders were determined.

Twenty-nine Closing Orders were made in respect of parts of buildings, i.e. mainly underground rooms and attic rooms. Three undertakings not to use parts of buildings for human habitation were accepted.

3. The modernisation and improvement of the existing Housing Stock  
Housing Act 1964/69

331 applications for discretionary grant involving conversion and improvements were dealt with and 207 approved.

336 applications for standard grant were received and 167 approved.

4 applications for Special Grant (houses in Multiple Occupation) were dealt with and 1 approved.

Following representations from tenants under Section 19 of the Housing Act 1964 4 were improved.

Following informal and formal action under Section 15 of the Housing Act 1961 (provision of amenities) additional amenities were secured in 120 houses in multiple occupation.

4. The repair and maintenance of existing housing stock

The repair and maintenance of dwelling houses has been mainly obtained by using the provisions of the Public Health Acts in respect of nuisances but Section 72 of the Housing Act 1969 which amended Section 9 of the Housing Act 1957 was used to secure the repair of 19 houses, where substantial disrepair existed. Action under the provisions of the Public Health Acts resulted in 940 houses with defects being repaired.

During 1970 the Council made 100 Management Orders enabling them to apply The Housing (Management of Houses in multiple Occupation) Regulations 1962 to the houses. By informal and formal action, repairs and proper standards of management were secured to these houses. It is the standard procedure to require all houses in multiple occupation to be properly managed, repaired and kept in a clean condition and owners/tenants are made aware of this requirement by informal and formal action.

5. The prevention of overcrowding, control of multiple occupation and  
means of escape in case of fire

Overcrowding is still one of the major problems in dealing with multiple occupation and in order to deal with this the Council implemented a registration scheme in July. The scheme is in two parts (I) Informatory and (II) Regulatory.

The informatory part requires persons in control to register with the Council giving the occupation of the house with the amenities available. Part II requires the person in control to obtain prior approval before letting a house in multiple occupation.



The effect of the scheme will not be seen for some years but from July to December 509 were registered under part I and 2 under Part II. During the year the Council gave 146 Directions limiting the number of individuals or households or both that may occupy houses in multiple occupation.

Access by Officers is still a serious problem and it was found necessary to obtain 7 Warrants of Entry.

The provision of space heating for the occupants of houses in multiple occupation is mainly by portable oil heaters. These are often abused and ill used with a lack of maintenance.

The storage of paraffin is a major problem especially when houses contain several lettings, each wanting to store 5 to 10 gallons.

Many tenants store the paraffin in the staircase enclosure which in most cases is the only means of escape in case of fire. As much as 30 gallons has been found on staircases. This is a most dangerous practice and educating the Public not to do this is part of inspector's duties.

Means of escape in case of fire were provided in 135 houses. Informal action-secured 19, formal 66 and 50 were installed in default or by arrangement with the owners.

#### 6. Housing Act 1969 Section 60

Provision is made in this section for dealing with parts of buildings which cannot be provided with means of escape in case of fire at reasonable expense, i.e. tall buildings with attic rooms where secondary means of escape is impracticable or cost of installation is unreasonable.

These attics were made the subject of Closing Orders after consultation with the Greater London Council.

A total of 10,615 visits and revisits were made by the staff dealing with houses in multiple occupation.

Provisions is made in the Housing Act 1964 as amended by the Housing Act 1969 for local authorities to make a Control Order followed by a Compulsory Purchase Order where a house in multiple occupation is in such a state that living conditions in the house are such that it is necessary to protect the safety, welfare or health of persons living in the house.

This drastic action is only resorted to in certain cases where ordinary action has failed. Experience shows that this is when a house has been virtually abandoned and essential services are to be or have been disconnected. Three such



cases occurred in 1970. The Council made a Compulsory Purchase Order in respect of one house and acquired by negotiation the two other houses.

## 7. The Inspection of Houses where Qualification Certificates are applied for Housing Act 1969 Part III

This work has increased considerably and a by-product of this has been the repair and improvement of many houses.

### 1. Section 45 Qualification Certificates

(a)	Applications received	1,885
(b)	Applications granted	485
(c)	Refused	252
(d)	Withdrawn	136
(e)	Being processed	1,012

### 2. Section 46 Certificated of provisional Approval

(a)	Applications Received	110
(b)	Granted	52
(c)	Refused	Nil

## 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 London 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).

1. (a) The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1970.
- (b) All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after the analytical 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.

- (c) (i) The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar-General’s estimates at 30th June, 1970, was 321,260.
  - (ii) No houses were permanently supplied by standpipe.
  - (d) No artificial fluoride is being added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.
2. (a) The supply was derived from the following works and pumping stations:—  
River Thames — derived water via Hampton, Walton and Surbiton, and some wellwater from Honor Oak and Merton pumping stations.  
No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.  
The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets.
  - (b) On account of their hardness content and alkaline reaction the Board’s river and well water supplies are shown to be not plumbo-solvent. It should, however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed; this applies to copper, zinc, iron and also to lead.



**Average Results of the Chemical Examination of Water Supplied to the  
London Borough of Lambeth during 1970**

Milligrammes per litre (unless otherwise stated)

Description of the Sample (1)	Number of Samples Day of the month (2)	Ammoniacal Nitrogen (3)	Albuminoid Nitrogen (4)	Nitrate Nitrogen (5)	Oxygen abs. from $\text{KMnO}_4$ 4 hrs at $27^\circ\text{C}$ . (6)	B.O.D. 5 days at $20^\circ\text{C}$ . (7)
River Thames – derived	363	0.026	0.083	4.8	1.02	
Honor Oak	4	0.045	0.015	0.3	0.07	
Merton Abbey	3	0.015	0.021	0.8	0.12	

Description of the Sample	Hardness (total) $\text{CaCO}_3$ (8)	Hardness (non-carbonate) $\text{CaCO}_3$ (9)	Magnesium as Mg (10)	Sodium as Na (11)	Potassium as K (12)	Chloride as Cl (13)
River Thames – derived	274	79	5	27.7	5.6	40
Honor Oak	306	51				15
Merton Abbey	244	22				16

Description of the Sample	Phosphate as $\text{PO}_4$ (14)	Silicate as $\text{SiO}_2$ (15)	Sulphate as $\text{SO}_4$ (16)	Natural Fluoride as F (17)	Surface-active Material as Manoxol OT (18)	(19)
River Thames – derived	2.7	9	70	0.20	0.03	
Honor Oak				0.50		
Merton Abbey				0.50		

Description of the Sample	Turbidity units (20)	Colour (Burgess units) (21)	pH value (22)	Electrical Conductivity (micromhos) (23)
River Thames – derived	0.1	11	7.9	570
Honor Oak	0.4	5	7.4	520
Merton Abbey	0.3	6	7.3	480

# **BACTERIOLOGICAL RESULTS – YEARLY AVERAGES, 1970**

of the Water Supplied to the London Borough of Lambeth

BEFORE TREATMENT								AFTER TREATMENT				
Source of supply	Number of samples	Agar plate count per ml.		Coliform count		Escherichia coli count		Number of samples	Agar plate count per ml.		Coli-form count	E. coli count
		20-24 hours at 37°C	3 days at 22°C	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.	Count per 100 ml.		20-24 hours at 37°C	3 days at 22°C	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
River Thames – derived	8,259	31.9		37.91	17.3	53.58	4.7	3,710	8.0		99.92	99.97
Honor Oak	60	0.1	4	96.67	0.1	100.0	–	59	0.1	18	100.0	100.0
Merton Abbey	8	0.1	3	100.0	–	100.0	–	8	0.0	3	100.0	100.0

## 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 1970.

	Number 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	11-100	More than 100		
<u>Brockwell Park Lido</u>						
Summer	12	10	2	—	—	—
Winter	3	3	—	—	1	—
<u>Kennington Park Lido</u>						
Summer	14	11	1	2	1	2
Winter	5	4	—	1	1	1
<u>Shirley Oaks Residential Home</u>	22	20	2	—	—	—
<u>St. Martin-in-the Fields School</u>	18	18	—	—	1	—
<u>Parkside School</u>	12	12	—	—	—	—
<u>Ashby Mill School</u>	4	4	—	—	—	—



### **Brockwell Park Lido**

All samples were satisfactory during the summer season. During the winter season the water was hand dosed with chemicals, a procedure which is not as efficient as mechanical treatment. This was the probable cause of the presence on one occasion of a small number of Coliform bacteria.

### **Kennington Park Lido**

The results during the winter season were similar to those of Brockwell Park Lido. On one occasion during the summer season, there was a high Agar Count and E. Coliforms were present. There was no free chlorine present as the chlorinator had failed. Soon after it was repaired further sampling showed the condition of the water was satisfactory.

### **Shirley Oaks Swimming Bath**

All samples were found to be satisfactory.

### **Parkside School**

At the end of the school year, Parkside School amalgamated with Priory School to form Priory Park School. The swimming bath was taken over by Ashby Mill School. All samples were found to be satisfactory.

### **Dick Sheppard School**

The bath was closed for repair towards the end of 1969 for overhaul and construction work. It was out of use in 1970.

### **St. Martin-in-the-Fields School**

Apart from one sample, containing 2 Presumptive Coliforms per 100 ml., all samples were found to be satisfactory.

In general, the baths were maintained in a reasonably good condition throughout the year.

Special courses for schoolkeepers and Lido Superintendents were held dealing with plant maintenance, dosage control and routine tests for free chlorine content and pH value. The Scientific Branch collaborated with the Department of Mechanical and Electrical Services in drawing up a training scheme involving lectures, visits, practical demonstrations and discussions. It is hoped that there is now a greater understanding of the need for maintaining high standards necessary in bath management.

### HOUSING (MEDICAL GROUNDS)

During the year 1,485 cases were dealt with on the following grounds:—

#### Lambeth Borough Council

Health	1,218
Insanitary conditions	40
Special cases	19
Cases previously investigated and now rehoused by L.B.C.	165

#### Greater London Council

Health	25
Insanitary conditions	10
Cases previously investigated and now rehoused by G.L.C.	8

---

1,485

---

### HOME DIALYSIS MACHINES

During the period under review requests were made by Hospitals in Lambeth for the premises of four patients to be investigated with a view to adaptations being made for the installation of a Home Dialysis Unit. The premises of two of the patients being suitable, such adaptations were authorised, and, in liaison with other departments of the Council the work of adaptation was satisfactorily carried out, free of charge to the patients.

One patient, who lived in property owned by the Greater London Council which was not considered suitable for adaptation, was transferred by that authority to premises which were outside the borough. The fourth patient, a Nigerian, who lived in premises which could not be adapted and would have to be rehoused, is being kept in hospital until strong enough to return to Nigeria, at her husband's request.

There are now four patients in Lambeth with Home Dialysis Units installed in their own homes.

### CARE OF THE AGED

The work involved in caring for the aged continued and during the year 665 new cases were brought to the notice of the Health Department and were visited and their individual requirements dealt with, and where necessary services laid on to assist.



The total number of visits made during the year was 4,713 in addition to which 3,119 visits were made for bathing old folk in their own homes.

284 old people were persuaded to enter hospitals or institutions voluntarily and one person was removed to an institution by a Court Order under Section 47 of the National Assistance Act 1948.

### SEWERS

I am indebted to the Director of Civil Engineering and Public Services for supplying me with the following information with regard to sewers within the Borough.

The sum of £59,350 was spent during the year ending 31 March, 1971, on general maintenance, flushing and cleansing of the Council's sewers. Specialist contractors were employed for the high pressure jetting work, and for the survey of sewers by closed circuit television.

Two contracts for the reconstruction of sewers were completed, namely —

- (a) Hawke Road — Stage II at a cost of £4,250 consisted of the construction of 72 yards of 15", and 76 yards of 12" diameter sewer in Hawke Road, and Roman Rise.
- (b) Etherstone Road, Etherstone Green, Springwell Road — the existing sewer which had collapsed at one point and was generally in bad condition was replaced for £9,500. The work consisted of 61 yards of 9", 31 yards of 12", and 160 yards of 18" diameter sewer and five new manholes.

The provision of a new sewer system to serve the area of Loughborough Park was commenced. This work consists of providing combined sewers in Loughborough Park and Somerleyton Road to serve the redevelopment of surrounding areas. The sewer ranges in size from 33" diameter down to 9" diameter and will cost £68,000. Work on this contract started early in February, 1971.

### 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.

29 such funerals were arranged and wherever possible the Council's expenses were recovered.



## CONTROL OF VENEREAL DISEASE

Arrangements for the employment by the Council of social workers (welfare officers) and their attachment to the venereal disease clinics at St Thomas', King's College and South London Hospital continued.

The equivalent of 2.8 social workers are employed for this purpose, working directly to the consultant venereologists. Up to 1964 the main duty of these social workers was to interview persons attending the clinics for examination or treatment and to follow up by means of home visits, those who failed to complete their treatments. More recently, increasing attention has been paid to the tracing of contacts, and during the past 5 years staff has been increased by one unit to the present level to enable additional time to be devoted to this work. 718 visits to contacts were made in 1969. Owing to shortage of staff during part of 1970, visits during this year fell to 572. Although complete figures are not available, the number of new attendances by Lambeth residents at V.D. clinics increased by approximately 30% (to about 5,500) between 1967 and 1970.

Increased efforts to prevent the spread of venereal disease have been made under the health education programme. Activities have included the display of posters and distribution of pamphlets at maternity and child health clinics, and discussion during the teaching of mothercraft and ante-natal care in schools. Venereal disease and the means by which infection is spread are included in health education programmes at colleges of further education and in talks to mothers' clubs. Special teaching on this subject has also been given on request to schools, colleges and other groups e.g. St. John's Ambulance Brigade.

## 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.
- 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 1970**

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 Director of Health Services 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.

#### **Medical treatment of school children**

Arrangements for the provision of certain specialist clinics in conjunction with Regional Hospital Boards and Boards of Governors of Teaching Hospitals continued, some clinics being held in hospitals, and some in school treatment centres for which specialist staff were provided by the hospital. Most of the clinics in hospitals are attended by school health service social workers who act as liaison officers between hospitals, school medical officers and the I.L.E.A. Education Welfare Service.

Special investigation clinics also attended by school health social workers to which children suffering from obesity, enuresis and similar conditions may be referred, are held in a number of school treatment centres. Many of the referrals are for enuresis much of which proves on investigation to be caused by emotional and relationship difficulties at home. During the past year school health social workers have been visiting the families of the more acute cases, maintaining close liaison with the Education Welfare Social Workers.

The health and material well-being of Lambeth school children have generally continued to improve, but referrals to child guidance centres have increased.

Since September school health social workers have extended their activities to attachment to special schools, of which there are a considerable number in Lambeth. For the past term they have worked in close liaison with the Education Welfare Social Workers in 5 special schools (2 day open air, 1 for severely handicapped, 1 for partially sighted and 1 for the deaf) and at 2 special units (1 deaf/blind and 1 autistic unit)

#### **School Medical Inspection**

There are 47,473 children on the school roll in the Borough. There are 116 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 unit for deaf and blind (Rubella) children in an ordinary school
- 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. 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 16,811 routine medical examinations, 4,054 special examinations and 6,436 re-inspections. School nurses carried out a total of 9,092 selective health surveys.

Recently there has been an increase in incidence of head lice and steps are being taken to control it. The increase is mainly due to resistance of the lice to organo chlorides commonly used in treatment. The use of a new alternative preparation is at present being considered.

Information about children who require special education help and observation in school is passed routinely to the head teacher 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.



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.

Braidwood Audiology Clinic, situated in the vicinity of the School for Deaf Children is providing comprehensive assessment for children with impairment of hearing and speech. The clinic is staffed by an E.N.T. surgeon, an audiologist, an educational psychologist, speech therapist and a social worker. 177 new cases have been seen during the year. An audiology centre at Barley Mow School Treatment Centre (Waterloo) provides Investigation and Treatment for North Lambeth children who fail to pass pure tone testing.

### Audiometry

All children in the primary schools in the Borough have a sweep test by a specially trained and experienced school nurse and those showing hearing loss are followed up and referred for investigation where necessary to an audiology unit.

### Vision

All children including those attending nursery classes have their vision tested as soon as possible after admission.

### 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 parents. The agencies involved include teaching staff, school doctors, educational psychologist, child care officer, school inquiry officer, probation officer, school care 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. New nursery classes have been opened in the Borough at which children selected by the Head Teachers attend on a half day basis — 30 in the morning, 30 in the afternoon. A few vacancies are kept open in each nursery class for children needing admission on socio-medical grounds.



### Prophylaxis

Action has been taken to increase the number of school children protected against infectious diseases; 1,313 children have been immunised against diphtheria and tetanus, 1,676 vaccinated against poliomyelitis, and 2,294 have had B.C.G. vaccination. A new vaccine has been developed and Local Health Authorities were asked to offer protection against rubella to schoolgirls aged 13 because of the known association of certain foetal abnormalities with rubella infection in pregnancy. The first injections were given in December 1970.

### Recuperative Holidays

Recuperative holidays for school children are provided at homes in Littlehampton and Bognor Regis run by the Inner London Educational Authority. 187 children were accommodated for periods between two and four weeks. With effect from January 1971, under the Local Authority Social Service Act, this service was transferred from the Directorate of Health to the Directorate of Social Services. The Directorate of Health continues to provide medical supervision and advice.

### 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 problems 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 each at the other establishments.

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 1970

**SCHOOL ROLL (May 1970)** 47,473

**SCHOOL MEDICAL INSPECTION**

Routine	16,811
Special	4,054
Re-inspections	6,436
No. of medical inspections per 1,000 pupils	575
Health Surveys — comprehensive	37,942
No. per 1,000 pupils	799
Percentage found verminous	1.5
Health Surveys — selective	9,092
No. per 1,000 pupils	192
Percentage found verminous	7.2

**Audiometry —**

No. of children given sweep test	6,728
No. of children given pure tone test	648
No. of children referred to otologist at audiology centre	163

**SCHOOL MEDICAL TREATMENT**

**Hospital and Specialist Clinics**

**Vision Centres:**

Vision sessions	188
Number of new cases	413
Total attendances	2,610
Errors of refraction and squint	1,328
Other eye defects	7
Spectacles ordered	697

**Orthoptic sessions**

Number of new cases	39
Total attendances	68

**Ear, Nose and Throat Centres:**

Sessions	—
Number of new cases	—
Total attendances	—



**LOCAL AUTHORITY CLINICS****Audiology centres:**

Sessions	50
Number of new cases	117
Total attendances	242

**Special investigation clinics:**

Sessions	130
Number of new cases	163
Total attendances	951

**Minor Ailment centres****Sessions:**

Medical officer	62
Nursing sister	610
Number of new cases seen by medical officer	463
Average per session	7.5
Number of new cases seen by nursing sister only	1,070
Average per session	1.8
Total attendances	9,557

**Defects treated:**

Athlete's foot	94
Verrucae	925
Ringworm — body	7
Impetigo	76
Other skin diseases	130
Eye diseases	10
Ear diseases	29
Miscellaneous: Bruises, lacerations etc.	334

**RECUPERATIVE HOLIDAY HOMES**

Schoolchildren (including nursery school children)	
Number admitted during year	227 *

\* also includes 96 pre-school children



## SCHOOL DENTAL SERVICE

### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER 1970

#### Staffing

It is pleasing to report that there has been less difficulty than hitherto in obtaining sufficient dental officers both full-time and sessional, to maintain the service. For sessional work a number of married women with children who wish to resume their professional life have been attracted to the service.

The difficulties which have occurred in some areas in recruitment of dental surgery assistants have not yet become acute in Lambeth, but because of the relatively low salary scale the number of suitable applicants is severely limited.

The staffing position as at 31.12.70 was as follows:—

- Principal School Dental Officer
- Senior Dental Officer
- \*2 full-time Dental Officers
- 6 sessional Dental Officers (2.6 full-time equivalent)
- 1 Dental Auxiliary
- 9 full-time Dental Surgery Assistants
- 3 Sessional Anaesthetists were also employed

\*3 for most of year

#### Inspection and Treatment

Because of the heavy demand for treatment, it was necessary during the year to reduce the number of school dental inspections. About 60% of the total school population were inspected either at school or in a surgery, over 85% of them at school. The total number of sessions showed an increase of more than 100 over last year.

Inspection and treatment by the School Dental Service continues to play an important part in improving the dental health of schoolchildren. The close ties between head teachers, their schools and the dental team provide admirable opportunities to impart knowledge and produce action to reduce the amount of dental disease.

#### Premises and Equipment

A number of minor works were carried out to improve the surgeries, existing units were replaced with more modern ones and several dry heat sterilisers were installed to replace steam sterilisers.

### **Handicapped Children**

Arrangements were made for notifications to be sent to dental surgeries of all relevant medical conditions of children on the Handicap Register. While dental officers always have a responsibility to ensure that their patients are fit to receive the recommended treatment, it is helpful to receive prior notification of medical conditions.

### **Visitors**

Two Overseas students studying for the Diploma in Dental Public Health spent a day in the Borough and were given an outline of the organisation of local authority dental services. A student dental auxiliary also spent a few days gaining first-hand knowledge of dental services in the area.

### **Mobile Dental Surgery**

One of the I.L.E.A. mobile surgeries was used to provide dental treatment for children at an E.S.N. school. Previous experience had shown that the object in using a mobile surgery at a school is largely defeated unless the treatment programme is so devised that treatment of the maximum number of children is completed during the visit. Further use of a mobile surgery is envisaged for future years, particularly for special schools.

### **Courses and Conferences**

Staff attended a number of courses and conferences, including a course for the Diploma in Dental Public Health, the Annual Conference of the British Dental Association and a Health Education Council Symposium sponsored by World Health Organisation.

### **Dental Health Education**

Dental Health education is an important part of the school dental services. During the year 33 schools (7,400 children) were visited, with either a puppet show or an illustrated talk. A successful dental care exhibition was arranged with assistance from the School for Dental Auxiliaries and King's College Hospital School for Dental Surgery. The exhibition was opened by the Mayor of Lambeth accompanied by other distinguished guests. It was held at Nettlefold Hall, which is a purpose built building opened in 1969 and specifically used for exhibitions, social functions, etc.

Although directed mainly at schoolchildren, the exhibition was open to the public, and some 5,000 people in all attended. Advice was available on all aspects of dental care; student dental auxiliaries and dental hygienists explained their work to the children and they had an opportunity to take an active part by



cutting cavities and filling teeth. The exhibition was advertised in the local press and reports of the exhibition also appeared in the local newspapers. Radio London visited the Borough twice, before the exhibition and at the opening and their support provided valuable publicity. The exhibition stimulated much interest in dental health and it is hoped that it will have been successful in encouraging children to be more vigilant about the care of their own mouths.

### Thanks to Staff

The co-operation and interest of the staff of the Health Department — medical, nursing and administrative — has been greatly appreciated. My special thanks are again due to dental staff, and particularly to those whose efforts contributed so much to the dental care exhibition.

(sgd.) B.M. Spalding, LDS;DDPH, RCS(Eng.)

## SCHOOL DENTAL SERVICE

### Number of Sessions:

Inspection	246.0
Ordinary Treatment	2,488.4
General anaesthetic	51.5
Orthodontic	51.4
Health education	422.0
Total sessions	3,259.3

### Inspections: number of children given:

First inspection at school	24,516
First inspection at clinic	3,817
Percentage found to require treatment	59.1
Re-inspection at school or clinic in 1970	852
Percentage found to require treatment	73.0

### Visits for treatment:

Number of first visits	4,627
Number of subsequent visits	9,305
Total visits	13,932
Emergencies	449
Additional courses commenced	598



<u>Number did not attend:</u>	8,501
-------------------------------	-------

Treatment given:

Number of fillings:	
In permanent teeth	6,648
In temporary teeth	5,672

Number of extractions:

Of permanent teeth	463
Of temporary teeth	1,740
Number of other operations	5,495
Courses of treatment completed	3,089

Orthodontics:

Number of new cases	35
Number of removable appliances fitted	107
Number of fixed appliances fitted	5

Sessional averages:

First visits	1.8
Subsequent visits	3.6
Emergencies	0.2
Did not attend	3.3

Fillings:

In permanent teeth	2.6
In temporary teeth	2.2

Extractions:

Of permanent teeth	0.2
Of temporary teeth	0.7
Ratio of permanent teeth filled to permanent teeth extracted	12.3
Ratio of temporary teeth filled to temporary teeth extracted	2.8

Staff:

Number of dentists employed (F.T.)	5.4
------------------------------------	-----



