

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

### **Contributors**

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BOROUGH  
OF  
LEWISHAM

# ANNUAL REPORT 1970

Medical Officer of Health

REPORT  
FOR  
ANNUAL

ANNUAL  
REPORT  
1970

W. H. O. 1970



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# TO THE MAYOR, ALDERMEN, AND COUNCILLORS OF THE LONDON BOROUGH OF LEWISHAM

I have the honour of presenting a report on the health services in Lewisham for the year 1970.

Undoubtedly the greatest single health hazard in this borough at this time is cigarette smoking. Dr. Farquharson of the Chest Clinic at Lewisham states in her report that: "Our recent findings indicate that only about 10% of our patients (with cancer of the lung) are operable. This year has shown an increase in new cases of cancer of the lung and a noteworthy increase in the proportion of women affected (1970—22%; 1967—7½%)." Interestingly, this correlates with Dr. J. P. V. Rigby's report from the Chest Clinic in Deptford: "I also did a study of heavy cigarette smokers—it does seem that heavy cigarette smoking has been much more recently acquired as a habit by womenfolk in the Deptford area". The total number of deaths in the borough due to smoking is much greater than the 248 ascribed to cancer of the lung. Although it is known that the long-term results of any form of anti-smoking treatment are unsatisfactory, any attempt to reduce dependency on cigarette smoking is worth while. During the year the Health Department has increased its attempt to meet this challenge by instituting five-day crash courses for groups of smokers. The only real solution to this problem is "no smoking", and this will only occur as a result of a change in the attitude of the whole community.

Another common cause of death, obesity, practically never appears on a death certificate. During the year a number of groups were started to help individuals overcome this disability.

The perinatal and infant mortality figures give no cause for complacency, being above average for England and Wales. Indeed, viewed against international figures, the position for England and Wales must be regarded as unsatisfactory. The local situation will be a matter for study during the current year.

I would draw attention to the Louise House Screening Clinic (Page 31), a new development during the year. This screening service is devoted to the discovery of disease, in people of middle age, prior to the onset of symptoms. Working as it does to the lists of family doctors, it is possible to identify the percentage of "at risk" population who attend and the actual persons who fail to attend. This is only one of the advantages of moving towards an integrated service.

A small but noteworthy development during the year has been the assessment of elderly mentally confused and, possibly, physically ill patients in their own homes by the health visitor. The health visitor uses her developed skills of observation to produce a comprehensive report which is submitted to the psychiatrist, geriatrician and family doctor. This type of assessment represents a considerable step forward in the diagnosis leading to the appropriate treatment and care of a group of elderly persons whose well-being causes considerable anxiety.

Before the publication of this report, the Local Authority Social Services Act 1970 and the Education (Handicapped Children) Act 1970 will have been implemented. It will be some years before the health services will be unified and doubtless that will not be the last reorganisation. I would like to pay a tribute to the Health Committees who, in the past, have created the services transferred of which we can be proud. I wish to express my thanks to my colleagues who are now in the Social Services Department and the Inner London Education Authority for their loyalty to the Health Department and myself, and for their services to the people of this borough. I can be sure that they will be valued in their new spheres. I wish them health, happiness and success.

My thanks are due to the Chairman and members of the relevant committees for the support afforded to the Department and myself in 1970. I wish to thank the Town Clerk and other chief officers for their help and advice during the year. This report outlines the work during the year of all members of staff of the Health Department. Whether or not mentioned by name in this report, I wish to express my gratitude for the devoted way in which they carried out their work. Without them this report could not have been written.

A. W. TRANTER,  
Medical Officer of Health.

Health Department,  
Deptford Town Hall,  
New Cross Road, S.E.14



# HEALTH COMMITTEE, 1970

## The Mayor

(Councillor A. M. DEAN)

## Chairman:

Councillor F. M. JUDGE, M.P.S.

## Vice-Chairman:

Councillor G. N. COPLAND

Alderman Mrs. M. J. Chrisp  
Councillor Mrs. W. Brydon  
" J. G. B. Cattini  
" Mrs. G. M. Chandler  
" W. Hall  
" S. G. C. Hardy, B.E.M.

Councillor Mrs. D. Hurren  
" D. A. Kerven  
" F. A. Mulligan  
" Mrs. D. E. New  
" Mrs. P. L. Silk  
" I. W. Turner

# HEALTH DEPARTMENT as at 31.12.70

**Medical Officer of Health**  
and  
**Principal School Medical Officer, Inner London Education Authority**  
A. W. TRANTER, M.B., M.R.C.S., D.P.H., D.C.H.

**Deputy Medical Officer of Health**  
T. TRACE, M.B., CH.B., D.P.H.

**Principal Medical Officer:**  
Betty E. Shortland, M.B., B.S., D.P.H., D.T.M.H.      Vacancy

**Senior Medical Officer:**  
Enid C. Vincent, M.B., CH.B., D.P.H.      G. S. Sethi, M.B., B.S., D.P.H., D.T.M.H., D.I.H.

**Assistant Senior Medical Officers:**  
2 Full-time

**Medical Officers in Department:**  
7 Full-time

31 sessional M.O.s occupying 9 full-time positions

**Chief Dental Officer and Principal School Dental Officer:**  
Clare M. Leeming, B.D.S.

**Senior Dental Officers:**  
Susan Marguerita Shillito, B.D.S.      Vacancy

**Orthodontist (Part-time)**  
Ann D. Ward, B.D.S., DIP.ORTH.

**Dental Officers:**  
2 full-time 9 sessional  
4 Dental Auxiliaries and 11 Dental Surgery Assistants

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**Public Analyst:**  
J. H. Shelton, F.R.I.C.

---

**[Chief Nursing Officer:**  
Dorothy M. Coe, S.R.N., R.F.N., S.C.M., H.V., C & G. Technical Teachers Certificate  
Diploma in Social Sciences

**Assistant Chief Nursing Officer**  
Valerie J. Buckingham, S.R.N., R.F.N., S.C.M., M.T.D., N.D.N.CERT.

**Area Nursing Officers:**

Elizabeth M. Gleeson, S.R.N., S.C.M., H.V., C & G Technical Teachers Certificate, Diploma in Social Sciences	Jean M. Edwards, S.R.N., S.C.M., H.V., C & G Technical Teachers Certificate
Renee Humphries, S.R.N., S.C.M., D.N.CERT.	Rose Evans, S.R.N., S.C.M., D.N.CERT. Maureen Allen, S.R.N., S.C.M., H.V.

**Group Advisers:**

Margaret Henley, S.R.N., S.R.C.N., S.C.M., H.V., (Amersham Road)	Annie R. West, S.R.N., S.C.M., H.V. (Central Lewisham)
Fanny Stevens, S.R.N., R.F.N., H.V. (Kingswear)	Vacancy

**Centre Superintendents:**

Nora Miller, S.R.N., R.F.N., S.C.M., H.V. (Flower House)	Margaret M. Sammon, S.R.N., S.C.M., B.T.A. (Lewisham Chest Clinic)
Joan Hawkins, S.R.N., S.C.M., R.F.N., H.V. (Spalding House)	Helen Buckley, S.R.N., S.C.M., H.V. (Downham)
Anna Flemm, S.R.N., S.C.M., H.V. (Trewsbury)	Anne McGarry, S.R.N., Q.N.CERT., H.V. (Lind)
Audrey I. Urwin, S.R.N., S.C.M., H.V. (Heathside)	Rose Pedel, S.R.N., H.V. (Boundfield) Joyce Ellis, S.R.N., H.V. (Speedwell)

35 Health Visitors; 3 T.B. Visitors; 29 School Nurses; 22 Clinic Nurses; 7 Clinic Auxiliaries;  
8 Trainee Health Visitors; 1 Organiser of Playgroups

**Day Nursery Matrons:**

Elizabeth R. Venning, S.R.N. (Amersham Road)	Margaret D. Philpot, R.F.N. (Rushey Green)
Glenys L. Crandon, S.E.N. (Perry Rise)	
4 Deputy Matrons; 30 Nursery Nurses and 3 Nursery Wardens 20 Trainee Nursery Nurses	



**Nursing Officer (Training):**

Elsie K. Ford, S.R.N., S.C.M., H.V. and D.N. CERTS.

**Senior District Nurses:**

Ellen F. Spry, S.R.N., C.M.B. (PART I) Dora S. Pilbrow, S.R.N.  
68 District Nurses

**Senior Midwives:**

Margaret J. Williams, S.R.N., S.C.M. Vacancy  
Midwives (23)

**Chief Chiropodist (IV):**

B. Dalton, M.CH.S., S.R.CH., M.R.S.H.

**Chief Chiropodists (I):**

P. V. Rhodes, M.CH.S., S.R.CH. Irene E. Yeomans, M.CH.S.  
E. V. Tozer, M.CH.S., S.R.CH. 2 vacancies  
1 full-time Chiropodist, 16 sessional Chiropodists; 2 Trainee Chiropodists

**Principal Mental Health Officer:**

Zena Mason, B.A., A.I.M.S.W.

**Assistant Principal Mental Health Officer:**

A. G. Knight

**Senior Mental Health Officers:**

Rosemary E. Evans, DIP.SOCIAL STUDIES, D. G. Shaw, S.R.N., R.M.N., C.S.W.  
A.A.P.S.W. E. C. N. Nevill  
C. M. Eccles, C.S.W.

15 Mental Health Officers

**Honor Lea Hostel:**

Warden: E. W. Murray, R.M.P.A.  
Deputy: Vacancy  
3 Assistants

**Visiting Medical Officer:**

D. J. Adderley, M.R.C.S., L.R.C.P., D.P.M.

**Supervisors of Training Centres:**

Alice M. Potter (Lewisham Junior), Alice J. Thomson (Deptford), G. F. Hunt (Deptford)  
18 Assistants

**Supervisors of Day Centres:**

P. W. Postle (New Cross) C. W. Beckett (Cambridge)  
5 Instructors

**Principal Social Worker:**

Eileen L. Stocker, Dips. Social Studies and Casework, A.A.P.S.W.

**Assistant Principal:**

Betty J. Hardy, B.A., Dip. Applied Social Studies  
4 Social Workers; 4 Family Case Workers; 2 Care Committee Organisers;  
1 Trainee Social Worker

**Home Help Organisers:**

Margaret J. Rudd (Deptford) Muriel Wakeford (Sydenham)  
Audrey P. Ray (Rushey Green) Marie L. Webb (Grove Park)  
4 Assistants (full time); 4 Assistants (part time); 626 Home Helps

**Health Education Officer:**

R. W. Allen, M.A.P.H.I., M.I.H.E.

**1st Assistant Health Education Officer:**

Marie Sharp, S.R.N., H.V., M.I.H.E.  
2 Assistants

**Home Safety Officers:**

L. Selway W. H. Wildish



**Chief Public Health Inspector:**

A. J. Phillips, M.A.P.H.I.

**Assistant Chief Public Health Inspectors:**

J. H. Willis, D.F.C., D.M.A., M.A.P.H.I.

J. Craven, F.A.P.H.I.

J. E. Waring, M.A.P.H.I.

**Senior Public Health Inspectors:**

H. W. Ellery, M.A.P.H.I.

R. Mahoney, M.A.P.H.I.

J. A. G. White, M.A.P.H.I.

J. W. Bevan, M.A.P.H.I.

R. L. Davis, M.A.P.H.I.

**Assistant Senior Public Health Inspectors:**

D. W. Foster

R. W. Bradstock M.A.P.H.I. J. Hills

K. G. Burt

L. J. Cleverly, M.A.P.H.I.

18 Public Health Inspectors 4 vacancies; 8 Trainee Public Health Inspectors;  
1 Senior Technical Assistant; 20 Technical Assistants

**Cleansing Disinfecting and Bathing Stations Superintendents:**

H. W. Wellbelove (Deptford)

J. G. Beale (Lewisham)

2 Assistant Superintendents; 11 Miscellaneous Staff

**Mortuary Keeper and Coroner's Court Officer:**

W. C. Spear (Lewisham)

**Mortuary Keeper:**

C. B. Evans (Deptford)

**Pest Control Foreman:**

R. A. Sharman

6 Operatives

---

**ADMINISTRATIVE STAFF**

**Chief Administrative Officer:**

E. W. Cheesman

**Principal Administrative Officers:**

R. Shrive

D. M. Minear, DIP.SOC.

**Senior Administrative Officers:**

A. C. Shoult

C. R. Coleman, D.M.A.

W. Fancy, B.SC.(ECON.), D.M.A.

**Administrative Officers:**

J. A. W. Warton, A.C.I.S.

L. Thorpe, D.F.C.

24 Administrative Assistants; 1 Chief Officer's Personal Assistant;  
20 Clerical Officers; 31 Clerical Assistants; 6 part-time Clerical Assistants

# THE BOROUGH

The Borough of Lewisham covers approximately 13.4 square miles, and is bounded by the Boroughs of Greenwich, Bromley and Southwark and by the River Thames on the north. Three rivers run through the area, the Ravensbourne, the Pool and the Quaggy. The area consists of the low-lying Ravensbourne Valley running north to south with high ground rising on either side to high points at Crystal Palace and Sydenham standing at 250' above the Thames with Hilly Fields at 150' on the west side, and Downham and Blackheath at 150' on the east side. The level of land drops sharply to a basin of reclaimed marsh along the river at Deptford.

London clay is the prevalent surface soil, which overlays chalk in certain areas such as St. John's and Blackheath. Below this lies Thanet Sand which overlays the Woolwich beds of gravel and the Blackheath beds of gravel and sand.

Over one third of all the Borough's industries are concerned with some form of engineering. Industry is concentrated mainly in Catford, Lewisham, Lee and Deptford.

The Borough is densely populated, but well provided with open spaces.

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

### Hospitals

There are six hospitals within the area of the Borough, but many patients are referred to others for various reasons. The following is a list of those to which the majority of Borough patients normally attend:—

Lewisham, Lewisham High Street, S.E.13 ...	Lewisham Group Hospital Management Committee
Grove Park, Marvels Lane, S.E.12 ...	"
Hither Green, Hither Green Lane, S.E.13 ...	"
St. John's, Morden Hill, S.E.13 ...	"
New Cross General, Avonley Road, S.E.14	Board of Governors of Guy's Hospital
Children's Hospital, Sydenham, S.E.26 ...	Bromley Group Hospital Management Committee
Miller Wing, Greenwich High Road, S.E.10	Greenwich District Hospital,
St. Alfege's Wing, Vanbrugh Hill, S.E.10 ...	Greenwich and Deptford Group Hospital Management Committee
Brook General, Shooters Hill Road, S.E.18	Woolwich Group Hospital Management Committee
The London Teaching Hospitals	

The Psychiatric hospitals that serve this area are Bexley (Bexley Group Hospital Management Committee), Cane Hill (Cane Hill Group Hospital Management Committee) and Darenth Park (Darenth and Stone Group Hospital Management Committee) which is the main centre for mental subnormality.

### General Practitioners

There are 127 general practitioners serving patients in Lewisham. The numbers serving broad areas of the Borough are:

Bellingham, Catford, Lewisham, Hither Green, 32  
Sydenham, Forest Hill, Brockley, 44  
Deptford 23  
Blackheath, Lee, Grove Park, Downham, 28

### Chest Clinics

Deptford Chest Clinic, Harton Street, S.E.8  
Lewisham Chest Clinic, 1 Blagdon Road, S.E.13

### Venereal Diseases Clinics

King's College Hospital, Denmark Hill, S.E.5  
Miller General Wing, Greenwich District Hospital, S.E.10  
St. John's Hospital, Morden Hill, S.E.13  
Dreadnought Seamen's Hospital, Greenwich, S.E.10



# HEALTH CENTRES AND CLINICS: Maternal and Child Health, and School Health

<i>Name and Address</i>	<i>Type of Clinic</i>
Amersham Road, Amersham Road, S.E.14	Ante-Natal, Child Health, Child Development, Immunisation, Mothercraft, Ancillary Food Sales, Special Advisory, Cytology, Special Investigation, Family Planning, Slimming Group, Mother's Club
Bellingham, Community Centre, Bellingham Green, S.E.6	Child Health, Immunisation, Ancillary Food Sales
Boundfield Road, Community Centre, S.E.6	Child Health, Immunisation, Ancillary Food Sales, Cytology, Child Development, Health Education
Central Lewisham, 410 Lewisham High Street, S.E.13	Ante-Natal, Relaxation Classes, Child Health, Immunisation, Mothercraft, Family Planning, Ancillary Food Sales, Cytology, Occasional Crèche, Special Advisory, Language Classes, Slimming Group
Deptford S.T.C. Reginald Square, S.E.8	Vision, Orthoptics, Minor Ailments, Speech Therapy
Downham, 24 Churchdown, Downham, Kent	Ante-Natal, Child Health, Child Development, Immunisation, Mothercraft, Family Planning, Relaxation, Ancillary Food Sales, Minor Ailments, Vision, Speech Therapy, Special Investigation
Flower House, 1 Winnet House, Beckenham Hill Road, S.E.6	Ante-Natal, Child Health, Immunisation, Mothercraft, Relaxation, Family Planning, Ancillary Food Sales, Child Development, Health Education
Forest Hill, St. Saviour's Church Hall, Brockley Rise, S.E.23	Child Health, Immunisation, Ancillary Food Sales
Grove Park, Methodist Church Hall, Burnt Ash Hill, S.E.12	Child Health, Immunisation, Ancillary Food Sales
Heathside, Merton Place, S.E.10	Child Health, Immunisation, Ancillary Food Sales, Speech Therapy, Mother's Club, Slimming Group
Hither Green, Methodist Church Hall, 53 Torridon Road, S.E.6	Child Health, Immunisation, Ancillary Food Sales
Kingswear Dartmouth Road, S.E.23	Ante-Natal, Child Health, Immunisation, Mothercraft, Family Planning, Occasional Crèche, Ancillary Food Sales, Cytology, Mental Health, Minor Ailments, Health Education, Screening, Slimming Group
Lee and Blackheath, Methodist Church Hall, Lee High Road, S.E.12	Child Health, Immunisation, Ancillary Food Sales, Mother's Club
Lewisham S.T.C. 78 Lewisham Park, S.E.13	Vision, Minor Ailments, Special Investigation, Audiometry
Lewisham Hospital, S.E.13	Auditory Training Unit, Orthoptics, Hearing Investigation, Special Investigation
Lind Oxestalls Road, S.E.8	Child Health, Child Development, Ancillary Food Sales, Cytology, Ante-Natal, Slimming Group, Mother's Club, Family Planning, Health Education
Samuel Pepys School, Wallbutton Road, S.E.14	Minor ailments
Speedwell Speedwell Street, S.E.8	Ante-Natal, Child Health, Child Development, Immunisation, Special Investigation, Family Planning
St. Mary's St. Mary's Church Hall Ladywell Road, S.E.13	Child Health, Ancillary Food Sales
Spalding House, 2 Spalding House, Honor Oak Estate, S.E.4	Ante-Natal, Child Health, Immunisation, Family Planning, Ancillary Food Sales, Vision, Minor ailments, Mothercraft, Health Education



Sydenham S.T.C., Adamsrill School,  
Lower Sydenham, S.E.26

Children's Hospital, S.E.26

Sydenham  
London City Central Mission,  
Wells Park Road, S.E.26

Tranquil Vale,  
All Saints Hall  
Tranquil Vale, S.E.3

Trewsbury Road,  
All Saints' Parish Church Hall,  
Trewsbury Road, S.E.26

Minor Ailments

Special Investigation

Child Health, Immunisation, Ancillary Food Sales

Ante-Natal, Child Health, Immunisation, Crèche

Child Health Immunisation, Mothercraft, Health  
Education

### **Day Nurseries**

Health Centre, Amersham Road, S.E.14  
41 Rushey Green, S.E.6.  
67 Perry Rise, S.E.23

### **Dental Surgeries**

S.T.C. 78 Lewisham Park, S.E.13  
S.T.C. Downham Health Centre, Churchdown, Downham  
S.T.C. Reginald Square, S.E.8  
School for Dental Auxiliaries, New Cross, S.E.14  
Sedgehill School, Sedgehill Road, S.E.6  
Catford County S.G. School, Bellingham Road, S.E.6

### **Chiropody Clinics**

Amersham Road, Health Centre, S.E.14  
Kingswear, Dartmouth Road, S.E.23  
28 Sangley Road, S.E.6  
Downham Health Centre, Churchdown  
Lind, Oxestalls Road, S.E.8

### **Home Help (Area Offices)**

Deptford Town Hall, S.E.14  
41 Rushey Green, S.E.6  
266 Kirkdale, S.E.26  
354 Baring Road, S.E.12

### **Day Rehabilitation Centres (Mental Health)**

Cambridge Day Centre, Burnt Ash Hill, S.E.12  
New Cross Day Centre, Goodwood Road, S.E.14

### **Training Centres (Mental Health)**

69 Perry Rise, S.E.23  
Deptford Central Methodist Mission, Creek Road, S.E.8  
Methodist Church Hall, Kitto Road, S.E.14  
Perry Rise Baptist Church, Perry Rise, S.E.23

### **Hostel Accommodation (Mental Health)**

Honor Lea, 103/117 Brockley Rise, S.E.23  
75 Arbuthnot Road, S.E.14

### **Cleansing, Disinfecting and Bathing Stations**

Wearside Road, S.E.13  
Speedwell Street, S.E.8

### **Mortuaries**

Ladywell Road, S.E.13  
Watson Street, S.E.8





# VITAL STATISTICS

Area of the borough 8,579 acres.							Lewisham	England and Wales
<b>Population</b>								
Census 1961 ...	...	...	...	...	...	...	290,582	
Estimate of Registrar-General at midyear 1970 ...	...	...	...	...	...	...	279,350	48,987,700
<b>Rateable Value</b>								
Rateable value of the borough at April 1, 1970...	...	...	...	...	...	...	£12,545,537	
Estimated net product of a penny rate 1970-71...	...	...	...	...	...	...	£49,250	
Estimated number of separately assessed dwellings at April 1, 1970 ...	...	...	...	...	...	...	89,153	
<b>Births</b>								
							<i>Males Females</i>	<i>Total</i>
Legitimate ...	...	...	...	...	...	...	1,929 1,818	3,747 719,738
Illegitimate ...	...	...	...	...	...	...	313 334	647 64,744
Totals ...	...	...	...	...	...	...	2,242 2,152	4,394 784,482
Crude birth rate per 1,000 of the estimated population	...	...	...	...	...	...	15.7	16.0
Adjusted birth rate for comparative purposes	...	...	...	...	...	...		
(Area comparability factor—0.96) ...	...	...	...	...	...	...	15.1	16.0
Ratio of adjusted birth rate to national rate	...	...	...	...	...	...	0.94	1.0
Illegitimate live births as percentage of all live births	...	...	...	...	...	...	15.0	8.0
<b>Stillbirths</b>								
Total (31 males and 29 females) ...	...	...	...	...	...	...	60	10,341
Rate per 1,000 live and stillbirths...	...	...	...	...	...	...	13.5	13.0
(males 13.6, females 13.3)	...	...	...	...	...	...		
<b>Deaths</b>								
Total (1,717 males, 1,711 females) ...	...	...	...	...	...	...	3,428	575,208
Crude death rate per 1,000 population	...	...	...	...	...	...	12.3	11.7
Adjusted death rate	...	...	...	...	...	...		
(area comparability factor=0.96) ...	...	...	...	...	...	...	11.8	11.7
Ratio of adjusted death rate to national rate	...	...	...	...	...	...	1.01	1.0
<b>Infant mortality</b>								
Infant deaths (all deaths of live born children under one year)								
							<i>Males Females</i>	<i>Total</i>
Legitimate ...	...	...	...	...	...	...	45 32	77 12,592
Illegitimate ...	...	...	...	...	...	...	11 10	21 1,677
Totals ...	...	...	...	...	...	...	56 42	98 14,269
Death rate of all infants per 1,000 livebirths	...	...	...	...	...	...	22.3	18.1
Death rate of legitimate infants per 1,000 legitimate livebirths	...	...	...	...	...	...	20.5	17.5
Death rate of illegitimate infants per 1,000 illegitimate livebirths	...	...	...	...	...	...	32.4	25.9
Death rate of male infants per 1,000 male livebirths	...	...	...	...	...	...	25.0	
Death rate of female infants per 1,000 female livebirths	...	...	...	...	...	...	19.5	
Neonatal deaths (under 4 weeks of age) ...	...	...	...	...	...	...	61	9,663
(32 males, 29 females)	...	...	...	...	...	...		
Males per 1,000 male livebirths	...	...	...	...	...	...	14.3	
Females per 1,000 female livebirths	...	...	...	...	...	...	13.5	
All infants per 1,000 livebirths	...	...	...	...	...	...	13.9	12.3
Early neonatal deaths (under 1 week of age)	...	...	...	...	...	...	58	8,328
(31 males, 27 females)	...	...	...	...	...	...		
Males per 1,000 male livebirths	...	...	...	...	...	...	13.8	
Females per 1,000 female livebirths	...	...	...	...	...	...	12.5	
All infants per 1,000 livebirths	...	...	...	...	...	...	13.2	10.6
Perinatal mortality (deaths under 1 week plus stillbirths)	...	...	...	...	...	...	118	18,669
(62 males, 56 females)	...	...	...	...	...	...		
Males per 1,000 live and still male births	...	...	...	...	...	...	27.3	
Females per 1,000 live and still female births	...	...	...	...	...	...	25.7	
All infants per 1,000 live and stillbirths	...	...	...	...	...	...	26.5	23.4
Reproductive wastage (stillbirths plus all infant deaths)	...	...	...	...	...	...	158	
Males per 1,000 live and still male births	...	...	...	...	...	...	38.3	
Females per 1,000 live and still female births	...	...	...	...	...	...	32.5	
All infants per 1,000 live and stillbirths	...	...	...	...	...	...	35.5	30.9
<b>Maternal deaths</b>								
Maternal deaths ...	...	...	...	...	...	...	4	
Maternal mortality rate per 1,000 live and stillbirths	...	...	...	...	...	...	0.9	



Table 1

## TOTAL DEATHS BY CAUSE AND AGE REGISTERED DURING 1970

Cause of Death	Sex	All ages	Under 4 wks	4 wks under 1 year	Age in years									
					1-	5-	15-	25-	35-	45-	55-	65-	75+	
B4 Enteritis and other diarrhoeal diseases...	M	—	—	—	—	—	—	—	—	—	—	—	—	
B5 Tuberculosis of Respiratory system	F	6	1	2	1	—	—	—	—	—	—	—	2	
B6(1) Late effects of Respiratory Tuberculosis	M	8	—	—	—	—	—	—	—	3	1	3	1	
B6(2) Other Tuberculosis	F	4	—	—	—	—	—	1	—	—	1	2	—	
B11 Meningococcal Infection	M	1	—	—	—	—	—	—	—	—	—	—	—	
B17 Syphilis and its sequelae	F	1	—	—	—	—	—	—	—	—	1	—	—	
B19(1) Malignant Neoplasm, Buccal Cavity, etc....	M	1	—	—	—	—	—	—	—	—	—	1	—	
B19(2) Malignant Neoplasm, Oesophagus...	F	6	—	—	—	—	—	—	—	—	2	—	4	
B19(3) Malignant Neoplasm, Stomach	M	4	—	—	—	—	—	—	—	—	2	—	2	
B19(4) Malignant Neoplasm, Intestine	F	11	—	—	—	—	—	—	—	1	1	2	7	
B19(5) Malignant Neoplasm, Larynx	M	11	—	—	—	—	—	—	2	—	2	3	4	
B19(6) Malignant Neoplasm, Lung, Bronchus	F	48	—	—	—	—	—	—	—	3	13	18	14	
B19(7) Malignant Neoplasm, Breast	M	32	—	—	—	—	—	—	1	5	2	10	14	
B19(8) Malignant Neoplasm, Uterus	F	29	—	—	—	—	—	—	1	2	6	10	10	
B19(9) Malignant Neoplasm, Prostate	M	48	—	—	—	—	—	—	2	9	8	16	13	
B19(10) Leukaemia	F	5	—	—	—	—	—	—	—	1	1	—	3	
B19(11) Other Malignant Neoplasms	M	1	—	—	—	—	—	—	—	—	—	—	1	
B20 Benign and Unspecified Neoplasms	F	194	—	—	—	—	—	—	—	15	63	76	40	
B21 Diabetes Mellitus	M	54	—	—	—	—	—	—	4	6	10	10	24	
B22 Avitaminoses, etc.	F	1	—	—	—	—	—	—	—	—	—	1	—	
B46(1) Other Endocrine, etc. Diseases	M	78	—	—	—	—	—	1	7	13	13	19	25	
B23 Anaemias	F	14	—	—	—	—	—	—	1	2	2	2	7	
B46(2) Other Diseases of Blood, etc.	M	24	—	—	—	—	—	—	—	—	3	6	15	
B46(3) Mental Disorders	F	6	—	1	—	1	—	—	—	—	—	4	—	
B24 Meningitis	M	14	—	—	—	—	1	—	—	1	3	3	6	
B46(4) Multiple Sclerosis	F	93	—	—	—	—	2	2	2	10	20	24	32	
B46(5) Other Diseases of Nervous System	M	108	—	—	2	1	—	2	4	8	21	33	37	
B26 Chronic Rheumatic Heart Disease	F	4	—	—	—	—	—	—	—	—	2	—	2	
B27 Hypertensive Disease	M	4	—	—	—	—	—	—	—	—	2	1	1	
B28 Ischaemic Heart Disease	F	7	—	—	—	—	—	—	—	—	3	—	4	
B29 Other forms of Heart Disease	M	11	—	—	—	—	—	—	—	—	1	—	10	
B30 Cerebrovascular Disease	F	6	—	—	—	—	—	—	—	—	—	2	4	
B46(6) Other Diseases of Circulatory System	M	10	—	—	—	—	—	—	—	—	—	1	9	
B31 Influenza...	F	4	—	—	—	—	—	—	—	—	—	3	1	
B32 Pneumonia	M	5	—	—	—	—	—	—	—	—	—	—	—	
B33(1) Bronchitis and Emphysema	F	1	—	—	—	—	—	—	—	—	—	—	—	
B33(2) Asthma	M	2	—	—	—	—	—	—	—	—	—	—	—	
B46(7) Other Diseases of Respiratory System	F	1	—	—	—	—	—	—	—	—	—	—	—	
B34 Peptic Ulcer	M	2	—	—	—	—	—	—	—	—	—	—	—	
B35 Appendicitis	F	1	—	—	—	—	—	—	—	—	—	—	—	
B36 Intestinal Obstruction and Hernia	M	2	—	—	—	—	—	—	—	—	—	—	—	
B37 Cirrhosis of Liver	F	1	—	—	—	—	—	—	—	—	—	—	—	

Table 1—continued

Cause of Death	Sex	All ages	Under 4 wks	4 wks under 1 year	Age in years								
					1-	5-	15-	25-	35-	45-	55-	65-	75+
B46(8) Other Diseases of Digestive System ...	M	12	—	—	—	—	1	—	2	—	5	2	2
	F	21	—	—	—	—	—	—	3	1	—	2	15
B38 Nephritis and Nephrosis	M	9	—	—	—	—	—	—	—	1	—	2	6
	F	7	—	—	—	—	—	—	1	—	1	3	2
B39 Hyperplasia of Prostate...	M	11	—	—	—	—	—	—	—	—	—	3	7
B46(9) Other Diseases, Genito-urinary System ...	M	11	—	—	—	—	—	—	—	—	2	4	5
	F	29	—	—	—	—	—	—	1	—	—	6	22
B40 Abortion ...	F	1	—	—	—	—	1	—	—	—	—	—	—
B41 Other Complications of Pregnancy, etc. ...	F	3	—	—	—	—	—	2	1	—	—	—	—
B46(10) Diseases of Skin, Subcutaneous Tissue ...	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	1	—	—	—	—	—	—	—	—	—	—	1
B46(11) Diseases of Musculo-skeletal System ...	M	2	—	—	—	—	—	—	—	—	1	—	1
	F	14	—	—	—	—	1	1	—	—	—	2	10
B42 Congenital Anomalies ...	M	20	8	4	1	2	2	2	—	—	1	—	—
	F	13	3	3	3	—	—	—	1	2	—	1	—
B43 Birth Injury, Difficult Labour, etc. ...	M	12	12	—	—	—	—	—	—	—	—	—	—
	F	9	9	—	—	—	—	—	—	—	—	—	—
B44 Other Causes of Prenatal Mortality ...	M	10	10	—	—	—	—	—	—	—	—	—	—
	F	14	14	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and Ill-defined Conditions ...	M	1	—	1	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	2
BE47 Motor Vehicle Accidents ...	M	15	—	—	—	—	8	—	1	3	2	1	—
	F	8	—	—	—	2	—	—	1	1	—	1	3
BE48 All other Accidents	M	21	—	—	3	1	2	—	2	6	3	1	3
	F	25	2	—	4	—	1	1	—	1	1	3	12
BE49 Suicide and Self-inflicted Injuries ...	M	10	—	—	—	—	3	1	3	1	1	—	1
	F	10	—	—	—	—	2	—	2	2	2	1	1
BE50 All other External Causes ...	M	6	—	1	—	—	1	2	—	1	—	—	1
	F	3	—	—	—	—	—	—	—	1	—	1	1
Total all causes	M	1,717	32	24	5	6	22	11	31	125	319	495	647
	F	1,711	29	13	10	7	7	12	37	75	170	350	1,001

## HEART DISEASE

The percentage of cardiovascular and atherosclerotic disease as a group has not varied much during the past ten years, as table 2 shows. This group of deaths, taken as a single cause, ranks above any other single cause of death among the population.

Table 2

### HEART AND CIRCULATION MORTALITY

Year	Deaths from			Total heart & circulation (all ages)	Age group 45-65		Total deaths in borough	Percentage		
	Coronary diseases	Other heart diseases	Other circulatory diseases		Coronary diseases	Total		(e) of (h)	(g) of (h)	(f) of (h)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
1960	496	423	147	1,066	143	212	3,280	32	6.5	4.3
1961	609	516	153	1,278	162	236	3,380	38	7.0	4.8
1962	657	417	145	1,219	181	256	3,376	36	7.6	5.4
1963	707	400	142	1,249	174	245	3,404	37	7.2	5.1
1964	654	301	142	1,097	166	235	3,317	33	7.1	5.0
1965	740	304	150	1,194	206	268	3,436	35	7.8	6.0
1966	731	303	135	1,169	188	257	3,406	34	7.5	5.5
1967	750	246	158	1,154	201	262	3,340	35	7.8	6.0
1968	827	234	148	1,209	190	250	3,433	35	7.3	5.6
1969	730	210	180	1,120	164	220	3,367	33	6.6	4.9
1970	777	208	143	1,128	191	232	3,428	33	6.8	5.6



## LUNG CANCER

Health Education was continued with the object of discouraging cigarette smoking, but it is an uphill battle which will go on without let-up until lung cancer ceases to be of any significance as a cause of death.

**Table 3**  
**LUNG CANCER**

Year	MALE			FEMALE		
	All cancer deaths	Lung cancer deaths	(c) as % of (b)	All cancer deaths	Lung cancer deaths	(f) as % of (e)
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1960	412	189	46	323	22	7
1961	373	157	42	276	19	7
1962	408	186	46	286	24	8
1963	351	163	46	296	27	9
1964	422	201	48	304	34	11
1965	428	204	48	313	31	10
1966	403	169	42	308	36	12
1967	435	196	45	328	42	13
1968	390	171	44	301	43	14
1969	414	194	47	342	47	14
1970	417	194	47	364	54	15

## LOCAL SICKNESS

The Regional Controller of the Department of Health and Social Security sends a weekly return indicating the first certificates of sickness benefit received in the local offices. The areas served by these local offices are in the main coterminous with postal districts of London and do not coincide with borough boundaries. Lewisham is served mainly by three offices, "Lewisham", "Downham" and "Deptford", and a fair representation of the trend of sickness within the borough can be given by quoting the combined figures of these three.

**Table 4**  
**MORBIDITY SHOWN IN INSURANCE CERTIFICATES**

Weekly average for period ending						1969	1970
January 27	...	...	...	...	...	1,877	2,336
February 24	...	...	...	...	...	1,785	1,097
March 24	...	...	...	...	...	1,624	1,139
April 21	...	...	...	...	...	1,036	1,001
May 19	...	...	...	...	...	929	924
June 16	...	...	...	...	...	904	790
July 14	...	...	...	...	...	863	665
August 11	...	...	...	...	...	807	743
September 8	...	...	...	...	...	831	699
October 6	...	...	...	...	...	997	869
November 3	...	...	...	...	...	1,021	1,013
December 1	...	...	...	...	...	1,065	952
December 29	...	...	...	...	...	1,845	738
Weekly average for the year 1969						...	1,199
" " " " " 1970						...	997

**Table 5**  
**GENERAL STATISTICS FROM 1960**

Year	Population	Death rate *	% dying under age 45	% dying under age 65	Birth rate *	Maternal Death rate †	Still-birth rate †	Infant mortality rate **	Pulmonary Tuber- culosis	
									Notif. rate ††	Death rate ††
1960	290,630	11.3	8.8	30.1	16.8	0.2	18.3	21.7	68	6
1961	289,130	11.7	7.4	28.5	17.7	0.2	18.8	20.6	73	8
1962	291,150	11.6	8.0	30.6	18.9	0.5	13.3	18.6	56	9
1963	291,180	11.7	8.7	31.2	19.3	0.4	15.2	23.5	66	8
1964	291,670	11.4	8.9	31.1	19.9	0.5	11.7	22.9	64	2
1965	289,560	11.9	9.3	31.6	20.0	0.7	14.0	23.3	54	6
1966	289,130	11.8	8.6	30.2	19.2	0.2	15.1	21.6	47	5
1967	289,700	11.5	6.7	27.5	18.3	0.2	11.9	16.2	36	4
1968	281,140	12.2	6.8	27.2	17.9	0.8	10.2	18.7	43	6
1969	282,080	11.9	6.3	27.8	16.0	0.7	13.5	20.6	33	4
1970	279,350	12.3	7.2	27.3	15.7	0.9	13.5	22.3	42	4

\* Per 1,000 population.

† per 1,000 Registered Live and Still Births

\*\* Per 1,000 Registered livebirths

†† Per 100,000 population



## HEALTH CENTRES

Work continued throughout the year on the construction of the Council's first comprehensive health centre at Stanstead Road, Forest Hill, S.E.23, which will be named Jenner Health Centre. It is hoped that the centre will open in the autumn of 1971.

In June the Health Committee confirmed proposals to provide a second comprehensive health centre within the area to the north of New Cross Road, S.E.14, known as the Adolphus Street Housing Area. The proposed site for the centre is between Amersham Vale and Stanley Street. This centre is being planned to provide consulting facilities for six general medical practitioners, an Inner London Education Authority Child Guidance Clinic and a full range of local health authority services including dentistry, chiropody and family planning. It is not expected that this centre will open before 1975.

During the past three years consideration has been given to the provision of a small purpose-built health centre in the Honor Oak area to replace the accommodation at present occupied in Spalding House, S.E.4. At the beginning of the year agreement was reached for a site to be made available on a plot of land off Turnham Road, and plans are now in hand for the erection of a small health centre which will provide consulting facilities for two general medical practitioners and local health authority services which will include family planning. It is hoped that this centre will open during 1973.

# MATERNAL AND CHILD HEALTH

## DOMICILIARY MIDWIFERY

*Valerie J. Buckingham, S.R.N., R.F.N., S.C.M., M.T.D., N.D.N.Cert.*  
(Assistant Chief Nursing Officer)

### Domiciliary Midwifery Service

Following the publication of the report of the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council, there resulted in a reduction in the number of domiciliary confinements and an increase in the number of planned early discharge patients.

Whilst total births within the Borough remained stable, 4,495 in 1969 and 4,456 in 1970, domiciliary confinements totalled 404, a decline of 29.5 per cent. on the previous year.

Owing to adverse factors bookings were changed for 82 other patients.

The Emergency Obstetric Unit was called out on 11 occasions.

### Early Discharge Scheme

This scheme was originally intended to facilitate hospital delivery where available beds were limited. It was also hoped that irregular discharges would not occur but, although available at patients' request, irregular discharges still occur in a high proportion, as shown below:—

998 Planned discharges  
79 District transfers  
278 Irregular discharges.

### Ante Natal Care

The number of ante natal home visits, including social assessments, remained constant at 8,022 visits, but the total attendances of 6,443 at ante natal clinics was 1,500 less than last year. Fewer patients were referred to hospital with toxæmia of pregnancy.

### Attachment of Midwives to General Practitioner Obstetricians

For many years a good liaison has existed between midwives and general practitioner obstetricians, the latter undertaking ante natal consultations at the health clinics.

It was necessary to reorganise the work of the service to cover practice areas as opposed to geographical areas; the determining factor being the midwifery content of each practice. This resulted in the number of doctors to which midwives were attached varying in different areas but nevertheless a close association existed, to the benefit of the patients.

### Liaison Scheme with Domiciliary Midwives Working with Lewisham Hospital

The scheme commenced in January 1970 for a trial period of one year. It had been designed to permit adequate ante-natal care, delivery and post-natal care to be provided in as practical a way as possible whilst contributing to the experience of domiciliary midwives and Part II pupil midwives working on the district.

Whilst it was envisaged that four patients weekly would be selected for the scheme, the number subsequently delivered by domiciliary midwives was considerably less.

Overall, the project has been a success. The continuous care was appreciated by the patients and many expressed disappointment when they were not included in the scheme.

Owing to sickness and staff shortage in the domiciliary field, it became necessary to discontinue the scheme in November for a short period, but the staff are keen to recommence as soon as possible.



### Premature Babies

There were fourteen premature babies born at home. Of this number, five were transferred to the Special Care Baby Unit at Lewisham Hospital, the remainder continued to make good progress at home.

### Pupil Midwife Training

Pupil midwives are accepted from Lewisham Hospital and Greenwich District Hospital, but the declining number of domiciliary confinements has limited the practical experience available to them. For the past three years a "Social Services Course" has been part of the training programme. This has enlarged the pupils' experience of the community and given an understanding of the services available to both mother and family. Forty-four pupil midwives completed training during the year and a further eleven are in training at the present time.

### Screening for Phenylketonuria

The Scriver test (plasma chromatograph) has been continued throughout the year; a total of 1,959 tests were taken by the domiciliary midwives. It was necessary to repeat tests on a small number of babies, but later these proved to be negative.

The strike involving the electricity workers which occurred in November created problems for the domiciliary midwives, but fortunately only two babies were born during a power cut. Both deliveries were successfully carried out. The greater problem was maintaining the temperature of rooms in all-electric homes, as the weather was particularly cold and some babies were at risk. Relatives and friends played a big part in overcoming these difficulties and arrangements were necessary to deliver some patients in alternative accommodation.

1450  
2505  

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3955



# DISTRICT NURSING

*Dorothy M. Coe, S.R.N., R.F.N., S.C.M., H.V., C. & G.  
Technical Teachers' Certificate, Diploma in Social Sciences  
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A reorganisation of the District Nursing Service took place on 11th May, 1970, prior to which date each nurse was responsible for all district nurse cases within a geographically defined district. The object of this change was to minimise the number of district nurses and general practitioners with which each had to work, thus helping to bring about a closer co-operation, to their benefit and that of the patients.

It was hoped that nurses would be able to save travelling time by doing more of their work at the surgeries. Insufficient space at many surgeries has made it necessary for treatment sessions to be held prior to evening surgery. Of the 46 district nurses, 26 now work within surgeries where, for the year, a total of 1,450 injections and 2,505 other treatments were carried out.

The amount of work has increased, partially due to the new method of working. This expansion has occurred mainly in the age group 65 years and over. Home visits increased by 5,695 to a total 181,038. Of 3,910 patients referred for treatment, 1,656 were still being treated on 31st December.

Over the past three years the number of visits to patients has increased by 26,869. This demonstrates a change in the type of patient being cared for, there being a greater number of high dependency patients being nursed in their own homes.

## **Bathing of the Elderly and Infirm**

This service, which is carried out by two men and ten women, is supervised by the district nurses so that immediate assistance may be given to any patient requiring nursing care. Staff shortage at the bathing centres created additional work for the home bathing service following the transfer of some patients who would normally have been transported to the centres. This prevented achieving the aim of the service to bathe patients weekly, but resulted in the total baths being 20,586, an increase of 10,000 over the previous year.

## **Geriatric Liaison Scheme**

The scheme, which is in its second year at Hither Green Hospital, now has two district nurses, one full-time and another part-time, working in the Geriatric Unit and Day Hospital. The visiting of patients, prior to admission, by the geriatrician and liaison sister allows for a degree of assessment. An average of seven visits are made weekly. In addition, 10 visits are made by the liaison sister to patients who have left the unit, to assess progress or regression.

An average of 20 hours weekly are spent in the hospital on liaison duties, which include answering the requests of district nurses for information and arranging for their visits to patients discharged from the unit or for patients to attend the day hospital.

## **District Nurses Employed**

Establishment (full-time equivalents)...	...	...	70
State registered nurses—female	...	...	46
State registered nurses—male ...	...	...	10
State enrolled nurses—females	...	...	14

Twelve members of staff left during the year. There was no shortage of applicants, but the inability of candidates to find suitable accommodation within the area delayed the filling of these vacancies.



### Staff Training

Four district nurses were successful in obtaining the National Certificate of District Nursing and two state enrolled nurses passed the Assessment of the Queen's Institute of District Nursing.

### In-Service Training

A series of study afternoons was arranged for staff, particularly district nurses working within doctors' surgeries, to refresh on techniques, particularly ear syringing and blood pressure readings. Participation in study days with local hospitals has been the outstanding feature of this past year; subjects have included renal dialysis, blood diseases and the Salmon and Cogwheel reports.

### Observation Visits

During the year 84 persons accompanied the district nurses on their visits. They were:—

Hospital nurses ...	...	...	...	...	...	16
Physiotherapy students...	...	...	...	...	...	21
Pupil midwives ...	...	...	...	...	...	44
Overseas visitors	...	...	...	...	...	3

### Integrated Students

Participation in the training programme with King's College Hospital and Croydon Technical College has continued, with an intake of four students in their first year and five students in the third year of the continuing programme.



## HEALTH VISITING

*Dorothy M. Coe, S.R.N., R.F.N., S.C.M., H.V., C. & G.  
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(Chief Nursing Officer)*

During the year health visitors have worked well to maintain a high standard of health and family care within the Borough.

Their work is so established that it rarely attracts publicity and because of their service to the family, tragedies and social problems can be averted.

"What does the health visitor do?" is a question frequently asked. She is a state registered nurse with obstetric experience, who has completed a post-graduate training of one year and is specially trained to detect and appreciate the association of health with social circumstances.

Many children are at risk to their satisfactory mental and physical development. It is not unusual for health visitors to observe deficiencies in the home—often the mothers are not aware of the dangers involved.

It is important to realise that many deficiencies in providing adequate care are due to lack of appreciation of the needs of children, and rarely due to wilful neglect or cruelty.

### **Home Visiting**

Domiciliary visits remain a most important activity. Most of the time was spent on following a schedule of routine visits to new birth notifications, screening and visits to all age groups, including the elderly.

When health visitors are serving the public several topics may be covered. The object of a visit may be to see a new baby, but other matters may be raised, for example—the jealousy of a toddler, health problems with school children, menopause and other problems of middle age, or dealing with grandparents. The value of these visits is difficult to measure, but is of obvious value in relieving tension, giving advice and re-assurance. Problems dealing with adults are nearly as prevalent as with young children. Developmental and observation tests are carried out as a matter of routine.

### **Evening Visits**

These are becoming increasingly essential as more people go to work during the day, leaving their children with relatives or registered child minders. Family planning was the most frequently raised topic within the family groups.

There has been close association with social workers in the Borough and referrals are made when children are considered to be at social risk or when there is evidence of cruelty or neglect.

Case conferences are called by the nursing staff when other agencies are concerned with family problems to decide what action should be adopted and to reduce the number of visitors to the home.

### **General Practitioner/Health Visitor Attachment/Liaison**

Progress towards full attachment is limited only by lack of suitable facilities and not by lack of enthusiasm. Existing groups have been stabilised, liaison and links having been considerably strengthened. Many general practitioners in the Borough are now requesting the services of the health visitor.

The links between hospital, general practitioner and health visitor are of great value, to the benefit of the patient and his family. The general practitioner's records are available to the health visitor, giving early notification of hospital discharges for follow-up and early contact with ante-natal mothers. This proves to be invaluable in early acceptance of the services available when the baby is born.

### **Liaison with Hospitals**

During the year co-operation with the staffs of hospitals has been strengthened. The link between hospitals, general practitioners and health visitors is of particular importance in the care of the elderly.

Health visitors attend ward rounds in paediatric wards and take part in discussions with consultants and hospital staff.



### **Old People**

The problems of the elderly present, in many ways, the greatest challenge in the 1970s. It is increasingly recognised that old people have nursing needs as well as social needs, and it is towards meeting such needs that services between community and hospital should be co-ordinated. Many hospital beds which should be available for sick people are occupied by old people who could, if adequate provision is available, be nursed in their own homes. One must not overlook the effects of community care on the relatives, for whilst it is desirable for the patient and is admirable, it may result in damage to the stability of family life.

### **Psychogeriatrics**

One health visitor in the Borough has carried out valuable work in the assessment of psychogeriatric patients by providing a comprehensive report of the patient's health and behaviour in relation to his/her environment. The health visitor spends four days with the patient, the same tests are carried out daily so that continuity of thought or lack of continuity can be noted. Casual dementia may be due to a medical condition which can be remedied with treatment. Others may be found to be in a more severe condition, such as the old lady of 79 years who insists that her age is 25 years and lives in the past.

From these reports the psychiatrist, geriatrician and general practitioners have been able to decide whether the patient would benefit from in-hospital care, day care, or whether the patient can be nursed in the community if all the supportive services can be organised.

### **Clinical Sessions**

The health visitors are always available to give advice to mothers regarding the care and feeding of their children.

Time taken on advisory sessions varies widely. Many mothers seek advice on specific problems only but can cope with normal routine. Frequency of attendance varies considerably, according to the competence of the mother and the progress of the infant. The number of clinical sessions provided has increased during the year and more evening sessions have been arranged to the benefit of working mothers.

Screening procedures for inapparent abnormality or disease are carried out as a matter of routine, either at the health centre or the home.

Language classes for immigrant mothers are held weekly at the central clinic—average attendance is eight.

Sewing and handicraft classes are also well attended.

### **Health Education**

The health visitors have developed the number of sessions given to parents and sessions are very well attended. Many fathers attend evening sessions with their wives.

During the year there has also been an expansion in the demand for health education in schools. Discussion groups are encouraged and bring to light many personal and general problems which may be causing anxiety to the children. Health visitors and school nurses who have taken the Technical Teachers' Certificate—City and Guilds, meet this need.

Health visitors and nursing officers have received requests and have given talks to many groups such as old people's clubs, women's institutes, church groups, etc.

### **School Health Services**

Hygiene examinations and comprehensive surveys are carried out by the nurses in all schools as a matter of routine. This includes vision testing for every child annually. Sweep testing for hearing is carried out on all children during the first year of entry into school as well as on entry to junior and secondary schools. Follow-up examinations and referrals for medical inspection are carried out as required.

Health visitors are employed wherever possible to serve all nursery classes, nursery schools and infant schools in the Borough. They provide an important link between the head teacher, parents and general practitioners.

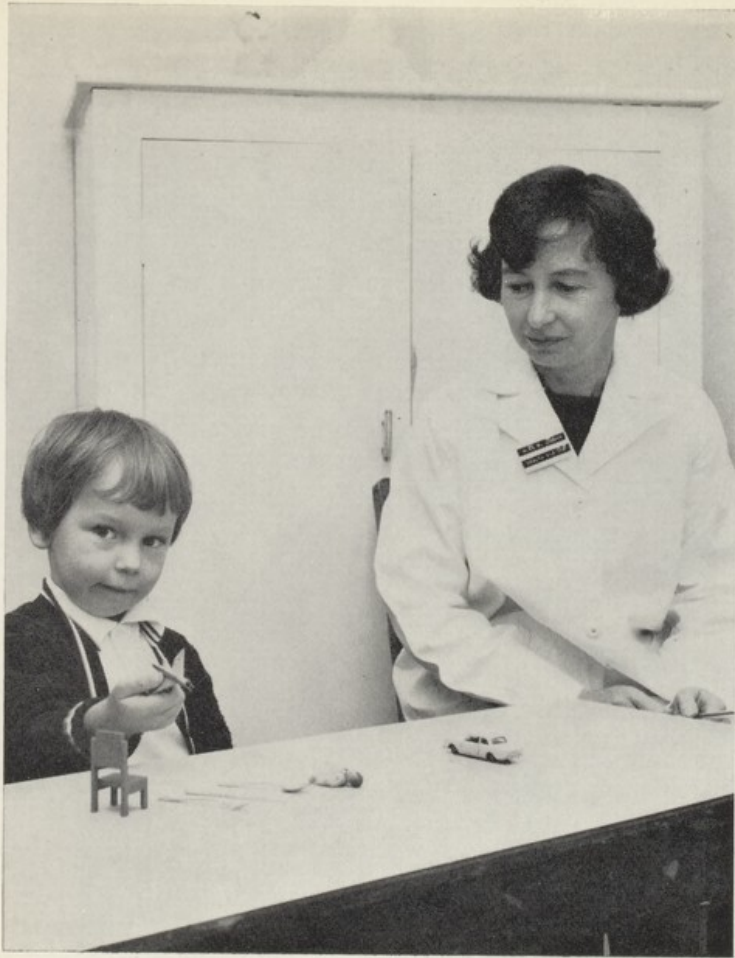




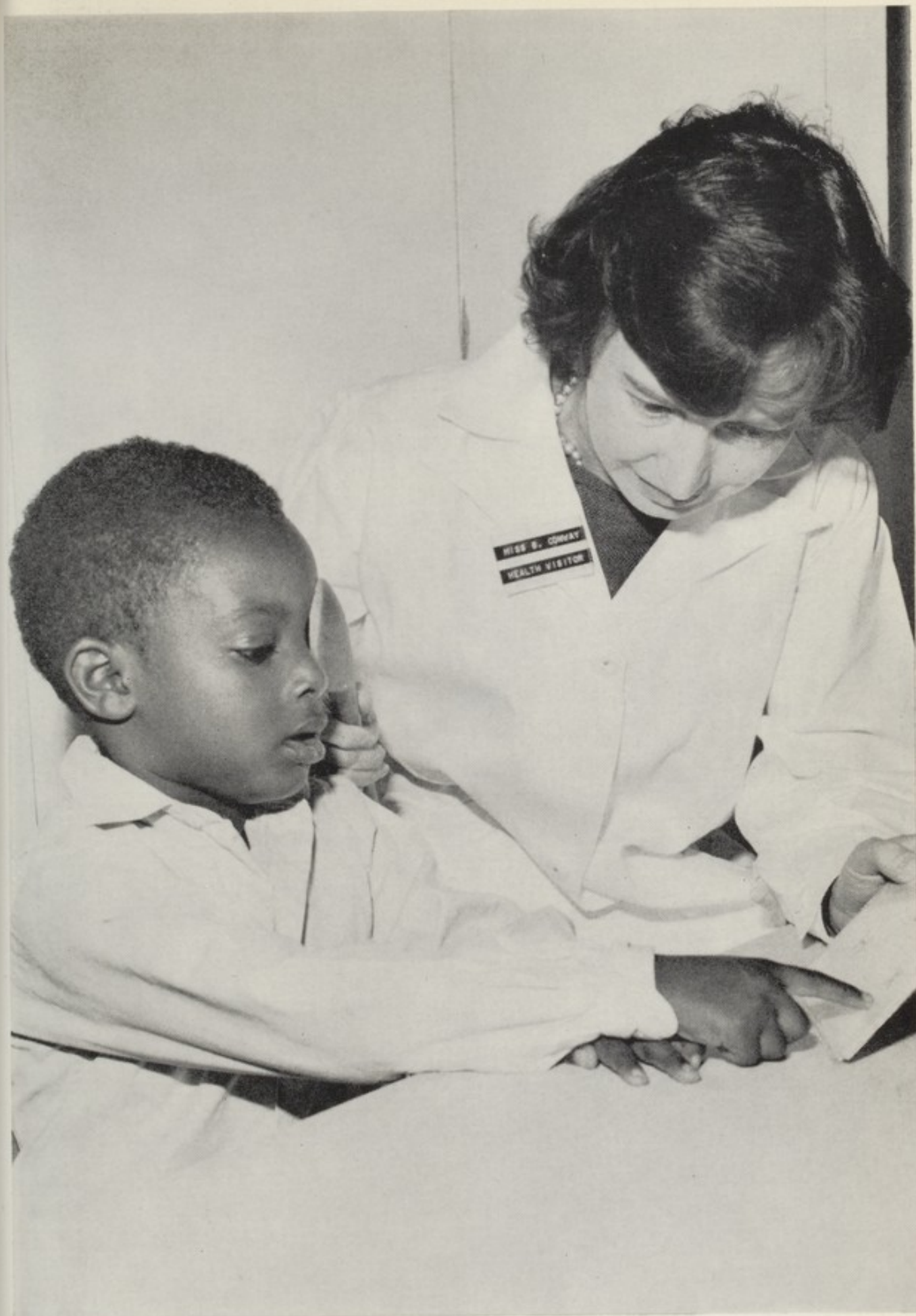
**Fig. 1. Michael, aged three months**

Visual attention of babies after one month can easily be demonstrated before formal testing is possible. This baby's attention is focused on a small toy held by the examiner.





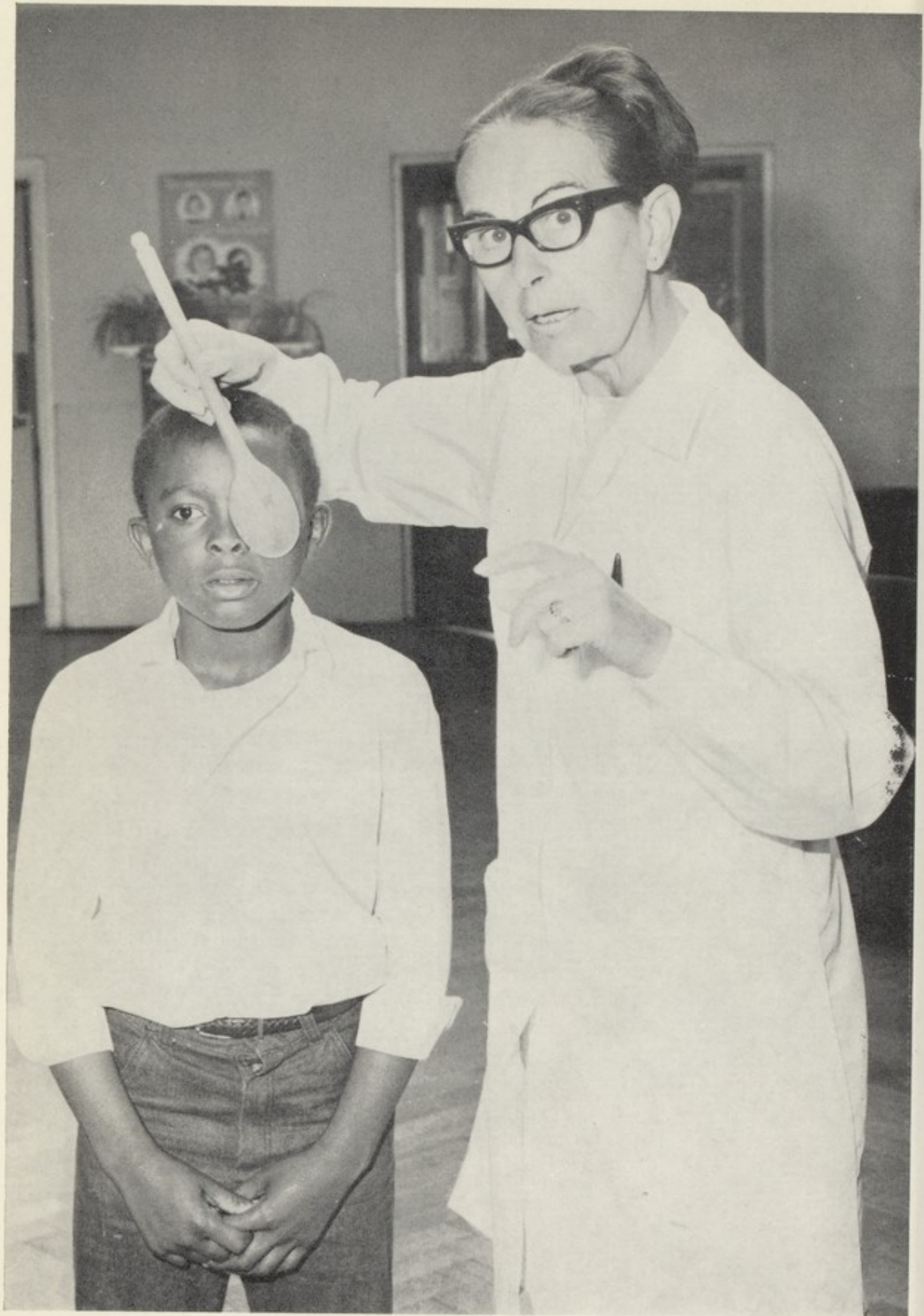
Figs. 2 and 3. Peter, aged three years



**Fig. 4. Kevin, aged four-and-a-half years**

By this age the vision in each eye is tested separately. The examiner stands ten feet away from the child and shows him a card with a single letter; the child is seen pointing to the same letter on a simple five-letter card. Subsequent letters shown by the examiner at the same distance are progressively smaller.





**Fig. 5. Paul, aged nine years**

Most of the vision testing in schools is by means of the well-known Snellen test card placed six metres from the child. Usage of a wooden spoon is an efficient and convenient way of covering the eye not being tested.

## RECUPERATIVE HOLIDAYS

These are provided on medical recommendation for persons who have recently been under medical treatment and who need rest, fresh air and good food. Persons in need of supervision or medical and nursing care require convalescence which is the responsibility of the appropriate Hospital Board. Arrangements are made for adults, expectant mothers, nursing mothers, and children under five years not attending school. Children of school age are dealt with under arrangements provided by the I.L.E.A.

A weekly charge is made for adults, according to their financial circumstances, and there is a small charge for children under five not attending school.

The number arranged during 1970 was as follows:—

**Table 6**

	1970
Expectant and Nursing Mothers	2
Tuberculous Adults	3
Other Adults	97
Psychiatric patients	25
Accompanied Children	15
Unaccompanied Children (I.L.E.A. Scheme)	84

### Nurses Training

Changes in training are inevitable to meet the changing needs of service and communication, and discussions are continuing.

Hospital nurses in training will be required to complete at least six weeks in the community service during their period of general nurse training.

During the year all the student health visitors were successful in their examinations, two gaining distinction and two with credit in two subjects, and have joined the staff.

Fifteen nurses are taking the integrated course of training, which is for a period of four years. The nursing part of the training is taken at King's College Hospital and the theoretical part related to the district nurse and health visitor at Croydon College. Practical experience is provided by the Borough nursing staff.

### Study Days

In-service training and study days have been organised at regular intervals, covering many subjects of interest. Joint programmes have been organised by the Lewisham Hospital, Greenwich District Hospital and local authority nursing staff. Health visitors and district nurses have enjoyed and derived great benefit from these study days with senior nursing staff in hospitals.

The nursing officers have continued to give lectures on the "Social aspect of illness" to hospital nurses during their third year of training at Lewisham Hospital



and King's College Hospital. Groups of nurses totalling approximately 400 have visited homes and establishments for observation visits.

The following staff attended courses of instruction:—

Four senior health visitors attended First Line Management courses.

Two nursing officers attended Middle Management courses.

Seven health visitors attended refresher courses.

Three health visitors successfully completed the Field Worker's course.

Three health visitors successfully completed the family planning course.

Two school nurses successfully completed the City and Guilds Technical Teachers' Certificate.

Chest clinic visitors have continued to attend clinical sessions and followed up patients in their homes, giving advice, checking the health and circumstances of contacts and arranging treatment where necessary.

## Surveys

Health visitors and school nurses have continued to assist in various surveys:—

1. Spina Bifida. Research intelligence unit.
2. Paediatric research. Guy's Hospital—chromosome abnormalities and congenital malformations.

New surveys during 1970 include:—

1. Pfizer poliomyelitis.
2. National Survey of Education—Deptford Priority Area.
3. Institute of Community Survey.
4. Effect of environment and education on size of family.

**Table 7**

### VISITS TO HOMES

Children born in 1970	...	...	...	...	...	...	5,068
„ „ 1969	...	...	...	...	...	...	5,606
„ 1965-68	...	...	...	...	...	...	10,783
					Total	...	21,457
Persons aged 65 or over	...	...	...	...	...	...	422
Mentally disordered persons	...	...	...	...	...	...	75
Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	...	...	...	...	...	...	55
Infectious disease	...	...	...	...	...	...	31
Tuberculous households visited by tuberculosis visitors (including 16 visits by district health visitors)	...	...	...	...	...	...	1,722
Other visits (special reports on overcrowding, housing for M.O.H.)	...	...	...	...	...	...	494
					Grand Total	...	24,256



## LOUISE HOUSE SCREENING CLINIC

A screening service for adult groups in the Borough was started at Louise House, Dartmouth Road, S.E.23, on 27th July, 1970. On that day one weekly session came into being, increasing to two sessions per week on 8th September, 1970. An additional session for men, held on Monday evenings, commenced one month after this.

The screening procedures consist of tests for hearing and vision, height and weight, urinary and respiratory abnormalities, hypertension and anaemia. The women are also checked for breast and pelvic abnormalities, and have a cervical smear taken. The clinic is limited to men aged 40-60 years and women aged 45-65 years.

All clients are invited by a letter from their own family doctor and given an appointment to attend the clinic. Up to now, all attenders have come from one group practice in Sydenham and it is arranged that patients of other practitioners in this area will be contacted in the same way in the near future. The whole success of the scheme is dependent on close liaison and co-operation between the clinic staff and the general practitioners, for it is the latter who are responsible for arranging further investigations or treatment and they are, of course, informed of all the findings from the clinic. In addition to the willingness of the family doctor concerned to participate in the screening, both Lewisham Hospital and the Lewisham Chest Clinic have contributed greatly to the success of this project. Consultant staff at Lewisham Hospital provided invaluable help and advice in the planning stages and the staffs of the haematology and cytology departments have carried out all the necessary tests on blood and cytology samples. The chest physicians at the Lewisham Chest Clinic agreed most readily to x-ray any attenders who were thought by the screening clinic to require this examination and they and their staff have proved most helpful throughout.

During the period 27th July, 1970 to 31st December, 1970, 829 invitations were sent out, 620 to women and 209 to men. 303 (49 per cent.) women and 108 (51 per cent.) men attended the clinic in response to their doctor's letter. Of those who have attended, 112 (31 per cent.) of the women and 51 (47 per cent.) of the men were found to need further investigation or treatment and were accordingly referred to one or more of the following:—

1. Family doctor.
2. Chest clinic for chest x-ray.
3. Local authority obesity clinic (for women only at present).
4. Local authority anti-smoking clinic.

The principal reasons for referral differed for men and women. The majority of male referrals were for raised blood pressure, although a high proportion required advice for obesity or smoking habits. Twenty-seven men attended for a chest x-ray because of respiratory symptoms or because they were smokers; a small number of men were referred for hearing defects, one for a cardiac abnormality and one for previously undiagnosed diabetes. Female referrals were mainly for obesity; gynaecological abnormalities and hypertension were detected in a relatively high proportion of cases and there were also referrals for hearing loss, anaemia, visual defects and breast abnormalities. One of the 43 women referred for a chest x-ray was found to have pulmonary tuberculosis.

The response to invitations to attend this clinic has exceeded early expectations and the results obtained suggest that the service is a valuable means of early detection and prevention of illness in the age groups selected.



**TABLE 8**  
**BREAKDOWN OF DEFECTS AND ABNORMALITIES DETECTED:**  
**LOUISE HOUSE SCREENING CLINIC, 27/7/70—31/12/70**

				<i>Number of persons found to have abnormality or defect of:</i>										
				<i>Total number attending</i>	<i>Hearing</i>	<i>Vision</i>	<i>Height/ weight ratio</i>	<i>Urinary system</i>	<i>Respiratory system</i>	<i>Blood pressure</i>	<i>Blood count</i>	<i>Breasts</i>	<i>Pelvic organs</i>	<i>Cervical smear</i>
Men	...	...	108	1	—	11	1	1	19	—	—	—	—	—
Women	...	...	303	8	1	31	—	2	16	2	21	1	—	—
Total...	...	...	411	9	1	42	1	3	35	2	21	1	—	—

**TABLE 9**  
**BREAKDOWN OF REFERRALS FOR TREATMENT OR FURTHER INVESTIGATION**

				<i>Persons requiring</i>		<i>Total number of referrals to:</i>				
				<i>Total number attending</i>	<i>Referral to 1 or more agency</i>	<i>No referral</i>	<i>Family doctor</i>	<i>Chest clinic</i>	<i>Obesity clinic</i>	<i>Anti-smoking clinic</i>
Men	...	...	108	51	57	28	27	—	11	
Women	...	...	303	112	191	50	43	33	13	
Total	...		411	163	248	78	70	33	24	

## CONGENITAL MALFORMATIONS

Figures are supplied to the Registrar-General of all congenital malformations recorded at birth or observed during a child's first year of life. The co-operation of hospitals and general practitioners in this arrangement is, of course, essential and the periodic publication by the Registrar-General of the collated returns enables changes in national and regional patterns to be detected and examined. Children are not identified individually to the Registrar-General but locally all such children are considered for placing on the Lewisham Observation Register of handicapped and those at risk of becoming handicapped. An intensive follow-up of children placed on the register is now a routine procedure.

During the year a total of 82 children were reported, which figure represents 1.9 per cent. of total live births in the Borough.

**Table 10**

*Congenital malformations reported*

0.1	Anencephalus	...	...	...	...	...	...	...	...	...	...	4	
0.4	Hydrocephalus	...	...	...	...	...	...	...	...	...	...	5	
0.6	Other specified malformations of brain or spinal cord	...	...	...	...	...	...	...	...	...	...	3	
0.8	Spina Bifida	...	...	...	...	...	...	...	...	...	...	7	
	Total: Central Nervous System	...	...	...	...	...	...	...	...	...	...	—	19
2.1	Cleft lip	...	...	...	...	...	...	...	...	...	...	3	
2.2	Cleft palate	...	...	...	...	...	...	...	...	...	...	4	
2.7	Rectal and analatresia	...	...	...	...	...	...	...	...	...	...	4	
	Total: Alimentary System	...	...	...	...	...	...	...	...	...	...	—	11
3.0	Unspecified malformations of heart and great vessels	...	...	...	...	...	...	...	...	...	...	8	
3.9	Specified malformations of heart and great vessels	...	...	...	...	...	...	...	...	...	...	3	
	Total: Heart and Great Vessels	...	...	...	...	...	...	...	...	...	...	—	11
4.9	Other specified malformations of respiratory system	...	...	...	...	...	...	...	...	...	...	1	
	Total: Respiratory System	...	...	...	...	...	...	...	...	...	...	—	1
5.3	Hydrocele	...	...	...	...	...	...	...	...	...	...	1	
5.6	Extrophy of bladder	...	...	...	...	...	...	...	...	...	...	1	
5.7	Hypospadias, epispadias	...	...	...	...	...	...	...	...	...	...	5	
	Total: Urino-genital System	...	...	...	...	...	...	...	...	...	...	—	7
6.0	Polydactyly	...	...	...	...	...	...	...	...	...	...	8	
6.1	Syndactyly	...	...	...	...	...	...	...	...	...	...	4	
6.2	Reduction deformity—hand or arm	...	...	...	...	...	...	...	...	...	...	1	
6.5	Talipes	...	...	...	...	...	...	...	...	...	...	19	
6.6	Congenital dislocation of hip	...	...	...	...	...	...	...	...	...	...	6	
6.8	Unspecified malformations of leg or pelvis	...	...	...	...	...	...	...	...	...	...	1	
6.9	Unspecified limb malformations	...	...	...	...	...	...	...	...	...	...	2	
	Total: Limbs	...	...	...	...	...	...	...	...	...	...	—	41
7.4	Malformations of sternum and ribs	...	...	...	...	...	...	...	...	...	...	1	
	Total: Other parts of Musculo-Skeletal System	...	...	...	...	...	...	...	...	...	...	—	1
8.4	Other specified malformations of skin, including ichthyosis congenita	...	...	...	...	...	...	...	...	...	...	1	
8.9	Exomphalos, omphalocele (excluding umbilical hernia)	...	...	...	...	...	...	...	...	...	...	1	
	Total: Other Systems	...	...	...	...	...	...	...	...	...	...	—	2
9.0	Other and unspecified congenital malformations	...	...	...	...	...	...	...	...	...	...	1	
9.5	Other syndromes specified due to chromosomal abnormality	...	...	...	...	...	...	...	...	...	...	1	
9.6	Down's syndrome (mongolism)	...	...	...	...	...	...	...	...	...	...	7	
9.9	Multiple congenital malformations not specified	...	...	...	...	...	...	...	...	...	...	2	
	Total: Other Malformations	...	...	...	...	...	...	...	...	...	...	—	11
													104



**Table 11***Congenital malformations reported: by parity*

<i>Parity</i>							<i>Number of Children</i>
0	...	...	...	...	...	...	27
1	...	...	...	...	...	...	21
2	...	...	...	...	...	...	18
3	...	...	...	...	...	...	8
4	...	...	...	...	...	...	3
5	...	...	...	...	...	...	2
6	...	...	...	...	...	...	1
7	...	...	...	...	...	...	1
8	...	...	...	...	...	...	1
							—
							82
							—

### **ADOPTIONS AND BOARDING-OUT**

Before a child is placed for adoption or boarding-out a medical report is obtained by the Council's Children's Officer. The report is usually made by a general practitioner, visiting medical officer of a residential nursery or a hospital doctor. Although these medical reports meet the statutory requirements it is the Council's practice for such reports to be submitted to the Medical Officer of Health before a child is adopted or boarded-out. 69 adoption and boarding-out reports were examined and reports on 60 prospective parents were scrutinised during the year.

In order to assist medical officers to advise adoption agencies more effectively on medical aspects of adoption, improved report forms have been produced by the medical group of the Association of British Adoption Agencies and accepted for use by the Borough of Lewisham.

Medical examinations of prospective adopters are carried out as previously by general practitioners, but now more information is available on the new forms. The examination of infants being placed for adoption requires considerable experience of developmental paediatrics, and a departmental medical officer highly qualified in this field now undertakes these examinations. Babies who are considered to be at risk of developing a handicap because of an adverse family history or an abnormal birth are examined by a consultant paediatrician with whom the departmental medical officer concerned works closely.

All these reports, together with any additional information from hospitals or general practitioners which he may feel it necessary to obtain (with the permission of the persons concerned), are then available to the Medical Officer of Health for scrutiny and consideration. In this way he is able to assess more accurately the medical suitability of prospective adopters, as well as the potential of the infants concerned, and to advise the Council accordingly.

### **BLIND AND PARTIALLY SIGHTED PERSONS**

136 examinations were arranged in connection with certification under the National Assistance Act, 1948, of blind and partially sighted persons. In addition, certificates accepted from other local authorities and hospitals numbered 82. This certification facilitates the provision of the Council's welfare services.



## DAY CARE OF CHILDREN

### Health Department Day Nurseries

The matrons and staff have maintained a high standard of care and support. Children attending the day nursery are in a high priority category.

During the year there has been an increase in part or full day care for handicapped children, although the handicap may not originate in the child. In one of the nurseries three children attend because they have a deaf and dumb mother, one child also has a dumb father. Communication between mother and child and lack of conversation may cause retardation in the child. There is, of course, the added risk of accidents because the mother will not hear the child cry or call.

The nursing staff have worked enthusiastically and have delighted children and visitors alike with their water-colour pictures on walls, in rooms and in corridors.

The following table shows the number of admissions and discharges for the three day nurseries during the year:—

**Table 12**

<i>Day Nursery</i>	<i>Admissions</i>	<i>Discharges</i>
Amersham Road	57	72
Rushey Green	61	61
Shaftesbury House	43	46

The nursery students who completed the two-year course of training were successful in the Nursery Nurse Examination Board examination. At the end of the year 15 students were receiving practical training in the nurseries and theory in the Southwark or Brixton colleges of technology.

### Early Care Unit

With fifteen subnormal children, the nurses in this unit have given outstanding devotion and care to these often unresponsive children. The patience and understanding shown by the nurses has earned the gratitude of the parents.

Crèches attached to health centres have provided a valuable service for mothers attending the session as well as providing occasional care whilst the mother has to keep a hospital appointment for herself or other members of the family.

All crèche attendants have benefited from attending a short course at Goldsmiths' College. There is a great demand for this service.

### Private Day Nurseries, Childminders and Pre-School Playgroups

The work of inspection, registration and supervision continued; an assistant nursing officer accompanied by a medical officer visited all premises for which applications for registration had been made. Health visitors visited and reported on all established groups. Follow-up visits are essential to maintain satisfactory standards and check on changes in staff and attendances. The organiser of playgroups and childminders gave valuable advice to new and established groups, including the purchase of equipment and the provision of suitable activities for the children. She formed the link between the Council and voluntary organisations, visited childminders providing



full day care to ensure that satisfactory care was being given, also to observe and offer help.

The scheme for providing financial assistance to playgroups in connection with the acceptance of a quota of priority class children was continued and in the financial year 1970-71 a grant of £2,000 was made to the Inner London Pre-School Playgroups Association in respect of affiliated playgroups. Grants totalling £677 were also made to nine non-affiliated playgroups. In cases of financial difficulty the Council met the fees of playgroups or childminders for the reception of priority class children. Fourteen private nurseries or playgroups were registered by the Council under the Nurseries and Child Minders Regulations Act 1948 during the year. At the end of the year there were 59 registered nurseries or groups authorised to provide whole or part day care for up to 1,401 children.

The coming into force of the penal clause of Section 60 of the Health Services and Public Health Act 1968 still involved a heavy volume of work in the registration of women who had been minding one or two children, for which registration was not previously necessary. Altogether, during the year, 186 persons were registered for the minding of up to 330 children. At the end of the year there were 482 registered minders authorised to provide whole day care for up to 954 children.

### FAMILY PLANNING

The Family Planning Association continues to act as agent for the Council in providing a family planning service from Health Department premises on a deficiency grant basis. At the end of the year sessions are being held at the following centres:—

Central Lewisham	...	...	...	...	...	4
Amersham Road...	...	...	...	...	...	2
Speedwell ...	...	...	...	...	...	2
Louise ...	...	...	...	...	...	5
Flower House	...	...	...	...	...	3
Downham...	...	...	...	...	...	2
Heathside ...	...	...	...	...	...	1
Spalding House	...	...	...	...	...	2
Lind ...	...	...	...	...	...	1

In July 1970 the Borough was divided into two areas for the domiciliary family planning service with bases at the Speedwell Street and Boundfield Road health centres.

A Family Planning Association trained health visitor from each of these clinics spends one session per week visiting patients in conjunction with the doctor.

It is encouraging to note that patients are being referred from an ever-widening range of the personal services within the Borough.

**Table 13**

	1970
No. of first domiciliary visits by Medical Officer ...	99
No. of re-visits by Medical Officer ...	72
No. of re-visits by Medical Officer and nurse ...	391
No. of visits by patients to clinic ...	239
No. of patients seen throughout the year ...	801

I am indebted to the Branch Organising Secretary of the Family Planning Association for the following figures of work carried out by the Family Planning Association within the Borough during the year:—

**Table 14**

NO. OF CLINICS	...	...	...	...	...	...	...	...	...	10
NO. OF CLINIC SESSIONS HELD	...	...	...	...	...	...	...	...	...	1,263
NO. OF DOCTOR SESSIONS HELD	...	...	...	...	...	...	...	...	...	1,730
NO. OF CYTOLOGICAL SMEARS TAKEN	...	...	...	...	2,679	...	POSITIVE	...	...	19
NO. OF PATIENTS OFFICIALLY REFERRED BY HOSPITALS	...	...	...	...	...	...	...	...	...	402
„ NOTIFIED BY HOSPITALS	...	...	...	...	...	...	...	...	...	55
„ OFFICIALLY REFERRED BY L.A.	...	...	...	...	...	...	...	...	...	129
„ NOTIFIED BY L.A.	...	...	...	...	...	...	...	...	...	256

	NEW PATIENTS	First Visit this Year	Repeat Visits	Medical Cases	Socially Needy Cases
BROCKLEY	246	625	1,119	1	38
DOWNHAM	186	363	723	10	19
FOREST HILL	811	2,210	4,226	36	39
HEATHSIDE	75	151	299	1	12
LEWISHAM CENTRAL	634	1,519	2,670	27	88
LEWISHAM—Flower House	293	1,014	1,527	12	16
LEWISHAM—Hospital...	517	950	1,238	42	98
LIND	86	110	183	—	21
NEW CROSS—Amersham Road	370	793	1,974	15	52
NEW CROSS—Speedwell	96	216	597	6	32
NEW CROSS—Speedwell Y.A.C.	110	110	411	—	—
TOTAL	3,424	8,061	14,967	150	415



## LOAN SERVICE

The Central Stores are at the Health Department, Town Hall.

Any article of equipment which will assist in the nursing of people in their own homes can be borrowed, provided:—

- (a) it is not required for permanent use;
- (b) it is not of a type which has to be made to measure, and therefore can be used by successive persons with the same requirement.

A large number of articles were in demand during the year, as the following table shows:—

**Table 15**

<i>Equipment</i>	<i>No. issued during 1970</i>	<i>Total stock held on stock register</i>	<i>No. on loan at present</i>
Air Rings	36	89	79
Back Rests	69	132	126
Bed Cradles	63	142	135
Bed Pans	38	89	81
Commodes	346	885	862
Cot Beds	3	4	4
Easi-Carry Hoists	15	21	18
Easi-Carry Hoist Slings	5	13	12
Fireguards	30	199	193
Fracture Boards	37	124	121
Hospital Beds with Pulley	7	38	20
Inflatable Toilet Seats	6	19	9
Mattress (Dunlopillo)	1	24	22
Mattress (Hair)	13	30	16
Mattress Covers	18	37	16
Penrhyn Bed Lifts	13	41	39
Ripple Beds	8	8	6
Rubber Sheets (6' × 3').	45	175	148
Sorbo Rings	13	28	13
Tripod Walking Sticks	17	54	53
Urinals (Glass)	34	59	50
Zimmer Walking Frames	73	200	174
Wheelchairs	58	77	77
Totals	948	2,488	2,274

Close contact is maintained with voluntary bodies such as the British Red Cross Society and also the Council's Welfare Department in order to ensure that no overlapping occurs.

# DENTAL SERVICES

Mrs. C. M. Leeming, B.D.S. (Lond.),  
Chief Dental Officer and Principal School Dental Officer

## Accommodation for Dental Services

School for Dental Auxiliaries (4 surgeries), New Cross General Hospital, S.E.14.  
Deptford Schools Treatment Centre (2 surgeries), Reginald Square, S.E.8.  
Lewisham Schools Treatment Centre (2 surgeries), 78 Lewisham Park, S.E.13.  
Downham Schools Treatment Centre (2 surgeries), Churchdown, Downham.  
Sedgehill Comprehensive School (1 surgery), Bellingham, S.E.6.  
Catford County School (1 surgery), Bellingham Road, S.E.6.

Table 16

## DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

### A: Attendances and Treatment

Number of Visits for Treatment During Year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	739	10
Subsequent Visits	1,617	27
Total Visits	2,356	37
Number of Add'l Courses of Treatment other than the First Courses commenced during year	100	3
Treatment provided during the year—		
Number of Fillings	1,722	28
Teeth Filled	1,546	24
Teeth Extracted	192	2
General Anaesthetics given	81	2
Emergency Visits by Patients	91	1
Patients X-Rayed	14	5
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	666	6
Teeth Otherwise Conserved	276	—
Teeth Root Filled		1
Inlays		—
Crowns		—
Number of Courses of Treatment Completed During the Year	492	5

### B: Inspections

Number of Patients given First Inspections During Year	A	427	D	11
Number of Patients in A and D above who Required Treatment	B	314	E	10
Number of Patients in B and E above who were Offered Treatment	C	314	F	10

### C: Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete  
Half Days) Devoted to Maternal and Child Health

For Treatment	312.7
For Health Education	120.3

## Sickle Cell Anaemia

Because of the association of sickle cell anaemia with some immigrant groups and the increased anaesthetic risks involved a special procedure was arranged.

The Consultant Pathologist from Lewisham Hospital readily agreed to accept all relevant cases for screening by means of a simple blood test.

Any previous stay in hospital is investigated to avoid duplicate testing. The patient's general practitioner is informed of the results.



Children sent for testing in the first six months: 60. Sick cell trait: 5.

If a patient is shown to have sickle cell disease or thalassaemia major, arrangements are made for admission to hospital if a general anaesthetic is required.

### **Apples and Oral Hygiene**

A pilot study, conducted by the Chief Dental Officer, a dental auxiliary and a dental nurse, was undertaken to discover if apples eaten after lunch resulted in better oral hygiene and whether these children appeared to be more conscious of the requirements for good dental health.

Children at the two schools studied (Tidemill Infants and Tidemill Juniors) were given one quarter of an apple daily for one term by the Inner London Education Authority.

The dental surgeon examined the children before and after lunch and the oral debris was graded on each occasion to see if the consumption of the quarter apple improved the oral hygiene.

### **Oral Hygiene**

The infants who had been supplied with apples appeared to have benefited most, for those who showed improvement or the same oral debris measurement after lunch were much greater in this school than in the control group.

In the case of Tidemill and Dalmain Junior Schools, their oral hygiene indices were much the same. It should be noted that the control school (Dalmain) had benefited greatly from previous dental health education programmes in that water is provided at the dining tables. Apples are often sold at the tuck shop although they had not been provided during that particular week.

### **Assessment of Dental Health Education**

The dental auxiliary undertook the task of questioning the pupils in an attempt to compare the dental health awareness of the four schools.

### **Infants Schools**

In both schools between 80 and 90 per cent. of the children owned tooth brushes; about 38 per cent. had brushed their teeth that morning. About 73 per cent. knew the value of fibrous foods on dental health, compared with 32 per cent. in the control school.

In the general assessment the apple school (Tidemill) had a higher level of dental health education than the control school.

### **Junior Schools**

This produced a very interesting result in that the same 80-90 per cent. owned a tooth brush, but 60 per cent. of the control children had cleaned their teeth that morning and only 35 per cent. of the apple school had done so. Yet in the apple school 36 per cent. had a poor oral hygiene grading compared with 46 per cent. in the control.

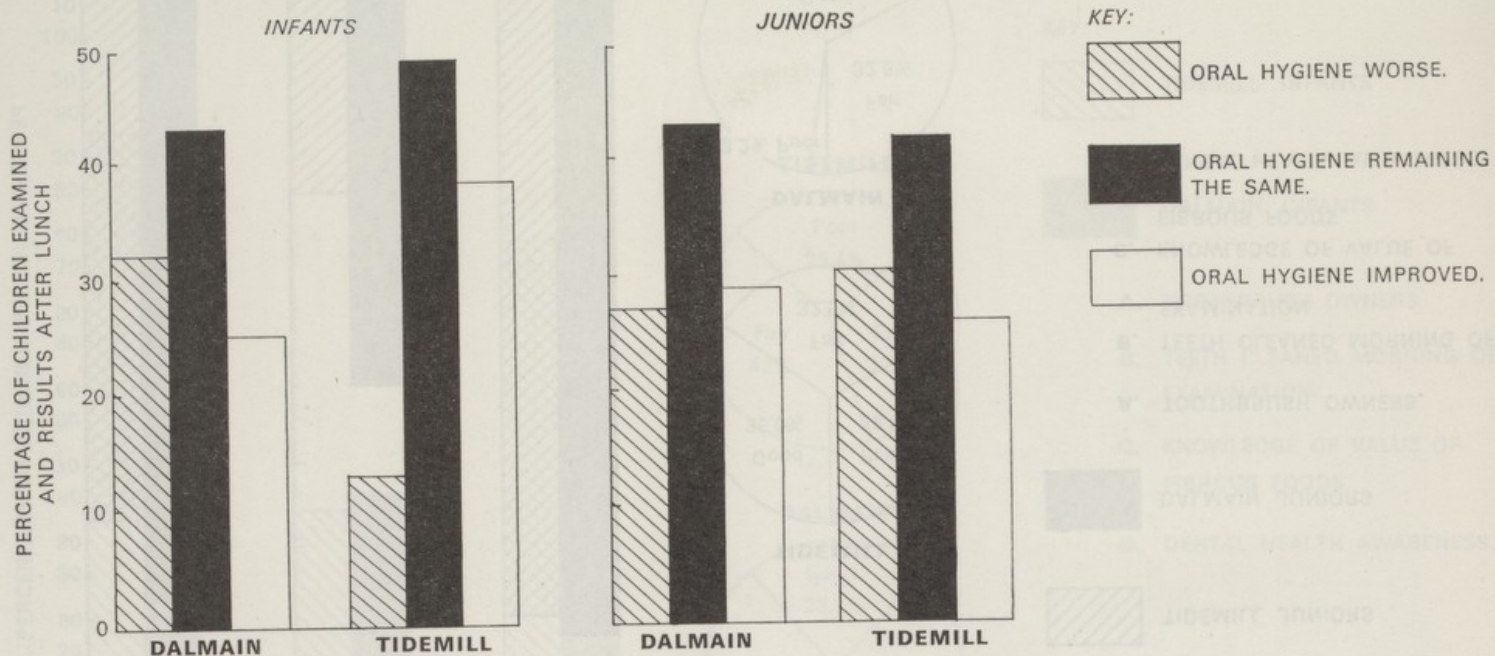
Both schools knew the value of fibrous foods for good dental health. The control school was found to have the greater dental health awareness.

This kind of study shows that there are many ways of acquiring good dental health; that although apples are very valuable in making the children more diet and tooth conscious, it is possible to achieve similar results by providing water at meal times. Both have administrative problems, including cost.

I should like to thank the head teachers, Miss S. M. Lane and Miss H. A. Rodger from Tidemill School, also Mr. L. Retallick and Miss B. Ashe from Dalmain School for their help and co-operation.

The assistance given to me in the survey by Mrs. P. Munday and Miss J. Gumosz is greatly appreciated.

# ORAL HYGIENE MEASURED BEFORE LUNCH AND AFTER LUNCH

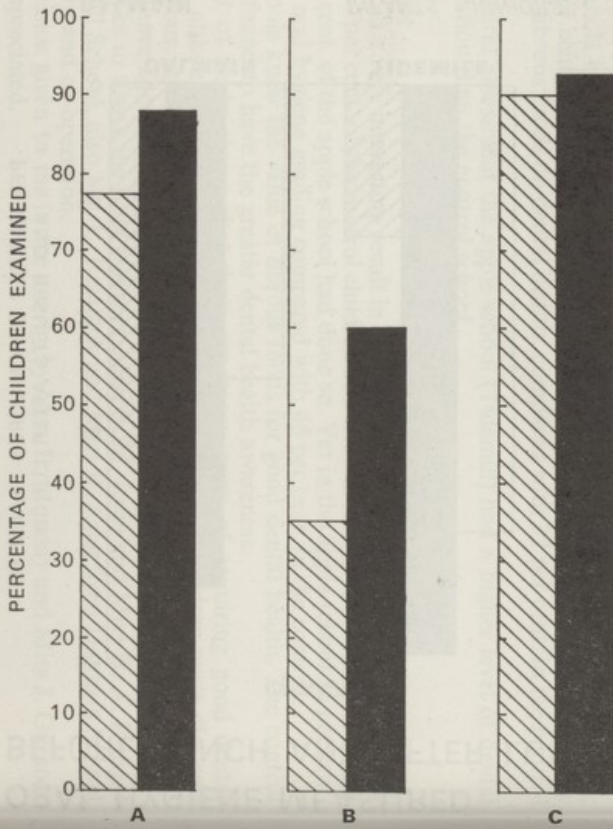


DALMAIN	INFANTS	JUNIORS	TIDEMILL	INFANTS	JUNIORS
SCHOOL ROLL	212	402		188	324
PUPILS EXAMINED	65	55		55	46

CHILDREN WHO WENT HOME FOR LUNCH WERE ELIMINATED FROM THE STUDY



# DENTAL HEALTH EDUCATION



KEY:



TIDEMILL JUNIORS



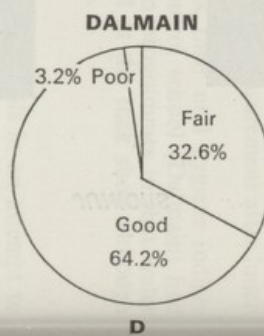
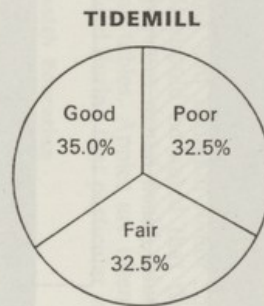
DALMAIN JUNIORS

A. TOOTHBRUSH OWNERS.

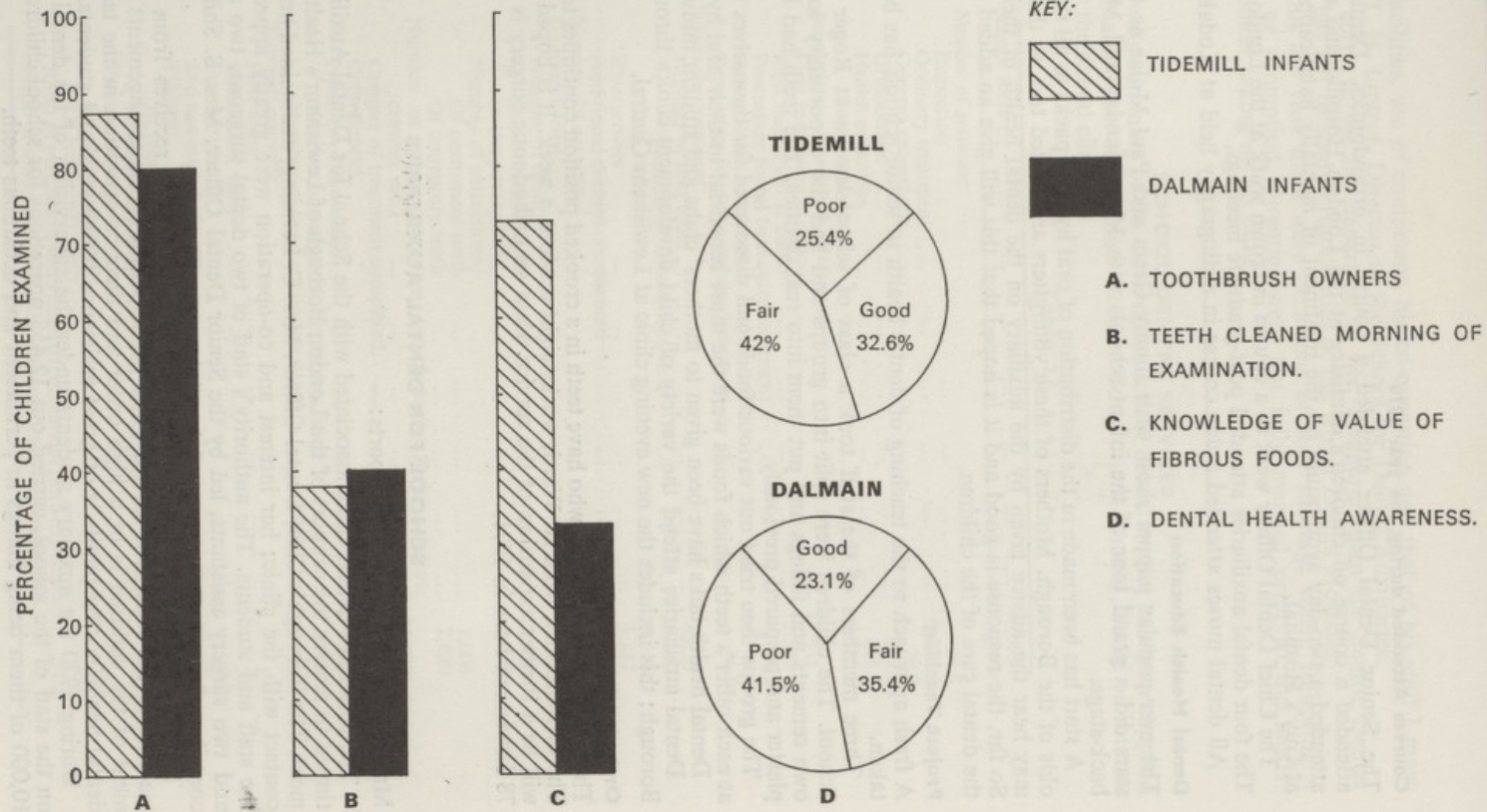
B. TEETH CLEANED MORNING OF EXAMINATION.

C. KNOWLEDGE OF VALUE OF FIBROUS FOODS.

D. DENTAL HEALTH AWARENESS.



# DENTAL HEALTH EDUCATION





### **Courses Attended during the year 1970**

The Senior Dental Officer attended a course in orthodontics. Dental surgeons attended a course on children's dentistry at the London Hospital and several also attended a two-day symposium on the treatment of mentally handicapped children at Guy's Hospital.

The Chief Dental Officer went to a course in crown work at the London Hospital. The four dental auxiliaries attended post-graduate meetings.

All dental nurses attended a day course in radiography held at Kodaks.

### **Dental Health Education**

The ever-popular puppet show with Jimmy Germ and Paul Molar as the leading stars did a grand tour of the infant schools with Mrs. Munday and Miss Ludkin back-stage.

A start has been made in the distribution of oral hygiene packs to all the five-year-olds of the Borough. Mothers of these youngsters are invited too, so that they also may hear the advice given by the auxiliary on the dental health of their children. So far, the response is good and it is hoped that this will give an added impetus to the dental care of the children.

### **Project Teaching**

A fresh approach to the teaching of dental health in senior schools has been undertaken.

Three members of the staff took a class of school leavers at Roger Manwood School. The children were split into groups and had the opportunity to mix their own cements and fillings and put them into real cavities. The teeth had been set in plaster and prepared previously.

The groups then tried out various foods and discovered for themselves by looking at each other's teeth which foods were the most beneficial to their oral hygiene.

Dental health talks have been given to mothers' clubs and student midwives.

Dental auxiliaries attend the variety of child development clinics throughout the Borough; this includes the new evening clinic at Lewisham Central.

### **Orthodontics**

The treatment of children who have teeth in a crooked position continues to progress. The orthodontist, Mrs. A. Ward, works eight sessions a week. It is hoped that there will be a further expansion of the service when an orthodontic surgery is opened at 78 Lewisham Park in 1971.

## **SCHOOL FOR DENTAL AUXILIARIES**

Mr. T. H. Liptrot, Director, reports:—

The children's dental clinic associated with the School for Dental Auxiliaries continued to receive the support of the London Borough of Lewisham's Health Department. The Borough's Chief Dental Officer, Mrs. C. Leeming, maintained her personal contact with the clinic; her interest and co-operation were greatly appreciated by the staff and students. The authority's staff of two dental surgeons, two auxiliaries and two surgery assistants, led by the Senior Dental Officer, Mrs. S. Shillito, have contributed much to the work of the clinic.

The school is fortunate in the enthusiastic interest it receives from the head teachers of the schools it serves. Their participation in the arrangements for treatment of the children is of a high order and their co-operation in the teaching of dental health to the pupils is of great assistance to the staff and students.

During 1970 the auxiliary students under the supervision of the dental surgeons on the staff of the school, carried out 12,455 operations for school children, nearly 10,000 of them being fillings in permanent and deciduous teeth.



For the facilities, use of equipment, his co-operation and that of his staff I must thank Mr. T. H. Liptrot, Director of the School for Dental Auxiliaries.

We were sorry to see the departure of Mr. Sivagurunathan the Senior Dental Officer. He has left to study orthodontics at the Royal Dental Hospital.

Throughout the year there were occasions of staff shortage when, following a resignation or promotion, surgeries were not fully manned prior to the newly-appointed officer taking up his duties.

### SCHOOL DENTAL SERVICES

The following summary of the work of the school dental service has been supplied by the Medical Adviser to the Inner London Education Authority, based on returns supplied by the dental clinics:

Table 17

School Roll ... ..	45,093
<i>Number of sessions:</i>	
Inspection ... ..	84.5
Ordinary treatment ... ..	4,029.5
General anaesthetic ... ..	58.0
Orthodontic ... ..	423.1
Health education ... ..	165.5
Total sessions ... ..	4,760.6
<i>Inspections—Number of children given:</i>	
First inspection at school ... ..	11,531
First inspection at clinic ... ..	2,359
Percentage found to require treatment ... ..	70.1
Reinspection at school or clinic in 1970 ... ..	709
Percentage found to require treatment ... ..	88.9
<i>Visits for treatment:</i>	
Number of first visits ... ..	6,620
Number of subsequent visits ... ..	23,690
Total visits ... ..	30,310
Emergencies ... ..	1,237
Additional courses commenced ... ..	1,207
Number did not attend ... ..	11,410
<i>Treatment given:</i>	
Number of fillings:	
In permanent teeth ... ..	13,970
In temporary teeth ... ..	9,339
Number of extractions:	
Of permanent teeth ... ..	1,006
Of temporary teeth ... ..	2,620
Number of other operations (prophylaxis, X-rays, inlays, crowns, etc.) ... ..	13,478
Courses of treatment completed ... ..	5,278
Orthodontics:	
Number of new cases ... ..	208
Number of removable appliances fitted ... ..	464
Number of fixed appliances fitted ... ..	10
<i>Sessional averages:</i>	
First visits ... ..	1.5
Subsequent visits ... ..	5.3
Emergencies ... ..	0.3
Did not attend... ..	2.5
Fillings:	
In permanent teeth ... ..	3.1
In temporary teeth ... ..	2.1
Extractions:	
Of permanent teeth ... ..	0.2
Of temporary teeth ... ..	0.6
Ratio of permanent teeth filled to permanent teeth extracted ... ..	11.8
Ratio of temporary teeth filled to temporary teeth extracted ... ..	3.1



## SCHOOL HEALTH SERVICE

The Inner London Education Authority is responsible for the school health service, but by virtue of an agreement required by Section 32 of the London Government Act 1963 there is joint use by the Authority and the Borough Council of professional staff, premises and equipment. The Medical Officer of Health is the Principal School Medical Officer of the Inner London Education Authority for the area and responsible to that authority for the day-to-day running of the service.

There are 44,794 children of school age in the Borough and the overall picture of their health remains good. Routine medical examination of the children is undertaken at four stages in their school careers. Of these, the examination at school entry is perhaps the most important, in that a higher proportion of parents attend for this examination than subsequently. This allows for a three-cornered discussion of various aspects of the child's health and education between doctor, head teacher and parents. Subsequent examinations, although less well attended by parents, remain an important facet in the continuing supervision of the child's health. At the school leaver's examination attention is paid to any defects in the child which may affect the choice of future employment.

Criticism has been levelled at the system of routine examination of school children and the Borough is to co-operate during the coming year in a trial of detailed medical examination of five-year-old entrants. If subsequently adopted, these may obviate the need for some later routine examinations and provide a profile for each child; distinguishing those who may have later learning difficulties and to whom teachers may be required to give special help. Six schools in the Borough will participate in this trial. Preliminary training sessions for doctors and nurses were carried out during the year by doctors from the Department of Education and Science and Guy's Hospital.

To control infectious diseases in schools, the maintenance of a high level of immunisation is extremely important and school doctors carry out immunisation sessions for diphtheria, tetanus, poliomyelitis and BCG prophylaxis. Among other communicable diseases which are the concern of the school doctor and nurse, is ringworm of the scalp. When a case of scalp ringworm is notified, other children in the school concerned are examined with the aid of a special Woods lamp, the light of which causes hairs infected by ringworm to fluoresce and enables early cases to be identified. An unusual type of scalp ringworm exists, in which infected hairs do not fluoresce and recognition of early cases by Woods lamp illumination is not possible. During the year cases of this type of ringworm were found in three schools in the Borough and I am indebted to Dr. Clayton, from a London hospital, who visited these schools and took brush samples of scalp hairs from all contacts. From this action other early cases were found and were referred for treatment, preventing further spread.

School doctors carry out, in addition to routine examinations, other special examinations where parents, teachers and education authorities feel concerned about the health of a child and its fitness for ordinary school. Wherever possible, children with handicaps are educated in ordinary schools, but for some children this is not possible and placement in a day or boarding special school is recommended. A child with severe asthma involving frequent absence from school may benefit from the more sheltered atmosphere and special facilities of a school for the delicate, or a child with weakness of the legs may be suitably placed in a primary school built entirely on one level, but will require special placement at the transition to secondary school, when faced with the stairs and constant activity of a comprehensive school. Referrals are also made to the Health Department where transport to school is needed or where home tuition is required for children unable to attend school. The level of referral to special investigation clinics for enuresis, nutrition problems and



minor behaviour problems, has been maintained. Obesity in school children remains a problem and an approach has been made to new methods by the institution at one clinic of a group for overweight schoolgirls of secondary school age.

Children with epilepsy present a special problem in the school environment. Whereas most such children are well controlled and should be encouraged to lead a normal life there remains the risk of such a child having an occasional fit. It is unfair to expect a teacher in charge of a large class to give one child his undivided attention in certain situations. For this reason, children with epilepsy are excluded from swimming with the school, or participating in school physical education where work on apparatus at a height is involved. In any community, some children will have learning difficulties and will benefit from small classes and specialised teaching. Some school doctors, with special training, undertake examinations to assess such children and make recommendations for education in schools where such teaching is available.

Special schools in the Borough are as follows:—

Meeting House School for the Educationally Sub-normal (Primary and Secondary) ... ..	Roundtable Road, Downham
Brent Knoll School for the Delicate (Primary and Secondary) ... ..	Mayow Road, S.E.23

The children attending Nansen School for Partially Sighted Children have been transferred to a new school in Greenwich and the accommodation vacated by them has been used to extend the accommodation of Meeting House School to take children of secondary school age. The new educationally sub-normal school for children of primary and secondary age is now expected to open in the Borough in 1971.

Children who have severe hearing defects, are maladjusted, have a physical handicap, or who are blind, attend schools outside the Borough, but a partially hearing unit for children of secondary school age is situated at Sedgehill Comprehensive School and a unit for autistic children is attached to Brent Knoll School.

During the year the Health Department co-operated in a trial of a rubella (German measles) vaccine. Parents of girls at a secondary school in the Borough were asked to consent to the immunisation of their daughters. A blood sample was obtained from each girl prior to immunisation and a further blood sample taken a month later, to compare levels of antibody. The Department of Health and Social Security recommended, later in the year, that rubella immunisation should be offered to all girls between the ages of 11 and 14 years to protect them from the possibility of contracting rubella in later life and in pregnancy, when the infection may give rise to defects in the unborn child.

The Health Department also participated in a Department of Education and Science survey of physically handicapped children who attend ordinary school. The majority of such children are able to attend ordinary schools, sometimes with some restriction on activities, with the help of school staff. The identification of these children was facilitated by the existence of the Observation Register, which is maintained in the Health Department. An index card is kept for each child in the Borough who has a handicap and a confidential file contains information received from hospitals, schools and other agencies. Regular review of the data on each child, together with requests for review by school doctors, keeps the register up to date and ensures that each child receives all the help and facilities which are available. The register also provides statistics upon which estimates for future special education are based.



Table 18

OBSERVATION/HANDICAP REGISTER			
Schoolchildren			
<i>Type of School</i>	<i>No. attending Day school</i>	<i>No. attending Boarding school</i>	<i>Total</i>
Physically handicapped	52	8	60
Delicate	109	26	135
Blind	—	8	8
Partially sighted	46	4	50
Autistic	3	1	4
E.S.N.	682	66	748
Maladjusted	86	76	162
Other	—	—	—
Hospital school	—	—	—
Totals	978	189	1,167
Home tuition ...	...	...	6
Training Centre	...	...	—
Special Care Unit	...	...	—
Special Hospital	...	...	2
Approved school	...	...	1
Number of children at Brent Knoll Autistic Unit ...	...	...	1
Number of children at Brent Knoll O.A. School ...	...	...	93

Table 19

<i>Year of Birth of School Children on Observation/Handicap Register</i>	
<i>Year of Birth</i>	<i>No. of schoolchildren</i>
1960	191
1961	198
1962	212
1963	161
1964	153
1965	109
1966	77
1967	4
	1,105
Number on Register	2,304

## DEAF REGISTER

## Schoolchildren

The register is used to ensure that the total needs of the children are met by medical supervision, appropriate educational placement or by social work help for the family.

Many children on the register benefit simply by sitting in a more favourable position in the classroom and/or provision of hearing aids, but those in the following table have been assessed as in need of special education.

Table 20

**Children Attending Special Schools or Units**  
(*Special School/Unit Age Range 2 years to 16+ years*)

<i>Type of School/Unit</i>	<i>Day</i>	<i>Boarding</i>	<i>Total</i>
Deaf	43	9 (3 weekly)	55
Partially hearing	32	1	33
Partially hearing with additional handicap	—	1	1
Physically handicapped	1	1	2
Physically handicapped with additional handicap	—	—	—
Deaf/Blind	—	—	—
Delicate	—	—	—
E.S.N.	7	—	7
Maladjusted	—	—	—
Others			
Junior Training Centre	...	...	3
Early Care Unit	...	...	2
Residential Care	...	...	9
Total number of children on register: 320. Under school age: 5			

### SCHOOL MEDICAL INSPECTION

The figures provide an analysis of routine and non-routine medical inspections with, for routine inspections, the percentage attendance of parents and care committee representatives and the overall figures for prophylaxis. They also show the proportion of children found with unsatisfactory physical conditions, and the percentage referred for treatment of all defects, and of defects other than vision.

The statistics quoted in this section have been supplied by the Inner London Education Authority and are based on a school roll of 45,093 as at May, 1970.

Table 21

<i>Routine inspections:</i>							
Number inspected	...	...	...	...	...	...	17,695
Number found not to warrant examination (7 plus "specials scheme")	...	...	...	...	...	...	—
<i>Percentage of No. inspected of:</i>							
Parent present	...	...	...	...	...	...	56.6
Care Committee present	...	...	...	...	...	...	51.4
No. vaccinated against smallpox	...	...	...	...	...	...	69.2
No. immunised against diphtheria	...	...	...	...	...	...	92.7
No. immunised against whooping cough	...	...	...	...	...	...	87.4
No. vaccinated against poliomyelitis	...	...	...	...	...	...	91.5
Physical condition unsatisfactory	...	...	...	...	...	...	0.2
Referred for treatment of defects	...	...	...	...	...	...	16.5
Referred for treatment of defects other than vision	...	...	...	...	...	...	9.5
<i>Non-routine inspections:</i>							
(i) Specials	...	...	...	...	...	...	6,111
(ii) Re-inspections	...	...	...	...	...	...	5,324
TOTAL (i) and (ii)...	...	...	...	...	...	...	11,435
No. of routine inspections as percentage of school roll	...	...	...	...	...	...	39.2
No. of non-routine inspections as percentage of school roll	...	...	...	...	...	...	25.3



# ROUTINE MEDICAL INSPECTIONS—DEFECTS

Number of children noted for treatment or observation expressed as a rate per 1,000 inspected.

Table 22

<i>No. inspected</i>										.....	...	...	...	...	...	...	...	17,695
										<i>Defects</i>				*				
Skin	...	...	...	...	...	...	T	...	...	13.17	O	...	...	12.55				
Eyes—(a)	Vision	...	...	...	...	...	T	...	...	80.14	O	...	...	37.13				
	(b) Squint	...	...	...	...	...	T	...	...	13.62	O	...	...	4.35				
	(c) Other	...	...	...	...	...	T	...	...	1.81	O	...	...	3.05				
Ears—(a)	Hearing	...	...	...	...	...	T	...	...	8.08	O	...	...	6.61				
	(b) Otitis Media	...	...	...	...	...	T	...	...	2.37	O	...	...	3.11				
	(c) Other	...	...	...	...	...	T	...	...	1.36	O	...	...	0.90				
Nose and Throat	...	...	...	...	...	...	T	...	...	6.56	O	...	...	30.23				
Speech	...	...	...	...	...	...	T	...	...	4.18	O	...	...	5.88				
Lymphatic Glands	...	...	...	...	...	...	T	...	...	0.79	O	...	...	11.25				
Heart...	...	...	...	...	...	...	T	...	...	2.94	O	...	...	5.20				
Lungs...	...	...	...	...	...	...	T	...	...	8.43	O	...	...	8.20				
Developmental—(a)	Hernia	...	...	...	...	...	T	...	...	2.60	O	...	...	4.97				
	(b) Other	...	...	...	...	...	T	...	...	2.49	O	...	...	6.05				
Orthopaedic—(a)	Posture	...	...	...	...	...	T	...	...	0.90	O	...	...	3.05				
	(b) Feet	...	...	...	...	...	T	...	...	4.41	O	...	...	14.35				
	(c) Other	...	...	...	...	...	T	...	...	2.60	O	...	...	3.28				
Nervous System—(a)	Epilepsy	...	...	...	...	...	T	...	...	2.49	O	...	...	0.79				
	(b) Other	...	...	...	...	...	T	...	...	0.62	O	...	...	1.36				
Psychological—(a)	Development	...	...	...	...	...	T	...	...	0.90	O	...	...	3.79				
	(b) Stability	...	...	...	...	...	T	...	...	2.54	O	...	...	12.49				
Abdomen	...	...	...	...	...	...	T	...	...	0.85	O	...	...	0.57				
Other—(a)	Debility...	...	...	...	...	...	T	...	...	0.11	O	...	...	0.62				
	(b) Enuresis	...	...	...	...	...	T	...	...	9.83	O	...	...	19.33				
	(c) Obesity	...	...	...	...	...	T	...	...	3.90	O	...	...	10.45				
	(d) Other	...	...	...	...	...	T	...	...	6.84	O	...	...	2.54				
*T=Treatment										*O=Observation								

This table is an analysis, in accordance with the classification used by the Department of Education and Science, of defects found at routine inspections.

The appended table relates to surveys undertaken and also indicates action taken with verminous cases found as a result of the surveys:

Table 23

<i>1. Comprehensive Surveys:</i>							
(a) Number examined	...	...	...	...	...	...	28,484
(b) Number (occasions) found verminous	...	...	...	...	...	...	149
(c) Percentage found verminous	...	...	...	...	...	...	0.52
<i>2. Selective Surveys:</i>							
(a) Number examined	...	...	...	...	...	...	21,795
(b) Number (occasions) found verminous	...	...	...	...	...	...	344
(c) Percentage found verminous	...	...	...	...	...	...	1.58
<i>3. (a) Total times vermin found [1(b)+2(b)]</i>							
(b) Total % found verminous [3(a) as % of 1(a)+2(a)]	...	...	...	...	...	...	0.98
(c) No. of individual pupils found verminous	...	...	...	...	...	...	394
(d) % of individual pupils found verminous (of school roll)	...	...	...	...	...	...	0.87
<i>4. Action taken with verminous cases:</i>							
(a) Advice and/or Lorexane	...	...	...	...	...	...	449
(b) Further action	...	...	...	...	...	...	44
(c) 4(b) expressed as a percentage of 4(a)	...	...	...	...	...	...	9.80
<i>Analysis of 4(b) cases—referrals of hardcore cases to bathing centres</i>							
<i>Voluntary attendances at bathing centres:</i>							
No. of pupils	...	...	...	...	...	...	394
No. of statutory notices issued...	...	...	...	...	...	...	—
<i>No. cleansed at centres following statutory notices:</i>							
Voluntarily	...	...	...	...	...	...	—
Compulsorily	...	...	...	...	...	...	—

Emphasis is placed on children being cleansed by parents at home. Other members of the family may, in the privacy that the home affords, also use the Lorexane shampoo, hence eradicating a possible source to a child of recurring infestation.



Table 24

## NON-ROUTINE MEDICAL INSPECTIONS

<i>Type of Inspection</i>							
Re-inspections	...	...	...	...	...	...	5,324
Bathing centre inspections—scabies	...	...	...	...	...	...	4
—other	...	...	...	...	...	...	10
Employment certificates	...	...	...	...	...	...	625
Theatrical children	...	...	...	...	...	...	—
School journeys	...	...	...	...	...	...	3,256
Recuperative holidays—pre-departure	...	...	...	...	...	...	23
—on return	...	...	...	...	...	...	—
Secondary School annual surveys...	...	...	...	...	...	...	—
Candidates for higher awards	...	...	...	...	...	...	18
Nautical school entrants	...	...	...	...	...	...	—
Outward bound courses	...	...	...	...	...	...	—
Infectious disease investigation	...	...	...	...	...	...	660
T.B. contacts	...	...	...	...	...	...	—
Boarding schools for the Delicate—pre-departure	...	...	...	...	...	...	1
—on return	...	...	...	...	...	...	—
Handicapped pupils—statutory examination	...	...	...	...	...	...	145
—periodic special defect examination	...	...	...	...	...	...	658
Research investigations and enquires	...	...	...	...	...	...	21
							5,421
SPECIALS—At request of:—							
Head teacher—child's name entered in special book	...	...	...	...	...	...	141
—others	...	...	...	...	...	...	213
School nurse—following health survey	...	...	...	...	...	...	78
—others	...	...	...	...	...	...	12
Divisional (Education) Officer	...	...	...	...	...	...	23
District Care Organiser or Care Committee	...	...	...	...	...	...	13
Parent	...	...	...	...	...	...	141
School medical officer...	...	...	...	...	...	...	62
							683
OTHERS:—							
Accident on school premises	...	...	...	...	...	...	—
Boxing—reference from schools, A.B.A., or similar association	...	...	...	...	...	...	—
For free travel	...	...	...	...	...	...	—
Reference: (i) connected with remedial exercises	...	...	...	...	...	...	6
foot classes	...	...	...	...	...	...	
(ii) by gymnast or physiotherapist	...	...	...	...	...	...	—
Referred by—hospital...	...	...	...	...	...	...	—
—speech therapist	...	...	...	...	...	...	—
—general practitioner	...	...	...	...	...	...	—
Miscellaneous	...	...	...	...	...	...	1
							7
TOTAL OF ALL NON-ROUTINE MEDICAL INSPECTIONS	...	...	...	...	...	...	11,435

# ROUTINE MEDICAL INSPECTIONS—VISION

This table is a statement of the visual acuity of pupils whose vision was tested at routine medical inspections, divided into those not wearing and those wearing glasses, together with the proportions noted for treatment or observation.

Table 25

Number tested		Percentage of number tested																C—Boys and Girls	
		A—Not wearing glasses								B—Wearing glasses								Percentage of number tested with and without glasses	
		6/6	6/9	6/12 or worse	Noted for treatment		6/6	6/9	6/12 or worse	Noted for treatment		6/6	6/9	6/12 or worse	Noted for treatment		Noted for Treatment		
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
9,085	8,349	83.7	82.2	5.6	6.1	3.6	4.2	3.2	4.3	3.9	3.4	1.8	2.1	1.4	2.0	3.8	5.1	8.2	



Table 26

**COMPARISON OF DEFECTS NOTED AT 7-PLUS ROUTINE AND  
7-PLUS 'SPECIAL' MEDICAL INSPECTIONS IN 1970**

Number of children noted for treatment and observation expressed as a rate  
per 1,000 inspected

<i>No. inspected at 7-plus Routine Inspections</i>								...	...	...	4,983
<i>No. inspected at 7-plus Experimental Scheme Inspections</i>								...	—		
<i>Defects</i>								<i>A</i>	<i>B</i>		
<i>Skin</i>	...	...	...	...	...	...	...	30.5	—		
<i>Eyes—Vision</i>	...	...	...	...	...	...	...	129.6	—		
<i>Squint</i>	...	...	...	...	...	...	...	22.1	—		
<i>Other</i>	...	...	...	...	...	...	...	5.0	—		
<i>Ears—Hearing</i>	...	...	...	...	...	...	...	19.3	—		
<i>Otitis Media</i>	...	...	...	...	...	...	...	7.4	—		
<i>Other</i>	...	...	...	...	...	...	...	3.8	—		
<i>Nose and Throat</i>	...	...	...	...	...	...	...	42.1	—		
<i>Speech</i>	...	...	...	...	...	...	...	10.4	—		
<i>Lymphatic Glands</i>	...	...	...	...	...	...	...	15.9	—		
<i>Heart</i>	...	...	...	...	...	...	...	7.2	—		
<i>Lungs</i>	...	...	...	...	...	...	...	18.6	—		
<i>Development—Hernia</i>	...	...	...	...	...	...	...	7.8	—		
<i>Other</i>	...	...	...	...	...	...	...	10.8	—		
<i>Orthopaedic—Posture</i>	...	...	...	...	...	...	...	3.8	—		
<i>Feet</i>	...	...	...	...	...	...	...	19.5	—		
<i>Other</i>	...	...	...	...	...	...	...	5.4	—		
<i>Nervous System—Epilepsy</i>	...	...	...	...	...	...	...	4.0	—		
<i>Other</i>	...	...	...	...	...	...	...	1.4	—		
<i>Psychological—Development</i>	...	...	...	...	...	...	...	5.2	—		
<i>Stability</i>	...	...	...	...	...	...	...	18.9	—		
<i>Abdomen</i>	...	...	...	...	...	...	...	1.8	—		
<i>Other—(a) Debility</i>	...	...	...	...	...	...	...	0.6	—		
<i>(b) Enuresis</i>	...	...	...	...	...	...	...	38.1	—		
<i>(c) Obesity</i>	...	...	...	...	...	...	...	12.6	—		
<i>(d) Other</i>	...	...	...	...	...	...	...	11.2	—		

Column "A" refers to 7-plus routine medical inspections

Column "B" refers to 7-plus experimental scheme inspections

# MEDICAL AND FAMILY SOCIAL WORK

*Miss E. L. Stocker, A.A.P.S.W., Principal Social Worker*

Social workers continued to provide a family orientated service in both fields of work, which involved offering casework help, mobilising inter-disciplinary resources and liaising with other statutory and voluntary agencies.

## **School Health Social Work Service**

There are 98 children in the Borough, attending special schools or special units, who suffer from deafness or partial hearing. Of this number 57 were provided with social work help.

During the summer holiday period an additional service was undertaken for these children, which was also of benefit to their families. On two evenings each week a playgroup was held at Downham Health Centre, which has the advantage of a recreation ground at the rear. The prime aim was to enable the children to extend their relationships in an environment other than home or school and to meet their individual needs through play. In order that the children should gain from the experience and training of a wide range of techniques, those who were recruited to assist the social workers were a nurse, student teacher, speech therapist, student speech therapist and two schoolgirls. Parents, in expressing their gratitude, stated that the playgroup met a real need.

In the Special Investigation Clinic, group work was also extended for, in addition to the discussion group for mothers and children attending the Amersham Road Special Investigation Clinic, a second group was set up at the Lewisham clinic for overweight adolescent girls. In both cases the clinic doctors and social workers were jointly involved.

School Health Social Worker attachment was as follows:—

### *(a) Local Authority Clinics*

Amersham Road Special Investigation Clinic	Health Centre, Amersham Road, S.E.14.
Speedwell Special Investigation Clinic	... Speedwell Centre, Speedwell Street, S.E.8.
Downham Special Investigation Clinic	... Downham Health Centre, Churchdown, Downham.
Lewisham Special Investigation Clinic	... School Treatment Centre, 78 Lewisham Park, S.E.13.
Sydenham Special Investigation Clinic	... Children's Hospital, Sydenham, S.E.26.

### *(b) Hospitals*

Lewisham Hospital Hearing Investigation Clinic.  
New Cross Hospital liaison with the Hearing Aid Centre.

### *(c) Special Education Units*

Sedgehill Partially Hearing Unit.  
Brent Knoll Autistic Unit.

### *(d) Special Schools*

Brent Knoll School for the Delicate.

## **Chest Clinic Welfare Service**

The Care Committees of Deptford and Lewisham chest clinics continued to be concerned with fund raising, grants, holidays and outings to supplement statutory help and the two Care Committee Organisers were available to provide social care for patients, particularly the elderly and those suffering from chronic illness.



### **Family Casework**

113 families were provided with intensive help for varying periods during the year and of this number 75 per cent. were in need of long-term support. The prevalence of depression in families presenting multiple problems was particularly noted and both psychological and sociological approaches were needed to ameliorate difficult family situations.

The number of one-parent families seeking help increased and family caseworkers and social workers submitted evidence to the Finer Committee which was set up to look into the problems of such families.

### **Co-ordinating Committee**

The Co-ordinating Committee met on nine occasions during the year and 47 case conferences were convened at the request of the following agencies:—

- 8 GLC Housing Department
- 3 Lewisham Housing Department
- 5 Children's Service
- 2 Welfare Service
- 5 Education Welfare Service
- 1 NSPCC
- 23 Health Department.

### **Voluntary Organisations**

Co-operation with voluntary agencies and associations was maintained and statutory aid was supplemented and extended in a variety of ways.

#### *Staff*

Social workers attended talks, conferences and courses in relation to specific aspects of their work. Of these there were two worthy of special mention:—

“The Voluntary Worker in the Social Services”—London Council of Social Service;

“Living with Handicap”—National Bureau for Co-operation in Child Care.

### **Students**

Placements continued to be provided for professional and pre-professional social work students for varying periods of practical work in co-operation with training bodies. The section welcomed this opportunity to participate in training and found that, as in previous years, the students reciprocated by making a stimulating contribution to the work of the group. In addition to social worker students, two student teachers were present for short periods, and talks were also given to midwives and hospital nursing staff.

# HOME HELP SERVICE

Heavy pressure was maintained on the home help service throughout the year and the number of households provided with help in each of the four home help areas increased. Because of the volume of work, the organising staff were hard pressed to maintain a satisfactory frequency of home visiting, but during the year the Council approved an increase in the staffing of each home help office by one half-time assistant organiser, and with the help of the extra staff it was possible to eliminate all arrears of visiting. Over 90 per cent. of the service was provided for the aged and infirm. The recruitment of home helps eased slightly during the year; at the end of 1970, 626 home helps were employed.

**Table 27**

**CASES RECEIVING SERVICE AS AT 31st DECEMBER 1970**  
(1969 figures in brackets)

Office	Maternity	Tuberculosis	Aged 65 and over	Aged under 65 chronically sick	Others	Total
Deptford Town Hall, S.E.8	— (—)	2 (2)	635 (625)	60 (58)	13 (8)	710 (693)
41 Rushey Green, S.E.6 ...	— (4)	6 (5)	792 (742)	92 (91)	6 (13)	896 (855)
266 Kirkdale, Sydenham, S.E.26	6 (2)	8 (10)	873 (800)	41 (60)	23 (24)	951 (896)
354 Baring Road, S.E.12 ...	— (—)	7 (7)	885 (833)	85 (89)	16 (8)	993 (937)
TOTALS... ..	6 (6)	23 (24)	3,185 (3,000)	278 (298)	58 (53)	3,550 (3,381)



# HEALTH EDUCATION

*Mr. R. W. Allen, M.A.P.H.I., M.I.H.E., Health Education Officer*

1970 was another year of extended activity, which inevitably follows as the functions of a new section become understood and publicised. Briefly, the work of the section can be summarised as follows:—

- (a) The giving of information about the health service by means of press releases, talks to groups of the public and schoolchildren, etc., and the production of a "Guide to the Health Services". This, naturally, involves co-operation with the public relations group.
- (b) The arranging of talks, discussions, films, filmstrip slides and tape shows on health and home safety hazards, together with their prevention by immunisation, screening tests, exercise or appropriate modification of habit. The section has printed pamphlets and posters of its own design for use with the many purchased from other sources to propagate health and home safety messages. Demonstrations and exhibitions are also arranged.
- (c) The arranging of in-service lectures and demonstrations for staff.
- (d) The production and distribution of a quarterly 20-page booklet (circulation 7,500).
- (e) Co-operation with teachers in courses involving sex education and social responsibility.
- (f) The provision of material for doctors, health visitors and other members of the staff who give lectures.

Students from colleges, both in and out of the Borough, come for information to help them with "projects" on health and home safety. Much information and material is given to student teachers who, in time, will be "health educators".

Home safety continues to involve the section. Many examples of misuse of heating appliances and hazards of various kinds are referred by health visitors and social workers, so that practical advice can be given by the home safety officers.

Classes in first aid and resuscitation continued throughout the year and well over 3,000 schoolchildren were taught the "kiss of life" before the summer holidays.

Co-operation with the Library Service helps to provide text books for staff, and reprints from journals not circulated by the section. In this respect the section makes much use of LOGA, the Local Government Annotations Service.

During 1969 an experimental slimming group was started, later to be followed by other groups meeting regularly. These have been successful and their popularity is shown by the waiting lists of would-be members. Professor Yudkin's carbohydrate unit system of weight control is used, together with suitable exercises. The competition provided by the "group" is an important factor. Five regular groups are now run by the Council and similar groups have been started by women's organisations with the assistance of the section.

The group principle has also been applied to the problem of excessive cigarette smoking. Five-day crash courses with suitable follow-ups have been held. The overall success rate appears to be 50 per cent. complete stoppage with varying degrees of reduction in the remainder.

The annual competition for members of the Health Department staff, in which entries consisted of group and individual posters or models with a health education impact, was again held. It produced some very useful material and the Group Shield was again won by the Kingswear Health Centre.

A health education panel of representatives from the various health department disciplines meets to discuss developments, new material and articles for the quarterly booklet.

Again it must be emphasised that the most important function of the section is the helping of doctors, dentists, health visitors, nurses, public health inspectors and others to be health educators.

The following is a summary of health education sessions of various kinds:—

**Table 28**

Films ... ..	264
Filmstrips, slides or tapes ... ..	145
Student sessions ... ..	73
Talks by H.E. Section ... ..	260
Talks by H.V.s and Nursing Officers ... ..	1,129
Talks by Medical Officers ... ..	107
Talks by Public Health Inspectors ... ..	10



# **CHIROPODY SERVICE**

*Mr. B. Dalton, M.Ch.S., S.R.Ch., M.R.S.H., Chief Chiropodist*

The Council maintains six chiropody surgeries within the Borough, and employs one chief, four full-time and fourteen part-time chiropodists. 6,508 persons, representing 2.35 per cent. of the population regularly attend the various surgeries on average four times annually, the appointment interval being 12-13 weeks. The proportion of males to female attendances was 1 : 4 (1 : 4). The percentage of attendances by schoolchildren was 9 per cent. (6.5 per cent.).

A total of 4,623 (4,373) sessions was worked during the year; full-time staff averaging 2,170 (2,427) sessions and part-time staff 2,543 (1,946). This gives an overall average of 89 (85) sessions per week throughout the year.

1,281 (1,703) treatments were given to 524 (542) elderly, infirm or handicapped persons transported to the various surgeries on average just over twice per annum. 91 (31) domiciliary visits were made to 19 (13) housebound persons of under pensionable age. 114 elderly housebound persons were given 398 domiciliary treatments during the year in the postal district S.E.4. Satisfactory appliances were made for 261 (348) persons, some 200 sessions being allocated throughout the year for this work. 1,118 (1,288) treatments were given to 304 patients requiring special techniques and treatment, and special equipment at Amersham Road. Under the Council's plan for sponsored chiropody training, one student having qualified has taken up post, and a further two are at present in college. Plans for improvements at Sangley Road have at last been implemented.

Following the verruca project during last year, seven definite clinical types of the growth were named and described, details of which will be published in the form of a paper during the coming year. These descriptions and names will be referred to in a cataloguing of the optimum programmes of treatment using known and new remedies.

**Table 29**

## **ANALYSIS OF BOOKINGS AND ATTENDANCES AT FOOT CLINICS**

<i>Clinic</i>	<i>Total sessions</i>	<i>Total bookings</i>	<i>Total attendances</i>	<i>Total % failures</i>	<i>Per cent.</i>	<i>No. of persons attending</i>
Bathing Centre...	99 (98)	597 (753)	539 (712)	58 (41)	10	111 (103)
Amersham Road	1,823 (1,902)	11,982 (12,479)	10,521 (11,144)	1,461 (1,335)	12	2,358 (2,245)
Downham Clinic	202 (88)	1,115 (491)	1,036 (442)	79 (49)	7	316 (232)
Kingswear Clinic	896 (962)	5,435 (5,852)	4,714 (5,243)	721 (609)	13	1,459 (1,464)
Lind Clinic ...	318 (137)	2,173 (750)	1,834 (707)	339 (43)	15	287 (237)
Sangley Road ...	1,285 (1,186)	8,784 (9,442)	7,868 (8,575)	916 (867)	11	1,976 (2,208)
Totals ...	4,623 (4,373)	30,086 (29,767)	26,512 (26,823)	3,574 (2,944)	11 (10)	6,508 (6,489)

**Table 30**  
**STATISTICAL SUMMARY OF ATTENDANCES**

							1970	1969
Number of sessions	...	...	...	...	...	...	4,623	4,373
Appointment bookings	...	...	...	...	...	...	30,086	29,767
Children of or below school age	...	...	...	...	...	...	2,047	1,772
Adults: Male							4,983	4,923
Female	...	...	...	...	...	...	19,098	20,128
Total	...	...	...	...	...	...	24,081	25,051
Fee paying attendances (adults)	...	...	...	...	...	...	5,928	6,187
Free attendances (adults)	.....	...	...	...	...	...	20,584	20,636

**Table 31**

NEW CASES		ATTENDANCES ANALYSIS	
<i>Age groups</i>		<i>Number attending clinics</i>	
		1970	1969
0-4		5	10
5-15		379	294
Males 16-65		387	383
Females 16-60		939	891
Males over 65		1,224	1,308
Females over 60		3,574	3,603
	Total	6,508	6,489



# MENTAL HEALTH

*Miss Z. Mason, B.A., A.I.M.S.W., Principal Mental Health Officer*

## Introduction

On 31st December, 1970, the current case load was 1,351, an increase of 48 on the previous year's figure. The number of new referrals of mentally handicapped persons was 133, and of mentally ill persons 276.

## Social Work

During the year one additional post of senior mental health officer and two basic grade social work posts were added to the establishment, making a total of four senior officers and 15 social workers. Towards the end of the year it became possible to relieve overcrowding at the central office by opening a sub-office at 28 Sangley Road to accommodate the two social work teams covering the southern part of the Borough.

There was no change in the organisation of social work. Four teams of social workers, under the supervision of a senior officer continue to operate; one senior officer, in addition to his team responsibilities, specialises in social work with alcoholism and drug addiction; one social worker specialises in work with the mentally handicapped, liaising with the training centres and in keeping in touch with both children and adults placed in long-term care. Another senior officer leads a therapeutic group meeting one evening a week. A new development towards the end of the year was to provide a social worker for one session a week at the psychiatric clinic held at St. John's Hospital, S.E.13. This has proved successful and the work here shows every sign of developing to make an important contribution to community care in the Borough. The emergency rota shared with the Borough of Greenwich after 10 p.m. on weekdays, at weekends and on statutory holidays has continued. Owing to an unusually high proportion of new entrants to the service this year, there has been a very heavy burden placed on the older experienced workers, especially as far as manning the emergency rota is concerned. The number of emergency calls concerning Lewisham residents, outside normal office hours, has, however, decreased this year to a total of 156.

## Services for the Mentally Handicapped

*Special Advisory Clinics.*—A specialist in subnormality, who is a member of the Medical Adviser's Department, Inner London Education Authority, continues to hold special clinics for backward children under the age of five years, at Amersham Road and Central Lewisham health centres. During the year 42 sessions were held and 166 appointments offered. This service plays a vital part in the care of the mentally handicapped child. It is often the parent's first introduction to the mental health service and opens the door to the other services which can be offered to help both the child and the family.

*Early Care Unit.*—The fifteen-place Early Care Unit at Shaftesbury House Day Nursery continued to be fully occupied and little reduction in the waiting list was achieved.

*Junior Training Centre.*—All children in the Borough requiring special care were catered for, but in order to achieve this the two special care units, with a total of 30 places, were at times overloaded. On 31st December there were 31 children on the register. A few of these were under five years of age.

The physiotherapist sessions were increased from two to four in order to meet the needs of the special care children.

The number of children on the register at the Junior Training Centre on 31st December was 110, all of them Lewisham residents. A high standard of training was maintained in spite of a year of staffing difficulties.



In July a party of 20 children, accompanied by teaching staff and one social worker, went to St. Mary's Bay, Dymchurch, for a two-week holiday. The age group catered for was five to seven years. Most of the children required help with toileting and dressing, and needed constant supervision. This was a strenuous undertaking for the staff, who were on call day and night, but all agreed that it was most rewarding.

*Intermediate Centre.*—A new venture this year was the setting up of a twenty-place centre for mentally handicapped young people, age 14–16 years. This centre is housed temporarily at the Methodist Church Hall, Kitto Road, S.E.14, but in spite of the disadvantages of shared accommodation, an interesting and stimulating programme of activities has been developed. This centre is the only one of its kind in the London area. It was planned to provide more scope for the older child, opportunities for broadening his outlook and experience through a programme of social training projects, which will include ventures out in the community, but at the same time maintaining basic educational work in the curriculum. Since the centre opened, one well-attended parents' evening has been held, also a Christmas concert.

#### **Transfer of Responsibility for Training Severely Sub-Normal Pupils of School Age to the Inner London Education Authority**

With effect from 1st April, 1971, the Inner London Education Authority will be responsible for the training of severely sub-normal pupils of school age. During the latter part of the year the Department has co-operated closely with the Inner London Education Authority to make certain that the eventual transfer is effected as smoothly as possible.

Teaching staff of the junior and intermediate centres have met at County Hall to discuss problems and points of interest, and the supervisors of both centres have been kept informed of all questions posed by the Inner London Education Authority.

The Inner London Education Authority has expressed its appreciation of this Council's efforts on its behalf.

#### **Adult Training Centres**

During the year the two adult training centres have merged under one roof at Deptford Central Methodist Mission, Creek Road, S.E.8. There are 90 men and women attending. Social training, physical education and woodwork are some of the features of the daily routine and suitable industrial work is always being sought. This year the Department was extremely fortunate in that after lengthy negotiations with the Lewisham Group Hospital Management Committee, a contract was obtained whereby the Mental Health Section would carry out industrial work at their various centres for the Area Central Sterile Supply Service, Hither Green, which will, in turn, supply the various hospitals within the group with the finished product. The contract is considered ideal for the adult training centre. Payment for the work is distributed among all trainees attending the centres and it is hoped that this contract will form the nucleus of the industrial work programme when the adult trainees move to Leemore, the new purpose-built adult training centre, in the summer of 1971.

#### **All-London Annual Seaside Holiday**

Twenty-two adults and 21 juniors accompanied by members of staff went on a two-week holiday to St. Mary's Bay, Dymchurch, in May 1970. This holiday is organised each year by the London Borough of Hammersmith on behalf of the Inner London Boroughs.

#### **Short-Term Care**

Short-term care to provide relief for their families was offered to 44 children and 30 adults. Eighteen of these were placed within the National Health Service, the remainder in approved registered homes with fees met by the Council.



### **Long-Term Care**

Beds in subnormality hospitals for mentally handicapped children were almost impossible to obtain, but Sydenham Children's Hospital and Hither Green Hospital have accommodated a few children pending other arrangements being made.

The number of mentally handicapped persons for whom the Council accepts financial responsibility has risen from 22 in December 1965 to 62 in December 1970. Placing has become increasingly difficult, geographically scattered and expensive. Owing to the increase in number of long-term care placements, it has been necessary to increase the amount of social worker time spent in maintaining contact with homes, supervising the progress of each individual and assessing the continuing suitability of each placement.

Personal contact with homes, although time consuming, has paid dividends in terms of the prevention of breakdown in placements, the maintenance of standards of care and in the ability to secure placements for difficult cases because of the confidence homes now have in our ability to provide support at times of crisis.

### **Downham Club for Sub-Normal Children and their Parents**

Statistics show that there are some 50 subnormal children and adults resident in Downham. Mental health social workers visiting in this area felt there was a need to break down the isolation which many parents and relatives were feeling and to establish more contact than the occasional visit of the social worker could hope to provide. The idea that regular meetings should be held was received enthusiastically by the parents and with the co-operation of the Salvation Army, who allow the use of their hall rent free, fortnightly meetings have been held since October. Alongside the parents group a club has developed for the mentally handicapped and this caters for an age range from 15 to 40 years. The club is supervised by the parents themselves. By the end of the year 22 parents and 18 children had joined. Three social workers now attend regularly and the parents welcome the opportunity to meet together to discuss their mutual problems.

## **SERVICES FOR THE MENTALLY ILL**

### **Honor Lea Hostel**

Staff shortages have again necessitated the engagement of agency nurses. During the year admissions totalled 33 (including eight who were re-admitted); 27 came direct from hospital and six from home. Of the 24 who left the hostel, six returned to their homes, five found other accommodation and 13 were admitted to hospital, of whom five were later to return. Many ex-residents continued to keep in touch and some visit frequently. The knowledge that they are able to return to the staff for friendly advice is an aid to full recovery.

Every effort is made by the Warden to find employment for the residents through his good relationships with known employers. It has been found that once employment has been provided attendance is above the national average. Those who, owing to the scarcity of jobs, are unable to find work attend the day centre, where their efforts are greatly appreciated.

The League of Friends continues to be a great help to the hostel by arranging social activities and donations.

The self-care unit continues to function well in restoring self confidence and giving help to those who, it is hoped, will later move onward to their own accommodation.

### **75 Arbuthnot Road**

75 Arbuthnot Road was opened in 1969 as a half-way house for those who have been mentally ill and, although able to cater for themselves, still need the support of sheltered accommodation.



1970 started badly. One tenant's disturbed behaviour caused damage to the property and complaints from neighbours. As a result of this, the Health and Establishment Committees agreed to the employment of a psychiatric nurse on the premises until the tenant was housed elsewhere. It was felt that in future some provision should be made to deal with emergency situations arising outside normal office hours. The best solution seemed to be to offer free accommodation to a member of staff in return for his or her presence on the premises. This was put into effect in December.

For the last half of the year the number of residents was reduced to two ladies occupying the top floor; the rest of the house was closed for extensive repairs and redecorations made necessary because of a fire in one of the first-floor rooms.

It was agreed that in future the majority of residents should be those ready to move on from Honor Lea hostel.

During the year agreement was reached with the Housing Department that those residents of Honor Lea and Arbuthnot Road who were ready to lead a fully independent life in the community could apply for inclusion in the Borough's housing list.

### **DAY CENTRES**

The total number of new admissions to the Cambridge and New Cross day centres during 1970 was 95; the highest figure since full-time day centres for the rehabilitation for the mentally ill were opened in Lewisham in 1965. The primary aim of the centre is to help people back to work. During the year 29 people were re-instated in open employment and one was transferred to the Department of Employment and Productivity Industrial Rehabilitation Centre. Many men and women referred, however, are suffering from chronic disability and can never be fully rehabilitated. For them the centres provide a purpose in life, helping them to make a valid contribution to the community through the industrial work programme and offering social contacts and support from skilled staff, thus preventing further deterioration and breakdown.

The Supervisor of the New Cross day centre is responsible for finding industrial contract work for all mental health centres. During the year a continuous programme of varied and interesting work has been maintained, including packing, light assembly and electronic work, making it possible to provide work of varying degrees of complexity to suit individual needs.

### **Tideway Social Club**

This club—for those recovering from mental illness—continues to meet one evening a week at the New Cross day centre and has had a very successful year under the leadership of two members of staff and volunteers. Thirty people were on the club register at the end of the year. A new venture this year was the introduction of rug making and art. Towards the end of the year a film-making project on the club was begun. Other activities have included a twenty-first birthday party, visits to the pantomime and a B.B.C. show, and sight-seeing walks in London.

### **Alcoholism and Addiction**

Social work with alcoholics and drug addicts has continued this year, but owing to pressure of work has had to be combined with other senior social work duties. A general policy of working in close liaison with the consultant psychiatrist in charge of the alcoholic unit at Bexley Hospital has been continued, and expanded to include attendance at the Alcoholic Out Patient Clinic at Castlewood Day Hospital on one evening a week, to work with patients who are Lewisham residents. A monthly review with the consultant psychiatrist of current Lewisham cases has continued and, in addition, discussions take place at the weekly Castlewood clinic. Ward assessment meetings are also attended when Lewisham patients are to be reviewed prior to discharge.



The total number of referrals since this project began in 1967 is 81, including seven with drug problems.

Patients who have received hospital in-patient treatment	...	40
Lewisham patients attending the Castlewood clinic	...	31
Known suicide attempts or gestures	...	17
Number of patients placed in hostels	...	7
Number of patients placed at a day centre	...	1

Social work with alcoholics and drug addicts can be very demanding and time consuming. For a large percentage of these patients, addiction to alcohol or to drugs is but one facet of basic personality disturbance. Social inadequacy, deviant behaviour and an inability to form a mature and lasting relationship are a constant feature. Unrealistic and manipulative demands are often made upon the social worker and a great deal of time must be devoted in order to establish a therapeutic relationship with the patient. The development of crisis situations is a fairly common feature encountered when working with this group and swift intervention in terms of assessment and treatment are necessary. Working with this group of people is now well recognised as being a specialist function requiring specific knowledge, training, skill and experience.

### DEVELOPMENT OF NEW PROJECTS

#### **Independents Day Centre, Independents Road, S.E.3**

For some considerable time a search has been made within the Borough to find suitable premises so that Cambridge Day Centre, a centre for 30 ex-mentally ill adults which is located in rented accommodation in the Congregational Church Hall Burnt Ash Road, S.E.12, could be replaced. The search was rewarded when a run-down factory in Independents Road, Blackheath, was purchased by the Council and extensive conversion work was started in April.

The new centre, which will cater for 50 patients, was to be available to the Department in November, but due to unforeseen difficulties it could not open until early 1971.

#### **Leemore Centre, Gilmore Road, S.E.13**

This purpose-built centre for 140 subnormal men and women is expected to be ready in the summer of 1971. With this in mind, Brockley and Deptford adult training centres were merged in September and housed temporarily in Deptford Training Centre, in the Central Hall, Creek Road, S.E.8. This allows staff and trainees to become familiar with conditions which will exist at the new centre.

#### **Rokeby House, Upper Brockley Road, S.E.4**

This is a purpose-built hostel for 30 subnormal adults who must either be going out to work or be able to attend a training centre during weekdays. It was due to be completed in the late autumn, but a series of delays resulted in the Council still not being in possession at the end of the year. It is proposed that residents at the hostel will be drawn from residents of the Borough and careful screening of prospective residents will be made to ensure that the hostel is a success.

#### **Newstead Road Site, S.E.12**

Hostel for 12 sub-normal or severely sub-normal children.

The hostel, which is at present in the planning stage, will cater for long- and short-term care of severely handicapped children and will be built as a two-storey house within a proposed housing site in Newstead Road, S.E.12.



### **Staff Training**

In September one social worker returned to the Department from secondment to a one-year professional course for mature experienced workers; two social workers embarked on their second year of their professional course and two began their first year. All will be awarded, on successful completion of their studies, the Certificate in Social Work. One social worker was seconded to a one-year post-graduate course to qualify as a psychiatric social worker. In all, at the end of the year, five staff were engaged in full-time studies and when qualified the Mental Health Section will have a total of 15 fully-trained social workers out of a total of 21.

### **In-Service Training**

Social workers, training and day centre staff have participated in day conferences, day release courses and seminars organised by the London Boroughs' Training Committee. The social worker specialising in alcoholism and drug addiction attended the Third International Conference on Alcoholism and Drug Addiction at Cardiff in 1970.

Towards the end of the year attention was focused on preparing staff for the transfer of junior training centres to Inner London Education Authority and the integration of the remainder of the Mental Health Service with the new Social Services Department. An in-service training scheme was devised, aimed at giving social workers an insight into the work of other departments. In addition, a three-month exchange was arranged between one mental health social worker and one child care officer. This was a valuable learning experience for the officers concerned and also for their respective departments.

### **Students**

The section has continued to play a part in the professional training of social workers and teachers of the mentally handicapped. Throughout the year students from various centres of education have worked in the establishments of the section. Close contact between student supervisors in the Mental Health Section and tutors on the courses has enabled the department to keep in touch with new developments and changing professional techniques.

In addition to long-term student placements, there have been many one-day visits to the section by student nurses, health visitors and parties of student psychiatric nurses. Teachers and social science students have also been among our visitors.

## **MENTAL HEALTH EDUCATION**

A mental health service functions adequately only when in contact with the community it serves.

Because of public feeling towards mental illness and mental handicap, the service must, where necessary, offer community support and educational programmes to allay fears and promote tolerance and understanding.

During Mental Health Week, June 1970, the mental health establishments were open to the public, but few took advantage of the opportunity, in spite of press publicity.

A great deal was achieved by talking to local groups on various aspects of the section's work and during the year there has been considerable demand for speakers. At various schools and colleges within the Borough 16 sessions have been devoted to talks on the use and abuse of drugs and alcoholism.

### **Links with Voluntary Organisations**

Contacts have been maintained with the Lewisham Society for Mentally Handicapped Children, Friends of Honor Lea, Lewisham Association for Mental Health and Task Force. The Department gratefully acknowledges the contributions they have made to the community care of the mentally handicapped and the mentally ill in Lewisham.



We are grateful, also, to the volunteers who have helped in the various establishments and in befriending some of our clients.

As in previous years, we continue to rely on many national voluntary organisations who provide residential care for the mentally ill and the mentally handicapped who can no longer live in their own homes. These organisations include the Mental After Care Association, the Cheshire Homes, the National Society for Mentally Handicapped Children, the Brighton Guardianship Society, the Elizabeth Fitzroy Homes for the Handicapped Trust, the Sons of Divine Providence and many other religious organisations.

# PREVALENCE OF and CONTROL OVER INFECTIOUS AND OTHER DISEASES

## NOTIFIABLE DISEASES

Under the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968, the following diseases are notifiable to the Medical Officer of Health:—

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

## NUMBER OF NOTIFIED CASES

(Corrected for revised diagnosis) during the year 1970 with comparative figures for the previous six years.

**Table 32**

<i>Diseases</i>	<i>Cases notified</i>						
	1970	1969	1968	1967	1966	1965	1964
Anthrax ... ..	—	—	—	1	—	1	—
Diphtheria ... ..	—	—	—	—	—	—	—
Dysentery ... ..	59	137	46	90	152	159	226
Encephalitis (acute) ... ..	—	—	1	—	—	—	—
Enteric or typhoid fever ... ..	1	1	2	3	1	1	2
Infective jaundice ... ..	46	47	21	—	—	—	—
Food poisoning ... ..	40	36	20	22	34	20	19
Malaria ... ..	4	1	1	—	—	—	1
Measles ... ..	1,521	1,787	799	2,561	2,017	3,014	1,553
Meningococcal infection ... ..	27	24	16	—	3	1	2
Ophthalmia neonatorum ... ..	—	2	1	5	3	3	1
Poliomyelitis (acute) ... ..	—	—	—	—	—	—	—
Scarlet fever ... ..	96	86	105	174	82	161	197
Tuberculosis ... ..	127	107	132	116	148	157	203
Whooping cough ... ..	110	32	146	130	169	108	190
<b>TOTALS ... ..</b>	<b>2,031</b>	<b>2,260</b>	<b>1,290</b>	<b>3,102</b>	<b>2,609</b>	<b>3,625</b>	<b>2,394</b>



Table 33

## NOTIFICATIONS OF INFECTIOUS DISEASES IN 1970 SHOWING SEX AND AGE GROUPS

Disease		Under 1		1–		2–		4–		5–		10–		15–		25–		45–		65+		Total			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Dysentery	...	...	1	3	3	1	4	9	4	4	7	4	1	1	—	3	4	8	—	2	—	—	24	35	
Food Poisoning	...	...	—	—	—	—	3	1	—	—	1	2	2	2	5	4	7	5	6	2	—	—	24	16	
Infective Jaundice	...	...	—	—	—	—	3	—	—	—	7	6	2	3	10	6	6	2	—	1	—	—	28	18	
Malaria	...	...	...	—	—	—	—	—	—	—	1	1	1	1	—	—	1	—	—	—	—	—	2	2	
Measles	...	...	...	33	25	103	79	230	211	126	113	285	290	9	5	3	5	2	1	—	1	—	—	791	730
Meningococcal infection	...	...	2	5	—	2	—	—	—	—	3	—	1	5	2	1	2	3	—	1	—	—	10	17	
Scarlet Fever	...	...	—	—	—	1	7	4	5	1	31	31	8	4	2	1	—	1	—	—	—	—	53	43	
Tuberculosis	...	...	—	—	—	—	1	2	—	—	2	2	—	—	10	10	21	11	40	7	13	8	87	40	
Typhoid	...	...	...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	
Whooping Cough	...	...	2	9	3	1	13	11	2	7	19	35	2	3	—	—	2	—	—	1	—	—	43	67	

**Table 34**  
**TUBERCULOSIS NOTIFICATIONS AT AGES**

Age periods	New cases notified				Totals	
	Respiratory		Non- Respiratory			
	M	F	M	F	M	F
0-	—	—	—	—	—	—
1-	—	—	—	—	—	—
2-	1	2	—	—	1	2
5-	1	2	1	—	2	2
10-	—	—	—	—	—	—
15-	4	3	1	—	5	3
20-	5	4	—	3	5	7
25-	9	7	1	—	10	7
35-	11	3	—	1	11	4
45-	20	3	—	1	20	4
55-	20	2	—	1	20	3
65-	8	5	—	—	8	5
75+	5	2	—	1	5	3
TOTALS	84	33	3	7	87	40

#### CHEST CLINIC, LEWISHAM

I am indebted to Dr. M. Farquharson for the following report concerning the Chest Clinic at Blagdon Road, of which she is the consultant physician:—

The number of new patients seen and examined at the clinic has remained relatively constant for some years.

In 1970 there were 1,948 new patients, comprising 994 men, 779 women and 175 children. The total clinic attendances were 18,646, and almost 6,000 patients were sent for chest x-rays by their general practitioners.

New notifications of tuberculosis in the Lewisham area were 67, this figure showing no appreciable change in the last four years. Fifty-two of these patients attended at the chest clinic (28 men, 21 women and 3 children). The tuberculosis register has gradually diminished and is now 1,008.

B.C.G. vaccinations have been given to 153 contacts.

One of our tuberculosis health visitors left last August and we now have two health visitors and a clinic nurse. During the year 2,517 visits were made.

There is no diminution in the wide variety of acute and chronic respiratory diseases, including asthma, seen and investigated at the clinic.

The position with regard to carcinoma of the lung is disturbing. Our recent findings indicate that only about 10 per cent. of our patients are operable. This year has shown an increase in new cases of cancer of the lung found, and a noteworthy increase in the proportion of women affected (1970—22 per cent.; 1967—7 per cent.).

#### CHEST CLINIC, DEPTFORD

I am indebted to Dr. J. P. V. Rigby for the following report concerning the Chest Clinic at Harton Street, of which he is consultant physician:—

The Tuberculosis Register still numbers almost a thousand in the Deptford area, well over 900 of these people being respiratory cases, and the majority of these males, possibly owing to the closeness of Carrington House, the common lodging



house, which provides me with most of the new cases of pulmonary tuberculosis in this area. A modest number of 65 new tuberculosis cases was discovered in 1970, and about half of these had positive sputum on diagnosis. In my opinion, the more that pulmonary tuberculosis is sought in the common lodging house population, the more new cases of tuberculosis will continue to be found. It must not be forgotten that a number of persons continue to "sleep rough" in the Lewisham area. Sometimes these men have been in a common lodging house, but owing to some misdemeanour or other, have not been allowed to continue their residence there. Alcoholic drunkenness and rudeness to staff and offences against other inmates have been quoted as reasons for being barred from such institutions and I think this fair enough. Individuals who "sleep rough" and neglect themselves may, of course, become ill and even develop tuberculosis.

I did a survey on some of the Carrington House inmates that came to me here for the first time during 1970, and of 57 cases no less than 30 were of Celtic origin, namely born in Eire, Northern Ireland, Wales or Scotland—mainly Eire. Of the remainder, 25 were from England, 2 from Poland and 47 of the total claimed to be single. Twenty-four of them had pulmonary tuberculosis, 5 had pulmonary neoplasms, 6 had bronchitis, 1 had an hiatus hernia and the rest had normal chests. Twenty-three of them claimed to have lived in Carrington House for over six months and some had lived there for very much longer—as long as 10 or 20 years or more in some cases.

I also did a study of heavy cigarette smokers, namely those who habitually smoke over 20 cigarettes daily. I saw 70 women who came under this category, 6 were under 20, but the majority of them, namely 38, were between the ages of 28–39 and the remaining 26 were over 40 years of age. During the same time I saw 110 heavy-smoking males, one of whom was under 20, 41 were between 20–39 and the vast majority (68) were over 40 years of age. It does seem that heavy cigarette smoking has been much more recently acquired as a habit by womenfolk in the Deptford area. I believe that this applies to many other parts of industrial England.

I also have records of 57 new cases of lung cancer seen in 1970, 47 of whom were males. Thirty-eight of these were dead by the end of 1970, showing just how quickly cancer of the lung can end existence, despite all efforts at treatment by surgery, radio-therapy or drug treatment, which I tried. These figures are depressing, but do indicate the dangers of cancer of the lung. This disease has been shown to be associated with heavy cigarette smoking. Many of my cases discovered to have carcinoma of the lung were indeed heavy cigarette smokers. Most of these cancer cases came to me much too late and the disease was usually too advanced to be susceptible to treatment by the time it was discovered. The main need is for regular chest x-rays, especially in middle-aged smokers, and indeed in all who have a persistent cough over a fortnight.

Once again we are living under the threat of closure as a clinic and transfer to a nearby hospital, possibly the Miller Hospital. This is not such a radical change as I feared when it was understood that the clinic would be moved two miles away to the Greenwich District Hospital. Perhaps the move will mean much less pressure on this Department and a more rigid control of the appointment system will be achieved. This may yet prove a relief from attendance figures of overwhelming size and from some demanding individuals, but when it does eventually move, the unique spirit of the clinic may be hard to recreate elsewhere as it is a happy clinic in its present surroundings. I think the move is not contemplated before the next two or three years, so for the time being we can breathe fairly freely. In the meantime, this clinic does appear to give an outstanding service to the public, to judge from the happy attitude of many of the patients who have attended.



# FOOD POISONING

**Table 35**  
**FOOD POISONING CASES**

Causative agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES	TOTAL No. of outbreaks and sporadic cases columns (1+3+5)	TOTAL No. of cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained	Notified or ascertained		
	1	2	3	4	5	6	7
S. Typhimurium ...	—	—	—	—	7	7	7
Other Salmonellae	—	—	—	—	2	2	2
Cause unknown ...	—	—	—	—	31	31	31
TOTAL ...	—	—	—	—	40	40	40

## DETAILS OF FOOD POISONING DUE TO SALMONELLAE OTHER THAN S.TYPHIMURIUM

Type of salmonella	1	2	3	4	5	6	7
Stanley ...	—	—	—	—	1	1	1
Indiana ...	—	—	—	—	1	1	1
Salmonella infection, not food borne				Nil			

## FOOD POISONING OUTBREAK

### Hither Green Hospital, August 1970

I would like to acknowledge the assistance and information received from the Southern Group Laboratory (Lewisham Hospital Management Committee) and Hither Green Hospital in the compilation of this report.

During the weekend of 15th–16th August seven nurses at Hither Green Hospital reported sick to the receiving room with abdominal pain, general malaise and diarrhoea. Four became acutely ill on the 15th August and three on the 16th. By Monday 17th, six other members of the hospital staff in various departments and employments had reported ill with similar symptoms. On careful questioning it transpired that all these people had eaten lunch or tea at Hither Green Hospital on Friday 14th August, and all had eaten cold tongue served as a salad at lunch and sandwiches at teatime.

On Tuesday 18th August, two nurses of St. John's Hospital also became ill and gave a history of having eaten tongue on Saturday the 15th (part of the same consignment). Then on Thursday 20th two more nurses and a physiotherapist had similar symptoms and these also had eaten tongue on Tuesday the 18th. Two tongues which had not been used were still in the kitchen refrigerator and these were taken for investigation.

Faecal specimens from all these people grew a heavy culture of salmonella typhimurium with a similar phage type—U163.

All the staff were off work until the diarrhoea had cleared and were then required to produce three consecutive negative specimens; six negative specimens were required in the case of catering staff. On 24th August the helper in the nursery for staff children was found to have the same salmonella phage type and shortly after this five children were found to have positive stools when all contacts were screened. Some children were symptomless although producing positive specimens.



The frozen tongues were of Australian origin, distributed by a regular meat supplier and cooked in the kitchen at Hither Green, four tongues being sent to St. John's Hospital after cooking. They were the only obvious common denominator, hence the tongue was investigated. However, no salmonella was isolated from the tongue.

Two other cases were admitted to hospitals on the 27th and 29th of August from the community but these were not found to have any obvious connection with this particular outbreak.

### MASS RADIOGRAPHY UNIT

I am indebted to Dr. J. M. Morgan, the director of the unit, for information of work done in the Borough during 1970, on which the following tables are based:—

**Table 36**

TOTALS EXAMINED							Men ...	...	7,278	
							Women	...	7,441	
									<u>14,719</u>	
ABNORMALITIES DETECTED							<i>Total numbers of proved cases</i>			
(a) <i>Tuberculous</i>									<i>Men</i>	<i>Women</i> <i>Total</i>
Cases requiring close supervision or treatment							...	...	15	7    22
Cases requiring occasional supervision							...	...	4	—    4
Cases previously known requiring close supervision or treatment							...	...	5	—    5
Cases previously known requiring occasional supervision							...	...	3	2    5
									<u>27</u>	<u>9</u> <u>36</u>
Still under investigation							...	...	2	1    3
Failed to attend follow-up							...	...	1	—    1
							Total ...	...	<u>30</u>	<u>10</u> <u>40</u>
(b) <i>Non-tuberculous</i>										
Carcinoma of lung							...	...	8	4    12
Carcinoma of lung (previously known)							...	...	—	—    —
Malignant neoplasms other than carcinoma of lung							...	...	—	—    —
Other non-tuberculous abnormalities (see attached)							...	...	39	35    74
									<u>47</u>	<u>39</u> <u>86</u>
Still under investigation							...	...	4	1    5
Failed to attend follow-up							...	...	—	—    —
Unfit for investigation							...	...	—	—    —
							Total ...	...	<u>51</u>	<u>40</u> <u>91</u>
TOTALS—all abnormalities							...	...	<u>81</u>	<u>50</u> <u>131</u>

# ANALYSIS OF "OTHER NON-TUBERCULOUS ABNORMALITIES"

Table 37

Borough of Lewisham ... Year 1970							Men	Women	Total
Non-malignant neoplasms ...	...	...	...	...	...	...	2	1	3
Lymphadenopathies, excluding sarcoids ...	...	...	...	...	...	...	—	—	—
Sarcoids ...	...	...	...	...	...	...	2	1	3
Congenital cardiac abnormalities ...	...	...	...	...	...	...	—	—	—
Acquired cardiac abnormalities ...	...	...	...	...	...	...	3	4	7
Previously known cardiac abnormalities ...	...	...	...	...	...	...	1	6	7
Pneumoconiosis without P.M.F. ...	...	...	...	...	...	...	—	—	—
Pneumoconiosis with P.M.F. ...	...	...	...	...	...	...	—	—	—
Pneumonitis ...	...	...	...	...	...	...	16	9	25
Bronchitis and emphysema group ...	...	...	...	...	...	...	5	1	6
Bronchiectasis... ..	...	...	...	...	...	...	—	2	2
Diaphragmatic hernia group ...	...	...	...	...	...	...	1	2	3
Spontaneous pneumothorax group...	...	...	...	...	...	...	1	—	1
Other miscellaneous abnormalities...	...	...	...	...	...	...	8	9	17
Totals ...	...	...	...	...	...	...	39	35	74

Table 38

				<i>Cases of tuberculosis requiring treatment or close supervision</i>		
				Men	Women	Total
<i>Numbers examined</i>						
		Men	Women	Total		
Community surveys ...	...	1,818	2,365	4,183	1	1
Regular service surveys ...	...	3,043	2,855	5,898	2	4
Firms ...	...	1,580	731	2,311	2	—
Contacts ...	...	—	—	—	—	—
Hospitals, colleges, etc. ...	...	621	1,385	2,006	—	1
Homes and hostels ...	...	216	105	321	10	1
Total ...	...	7,278	7,441	14,719	15	7

## PROPHYLAXIS

Immunisation against the following diseases was offered at health centres and schools—diphtheria, whooping cough, tetanus, poliomyelitis, smallpox, measles and tuberculosis.

Children between the ages 6 months and 5 years were offered immunisation at health centres and from 5–12 years in schools. Adults between the ages of 15 and 40 years were offered immunisation against poliomyelitis. B.C.G. vaccination against tuberculosis was offered to all children in schools in their fourteenth year.

Medical practitioners in the Borough are supplied, free of cost, with poliomyelitis vaccine for persons under the age of 40, and diphtheria, whooping cough, tetanus, measles, rubella and smallpox vaccine.



**Table 39**  
**IMMUNISATION AND VACCINATION**

Type of vaccine or dose Primary courses completed	Year of birth					Others under age 16 yrs.	Total
	1970	1969	1968	1967	1963- 66		
Diphtheria... ..	211	2,570	483	87	404	204	3,959
Whooping Cough	211	2,509	468	79	112	17	3,396
Tetanus ... ..	211	2,569	483	86	404	210	3,963
Polio ... ..	114	2,577	519	103	430	210	3,953
Measles ... ..	12	992	821	290	476	73	2,664
Rubella ... ..	—	—	—	—	—	60	60
<b>Reinforcing dose</b>							
Diphtheria... ..	3	318	527	132	3,498	1,529	6,007
Whooping Cough	3	265	491	101	706	82	1,648
Tetanus ... ..	3	319	527	136	3,508	1,613	6,106
Polio ... ..	1	102	95	30	2,751	871	3,850
<b>Smallpox Vaccination</b>							
		Age at date of vaccination					Total
		Months				Years	
	0-3	3-6	6-9	9-12	1 yr.	2-4	
Vaccination ...	13	32	36	49	1,185	945	2,369
Re-vaccination	—	—	—	—	9	54	307

### LABORATORY FACILITIES

The following represents work carried out by the Southern Group Laboratory on behalf of the Council during 1970:—

**Table 40**

Specimens	Number	Remarks
Faeces ... ..	560	Negative
	4	Shigella Flexneri
	3	Salmonella Stanley
	1	Salmonella Group D
	1	Salmonella St. Paul
	4	Salmonella Group B
	1	Salmonella Adjame
	99	Shigella sonnei
Urine ... ..	1	} Requested by general practitioners
Nose and throat swabs	3 (sets)	
Water ... ..	7	
Food ... ..	59	
Cream ... ..	11	
Milk... ..	1	
Ice cream ... ..	38	
Total ... ..	793	



# ENVIRONMENTAL HEALTH

*Mr. A. J. Phillips, M.A.P.H.I., Chief Public Health Inspector*

The detailed summary of inspections shows that the total number of visits paid by the health inspectors and technical assistants rose by nearly 5,000 from 39,903 to 44,690. This was due partly to the filling of some of the outstanding vacancies during the year. Complaints accounted for 5,539 visits compared with 4,948 in 1969. Inspections for approval or advice on improvement grants rose from 1,291 to 1,563 and for mortgages from 793 to 894. It was also possible to carry out 205 inspections of canteens compared with 64 made in 1969. Food hygiene visits rose from 2,438 to 3,574.

## **Housing**

There is no doubt that considerable repairs and improvement of houses were achieved by the consideration of applications for Qualification Certificates under the Housing Act 1969. 774 applications were received compared with 350 in the previous year. In 75 cases this included the provisions of additional amenities as the result of an improvement grant. Close liaison was maintained with the Rent Officers in this work. Five further surveys of clearance areas involving 158 properties were completed. Further surveys of possible improvement areas were carried out but the number of grants issued in the areas dealt with has so far been disappointing. However, the number of improvement grants throughout the Borough rose sharply from 177 to 722. Houses in multiple occupation have again been given special consideration during the year and although conditions were improved by informal action in a number of cases, it was necessary to serve 215 formal notices for lack of amenities and the proper means of escape in case of fire. 41 orders were made to control the number of persons occupying the premises. It is hoped to operate a registration scheme for this type of property in 1971.

## **Public Health Acts**

There was a further decrease in the number of notices served under the Public Health Act 1936. The number of informal notices fell from 632 to 374 and the formal notices from 324 to 221. There was, however, a slight increase in the number of formal notices served under the Public Health Act 1961, from 101 to 117. The notices related chiefly to defective roofs and gutters, ceiling plaster and floors, dampness and the repair of defective window frames. A considerable number of complaints of choked drains were also investigated and most of these were subsequently dealt with by the Borough Surveyor's department.

## **Factories**

The number of factories in the Borough again fell from 715 to 654 but the visits to these increased from 1,198 to 1,409. The attention of occupiers was drawn to defects and in 49 cases it was necessary to serve written notices. The number of outworkers continues to fall and during 1970 this was reduced from 113 to 91 of which 78 related to outworkers making clothing in their own homes.

## **Food**

There was an increase in tonnage at the Continental Depot from 172,000 to 204,000. Samples were taken for pesticide residues and for prohibited dyes and preservatives. Importers were informed of incorrect or misleading labelling. There was again an increase in unsound food surrendered by shopkeepers from 238 to 256 tons. The breakdown of refrigerating plants was responsible for a considerable amount of this. There was again little change in the number of registered food premises. A further



increase in Ice Cream sampling gave a result of Grade III in 9 cases which is the same number as last year but the number of Grade IV rose from 6 to 8. This is to be regretted and further attention is being given to this. The results of bacteriological samples of food showed little change from 1969 and were satisfactory, but of the 772 samples sent to the Public Analyst 2 formal and 64 informal were found to be unsatisfactory. Labeling was the most common fault but the meat content was low in a number of meat products and this was taken up with the wholesalers and manufacturers.

### **Offices and Shops**

Compared with a large decrease in the number of registered premises in 1969 there was an increase of 30 in 1970. The number of accidents reported also rose from 63 to 75. There was also a slight increase in the number employed from 15,523 to 15,602. The conditions generally showed a slight improvement on the previous year but the figures could still be improved. It was still necessary in 38 cases to draw attention to the poor standard of cleanliness. Considerable repair was carried out to lifts and hoists during the year as a result of reports required by the Hoists and Lifts Regulations, 1968.

### **Pests and Vermimous Conditions**

There was an increase in the number of inspections carried out for infestation of rats and mice from 4,078 to 4,214 and although the number of premises infested with rats fell from 1,241 to 1,196 and with mice from 1,137 to 1,031 it was necessary to carry out 3,645 re-treatments compared with 3,071 in 1969. Four Block Control Schemes involving 62 premises were carried out.

The number of rooms disinfected rose from 1,396 to 1,949, and the number of articles disinfected were 26,569 as compared with 19,326 in 1969 but the articles cleaned (chiefly laundry from incontinent cases) fell from 98,064 to 87,837. It is disturbing to note however that although the number of children cleansed fell from 665 to 648 the number of adults rose sharply from 487 to 733. It is further regretted that 1,108 children compared with 604 last year and 728 adults compared with 353 had to be treated for scabies.

**Table 41**  
**SUMMARY OF INSPECTIONS BY PUBLIC HEALTH INSPECTORS AND VISITS**  
**MADE BY TECHNICAL ASSISTANTS**

Reason for Visit	Type of premises	Animal Boarding Establishments	Food Shops	Chemists	Common Lodging Houses	Dwelling Houses	Factories	Hairdressers	Multiple Stores	Off Licences	Pet Shops	Public Houses	Restaurants and Cafes	Schools	Wholesale Shops and Warehouses	Other Types of Premises	Sites	Markets, Stalls, etc.	Offices	Totals
Canteens	—	—	—	—	1	—	3	—	10	—	—	—	7	62	120	—	2	—	—	205
Clean Air Act	—	6	1	—	—	116	259	—	1	—	—	—	—	1	—	174	62	—	—	620
Clearance Areas	—	—	—	—	—	402	—	—	—	—	1	—	—	—	—	3	—	—	—	408
Complaints	—	177	6	18	4,667	112	22	14	3	1	—	9	25	9	11	362	99	2	2	5,539
Consumer Protection Act	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	81	—	—	—	81
Drainage	1	170	4	1	1,874	58	15	2	2	1	20	53	21	13	191	557	1	3	2,987	
Fish Curing	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Fish Frying	—	49	—	—	—	—	—	—	—	—	—	—	55	—	—	—	—	—	—	104
Food Poisoning	—	3	—	—	—	124	—	—	—	—	—	—	4	16	1	32	—	—	—	180
House to House	—	—	—	—	—	171	—	—	—	—	—	—	—	—	—	2	—	—	—	173
Houses in Multiple Occupation	—	—	—	—	—	781	—	—	—	—	—	—	—	—	—	—	—	—	—	781
Housing Act, 1957, Section 9	—	—	—	—	—	87	—	—	—	—	—	—	—	—	—	—	—	—	—	87
Housing Act, 1961, Section 16	—	—	—	—	—	114	—	—	—	—	—	—	—	—	—	—	—	—	—	114
Icecream	—	99	—	—	—	13	13	—	3	9	—	—	23	—	2	—	—	2	—	164
Improvement Area	—	—	—	—	—	373	—	—	—	—	—	—	—	—	—	5	—	—	—	378
Improvement Grant	—	—	—	—	—	1,563	—	—	—	—	—	—	4	14	—	8	—	—	—	1,571
Infectious Diseases	—	—	—	—	—	276	—	—	—	—	—	—	—	—	—	26	—	—	—	320
Infestation	—	400	—	—	—	246	3	2	—	3	—	10	71	7	4	101	4	—	—	851
Milk	—	241	—	—	—	14	—	—	8	—	—	—	1	—	—	6	—	—	—	270
Mortgages	—	—	—	—	—	894	—	—	—	—	—	—	—	—	—	—	—	—	—	894
Notice of Builder	1	16	1	—	424	2	2	—	2	1	14	8	3	1	16	302	—	—	—	793
Offices, Shops and Railway Premises Act	1	719	18	—	7	95	38	25	31	6	109	192	—	11	686	—	1	242	2,181	
O.S.R. Accidents	—	22	2	—	—	63	—	—	5	1	1	—	1	—	3	11	—	—	—	47
Outworkers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63
Pharmacy and Poisons Act	—	61	6	—	—	—	—	2	14	1	1	—	1	—	1	56	—	—	—	143
Pressed, Potted and Pickled Food	—	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13
Qualification Certificates	—	—	—	—	—	1,379	—	—	—	—	—	—	—	—	—	—	—	—	—	1,379
Rag Flock etc. Act	—	—	—	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	8
Rent Acts	—	—	—	—	—	22	—	—	—	—	—	—	—	—	—	—	—	—	—	22
Rodent Control	—	76	2	—	365	9	9	2	2	3	2	13	8	1	173	28	—	—	—	693
Sampling	—	266	3	—	1	9	—	—	7	—	—	—	14	—	18	70	—	14	—	402
Sausage Manufacturer	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21
Unsound Food	—	250	1	—	58	5	—	52	1	—	—	18	65	213	49	—	—	1	1	714
Food Hygiene	1	1,324	11	2	131	18	1	53	32	1	251	742	105	25	100	—	777	—	—	3,574
Housing Applications	—	—	—	—	288	—	—	—	—	—	—	—	—	—	—	—	—	—	—	288
Registered Premises	—	97	—	—	—	79	13	2	2	20	1	41	—	—	—	5	—	1	—	261
Immigrants	—	—	—	—	224	—	—	—	—	—	—	—	—	—	—	25	—	—	—	249
Miscellaneous	—	64	1	—	1,344	87	22	6	1	9	1	11	15	8	1,067	136	—	13	—	2,785
Re-visits	—	749	11	1	11,126	656	55	19	32	8	63	188	97	118	1,294	787	8	112	15,324	
Totals	4	4,829	67	23	27,147	1,417	181	223	122	53	480	1,477	423	550	4,543	1,979	807	373	44,698	



**Table 42**  
**SUMMARY OF NOTICES SERVED**

Informal notices:									
Public Health Act, 1936	...	...	...	...	...	...	...	...	374
Factories Act	...	...	...	...	...	...	...	...	30
Offices, Shops and Railway Premises Act, 1963	...	...	...	...	...	...	...	...	101
Noise Abatement Act, 1960...	...	...	...	...	...	...	...	...	3
Total	...	...	...	...	...	...	...	...	508
Statutory notices:									
Public Health Act, 1961	...	...	...	...	...	...	...	...	117
Public Health Act, 1936	...	...	...	...	...	...	...	...	221
Housing Act, 1961	...	...	...	...	...	...	...	...	189
Byelaws	...	...	...	...	...	...	...	...	23
Prevention of Damage by Pests Act, 1949	...	...	...	...	...	...	...	...	3
Factories Act, 1961	...	...	...	...	...	...	...	...	19
G.L.C. (General Powers) Acts	...	...	...	...	...	...	...	...	—
Total	...	...	...	...	...	...	...	...	572

### FACTORIES

Section 7 of the Factories Act, 1961, requiring the provision of sufficient and suitable sanitary conveniences is enforced by the Council in all factories, whether mechanical power is used in the factory or not. The provisions of sections 1, 2, 3, 4 and 6 relating to cleanliness, overcrowding, the maintenance of a reasonable temperature, the securing of adequate ventilation of workrooms and the furnishing of adequate means of draining floors where wet processes are carried on, are enforced by the Council in factories in which mechanical power is not used. The provisions of section 7 are also applied to certain building operations and works of engineering construction, etc.

A local authority is required to keep a register of factories where it is responsible for the enforcement of any of the provisions mentioned above. Close co-operation is maintained with H.M. Inspectors of Factories so that any fault found by them during the course of their visits and for which it is the duty of the local authority to take action, are notified to the Health Department. Similarly, the public health inspectors notify H.M. inspectors. H.M. inspectors also forward to the Health Department details of new factories, the introduction of mechanical power or other information which may assist the local authority.

Special attention is paid to factory canteens. These are visited by the Council's inspectors and opportunity is taken to discuss with staff the need to maintain a good standard of food hygiene.

The Medical Officer of Health is required to report on the administration of Part I (factories) and Part VIII (outworkers), which are administered by the local authority. Details follow:—

**Table 43**  
**INSPECTIONS**

	<i>Premises</i>	<i>Number on register</i>	<i>Number of</i>		
			<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i)	Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	43	19	—	—
(ii)	Factories not included in (i) in which section 7 is enforced by the local authority	611	1,390	49	—
(iii)	Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	—	—	—	—
	TOTAL	654	1,409	49	—



Table 44

## CASES IN WHICH DEFECTS WERE FOUND

Defects	No. of defects				Prosecutions instituted
	Found	Remedied	Referred To HM Inspector	By HM Inspector	
Want of cleanliness (S 1) ... ..	1	1	—	1	—
Overcrowding (S 2) ... ..	—	—	—	—	—
Unreasonable temperature (S 3) ... ..	—	—	—	—	—
Inadequate ventilation (S 4) ... ..	2	—	2	—	—
Ineffective drainage of floors (S 6) ... ..	—	—	—	—	—
Sanitary conveniences (S 7):					
(a) insufficient ... ..	—	—	—	—	—
(b) unsuitable or defective ... ..	6	6	—	6	—
(c) not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	2	—	2	—	—
TOTAL ... ..	11	7	4	7	—

## OUTWORKERS

Under Section 133 of the Factories Act, 1961, the occupier of every factory and every contractor employed by him must keep lists showing the names and addresses of all outworkers directly employed by him and of the places where they are employed. He must send to the Council in February and in August of each year, copies of those lists showing all outworkers so employed by him during the preceding six months. Section 134 of the same Act empowers the Council by notice in writing to the occupier or any contractor employed by him to prohibit the employment of any persons as home workers in premises which the Council regard as injurious or dangerous to health.

The Home Work Order, 1911, specified the kinds of work to which these two sections apply. The types of work consist mainly of wearing apparel and textiles, the making of paper bags, boxes, brushes, baskets, artificial flowers, metal fittings, etc.

The following is a list of such occupations:—

Table 45

Trade	Outworkers employed
Wearing apparel ... ..	78
Household linen ... ..	1
Lace ... ..	7
Artificial flowers ... ..	1
Box making ... ..	4
	<b>91</b>

The inspectors made 63 visits during the year. Reports were submitted to the Council setting out the position with regard to outworkers in the Borough. No adverse comments were made.



A study of the list of items requiring attention given below shows an improvement on last year, particularly the provision of a proper first aid box. The number of premises without a thermometer and without an abstract of the Act fell very considerably showing that the improvement recorded in 1969 has continued very satisfactorily.

Table 46

Condition of floors and staircases ...	...	...	40
Insufficient washing facilities ...	...	...	39
Poor standard of cleanliness ...	...	...	38
Absence of a thermometer ...	...	...	33
Abstract of the Act not displayed ...	...	...	31
Absence of a proper first-aid box ...	...	...	26
Defective condition of sanitary accommodation ...			26
Insufficient lighting ...	...	...	17
Insufficient heating ...	...	...	12
Deficient washing accommodation ...	...	...	7
Insufficient ventilation ...	...	...	6
Insufficient sanitary accommodation ...	...	...	5
Lack of seating facilities ...	...	...	5
Absence of drinking water ...	...	...	4
Lack of facilities for drying clothes ...	...	...	2

The number of registered premises in 1970 showed an increase of 30 whilst the number of newly registered during the year decreased by 7. The number of staff employed increased slightly from 15,523 to 15,602. It is interesting to note that the number of males increased by 2,430 whereas the number of females employed dropped by 2,051.

There were more accidents reported in 1970 (75 compared with 63) and most were fortunately of a minor character; 37 of the accidents were fully investigated and suggestions were made to avoid a further similar accident. During the routine inspection of premises, the occupiers are reminded of the necessity to report accidents involving employees and there appears to be no reason to think that these reports are not sent in to the local authority.

It has been surprising to receive a number of adverse reports under the Hoists and Lifts Regulations 1968 but it has shown how useful they have been. The necessary repairs were usually put in hand without delay. It has been found, however, that reports on the periodical examinations are not always available at the premises particularly in branches of the larger firms where they are retained at the Head Office. It would be useful if these reports or a copy could be kept at the premises concerned.

Table 47

## REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>Number of premises newly registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving one or more general inspections during the year</i>
Offices ... ..	53	502	325
Retail shops ... ..	101	1,348	860
Wholesale shops, warehouses ... ..	3	74	13
Catering establishments open to the public, and canteens... ..	26	272	289
Fuel storage depots ... ..	—	3	—
<b>TOTALS</b> ... ..	<b>183</b>	<b>2,199</b>	<b>1,487</b>

Table 48

## PERSONS EMPLOYED IN REGISTERED PREMISES BY WORK PLACE

<i>Class of work place</i>	<i>Number of persons employed</i>
(1)	(2)
Offices ... ..	5,315
Retail Shops ... ..	7,807
Wholesale departments, warehouses	1,041
Catering establishments open to the public ... ..	1,317
Canteens ... ..	88
Fuel storage depots ... ..	34
<b>Total</b> ...	<b>15,602</b>
<b>Total Males</b> ...	<b>8,729</b>
<b>Total Females</b> ...	<b>6,873</b>

## NOISE

There were 31 complaints of noise nuisance. The most common causes of complaint arose from premises used as launderettes, lorry depots and motor vehicle repairs. There were 7 abatement notices and one nuisance order issued under the Noise Abatement Act, 1960, during the year. The rest of the complaints were dealt with informally.

**NATIONAL ASSISTANCE ACT, 1948—SECTION 47**  
**NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951**

No cases were removed to hospital or Part III accommodation by means of orders granted under the above Acts. Several possible cases were kept under observation, and were subsequently admitted to hospital on medical grounds.



## DISINFECTION AND PERSONAL CLEANSING

Details of the work carried out during the year are as follows:—

**Table 49**

Rooms disinfected or disinfested	...	...	...	...	1,949
Articles disinfected or disinfested	...	...	...	...	26,569
Verminous children cleansed	...	...	...	...	648
Verminous adults cleansed	...	...	...	...	733
Treatment for scabies, children	...	...	...	...	1,108
Treatment for scabies, adults	...	...	...	...	728
Articles cleansed	...	...	...	...	87,837
Domiciliary bathing	...	...	...	...	523

## WASPS, HORNETS AND THE LIKE

Under the provisions of Section 6 of the Local Government (Financial Provisions) Act, 1963, the Council decided to introduce a service to assist residents to eradicate wasps, hornets and the like. It was decided to charge £1 for the services of the Council's staff and material in each case. During the year 174 wasps nests were dealt with on this basis. In a number of cases it was not possible to deal with the nests because of their inaccessibility.

## ANTI-FLY CAMPAIGN

During the period June to September, the usual measures were taken to deal with fly breeding. Calls were made to potential sources, such as stables, throughout the Borough. Vacant sites which were well known to the department as rubbish dumps were visited and deposits of litter removed and the ground sprayed with insecticide. The treatment of dustbins with powder supplied by the Health Department was carried out by the Borough Engineer and Surveyor's staff. The caretakers of blocks of flats were supplied with material to enable them to deal with refuse chutes and chambers.

## PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following table shows rat and mice destruction carried out by pest operatives during 1970. No special comment is called for except to say that this is a continuing problem:—

**Table 50**

	<i>Type of Property</i>			<i>Total</i>
	<i>Local authority</i>	<i>Dwelling houses (including council houses)</i>	<i>All other (including business premises)</i>	
Properties inspected as a result of				
(a) notification	23	3,659	363	4,045
(b) survey	1	144	8	153
(c) otherwise	—	17	—	17
Total inspections	24	3,820	371	4,215
Properties inspected which were found to be infested by:—				
(a) Rats—major	—	—	—	—
(b) —minor	1	1,078	117	1,196
(c) Mice—major	—	—	—	—
(d) —minor	10	936	85	1,031
Infested properties treated	11	2,014	202	2,227
Retreatments	39	3,208	398	3,645
“Block” control schemes carried out	...	...	4, involving 62 premises	



## SWIMMING BATHS

There are five public swimming baths in the Borough. The following table shows details of the laboratory tests taken during the year:—

**Table 51**

<i>Bath</i>							<i>Number of tests</i>	<i>Variation of chlorine (p.p.m.)</i>
Ladywell	...	...	...	...	...	...	3	1.0 — 1.4
Forest Hill North	...	...	...	...	...	...	2	0.3 — 0.5
Forest Hill South	...	...	...	...	...	...	3	0.4 — 0.6
Laurie Grove Large	...	...	...	...	...	...	2	0.6 — 1.0
Laurie Grove Small	...	...	...	...	...	...	3	0.4 — 1.0
Laurie Grove South	...	...	...	...	...	...	3	0.5 — 1.0
Downham	...	...	...	...	...	...	3	0.5 — 1.2
Bellingham (open air)	...	...	...	...	...	...	2	0.1 — 0.2

The water used for these baths is supplied by the Metropolitan Water Board and is sterilised by the breakpoint chlorination method, sodium carbonate and sodium metephosphate being used to control acidity and to keep the pH above 7.2. Colorimetric tests for free chlorine and pH value are also made at the baths at 9 a.m., 1 p.m. and 6 p.m. on weekdays and at 9 a.m. and 12 noon on Sundays, the results being recorded on log sheets kept for the purpose. The aim is to achieve a circulation of water every four hours, although it is rather more prolonged at the open-air baths.

### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The Rag Flock and Other Filling Materials Act is designed to secure the use of clean filling materials in upholstered articles and other articles which are stuffed or lined.

Four premises are registered for the use of filling materials for upholstery purposes. Samples of these materials proved satisfactory on examination.

### DESTRUCTION OF PIGEONS AND FOXES

The complaints received during 1970 showed, as in previous years, that the two worst affected sites were in Forest Hill and Catford. These were treated by contractors and 240 birds were destroyed at the Forest Hill site and 348 at the Catford site. The pigeon catchers, who are employed on a part-time basis, investigated the remainder of the complaints and paid regular visits to badly affected sites, such as railway bridges and churches. Some 2,534 birds as well as many eggs and nests were destroyed. The feeding of pigeons by the general public is still a great problem and if this diminished there is no doubt that the number of birds would be reduced.

The pigeon catchers also investigate complaints of foxes which are now more frequently seen in Lewisham and during 1970, 35 foxes were destroyed.

### PET ANIMALS ACT, 1951

During the year 19 premises were licensed as pet shops. In the main, the sale of pets at these premises consists of cage birds and tropical and coldwater fish. In general it has been found that pets are kept for sale under conditions which do not call for any particular comment and in no case has it been found necessary to attach special conditions for any licence which has been issued.



## ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Under the above Act, no person may keep a boarding establishment for animals (i.e. dogs or cats) except under the authority of a licence granted by the local authority for the area in which the establishment is situated. One such licence was granted during the year.

## RIDING ESTABLISHMENTS ACT, 1964

There is one licensed riding establishment in the Borough. This is inspected and supervised by the Council's Veterinary Officer, Mr. G. S. Wiggins, M.R.C.V.S.

## ATMOSPHERIC POLLUTION

A number of contraventions of smoke control orders were reported by the public health inspectors during the year. Most of the occupiers concerned had purchased coal in paper bags. The provision of the Clean Air Act, 1968, which prohibits the delivery, purchase or acquiring of unauthorised fuel for use in smoke control areas, should reduce such contraventions.

Many of the complaints regarding smoke were in respect of smoke nuisances from garden bonfires. These are not prohibited in smoke control areas but it is an offence if the smoke causes a nuisance to the inhabitants of the neighbourhood at any time.

Progress has been made in reducing the emission of smoke, grit and dust from industrial premises.

**Table 52**  
**ATMOSPHERIC CONDITIONS IN 1970**

			January	February	March	April	May	June	July	August	September	October	November	December	Average or actual
<b>Temperature—<sup>1</sup></b>															
Mean	...	C	4.3	3.9	4.3	7.3	13.5	17.3	16.3	16.6	14.7	11.4	8.4	4.3	10.2
<b>Rainfall</b>															
Total <sup>2</sup>	...	in.	2.41	1.75	1.84	2.22	0.64	0.32	1.82	2.46	2.12	0.21	5.54	1.71	23.04
Per cent. of averages	...		104	92	117	136	44	70	106	94	113	25	249	74	102
<b>Sunshine—<sup>1</sup></b>															
Daily mean	...	hrs.	1.01	3.91	3.42	4.20	7.16	9.41	6.14	6.21	5.48	3.35	2.17	1.20	4.5
Per cent. of average	...		68	173	94	79	112	132	96	102	115	106	123	94	108
<b>Wind—<sup>1</sup></b>															
NE/E/SE	...	%	36	7	20	9	29	55	1	40	16	18	14	24	22
S/SW/W	...	%	48	61	47	56	43	33	80	41	62	56	78	44	54
NW/N/Calm	...	%	16	32	33	35	28	12	19	19	22	26	8	32	24
<b>Atmospheric pollution</b>															
<i>Creekside Depot</i>															
Water insol. matter	...	tpm	23.89	53.62	39.96	7.30	96.14	21.29	19.71	17.18	7.51	7.62	24.10	93.21	34.29
Water sol. matter	...	tpm	13.39	9.95	10.84	11.81	8.61	5.16	10.73	9.68	9.81	9.01	12.35	14.50	10.49
<i>Lewisham Town Hall—</i>															
Smoke, daily average	...	*	117	77	68	56	59	50	44	57	63	85	108	139	77
Sulphur, daily average	...	*	163	190	190	168	197	185	118	136	104	163	124	261	167
<i>Valentine Court—</i>															
Smoke, daily average	...	*	62	55	42	33	39	27	13	21	26	38	37	67	38
Sulphur, daily average	...	*	135	154	168	136	175	154	101	121	92	137	97	213	140
<i>Deptford Town Hall—</i>															
Smoke, daily average	...	*	99	89	89	63	77	66	44	59	53	100	66	127	86
Sulphur, daily average	...	*	210	231	246	178	232	219	117	159	121	189	157	290	196
<i>Creekside—</i>															
Smoke, daily average	...	*	85	86	76	60	53	45	17	36	49	67	76	110	63
Sulphur, daily average	...	*	187	200	215	179	214	220	120	144	111	195	134	277	183
Weather Summary			Very dull	Very sunny and snowy	Cold and snowy	Cold	Drier than average	Warm and sunny	Changeable mostly cool	Warm spells	Changeable and stormy	Dry spells	Very changeable heavy rain	Drier than average	

Notes— <sup>1</sup>Kew; <sup>2</sup>Lewisham; tpm: Tons per square mile per month; \* microgrammes per cubic metre



### **Consumer Protection Act, 1961**

There has been a considerable reduction in the number of second-hand oil heaters offered for sale. A number of dealers do not now handle oil heaters and the majority co-operate in selling only recent models in good condition. The Electrical Appliances (Colour Code) Regulations, 1969 will apply to retail premises as from 1st April 1971. Dealers are being advised of the provisions of these new regulations and a leaflet is being prepared for distribution

### **Registration of Hairdressers**

The number of hairdressing establishments registered under the Greater London Council (General Powers) Act, 1967, is 220. Few contraventions of the byelaws made under the Act were found. In view of the increase in the use of wigs, hairdressers and wigmakers were warned of the dangers of using benzene, carbon tetrachloride and trichloroethylene for cleaning wigs, except in the open air or in well-ventilated rooms.

### **Coin Operated Launderettes**

The noise and effluvia nuisances from these premises have almost all been abated. It was necessary to obtain a nuisance order before a noise nuisance was abated. In the case of an effluvia nuisance a summons was issued but the hearing was adjourned on a receipt of an undertaking to carry out the necessary works.

## **HOUSING ACTS 1957—1969**

### **(a) Clearance Areas**

These are formed when groups of houses are found to be unfit for habitation under Section 4 of the Housing Act, 1957, as amended by the Housing Act, 1969, and when it is felt that the best method of dealing with conditions in an area is by way of demolition of all the properties. Following the declaration of an area, one of two ways of achieving this result is open to the Council: the first by way of a clearance order, or the more common procedure of acquiring the houses and land, generally by making a compulsory purchase order, so that the Council are able to carry out redevelopment. A survey of the Borough was carried out during 1969 to identify possible areas for this action in the years 1970–73. As a result, comparatively few areas of this nature are now thought to require this treatment.

### **(b) Individual Unfit Dwellings**

There are several ways by which unfit dwellings are required to be made fit. Those which are found capable of being made fit at reasonable expense can be dealt with under Section 9 of the Housing Act 1957, by the service of notices. It is usual to serve an informal notice before taking formal action. The latter, if not complied with, can be subject to default action whereby the Council have the work done by the invitation of tenders and arranging a contract with a builder. The cost of this work can then be recovered in one of several ways.

When the dwellings or parts of buildings are found to be unfit and not capable of being made fit at reasonable expense action can be initiated under Section 16 of the Housing Act, 1957, for the service of time and place notices. Undertakings can then be accepted from owners either to have the works carried out to make the premises fit for habitation or to cease using them for this purpose. If an undertaking is not accepted a demolition order (or a closing order in lieu) for a whole house or a closing order for part of a building can be made.

In the case of Council loans for house purchase a schedule of work to make the house fit is made a condition of a loan. In this way many cases of unfitness are dealt with.



Again, by the requirement that any grant made for improvement must result in the dwelling concerned being fit for habitation means that much is achieved by this process.

A further method is by way of the qualification certificate procedure, a new concept brought in by the Housing Act, 1969. Under this the tenancy of a controlled dwelling reaching the required standard, which includes fitness for habitation, will qualify, on the issue of a certificate, for conversion to a regulated basis and subject to fair rent fixing. The incentive provided by this method results in dwellings being made fit with the minimum of effort by the Council.

#### **(c) Houses in Multiple Occupation**

The basic powers for dealing with these houses is contained in the Housing Act, 1961. As much attention as possible is given to these premises, as living conditions in many of them present the department with its most urgent public health problem. The powers which have been extended by the Housing Acts 1964 and 1969 include provisions for dealing with management, additional amenities, means of escape from fire, the limiting of occupation and control of conditions by orders and registration schemes. A satisfactory outcome in relation to some of the actions is not easy to obtain, especially the provision of additional amenities and control of occupation, but fortunately, the more important factor, i.e. means of escape from fire, can fairly readily be achieved and much has been done in this respect.

#### **(d) Improvements to Dwellings**

These can be accomplished in one of two ways. The first by the use of the grant schemes, which as amended by the Housing Act, 1969, provide strong incentives to owners of properties who wish to convert their houses to self-contained flats or to improve and repair individual dwellings. Maximum publicity and assistance, essential to success, is given to people concerned.

The second method is by the use of the compulsory power given to the Council by Section 19 of the Housing Act, 1964. This is initiated by a tenant making a request to the Council for improvements and followed by the service of a notice on the landlord. In the event of non-compliance with a notice the Council can have the work carried out and the cost charged to the owner.

The compulsory powers contained in the Housing Act, 1964, in conjunction with improvement areas have been repealed by the Housing Act, 1969, which now provides for the establishment of general improvement areas. The improvement of the dwellings and also of the environment of an area is intended to be achieved mainly by voluntary co-operation between the Council and persons concerned. The compulsory power given by Section 19 of the Housing Act, 1964, for individual dwellings, already mentioned above, will be available and other Housing Act power to deal with unsatisfactory living conditions can be used in general improvement areas. In fact, the establishment of these areas will provide the department with the opportunity to deal with conditions by using the many powers and incentives available in a concentrated way. Several areas suitable for this treatment have been identified and detailed surveys in relation to a few have been carried out.

#### **(e) Council Loans for House Purchase**

Properties which were the subject of applications to the Council for mortgages were surveyed and reported on by the health inspectors in relation to repairs, amenities, occupation and necessary fire precautions. The requirements as to these matters were made a condition of any loan offered. Specifications submitted by mortgagors were checked for approval and the work carried out was supervised prior to certification to the Borough Treasurer.



As in previous years, the conditions imposed as to the provision of amenities gave rise to many improvement grant applications.

The following is a summary of action in relation to the department's housing functions:—

**Table 53**  
**HOUSING ACT, 1957—PART 2**

							<i>No. of cases or notices served</i>	<i>Dwellings made fit</i>
Section 9(1)	Houses found unfit	...	...	...	...	...	5	1
„	9(1a) Houses requiring substantial repair	...	...	...	...	...	5	—
„	10 Default of sections 9(1) and 9(1a)	...	...	...	...	...	—	—
„	16 Undertaking to carry out work	...	...	...	...	...	1	—
„	16 Undertakings not to use for habitation	...	...	...	...	...	—	—
„	17 Demolition Orders made	...	...	...	...	...	6	—
„	17 Houses demolished under demolition orders	...	...	...	...	...	7	—
„	17 Closing orders made in lieu of demolition orders	...	...	...	...	...	10	—
„	18 Closing orders on basements	...	...	...	...	...	13	—
„	18 Closing orders on other parts	...	...	...	...	...	—	—
„	24 Demolition orders revoked	...	...	...	...	...	—	—
„	27 Closing orders determined	...	...	...	...	...	2	2
„	28 Closing orders converted to demolition orders	...	...	...	...	...	—	—

**Table 54**  
**HOUSING ACT, 1957—PART 3**

								<i>Number</i>
Section 42	Clearance areas declared	...	...	...	...	...	...	5
	Dwellings in these areas	...	...	...	...	...	...	158
	Persons in occupation...	...	...	...	...	...	...	458
	Unfit houses demolished in areas declared during 1970 and in previous years	...	...	...	...	...	...	41

**Table 55**  
**HOUSING (FINANCIAL PROVISIONS) ACT, 1958**

							<i>No. of houses inspected</i>	<i>No. of houses made fit</i>
Section 43	Council mortgages	...	...	...	...	...	362	435

Table 56

## HOUSING ACTS 1957—1969—HOUSES IN MULTIPLE OCCUPATION

<i>Housing Act, 1957</i>								<i>Number</i>
Section 90	Overcrowding notices served...	...	...	...	...	...	—	
„ 90	Overcrowding abated ...	...	...	...	...	...	—	
<i>Housing Act, 1961</i>								
Section 12	Management orders made	...	...	...	...	...	18	
„ 14	Informal management notices served	...	...	...	...	...	—	
„ 14	Informal management notices complied with	...	...	...	...	...	—	
„ 14	Formal management notices served ...	...	...	...	...	...	—	
„ 14	Formal management notices complied with	...	...	...	...	...	—	
„ 18	Work completed in default of management notices	...	...	...	...	...	—	
„ 15	Informal notices served for amenities	...	...	...	...	...	10	
„ 15	Informal notices complied with	...	...	...	...	...	1	
„ 15	Formal notices served for amenities...	...	...	...	...	...	104	
„ 15	Formal notices complied with	...	...	...	...	...	9	
„ 18	Work completed in default	...	...	...	...	...	—	
„ 16	Informal notices served for means of escape	...	...	...	...	...	22	
„ 16	Informal notices complied with	...	...	...	...	...	1	
„ 16	Formal notice served for means of escape	...	...	...	...	...	111	
„ 16	Formal notices complied with	...	...	...	...	...	13	
„ 18	Work completed in default	...	...	...	...	...	15	
„ 19	Directions made	...	...	...	...	...	41	
<i>Housing Act, 1964</i>								
Section 73	Control orders made	...	...	...	...	...	—	
„ 73	Control orders in force	...	...	...	...	...	2	
„ 73	Control orders determined	...	...	...	...	...	—	
<i>Housing Act, 1969—Action in lieu of provision of means of escape</i>								
Section 60	Undertakings not to use parts of houses	...	...	...	...	...	—	
„ 60	Closing orders made on parts of houses	...	...	...	...	...	—	

Table 57

## HOUSING ACT, 1969—PART 3—QUALIFICATION CERTIFICATES

								Number
Section 44(2)	Applications for provisional certificates	...	...	...	...	...	...	75
„ 44(2)	Provisional certificates issued	...	...	...	...	...	...	54
„ 46(3)	Qualification certificates issued	...	...	...	...	...	...	6
„ 44(1)	Applications for qualification certificates	...	...	...	...	...	...	699
„ 45(2)	Qualification certificates issued:							
	R.V. £90 or more	...	...	...	...	...	...	218
	R.V. £60 and under £90	...	...	...	...	...	...	53
	R.V. under £60	...	...	...	...	...	...	2
„ 55	Exemption certificates issued to tenants	...	...	...	...	...	...	—



**Table 58**  
**HOUSING ACT, 1969—GENERAL IMPROVEMENT AREAS**

Number of areas declared ...	...	...	...	...	...	...	During year	Total to date
							2	2
<i>Grants in General Improvement Areas During the Year</i>								
							<i>Approved</i>	<i>Housing</i>
							<i>Tenanted</i>	<i>Assoc.</i>
							<i>O/occ.</i>	<i>Completed</i>
Improvement grants for conversions (re-	...	...	...	...	...	...	—	—
sultant dwellings)...	...	...	...	...	...	...	—	—
Improvement grants for individual dwellings	...	...	...	...	...	...	—	—
Standard grants	...	...	...	...	...	...	—	—
							<i>No. of</i>	<i>No. of</i>
							<i>houses</i>	<i>Households</i>
Special grants	...	...	...	...	...	...	—	—
							<i>No. of</i>	<i>Completed</i>
							<i>Dwellings</i>	
Improvements by Council with agreement of owner	...	...	...	...	...	...	—	—

**Table 59**  
**HOUSING ACT, 1964—SECTION 19. REPRESENTATION BY TENANT**

						<i>In</i>	<i>In General</i>	<i>Outside</i>
						<i>Improvement</i>	<i>Improvement</i>	<i>Areas</i>
						<i>Areas</i>	<i>Areas</i>	
Number of representations during year ...	...	...	...	...	...	—	—	11
Number of improvement notices served ...	...	...	...	...	...	—	—	1
Number of undertakings given	...	...	...	...	...	—	—	—
Number of dwellings where work completed to:								
full standard: by owner	...	...	...	...	...	—	—	—
by Council in default	...	...	...	...	...	—	—	—
to reduced standard: by owner	...	...	...	...	...	—	—	—
by Council in default	...	...	...	...	...	—	—	—

**Table 60**  
**\*HOUSING ACT, 1969—GRANTS**

							<i>Number of</i>	<i>Dwellings</i>
							<i>Approved</i>	<i>Completed</i>
Improvement (discretionary) grants	...	...	...	...	...	...	121	58
Standard grants	...	...	...	...	...	...	583	178
Extended standard grants	...	...	...	...	...	...	7	7
Special grants (number of houses)	...	...	...	...	...	...	11	3

\*Including cases approved under old Acts and those in general improvement areas.

## RENT ACT, 1957

The following table shows the applications for certificates of disrepair dealt with during the year 1970:—

**Table 61**

Applications for certificates	...	...	...	...	...	...	2
Decisions not to issue certificates	...	...	...	...	...	...	—
Decisions to issue certificates	...	...	...	...	...	...	2
Undertakings given by landlords to repair	...	...	...	...	...	...	—
Undertakings refused for special reasons	...	...	...	...	...	...	—
Certificates of disrepair issued	...	...	...	...	...	...	2
Applications by landlords for cancellation of certificates	...	...	...	...	...	...	2
Objections by tenants to cancellation	...	...	...	...	...	...	—
Certificates cancelled	...	...	...	...	...	...	1

## MILK

### The Milk and Dairies (General) Regulations 1959

At the end of the year there were 195 persons registered for the distribution of milk from the premises within the Borough.

There are no premises in the Borough used as dairies.

### Milk (Special Designations) Licences

Licences to expire on 31st December, 1975, were issued during the year as follows:—

**Table 62**

					<i>Licences issued during 1970</i>	<i>Total licences issued</i>
for sale of untreated milk	...	...	...	...	46	46
for sale of pasteurised milk	...	...	...	...	166	166
for sale of sterilised milk	...	...	...	...	135	135
for sale of ultra heat treated milk	...	...	...	...	98	98

### Analysis of Milk

During the year under review 31 samples of milk were submitted to the public analyst by the Council's inspectors none of which was deficient in milk solids.

## ICECREAM

### Grading

Icecream is submitted to the Public Health Laboratory for bacteriological examination. The icecream is graded according to the time taken to decolorise a dye, methylene blue. The test is a provisional one and because of the many factors which govern the hygienic quality of icecream it is recommended officially that judgment should be based on a series of samples and that too much attention should not be paid to the result of an individual sample. It is suggested that over a six-monthly period, at least 50 per cent. of a vendor's samples should fall into grade I, 80 per cent. into grades I or II, not more than 20 per cent. in grade III and none into grade IV.



During the year 52 samples of icecream were submitted for bacteriological examination with the following results:—

**Table 63**

					Samples	%
Grade I ...	...	...	...	...	24	46
Grade II ...	...	...	...	...	11	21
Grade III	...	...	...	...	9	17
Grade IV	...	...	...	...	8	16
TOTAL				...	52	100

In general, grades I and II are satisfactory, while grades III and IV may indicate some defect in manufacture, handling or storage. Such cases are followed up and advice given.

**Table 64**  
**FOOD GENERALLY**

Other Bacteriological Samples							
Cream ...	...	...	...	...	...	...	17
Cooked meats ...	...	...	...	...	...	...	40
Shellfish...	...	...	...	...	...	...	8
Meat ...	...	...	...	...	...	...	2
Confectionery ...	...	...	...	...	...	...	2
Sausages	...	...	...	...	...	...	10
Vegetables	...	...	...	...	...	...	3
Instant whip	...	...	...	...	...	...	1
Fish Fingers	...	...	...	...	...	...	1
Coconut	...	...	...	...	...	...	1
Powdered milk...	...	...	...	...	...	...	1
Fruit ...	...	...	...	...	...	...	2
Meat soup	...	...	...	...	...	...	1
Cheese ...	...	...	...	...	...	...	1
Cream trifle	...	...	...	...	...	...	1
Total	...	...	...	...	...	...	91

### Adulteration

The number of samples taken during the year under the Foods and Drugs Act was 772. After examination the public analyst reported that 66 samples were adulterated, below standard or insufficiently described by label. This accounts for 8.5 per cent. of all samples submitted.

**Table 65**  
**Samples Analysed**

Articles	Examined		Adulterated	
	Formal	Informal	Formal	Informal
Foodstuffs	6	441	1	41
Milk and cream	—	71	—	—
Other drinks ...	—	64	—	3
Drugs and medicines ...	—	12	—	—
Miscellaneous ...	3	175	1	20
TOTALS	9	763	2	64

Table 66

## Non-genuine Samples

<i>Article</i>	<i>Formal or informal</i>	<i>Adulteration or irregularity</i>	<i>Action taken</i>
Whole hot peppers ...	Informal	Contained lead in excess of the Lead in Food Regulations maximum.	Formal sample taken was satisfactory, but remainder of stock surrendered.
Sarmi selev ...	Informal	Contained a rather high tin content consistent with corrosion of can.	No more available in store for formal sample to be taken.
Low calorie lemonade ...	Informal	Sample contained cyclamates contrary to the Artificial Sweeteners in Food Regulations.	Lemonade sold out. Remainder of stock checked with manufacturer.
Hot pepper sauce...	Informal	Contained lead in excess of the Lead in Food Regulations maximum.	Formal sample taken—number 866.
Hot pepper sauce...	Formal	"	Legal proceedings instituted, subsequently withdrawn by Legal Section.
Apple fruit pie filling ...	Informal	Sample deficient in apple...	Further samples to be taken.
Apple pie filling ...	Informal	"	"
Apple pie filling ...	Informal	"	"
Surkal ...	Informal	Incorrectly labelled in foreign language.	Importers notified.
Meat balls...	Informal	"	"
Orangeade...	Informal	"	"
Apple juice ...	Informal	"	"
Anchovies...	Informal	"	"
Crispbread ...	Informal	"	Letter to importers.
Apple fruit filling...	Informal	Apparent deficiency in fruit	Letter to manufacturers.
Apple and blackcurrant fruit filling.	Informal	"	"
Sonnenblumenkerne ...	Informal	Claim as to slimming property made without qualification.	Letter to importers.
Baked beans in tomato sauce.	Informal	Claim as "Slimmer's Meal" with only 12½ per cent. reduction in calorific value over conventional baked beans.	No action possible.
Hard candies cream filled	Informal	The filling contained no cream whatsoever.	Letter to importers.
Boned chicken in jelly ...	Informal	Deficient in meat ...	Further samples to be taken (letter to importers).
Apple fruit pie filling ...	Informal	Apparent deficiency in fruit	Letter to manufacturers.
Apple fruit pie filling ...	Informal	"	"
Apple fruit pie filling ...	Informal	"	"
Blackcurrant and apple fruit filling.	Informal	"	"
Mushrooms in seaweed paste.	Informal	Incorrectly labelled in foreign language.	Letter to importers.
Fish flakes...	Informal	"	"
Powdered soup base ...	Informal	"	"
Instant soup base...	Informal	"	"
Pickled onions ...	Informal	"	"
Chopped chicken in jelly...	Informal	Deficient in meat ...	"
Brown scone meal ...	Informal	Ingredient listed as milk powder in the absence of milk fat should have been described as skimmed milk powder.	Letter to manufacturers.



Table 66—continued

<i>Article</i>	<i>Formal or informal</i>	<i>Adulteration or irregularity</i>	<i>Action taken</i>
Leek soup block ...	Informal	Incorrectly labelled	Letter to importers.
Tomato soup block ...	Informal	"	"
Spinach soup block ...	Informal	"	"
Celery soup block ...	Informal	"	"
Brown sauce block ...	Informal	"	"
Gelée Royale ...	Informal	The claim that the product "resists all acids" was extremely exaggerated.	"
White grape juice...	Informal	Consisted of diluted juice with added sugar.	No further stock available.
Handkäse cheese ...	Informal	Incorrectly labelled	Letter to importers.
Pork kidneys in gravy ...	Informal	Deficient in meat ...	Letter to manufacturers.
Bay leaves...	Informal	Rather high lead content...	Letter to packers.
Basil ...	Informal	"	"
Steak spice ...	Informal	Contained excess of sand and siliceous matter.	"
Ground pimento ...	Informal	"	"
Rubbed thyme ...	Informal	"	"
Bouquet garni ...	Informal	"	"
Rubbed mixed herbs ...	Informal	"	"
Asparagus spears...	Informal	Incorrectly labelled	Letter to importers.
Peas ...	Informal	Incorrectly labelled in foreign language.	"
Ikan bilis ...	Informal	The sample, a dried fish product, had undergone spoilage during drying.	No more of this product available for sale.
Lambs' tongues with jelly	Informal	Sample deficient in meat ...	Letter to manufacturers.
Coconut ...	Informal	Sample contained preservative contrary to the Preservatives in Food Regulations.	No action pending discussion between importers and port health authority.
Chopped ham with pork	Informal	Sample deficient in meat ...	Further sample satisfactory.
Sausage roll ...	Informal	"	Letter to manufacturers; further sample satisfactory.
Chopped braised pork kidneys in gravy.	Informal	Variation in meat content of cans, one of which was deficient.	Letter to importer—resulting in change of manufacturing process; further sample satisfactory.
Whole black pepper ...	Informal	Poor quality in that it was deficient in non-volatile ether extract.	Letter to packer; subsequent sample satisfactory.
Cayenne pepper ...	Informal	Poor quality in that it contained excessive sand and grit.	"
Ground pimento ...	Informal	Poor quality in that it contained excessive mineral matter.	"
Chopped chicken in jelly...	Formal	Deficient in meat ...	Legal proceedings.
Lambs' tongues in jelly ...	Informal	"	Letter to manufacturer; letter from analyst to manufacturer.
Chopped chicken in jelly...	Informal	"	New consignment subsequent to No. 416.
Sausage roll ...	Informal	"	Letter to manufacturer; further sample satisfactory.
Sausage roll ...	Informal	"	"
Meat pasty ...	Informal	"	Letter to manufacturer.
Appetex pâté with wine ...	Informal	Sample was an entirely vegetable product and the description "pâté" was therefore inapplicable.	"
Desiccated coconut ...	Informal	Contained sulphur dioxide preservative.	Under discussion between importers and producers.



In addition to those submitted to the public analyst for routine examination, the following were submitted because of complaints received or as a result of enquiries into cases of food poisoning:—

Bread (7)	Shredded wheat
Steak and kidney pies (3)	Oranges
Baby food	Cereal
Orange juice	Peppers
Ice lolly	Bacon
Chicken chop suey	Cornish pasty
Meat	Nuts
Cheese	

#### Food Complaints

Food complaints numbering 179 were received from members of the public during the year.

In 13 instances legal proceedings were taken under the Food and Drugs Act, resulting in fines totalling £355.

With a number of complaints where legal proceedings might have been appropriate, action was not possible owing to the unsatisfactory nature of the evidence. In other cases this was due to the unwillingness of complainants to appear in court. The remainder were dealt with informally by contact with the firms concerned.

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

The following table gives details of food premises grouped in categories of trade carried on in them and showing the number fitted to comply with regulation 16 (provision of wash-hand basins) and with regulation 19 (facilities for washing food and equipment) of the Food Hygiene (General) Regulations 1960.

Table 67

<i>Type of premises</i>	<i>Number of premises</i>	<i>Number provided with wash-hand basins</i>	<i>Number with facilities for washing food and equipment</i>
Grocers and multiple grocers ...	299	299	299
Greengrocers ...	135	117	not applicable
Bakers ...	85	85	85
Butchers ...	142	142	142
Confectioners ...	323	320	not applicable
Catering Establishments ...	381	381	381
Fish shops ...	28	28	28
Fried fish shops ...	51	51	51
Public houses ...	166	166	166
Off licences ...	87	85	not applicable

#### THE FOOD HYGIENE (MARKETS, STALLS DELIVERY VEHICLES) REGULATIONS, 1966

These regulations, which came into force on the 1st January, 1967, are designed to improve the hygiene on stalls selling food and in vehicles used for the delivery of food, and some improvement has been noted. Shellfish stalls on the forecourts of some of the public houses have been visited during the weekends and advice given on the risks of contamination. The following details indicate the extent of this work in the Borough:—

Table 68

Licensed stallholders selling food ...	86
Unlicensed stalls on private forecourts or elsewhere ...	10
Shellfish stalls on private forecourts...	12
Mobile grocery shops ...	12



## PHARMACY AND POISONS

The names of twelve persons were entered on the Council's list of persons entitled to sell poisons in Part II of the poisons list and the names of 121 persons previously registered were retained on the register. 133 visits were paid by the public health inspectors in connection with the granting and renewal of the licences.

## SLAUGHTERHOUSES AND SLAUGHTERMEN

There are no slaughterhouses in the Borough and no licences were issued to slaughtermen.

## OFFENSIVE TRADES

There are no offensive trades carried on in the Borough.

## LEGAL PROCEEDINGS

During the year there were 18 cases of legal proceedings for infringement of various Acts, as follows:—

Table 69

				Number of cases			Fines			Costs		
							£	s	d	£	s	d
Food and Drugs Act, 1955...	...			13			355	0	0	72	8	0
Public Health Act, 1936	...	...		5			—	—	—	21	0	0
Total	...	...		18			355	0	0	93	8	0

## REGISTRATION OF FOOD PREMISES

New registrations in 1970 and the total, including previous years, are shown in the table below:—

Table 70

Type				1970	Total
Sale and storage of icecream	...	...		24	539
Manufacture of icecream	...	...		1	15
Fish frying	...	...	...	1	54
Fish curing	...	...	...	—	16
Preparation or manufacture of sausages				1	116
Preparation or manufacture of potted, pressed, pickled or preserved food	...			7	207

## UNSOUND FOOD

Approximately 256 tons of food were surrendered as unfit for human consumption and dealt with by the Council's food inspectors. This included meat, fruit-pulp, fish, vegetables, etc.

Some of the spoiling was caused by refrigerator breakdowns.

## CONTINENTAL GOODS DEPOT, HITHER GREEN

Imports of perishable food from the Continent through the Continental Freight Depot continues, and a small amount of food, mostly meat, has been exported. We are concerned insofar as unfit food or meat, without proper documents, may be imported, in which case we have to ensure that it is either destroyed, not used for human consumption or re-exported. It may be necessary to contact wholesalers and various local authorities if it is intended for distribution elsewhere. The amount of unfit food was small.



Totals for the year are shown in the table:—

**Table 71**

<i>Country of origin</i>							<i>Tonnage imported</i>
Spain	...	...	...	...	...	...	132,050
Italy	...	...	...	...	...	...	37,241
France	...	...	...	...	...	...	32,280
Yugoslavia	...	...	...	...	...	...	41
Algeria	...	...	...	...	...	...	948
Belgium	...	...	...	...	...	...	364
Switzerland	...	...	...	...	...	...	476
Israel	...	...	...	...	...	...	438
Ivory Coast	...	...	...	...	...	...	84
South Africa	...	...	...	...	...	...	45
Cyprus	...	...	...	...	...	...	34
Total							204,001

### WATER SUPPLY

I am indebted to Dr. E. Windle Taylor, Director of Water Examination for the Metropolitan Water Board, for the following report on the condition and supply of water to the Borough during 1970:—

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 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 279,350;
- (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;

Well water from Deptford, Wilmington, Darenth, Bexley pumping stations and occasionally from Merton pumping station.

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.



Table 72

Average results of the chemical examination of the water supplied to the Borough of Lewisham during 1970

Milligrammes per litre (unless otherwise stated)

<i>Description of the Sample</i>	<i>Number of Samples</i>	<i>Ammoniacal Nitrogen</i>	<i>Albuminoid Nitrogen</i>	<i>Nitrate Nitrogen</i>	<i>Oxygen abs. from <math>\text{KMnO}_4</math> 4 hrs. at <math>27^\circ\text{C}</math>.</i>	<i>Hardness (total) <math>\text{CaCO}_3</math></i>	<i>Hardness (non-carbonate) <math>\text{CaCO}_3</math></i>	<i>Magnesium as Mg</i>	<i>Sodium as Na</i>	<i>Potassium as K</i>	<i>Chloride as Cl</i>	<i>Phosphate as <math>\text{PO}_4</math></i>	<i>Silicate as <math>\text{SiO}_2</math></i>	<i>Sulphate as <math>\text{SO}_4</math></i>	<i>Natural Fluoride as F</i>	<i>Surface-active material as Manoxol OT</i>	<i>Turbidity units</i>	<i>Colour (Burgess units)</i>	<i>pH value</i>	<i>Electrical Conductivity (micromhos)</i>
River Thames-derived	363	0.026	0.083	4.8	1.02	274	79	5	27.7	5.6	40	2.7	9	70	0.20	0.03	0.1	11	7.9	570
Deptford	4	0.002	0.020	6.1	0.12	366	101	—	—	—	39	—	—	—	0.20	—	0.0	3	7.2	650
Wilmington	4	0.005	0.022	7.5	0.13	295	65	—	—	—	29	—	—	—	0.15	—	0.1	1	7.2	540
Darenth	4	0.004	0.028	4.8	0.11	270	44	—	—	—	18	—	—	—	0.10	—	0.0	2	7.2	480
Bexley	4	0.010	0.014	5.7	0.19	327	85	—	—	—	23	—	—	—	0.10	—	0.0	3	7.3	580
Merton	3	0.015	0.021	0.8	0.12	244	22	—	—	—	16	—	—	—	0.50	—	0.3	6	7.3	480

Table 73

Bacteriological Results—Yearly Averages, 1970 of water supplied to the Borough of Lewisham

Source of supply			BEFORE TREATMENT							AFTER TREATMENT				
			Agar plate count per ml.		Coliform count		Escherichia coli count			Agar plate count per. ml.		Coliform count	E. coli count	
			Number of samples	20-24 hours at 37°C	3 days at 22°C	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Number of samples	20-24 hours at 37°C	3 days at 22°C	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
River Thames-derived	...	...	8,259	31.9	—	37.91	17.3	53.58	4.7	3,710	8.0	—	99.92	99.97
Deptford	...	...	247	0.0	5	98.79	—	100.0	—	250	0.0	19	100.0	100.0
Wilmington	...	...	248	0.7	43	98.79	—	100.0	—	253	0.1	20	99.60	100.0
Darenth	...	...	244	0.1	15	100.0	—	100.0	—	250	0.0	1	100.0	100.0
Bexley	...	...	269	0.0	12	99.26	—	100.0	—	253	0.1	46	99.60	100.0
Merton	...	...	8	0.1	3	100.0	—	100.0	—	8	0.0	3	100.0	100.0



## HOME DIALYSIS

Three cases were referred to the department during 1970 for the adaptation of a room to house the artificial kidney machine and other equipment.

Unfortunately one of the patients died before the alterations could be carried out. The second case was in a ground floor flat owned by the Greater London Council and the third case was an owner-occupier. The alterations to these two cases were carried out by the Housing and Estates Department without cost to the occupiers.

## MORTUARIES, CREMATIONS, BURIALS AND EXHUMATIONS

### Mortuaries

The two public mortuaries situated in the Borough serve other areas as well as Lewisham.

The number of bodies received during the year is shown below:—

**Table 74**

	<i>Lewisham Mortuary</i>	<i>Deptford Mortuary</i>	<i>Total</i>
Bodies received from hospitals etc.	856	517	1,373
Others	419	271	690
Totals	1,275	788	2,063

### Cremations and Burials

The following statistics relating to cremations and burials are for the year 1st April, 1970 to 31st March, 1971:—

**Table 75**

<i>Cemetery</i>	<i>No. of burials</i>
Hither Green	964
Grove Park	255
Ladywell	62
Brockley	63
Total	1,344

There were 1,278 cremations carried out at Hither Green Crematorium after certifications by the Medical Officer of Health or deputy as Crematorium Referee. One exhumation took place at a Council cemetery during the year.

## MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

At ports of arrival long-stay immigrants, both Commonwealth and alien, are referred to medical inspectors and given a pamphlet printed in languages which they are likely to understand. This is to encourage them to register with a medical practitioner in their place of residence so that he can arrange for them to go to a mass radiography unit, a chest clinic or a hospital for X-ray.

The Health Department is notified of the names and addresses of immigrants entering the Borough with the object of ensuring that at an early date the immigrants are made aware of how to use the Health Service. An important aim of the department is to secure by persuasion that those from countries with a high incidence of tuberculosis have an X-ray of the chest as soon as possible.

The following table, based on returns made to the Department of Health and Social Security, shows the number notified to the department during 1970, and the number of successful visits made. Unsuccessful visits occur where the immigrant has moved out of the Borough and has left no forwarding address.

**Table 76**

<i>Country</i>	<i>Number of Immigrants</i>	<i>Number of first successful visits</i>
<i>(a) Commonwealth Countries</i>		
Caribbean	195	142
India	23	15
Pakistan	15	6
Other Asian	46	32
Africa	54	27
Other	32	22
<i>(b) Non-Commonwealth Countries</i>		
European	7	8
Other	4	1
<b>TOTALS</b>	<b>376</b>	<b>253</b>



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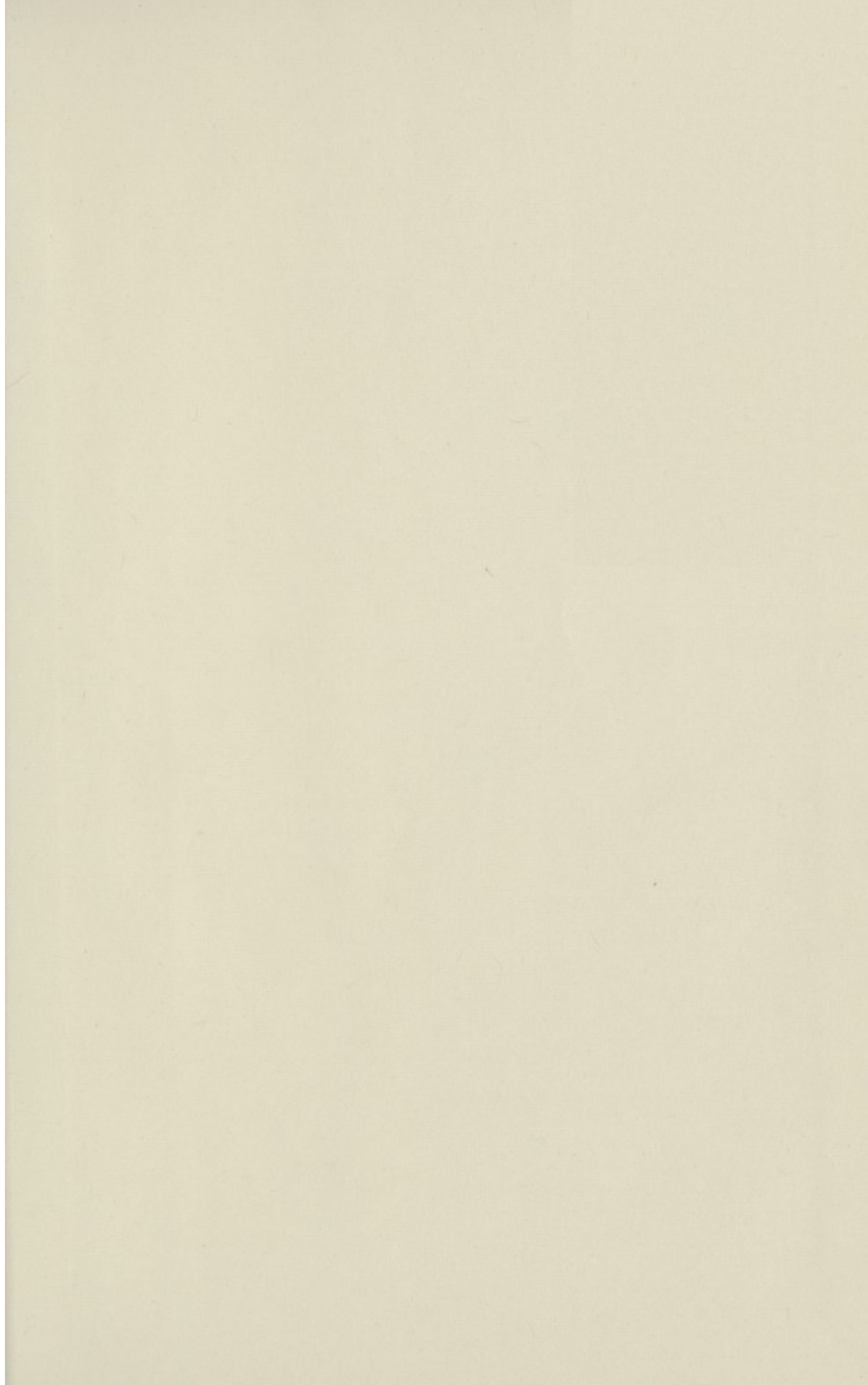
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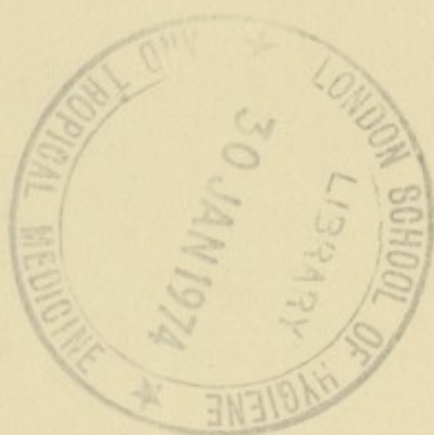












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