

[Report of the Medical Officer of Health for Southwark, Borough of].

Contributors

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London Borough of Southwark

ANNUAL REPORTS

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDED

1965

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London Borough of Southwark
Ladies and Gentlemen

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Health Department,
Municipal Offices,
Castle House,
2 Walworth Road,
S.E.1.

To The Mayor, Aldermen and Councillors,
London Borough of Southwark.
Ladies and Gentlemen,

I have the honour of presenting my first annual report on the health services of the new London Borough of Southwark, a name perpetuated because of its historic associations.

The first official report of a Medical Officer of Health in the area of the London Borough of Southwark covered the period 1st January, 1856 to 31st March, 1857, in accordance with Section 198 of an Act passed on 14th August, 1855 for The Better Local Management of the Metropolis. There have been numerous enactments, changes in areas and administration and great advances in knowledge, since that time.

In recent years, the National Health Service Act, 1946 and the London Government Act, 1963 brought major changes in the responsibility for the personal health services. In the metropolitan area, the former Act transferred such services from the Borough Councils to the London County Council; the latter Act, inter alia, decentralised the services to new administrative areas to be known as London Boroughs.

In accordance with the provisions of the London Government Act, 1963, the new Borough operated from 1st April, 1965; but the Ministry of Health directed that this report should cover the complete year of 1965 incorporating information from the former London County Council and former metropolitan boroughs.

All statistics for 1964-65 for the health departments of the former Metropolitan Boroughs of Bermondsey, Camberwell and Southwark are of course available. In the case of work transferred from the former London County Council, however, the London Borough of Southwark covers part of two former administrative areas and few figures relating to the present Borough are available for the year 1964 for comparative purposes, and for the period 1st January to 31st March, 1965 for inclusion in this report. It is, therefore, not possible to comment at any length on the state of the personal health services in the Borough normally indicated by various increases or decreases in the statistics pertaining to the several services.

Twenty hospitals have catchment areas in this Borough: nine are actually sited within the Borough. There are nearly three hundred general practitioners with practices in the area or whose surgeries are near the boundary and whose lists include a number of Southwark residents. There were also a number of health surveys being conducted on 1st April, 1965. In these circumstances, it was obvious that every effort should be made to ensure the best possible co-operation from the professional and administrative points of view. Various conferences took place and it was decided that liaison or advisory committees should be established. Both hospital consultants and general practitioners welcomed the proposed arrangements and promised every assistance in the setting up of the administrative procedure.

The annual report to the Inner London Education Authority about the work of the school health service has been included by arrangement with that authority.

The amalgamation of the health departments of the three metropolitan boroughs and parts of two health divisions of the former L.C.C., together with the taking over of the district nursing services, presented many administrative problems made particularly difficult by the shortage of experienced staff. Without the understanding and encouragement of the Chairman, Vice-Chairman and members of the Health Committee supported by the outstanding efforts of my staff, in many cases far beyond the lines of normal duties, the work set out in this report could not have been accomplished.

Your obedient Servant,

J. E. EPSOM,

Medical Officer of Health

and

Principal School Medical Officer

HEALTH COMMITTEE

Chairman:

Councillor F. J. Francis

Vice-Chairman:

Alderman W. A. Miller

Members

Councillor Mrs. L. M. Brown	Councillor W. L. Ellis
Councillor Mrs. C. M. Clunn	Councillor J. Mahoney
Councillor Mrs. E. V. Coyle	Councillor F. T. Rolfe
Councillor Mrs. E. S. Daymond	Councillor N. H. Tertis,
Councillor Mrs. A. C. Evans	F.Inst.Ch., F.R.S.H., S.R.Ch.
Councillor Mrs. A. Inman	Councillor T. Jessel (to 24.1.66)
Councillor Mrs. A. E. Pritchard	

Ex-Officio

Alderman Mrs. F. Whitnall, J.P.	Mayor of the London Borough of Southwark
Alderman A. J. Kemp	Leader of the Council
Councillor F. J. Cullingham	Leader of the Opposition

Co-opted Members

Dr. J. B. V. Quinn H. G. Lamborn (from Oct., 1965)

The Council appointed Health Committee members to the following organisations:—

Blackfriars Settlement	Alderman W. A. Miller
London Boroughs Training Committee ...	Alderman Mrs. L. M. Brown (Deputy to Mayor)
London and Home Counties Clean Air Advisory Council	Councillor J. Mahoney
National Association for Maternal and Child Welfare	Councillor F. J. Francis
National Society for Clean Air	Councillor Mrs. E. S. Daymond
South West Metropolitan Regional Hos- pital Board London Liaison Committee	Councillor F. J. Francis
Standing Conference of Co-operating Bodies on Investigation of Atmospheric Pollution	Councillor F. J. Francis
Southwark and Bermondsey Tuberculosis Care Committee	Councillor Mrs. E. S. Daymond Councillor W. L. Ellis
South London Family Service Unit ...	Councillor F. J. Francis

HEALTH DEPARTMENT STAFF, 1965

Medical Officer of Health and Principal School Medical Officer:

J. E. Epsom, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H., D.I.H.

Deputy Medical Officer of Health:

H. James, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Principal Medical Officer:

Eileen L. Power, M.B., B.Ch., B.A.O., N.U.I., L.A.H., D.P.H.

Senior Medical Officers:

Suzanne Collett, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
(School Health)

Aileen B. Ridout, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
(Maternity and Child Welfare)

R. Williams, M.B., B.S., D.R.C.O.G., D.P.H.
(Staff Occupational Health and Welfare)

Medical Officers — 7

Sessional Medical Officers—Full time equivalent — 6.6

Chief Dental Officer:

J. Cleary, B.D.S.

Dental Officers: Full time — 4; Sessional — Full time equivalent 1.6

Dental Surgery Assistants — 8; Dental Auxiliary — 1

Chief Administrative Officer:

T. A. C. Maxwell

Deputy Chief Administrative Officer:

S. A. Cranfield

Principal Administrative Officers:

R. A. Davies

Mrs. A. Howell

Administrative and Clerical Staff:

Full time — 79; Part time—Full time equivalent — 9

Chief Public Health Inspector:

Harold Archer, F.R.S.H., F.A.P.H.I.

Deputy Chief Public Health Inspector:

W. A. Campbell, M.R.S.H., M.A.P.H.I.

Assistant Chief Public Health Inspector:

F. L. Richardson, M.A.P.H.I.

Public Health Inspectors:

Divisional 4	Wharves 3
District 18	Offices, Shops and Railway Premises 1
Food 4	Smoke 1
Senior Housing 1	New Drainage and Building ... 3
Housing 3	Pest Control 2
Senior Wharves 1	Superintendent Disinfecting Stations 1
Student Public Health Inspectors ... 11	
Technical Assistants 16	
Mortuary Superintendent 1	

Principal Nursing Officer:

Mrs. E. E. Belcher, S.R.N., M.T.D., H.V., Q.N.

Deputy Principal Nursing Officer:

Mrs. E. E. Boyd, S.R.N., S.C.M., H.V.

Senior Assistant Principal Nursing Officer	1
Assistant Principal Nursing Officer ...	2
Health Visitors	41
Student Health Visitors	6
Clinic and School Nurses	42
Clinic Auxiliaries—Full time equivalent	6.5
Day Nursery Staff	91
Superintendent Home Nursing—3	
District Nurses—54	Student Nurses—5
Midwives—Full time equivalent ...	16.5

Principal Social Worker (Health Services):

Miss J. Hill, A.I.M.S.W.

Deputy Principal Social Worker:

Miss J. Feely

Social Workers—6 Family Case Workers—2

Principal Mental Health Social Worker:

Mrs. M. Day, S.R.N., M.S.M.W.O.

Deputy Principal Mental Health Social Worker:

P. Symonds

Mental Health Social Workers:

Full time 8	Part time—full time equivalent ... 2
--------------------	--------------------------------------

Psychiatric Social Workers:

Full time 1	Joint Appt. with Maudsley Hospital 1
--------------------	--------------------------------------

Occupational Therapists:

Full time 2	Part time—full time equivalent ... 0.5
Escort 1	

Training Centres:

Supervisors—3 Assistant Supervisors—6

Day Centres:

Supervisors—2 Assistant Supervisors—2

Hostel:

Warden — 1 Deputy Warden — 1

Chief Chiropodist:

E. F. Part, M.Ch.S., S.R.Ch.

Chiropodists: Full time — 2; Sessional—Full time equivalent — 4

Home Help Service:**Principal Home Help Organiser:**

Mrs. L. Nepean-Gubbins, M.R.S.H.

Area H.H.O. — 4 Assistant H.H.O. — 4

Home Helps — 576 Full time equivalent — 370

Miscellaneous:

Senior Environmental Visitor — 1 Environmental Visitors — 4

Domestic Staff:

Domestic staff of various categories — 80

VITAL STATISTICS, 1965**FOR THE NEW LONDON BOROUGH OF SOUTHWARK**

Area of Borough (including area covered by water)	7,115 acres
Population (Registrar General's estimate mid-1965)	308,460
Number of inhabited houses	85,908
Rateable Value (April, 1965)	£18,116,719
Sum represented by a penny rate	£71,000

Births

	Total	Legitimate	Illegitimate
Live Births—Male	2,935	2,600	335
Female	2,912	2,570	342
	<hr/> 5,847	<hr/> 5,170	<hr/> 677
Still Births—Male	40	32	8
Female	48	46	2
	<hr/> 88	<hr/> 78	<hr/> 10
Birth rate per 1,000 population			18.9
Number of deaths—all ages			3,740
Death rate per 1,000 population			12.1

Infantile Mortality

Deaths under 1 year	119
Infant deaths per 1,000 live births	20.4

Maternal Mortality

Deaths of women from diseases or accidents associated with childbirth, including abortion	4
Maternal death rate per 1,000 total births	0.7

Deaths from Pulmonary Tuberculosis	...	...	...	...	20
Death rate per 1,000 population	...	...	...	...	0.06
Deaths from cancer of lung and bronchus	...	...	...	...	252
Death rate per 1,000 population	...	...	...	...	0.8
Deaths from all forms of cancer	...	...	...	...	817
Death rate per 1,000 population	...	...	...	...	2.6
Note —Vital statistics for 1964 shown under the former Metropolitan Boroughs of Bermondsey, Camberwell and Southwark are given below.					

VITAL STATISTICS, 1964

The vital statistics for the former Metropolitan Boroughs of Bermondsey, Camberwell and Southwark.

Area of Borough	...	...	...	Bermondsey 1,336 acres	Camberwell 4,480 acres	Southwark 1,131 acres
(Exclusive of area covered by water)						
Population (mid-1964)	...	...	...	50,340	175,740	84,830
Number of Inhabited Houses	...	...	...	15,665	46,112	25,211
Rateable Value	...	...	...	£4,167,736	£7,409,806	£6,270,720
Sum represented by a penny rate (estimated)	...	...	...	£16,250	£29,500	£25,195
Births						
Live Births	...	...	...	928	3,669	1,565
Legitimate	...	...	...	869	3,177	1,410
Illegitimate	...	...	...	59	492	155
Still Births	...	...	...	19	54	27
Legitimate	...	...	...	18	47	26
Illegitimate	...	...	...	1	7	1
Birth Rate per 1,000 population	...	...	...	18.56	20.9	18.4
Number of deaths—all ages	...	...	...	551	1,818	1,095
Death Rate per 1,000 population	...	...	...	11.02	10.3	12.8
Infantile Mortality						
Deaths under 1 year	...	...	...	21	73	33
Infant deaths per 1,000 live births	...	...	...	22	19.9	21.0
Maternal Mortality						
Deaths of women from diseases or accidents associated with childbirth and abortion	...	...	...	—	1	—
Maternal death rate per 1,000 total births	...	...	...	—	0.3	—
Deaths from Pulmonary Tuberculosis	...	...	...	7	19	6
Death Rate per 1,000 population	...	...	...	0.14	0.1	.07
Deaths from cancer of lung and bronchus	...	...	...	41	112	94
Death rate per 1,000 population	...	...	...	0.8	0.6	1.1
Deaths from all forms of cancer	...	...	...	147	390	253
Death Rate per 1,000 population	...	...	...	2.9	2.2	2.9

CLASSIFICATION OF DEATHS

Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.

CAUSES OF DEATH	Total All Ages		Under 4 weeks		4 Weeks & under 1 yr.		1-4	
	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	17	3	—	—	—	—	—	—
Tuberculosis, other	—	4	—	—	—	—	—	—
Syphilitic disease	6	6	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	2	6	—	—	—	1	—	—
Malignant neoplasm, stomach	44	43	—	—	—	—	—	—
Malignant neoplasm, lung, bronchus	208	44	—	—	—	—	—	—
Malignant neoplasm, breast	—	66	—	—	—	—	—	—
Malignant neoplasm, uterus	—	23	—	—	—	—	—	—
Other malignant and lymphatic neoplasms	207	170	—	—	—	—	—	—
Leukaemia, aleukaemia	12	10	—	—	—	—	—	—
Diabetes	6	19	—	—	—	—	—	—
Vascular lesions of nervous system	141	228	—	—	—	—	—	—
Coronary disease, angina	428	273	—	—	—	—	—	—
Hypertension with heart disease	13	29	—	—	—	—	—	—
Other heart disease	120	251	—	—	—	—	—	—
Other circulatory disease	76	106	—	—	—	—	—	—
Influenza	2	2	—	—	—	—	—	—
Pneumonia	170	199	1	4	6	14	—	—
Bronchitis	155	57	—	—	2	2	—	—
Other diseases of respiratory system	19	10	—	—	1	—	—	—
Ulcer of stomach and duodenum	25	18	—	—	—	—	—	—
Gastritis, enteritis and diarrhoea	5	11	—	—	1	—	—	—
Nephritis and nephrosis	9	7	—	—	—	—	—	—
Hyperplasia of prostate	11	—	—	—	—	—	—	—
Pregnancy, childbirth, abortion	—	4	—	—	—	—	—	—
Congenital malformations	27	22	13	11	3	5	1	2
Other defined and ill-defined diseases	108	156	34	15	2	1	3	—
Motor vehicle accidents	29	12	—	—	—	—	2	—
All other accidents	34	30	—	—	—	1	—	—
Suicide	28	23	—	—	—	—	—	—
Homicide and operations of war	5	1	—	—	1	—	1	—
	1,907	1,833	48	30	17	24	7	2
TOTAL CERTIFIED DEATHS	3,740		78		41		9	

WITH AGE DISTRIBUTION, 1965

5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	1	—	1	—	—	1	10	—	4	1	1	1
—	—	—	—	1	—	—	—	—	2	—	—	—	1	—	—
—	—	—	—	—	—	—	—	—	—	2	—	2	3	1	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	1	1	1	—	—	1	1	—	7	1	—	—	1	—	1
—	—	—	—	1	—	4	2	34	2	9	7	14	14	13	20
—	—	—	—	—	1	—	6	12	5	66	8	62	19	41	10
—	—	—	—	—	—	3	3	3	—	18	6	—	19	—	6
2	1	2	—	3	1	10	6	25	20	52	27	56	44	57	71
1	1	2	1	—	—	1	1	2	4	2	2	2	1	1	2
—	—	—	—	—	—	1	1	—	1	4	3	3	6	1	9
—	—	—	—	1	1	3	1	5	14	29	28	49	48	54	13
—	—	—	—	1	—	13	1	47	9	125	35	139	80	103	148
—	—	—	—	—	—	1	—	—	—	2	5	8	3	8	19
—	1	1	1	1	1	5	3	10	8	20	14	19	48	64	76
—	—	—	—	—	—	2	1	6	2	19	13	22	17	25	173
—	—	—	—	—	—	1	—	—	—	1	1	1	—	—	—
—	—	1	—	1	1	2	—	8	3	19	6	30	23	103	148
—	—	—	—	—	—	2	—	6	—	28	7	53	6	63	42
—	—	—	—	—	—	—	—	2	1	5	—	2	—	7	9
—	—	—	—	—	—	1	1	2	1	10	5	7	2	5	—
1	—	—	1	—	—	—	—	2	1	2	1	1	1	2	8
—	—	—	—	—	—	—	—	—	—	2	3	1	1	2	2
—	—	—	—	—	—	—	—	—	—	—	—	6	—	5	—
—	—	1	—	2	1	1	1	—	—	—	—	—	—	—	—
2	1	1	1	1	—	—	—	1	2	1	1	1	—	2	1
2	—	1	—	4	2	4	7	4	9	18	16	15	30	21	76
—	—	8	—	1	—	2	2	2	1	3	4	2	2	2	4
1	1	1	—	3	1	4	—	6	—	7	4	7	6	5	17
—	—	—	2	2	2	5	3	9	6	5	8	2	2	5	—
—	—	—	—	1	—	1	1	1	—	—	—	—	—	—	—
9	5	19	7	25	13	64	40	178	102	448	219	506	389	586	1,002
14		26		38		104		280		667		895		1,588	

COMPARISON OF CAUSES OF DEATH FOR FULL YEARS 1964-1965

DISEASE	Combined Figures for the Metropolitan Boroughs of Bermondsey, Camberwell and Southwark for 1964			Inner London 1964 (The population of Southwark is approximately one tenth)			London Borough of Southwark 1965		
	M	F	Total	M	F	Total	M	F	Total
Tuberculosis, respiratory ...	21	11	32	135	43	178	17	3	20
Tuberculosis, other ...	3	1	4	10	10	20	—	4	4
Syphilitic disease ...	3	3	6	44	26	70	6	6	12
Diphtheria ...	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	1	1	5	4	9	—	—	—
Acute Poliomyelitis ...	—	—	—	1	—	1	—	—	—
Measles ...	—	—	—	—	2	2	—	—	—
Other infective and parasitic diseases ...	1	3	4	29	25	54	2	6	8
Malignant neoplasm, stomach ...	45	49	94	501	355	856	44	43	87
Malignant neoplasm, lung, bronchus ...	211	36	247	1,908	438	2,346	208	44	252
Malignant neoplasm, breast ...	—	63	63	4	720	724	—	66	66
Malignant neoplasm, uterus ...	—	23	23	—	274	274	—	23	23
Other malignant and lymphatic neoplasms	171	194	365	1,844	1,695	3,539	207	170	377
Leukaemia, aleukaemia ...	9	6	15	113	94	207	12	10	22
Diabetes ...	11	22	33	93	162	255	6	19	25
Vascular lesions of nervous system ...	136	202	338	1,334	2,338	3,672	141	228	369
Coronary disease, angina ...	350	263	613	4,051	2,748	6,799	428	273	701
Hypertension with heart disease ...	10	20	30	150	252	402	13	29	42
Other heart disease ...	129	199	328	1,124	2,094	3,218	120	251	371
Other circulatory disease ...	61	124	185	758	1,220	1,978	76	106	182
Influenza ...	1	—	1	15	13	28	2	2	4
Pneumonia ...	127	143	270	1,059	1,197	2,256	170	199	369
Bronchitis ...	177	63	240	1,507	637	2,144	155	57	212
Other diseases of respiratory system ...	24	11	35	201	118	319	19	10	29
Ulcer of stomach and duodenum ...	25	15	40	204	126	330	25	18	43
Gastritis, enteritis and diarrhoea ...	9	13	22	76	106	182	5	11	16
Nephritis and nephrosis ...	18	10	28	107	85	192	9	7	16
Hyperplasia of prostate ...	13	—	13	130	—	130	11	—	11
Pregnancy, childbirth, abortion ...	—	1	1	—	23	23	—	4	4
Congenital malformations ...	20	26	46	209	180	389	27	22	49
Other defined and ill-defined diseases ...	127	132	259	1,240	1,552	2,792	108	156	264
Motor vehicle accidents ...	23	5	31	263	137	400	29	12	41
All other accidents ...	36	28	64	371	302	673	34	30	64
Suicide ...	23	17	40	315	239	554	28	23	51
Homicide and operations of war ...	4	2	6	26	14	40	5	1	6
	1,788	1,676	3,464	17,827	17,229	35,056	1,907	1,833	3,740

INTRODUCTION

Ministry of Health Circular 2/62 dated the 23rd January, 1962, requested local authorities to review their health and welfare services and to draw up a ten-year development plan. The contents of the plan, including the forecast of the cost, were to be revised annually and on each occasion taken a year further forward so that it always covered the decade ahead.

The hospital plan for England and Wales was sent with Circular 2/62 for information, so that its contents could be taken into account when the ten-year plan for developing the former L.C.C.'s health and welfare services was drawn up. The Minister stressed the complementary nature of expected developments in hospital and local authority services.

Ministry of Health Circular 14/65 dated the 30th July, 1965 asked the Council to review its ten year plan (or those of its predecessors) in the light of their growing experience of the needs of the different services. The form of summary requested the Council (a) to include in the revision of the ten-year plan, a programme for the care of the elderly and mentally disordered (b) to cover the ten years 1966/67 to 1975/76 (information about the current year 1965/66 was required as a starting point only, not as part of the revised plan) and (c) to plan on the basis of existing boundaries. The summary had to be set out year by year for the first five years (1966/67 to 1970/71), but the second quinquennium (1971/72 to 1975/76) had to be treated as a single period.

The presentation of any plan for the Council or the Ministry of Health at that time presented major problems. Because part of health divisions 7 and 8 of the former L.C.C. were joined to form the new area of the Health Department of the London Borough of Southwark (Bermondsey, Camberwell and Southwark areas), comparable statistics, staff numbers and financial expenditure were not available for 1964/65.

The work of many officers covers more than one service; for example, health visitors are concerned with health visiting, maternity and child welfare, vaccination and immunisation, and school health services. These and other officers' salaries had to be allocated, as had the expenditure for joint-user premises. A further complication was the volume of services being undertaken by this Borough for other Boroughs and, of course, services provided by neighbouring Boroughs for us. This inter-dependence was to be reduced as quickly as possible but definite plans could not be suggested for 1966/67 or even for the remaining part of 1965/66.

The Council's own five-year plan ensured that all available resources would be deployed in accordance with a system of priorities and, most important, enabled available monies to be allocated to the more urgent projects.

In the planning and usage of establishments for the personal health services, the former L.C.C. did not of course consider metropolitan borough boundaries nor indeed was it essential to consider the boundaries of the nine health divisions into which the administrative county was divided: further, for many years financial

and planning permissions to build new premises were not forthcoming. As a result, many services during 1965 had to be continued in church halls and out-of-date premises. These situations caused great strain on the professional staff, particularly at training centres for subnormal children and at day nurseries. I wish to place on record the admirable work of the supervisors and matrons who had to overcome so many difficulties especially after week-end break-ins by young vandals.

Adult subnormal men and women and many of the junior subnormal boys and girls, attended training centres in other boroughs; on the other hand, many of the junior subnormal boys and girls from the London Borough of Lambeth attended the training centres in this Borough. By the end of the year, urgent arrangements were made for all Southwark children and adults to be trained in centres within the Borough.

As mentioned above, the full implications could not be appreciated before 31st December, 1965 but, in general, the following projects were to be given priority, subject to Ministry of Health approval in the case of purpose-built establishments.

- Replacement of four day nurseries by purpose-built premises.

- Small special care units for mentally subnormal children under five years of age.

- Day rehabilitation centre in the southern part of the Borough.

- Purpose-built junior training centre.

- Purpose-built adult training centre, hostel and day centre.

- Health centre and day nursery in each of two development areas.

The following services were to be expanded as soon as possible:

- Care of babies born at risk and handicapped children.

- Community care in general.

- Early discharge of maternity cases.

- School dental service.

- Liaison with local hospitals, consultants and general practitioners.

- Transport for chiropody cases and the mentally handicapped.

- Attachment of health visitors to general practitioners' surgeries.

- Family planning.

- Loan of equipment in general and for home nursing cases in particular.

- Vaccination and immunisation programme.

Unfortunately, recruitment of experienced professional and administrative staff continued to be most difficult and, on occasions, only urgent work could be dealt with. The environmental health service suffered severely and was approximately 40% understrength for nearly all of the period under review.

The area of the London Borough of Southwark has been referred to as an "at risk area" from the health point of view; it was obvious that expansion of services would be essential but without more experienced staff in all fields, during 1966 and subsequent years, the five-year plan for the Health Department would be moribund.

ENVIRONMENTAL HEALTH SERVICES

Sanitary Circumstances of the Area

Number of complaints received	...	...	...	...	...	...	7,341
Inspections:							
Nuisance inspections	...	...	...	...	...	...	7,496
Re-inspections	...	...	...	...	...	...	10,227
House-to-house	...	...	...	...	...	...	309
Overcrowding	...	...	...	...	...	...	264
Offensive trades	...	...	...	...	...	...	32
Factories and workplaces	...	...	...	...	...	...	1,242
Outworkers' premises	...	...	...	...	...	...	108
Verminous premises and persons	...	...	...	...	...	...	761
Common lodging houses	...	...	...	...	...	...	146
Conveniences, public and private	...	...	...	...	...	...	201
Pet animals premises	...	...	...	...	...	...	75
Hairdressers and barbers	...	...	...	...	...	...	307
Rent Act, 1957	...	...	...	...	...	...	25
Miscellaneous inspections	...	...	...	...	...	...	8,581
Infectious diseases	...	...	...	...	...	...	1,467
Infectious diseases, visits to contacts and re-inspections	...	...	...	...	...	...	1,436
Drainage (new buildings):							
Inspections	...	...	...	...	...	...	7,124
Tests applied	...	...	...	...	...	...	2,750
Drains constructed	...	...	...	...	...	...	2,561
Drainage (existing buildings):							
Inspections	...	...	...	...	...	...	2,530
Tests applied	...	...	...	...	...	...	901
Drains found defective	...	...	...	...	...	...	410
Drains totally reconstructed	...	...	...	...	...	...	86
Drains repaired or partially reconstructed	...	...	...	...	...	...	659

RODENT CONTROL

PREVENTION OF DAMAGE BY PESTS ACTS, 1949

TYPE OF PROPERTY

14

	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (including Council	(3) All Other (including Business Premises)	(4) Total of Cols. (1), (2) & (3)	
I. Number of properties in Local Authority's District ...	85	85,908	15,036	101,029	
II. Total number of <i>properties inspected</i> as a result of <i>notification</i> ...			743	2,741	
Number of such properties found to be infested by:—	—	1,998			
Common rat Major ...	—	—	—	—	
Minor ...	—	1,295	429	1,785	
Ship rat Major ...	—	—	13	13	
Minor ...	—	—	1	1	
House mouse Major ...	—	703	300	1,027	
Minor ...	—	—	—	—	
III. Total number of <i>properties inspected</i> in the course of <i>survey under the Act</i> ...	—	1,516	709	2,225	
Number of such properties found to be infested by:—					
Common rat Major ...	—	—	—	—	
Minor ...	—	978	350	1,328	
Ship rat Major ...	—	—	—	—	
Minor ...	—	—	—	—	
House mouse Major ...	—	—	—	—	
Minor ...	—	538	359	897	

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IV. Total number of <i>properties otherwise inspected</i> (e.g. when visited primarily for some other purpose) ...	—	—	—	—	
Number of such properties found to be infested by:—					
Common rat Major ...	—	—	—	—	
Minor ...	—	—	—	—	
Ship rat Major ...	—	—	—	—	
Minor ...	—	—	—	—	
House mouse Major ...	—	—	—	—	
Minor ...	—	—	—	—	
V. Total inspections carried out—including re-inspections	—	11,861	3,447	15,308	
VI. Number of <i>infested properties</i> (in Sections II, III & IV) treated by the L.A. ...	—	3,514	1,452	4,966	
VII. Total treatments carried out—including re-treatments.	—	13,859	4,190	18,049	
VIII. Number of notices served under Section 4 of the Act:					
(a) Treatment ...	—	—	—	—	
(b) Structural Work (i.e., Proofing) ...	—	—	—	—	
IX. Number of cases in which default action was taken fol- lowing the issue of a notice under Sect. 4 of the Act ...	—	—	—	—	
X. Legal Proceedings ...	—	—	—	—	
XI. Number of "Block" control schemes carried out ...	—	37	2	39	

FACTORIES ACTS, 1961

INSPECTIONS

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	722	316	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,943	728	65	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	72	198	—	—
Total	2,737	1,242	65	—

DEFECTS FOUND

Particulars	Number of Cases in which Defects were found				Number of defects in which Prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable Temperature (S.3) ...	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective Drainage of Floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
Insufficient	3	3	—	5	—
Unsuitable or Defective	69	58	—	—	—
Not separate for Sexes	—	—	—	—	—
Other Offences	—	—	—	—	—
(Not including offences relating to Home Work)					
Total	72	61	—	5	—

Outworkers

Nature of Work	Number of Outworkers in August lists as required by Section 133 (1) (c)	
Artificial flowers	3	
Cardboard boxes	81	
Carding of buttons	11	
Christmas stockings	2	
Jewellery	4	
Lampshades	65	
Showcards	3	
Wearing apparel	202	
Total	371	

There were no instances of work in unwholesome premises and it was not necessary to serve any notices or institute proceedings.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

The northern part of the Borough is congested, the long river frontage being taken up by docks, wharves and warehouses. A considerable number of factories, offices, shops and dwellings are found here. Many offices are situated within the curtilage of factories. These, together with those occupied by the Crown and Public Authorities, are subject to inspection by H.M. Factory Inspectorate.

The southern part of the Borough is mainly residential in character and contains many large open spaces.

The Operation of the General Provisions of the Act.

Enforcement of the Act has been undertaken by staff of the Health Department. The Public Health Inspectors are authorised Inspectors under Section 52 (1) of the Act, and since the amalgamation have been, in general, dealing with premises other than offices in addition to their numerous other statutory duties. The inspection of office premises has, in the main, been undertaken by a Senior Public Health Inspector with four Technical Assistants working under his supervision. The Technical Assistants were appointed during July and August and received the necessary instruction in their duties within the Department.

Arrangements were made for the completion of general inspections in all registered premises. The statistical information required to be submitted annually to the Minister of Labour is given below.

Notifications of the fact of employment on Forms O.S.R.1. continued to be received during the year. A number of premises were found to be unregistered during routine inspections, particularly in buildings in multiple occupation. The necessary action was taken to secure registration. Other registrations were received from H.M. Factory Inspectorate when premises were removed from the Factory Register.

The majority of occupiers were prepared to comply with the requirements of the Act. In many instances minor infringements only were noted during inspections and verbal Notices sufficed. In other instances, particularly where it was considered that an element of risk of injury existed, written Notices were sent followed by reminder letters where appropriate. Delay in compliance was frequently due to the difficulty in obtaining the services of builders and contractors for such matters as redecoration, alterations to premises and installation of fittings. The greater part of the available labour force appeared to be attracted to new building projects.

The main shortcomings encountered during inspections are set out below. Those which were remedied during the year are also recorded. The following comments are made in respect of particular items:—

Cleanliness. (Sec. 4.)

Difficulty had been experienced by many occupiers in obtaining cleaning staff. Walls were often seen in a dirty condition above a height of some five to

six feet and this criticism also held good for surfaces of equipment and fittings above this height. There would appear to be considerable scope for the more widespread use of vacuum cleaners in commercial premises, and for the adoption of regular cleaning and decorating programmes.

Overcrowding. (Sec. 5)

The number of premises found to be overcrowded was less than anticipated. Where necessary occupiers were advised to reduce the number of employees in particular rooms. Employees were, however, often under the impression that they were individually entitled to 40 square feet of floor space or 400 cubic feet of air space (depending on ceiling height).

Temperature. (Sec. 6.)

Thermometers were either absent or not conspicuously displayed in a large number of premises. On the whole, heating difficulties were confined to shops where doors were continually being opened and shut.

Ventilation. (Sec. 7.)

In some instances, windows normally capable of being opened had been fixed shut for security reasons. Partitioning of large offices gave rise to some problems and natural ventilation had, in some cases, to be augmented by mechanical means. Traffic noise in the busier thoroughfares necessitated the complete closure and double glazing of some windows and mechanical means of ventilation had to be adopted in certain premises.

Lighting. (Sec. 8.)

A wide variety of lighting conditions was encountered, ranging from single naked filament lamps hanging from ceilings to modern well designed installations. Where conditions were found to be poor, occupiers were advised as to the standards recommended by the Illuminating Engineering Society. The publication of the British Lighting Council's Certified Scheme should prove to be of considerable assistance to occupiers of smaller premises.

Sanitary Accommodation and Washing Facilities (Secs. 9 & 10.)

Where insufficient accommodation and facilities were found, occupiers were advised to take steps to meet the requirements which were to come into force on 1.1.66. Deficiencies mainly comprised lack of cleanliness and maintenance of equipment, e.g. flushing cisterns. In the case of washing facilities, failure to provide running hot or warm water was often due to lack of maintenance to water heaters already provided. Soap, clean towels or other means of hand drying were occasionally not provided. The standard of cleanliness tended to be lower in buildings in multiple occupation where facilities were in common use.

Floors, Passages & Stairs. (Sec. 16)

Worn floor coverings, badly maintained stairs, absence or inadequacy of handrails were often seen, and there appeared to be a general lack of awareness of results which may stem from inattention to these matters. Notices were served where necessary. Every opportunity was taken to emphasize the dangers to

occupiers and employees. It is thought that the public awareness of the inherent dangers might well be stimulated through the medium of television.

Dangerous Machinery. (Secs. 17, 18 & 19)

Seven accidents were notified, fortunately none was fatal. One was due to inadequate fencing of a food slicing machine. Another was caused by the use of a similar machine without the 'last slice' plate being in position. One employee sustained a severe laceration while slicing a loaf of bread in a gravity-feed slicer; the loaf shifted position during slicing and the employee attempted to re-adjust the loaf position, placing his hand between the last slice plate and the cutting blade whilst the machine was in motion. Advice was given to occupiers to approach manufacturers with regard to the fitting of adequate fencing and in this connection, the Local Authority Circular No. 7 (supplement 4) which was issued towards the end of the year was found to be of considerable assistance. The advice of H.M. Inspector of Factories was sought on occasions and joint visits were made where doubt arose as to the necessity or adequacy of fencing.

First Aid. (Sec. 24)

First Aid Boxes or cupboards were often absent or inadequately equipped but generally the omissions were quickly rectified when pointed out. Details of the requirements for particular boxes were sent to occupiers where appropriate.

Display of Abstract of the Act.

This requirement which came into force on 1st June, 1965, was not complied with in many premises. In most instances, however, verbal notices sufficed to remedy the omission.

Problems of Demarcation.

A number of buildings were in multiple occupation, parts being subject to the Factories Act, 1961 and the Offices, Shops and Railway Premises Act, 1963. In all cases where questions of demarcation of enforcement responsibilities arose, satisfactory working agreement was reached with H.M. District Inspector of Factories.

Accidents. (Sec. 48)

During the year 93 accidents were notified. Of this total 36 were investigated and, where appropriate, occupiers and employees were advised as to measures to prevent recurrences. Reports of accident investigations were, in appropriate circumstances, sent to H.M. Inspector of Factories. Analysis of reported accidents by workplace and sex and by primary causes are given below.

Conclusion.

From the information available following the first full year of operation of the Act, it is clear that there is scope for considerable improvement in the fields of health, safety and welfare in the working conditions of employees in many office and shop premises. Appropriate enforcement of the provisions of the Act should go a long way to this end.

The help and advice received from H.M. Factory Inspectorate towards uniformity in enforcement of the Act is gratefully acknowledged.

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

(1) Class of Premises	(2) Number of Pre- mises registered during the year.	(3) Total number of registered premises at end of year.	(4) Number of regis- tered premises receiving a general inspection during the year.
Offices	86	1,071	656
Retail Shops	127	1,603	736
Wholesale shops, warehouses ...	12	308	45
Catering establishments open to the public, canteens	32	314	148
Fuel storage depots	—	6	6
Totals	257	3,302	1,591

TABLE B

Number of Visits of all kinds by Inspectors to Registered Premises ... 2,763

TABLE C—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE.

Class of Workplace. (1)	Number of Persons employed. (2)
Offices	17,618
Retail shops	16,457
Wholesale departments, warehouses ...	3,243
Catering establishments open to public	1,793
Canteens	380
Fuel Storage depots	34
Total	39,525
Total Males	22,292
Total Females	17,233

TABLE D—EXEMPTIONS.

Class of premises	No. of exemptions current at 31st Dec.	No. of exemptions granted or extended during year	No. of applications refused or exemptions withdrawn during year	No. of cases in cols. (3) and (4) where employees opposed application	Appeals to Court against refusal to grant or extend an exemption or against the withdrawal of an exemption	
					No. made	No. allowed
Retail Shops	3	PART I—Space (Sec. 5(2)) 3			Nil	
Retail shops	3	PART II—Temperature (Sec. 6) 3				
Retail Shops	3	PART III—Sanitary Conveniences (Sec. 9) 3				
Retail Shops	2	PART IV—Washing Facilities (Sec. 10) 2				

TABLE E—PROSECUTIONS

Prosecutions instituted of which the hearing was completed in the year.

Section of Act or title of Regulation or Order	No. of persons or companies prosecuted	No. of informations laid	No. of informations leading to a conviction
Nil	Nil	Nil	Nil
No. of complaints (or summary applications) made under Section 22 ...			Nil
No. of interim orders granted			Nil

TABLE F—INSPECTORS

No. of inspectors appointed under Section 52(1) or (5) of the Act	39
No. of other staff employed for most of their time on work in connection with the Act...	4

ANALYSIS OF INFRINGEMENTS FOUND DURING INSPECTIONS OF OFFICES AND SHOP PREMISES DURING 1965

23

	Offices		Shops		Wholesale Warehouses		Catering Premises		Fuel Storage		Total	
	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.
Cleanliness	87	16	77	10	5	—	1	1	—	—	170	27
Overcrowding	9	1	—	—	—	—	—	—	—	—	9	1
Heating	2	—	4	2	1	—	—	—	—	—	7	2
Provision of Thermometer	160	21	74	11	14	1	1	—	—	—	249	33
Ventilation	32	4	17	1	2	—	3	2	—	—	54	7
Lighting	65	10	34	3	9	2	—	—	—	—	108	15
Insufficient sanitary accommodation	13	2	2	—	2	—	1	—	—	—	18	2
Deficient sanitary accommodation	65	4	58	7	6	1	1	1	1	—	131	13
Insufficient washing facilities	15	1	42	—	—	—	—	—	—	—	57	1
Hot water/warm water required	39	8	62	8	5	1	—	—	3	—	109	17
Other deficient washing accommodation	14	—	—	—	1	—	—	—	—	—	15	—
Drinking water	3	—	1	—	—	—	—	—	—	—	4	—
Clothing accommodation	7	—	16	—	1	—	1	—	—	—	25	—
Seating facilities	3	1	3	1	—	—	—	—	—	—	6	2
Eating facilities	—	—	—	—	—	—	—	—	—	—	—	—
Dangerous Machinery	6	—	4	—	—	—	—	—	—	—	10	—
Floors and Staircases	67	—	60	27	9	3	6	1	—	—	142	31
First Aid	165	16	92	13	4	1	10	1	1	—	272	31
Abstract not displayed	190	9	37	3	11	2	—	—	3	—	241	14
Totals	942	93	583	86	70	11	24	6	8	—	1,627	196
INFORMAL NOTICES SERVED ... ..	...	...	...	...	...	...	...	...	...	...	361	
INFORMAL NOTICES REMEDIED ... ..	...	...	...	...	...	...	...	...	...	...	72	

NOTE: (i) Regulations governing many of the above matters have come into operation recently.

(ii) Work was in hand at the end of the year in respect of many of those infringements which had not actually been remedied.

REPORTED ACCIDENTS ANALYSED BY WORKPLACE AND SEX
ADULTS AND YOUNG PERSONS

CLASS OF WORKPLACE	ADULTS (18 and over)		YOUNG PERSONS (Under 18)		TOTAL
	Males	Females	Males	Females	
Offices	6	4	—	—	10
Retail Shops	19	23	4	2	48
Wholesale Departments, Warehouses ...	20	2	2	—	24
Catering Estabs. Open to the Public ...	5	2	—	—	7
Canteens	2	1	1	—	4
Fuel Storage Depots	—	—	—	—	—
Total	52	32	7	2	93

REPORTED ACCIDENTS ANALYSED BY PRIMARY CAUSE

Primary Cause	CLASS OF WORKPLACE					TOTAL	% of total reported
	Offices	Retail Shops	Wholesale Depts. Warehouses	Catering Estabs. open to the Public	Canteens		
Machinery	1	1	3	—	2	7	7.5
Transport	1	1	2	—	—	4	4.3
Falls of Persons	6	10	8	3	—	27	29.0
Stepping on or striking against object or person	—	3	2	1	1	7	7.5
Handling Goods	2	13	9	1	—	25	27.0
Struck by falling object	—	6	—	1	—	7	7.5
Fires and Explosions	—	—	—	—	—	—	—
Electricity	—	—	—	—	—	—	—
Use of Hand Tools	—	12	—	—	—	12	12.9
Not otherwise specified	—	2	—	1	1	4	4.3
Total	10	48	24	7	4	93	100.0

Offensive Trades

Type of Business	Number of Register
Fat extractors	2
Manure manufacturer	1
Skin dressers	7
Fellmongers	3
Glue and size manufacturer	1

Thirty-two inspections of these premises were made.

Common Lodging Houses

There are six common lodging houses in the Borough, four for women and two for men. 146 inspections were made during the course of the year.

Water Supply

The domestic water supply of the Borough, in which there is an estimated number of 85,908 dwelling houses, is supplied by the Metropolitan Water Board. The Board is the authority responsible for the purity of the supply which has been satisfactory in quality and quantity throughout the year.

Hairdressers and Barbers

At the time of the amalgamation of the three metropolitan Boroughs to form the London Borough of Southwark, there were 305 registered premises. 307 inspections were made during the year.

Feral Pigeons

Under licences granted by the Ministry of Agriculture, Fisheries and Food, narcotic treatment against feral pigeons was carried out at five sites in the Borough.

The estimated total number of pigeons frequenting these sites was 1,030 and 837 were caught.

Pet Animals Act, 1951

Nineteen premises are registered under this Act and 75 inspections were made during the year.

Pharmacy and Poisons Act, 1933

There are 173 persons included in the Council's list of sellers of Part II poisons: 151 inspections were made.

Rag Flock and Other Filling Materials Act, 1951

Two premises are licensed and 12 premises registered under the provisions of the above Act. Twelve samples were taken during the year. One informal sample of terylene wadding and one informal sample of curled poultry feathers were found to be unsatisfactory. Formal samples taken later were found to comply with the requirements of the Regulations.

Registration of Food Premises

Under the provisions of Section 16 of the Food and Drugs Act, 1955, 493 premises are registered for the purpose of preparation, or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale. During the year 459 inspections of these premises were made.

Bakehouses

There are 35 bakehouses in use of which two are in basements ; 261 inspections were made during the year.

Sewerage and Sewage Disposal

All houses in the Borough are connected to the main drainage system. The sewage passes to the Greater London Council's main sewers thence to sewage disposal works outside the Borough.

Swimming Baths

There are five public Swimming Baths in the Borough with a total of ten pools. The water is supplied by the Metropolitan Water Board and details of capacity are set out below:—

Camberwell Front	...	...	...	...	118,000 gals.
Camberwell Rear	...	...	...	...	118,000 gals.
Dulwich Front	...	...	...	...	118,000 gals.
Dulwich Second Class	...	...	...	...	88,600 gals.
Bermondsey Central First Class	...	...	...	...	150,000 gals.
Bermondsey Central Second Class	...	...	...	...	73,125 gals.
Rotherhithe	...	...	...	...	220,000 gals.
Manor Place First Class	...	...	...	...	157,000 gals.
Manor Place Second Class	...	...	...	...	164,000 gals.
Manor Place Small	...	...	...	...	48,000 gals.

There are two public open air Swimming Baths one in Southwark Park and one at Peckham Rye, under the control of the Greater London Council and three private swimming baths, one at a school one at a further education institute and one within a factory premises.

Sixty-one samples of bath water were submitted for bacteriological and chemical examinations and found to be satisfactory.

Cremation Certificates.

The Medical Officer of Health is the Medical Referee for the Council's crematorium at Honor Oak. Three other medical staff act as Deputy Medical Referee. No body may be cremated until the Medical Referee (or deputy) has signed the necessary authority after examination of the appropriate forms and medical certificates.

During the period 1st April, 1965 to 31st December, 1965, the number of cremation certificates signed was 1,723.

Exhumations

One application for exhumation was received: a public health inspector attended to ensure that the sanitary requirements were complied with.

CLEAN AIR ACT, 1956.

At the end of the year there were 16 operative Smoke Control Orders as follows:—

					Area	No. of Dwellings
Bermondsey						
No. 1	...	...	...	...	33.9 acres	19
No. 2	...	...	...	...	39.5 acres	775
No. 3	...	...	...	...	68.5 acres	1,107
No. 4	...	...	...	...	237.0 acres	2,984
No. 5	...	...	...	...	105.0 acres	1,722
No. 6	...	...	...	...	166.1 acres	2,854
Camberwell						
No. 1	...	...	...	...	1,025.0 acres	2,838
No. 2	...	...	...	...	230.0 acres	2,183
No. 3	...	...	...	...	365.0 acres	3,637
No. 4	...	...	...	...	60.0 acres	1,689
No. 4A	...	...	...	...	16.0 acres	455
No. 5	...	...	...	...	146.0 acres	3,693
Southwark						
No. 1	...	...	...	...	36.0 acres	1,302
No. 2	...	...	...	...	40.0 acres	1,324
No. 3	...	...	...	...	50.0 acres	1,896
No. 4	...	...	...	...	85.0 acres	2,460
Total:					2,703.0	30,938

Surveys of two proposed Smoke Control Areas were completed at the end of the year with a view to Smoke Control Orders being made early in 1966. These two areas comprised (i) 249 acres and 4,045 dwellings, (ii) 139.2 acres and 2,406 dwellings.

The present programme of smoke control envisages that the whole of the Borough will be covered by Smoke Control Areas by 1975.

Summary of Inspections

Complaints received	112
Smoke Observations	210
Smoke Control Areas:—	
Inspections	6,140
Other visits	2,891
Industrial premises inspections	192

DISINFECTING STATIONS

There are three Disinfecting Stations in the Borough situated at:—

King James Street, S.E.1

Frensham Street, S.E.15.

The Neckinger, S.E.16.

Scabies and Vermin

During the year there was a slight decrease in the number of treatments for verminous conditions but some increase in the treatments given for scabies. The majority of adults requiring treatment for verminous conditions were sent from common lodging houses or were of no fixed abode.

Home Bathing

The bathing of aged and infirm persons in their own homes increased and 4 female and 3 male bathing attendants were employed on this service. One hundred and eighty persons were on the register.

Incontinent Laundry Service

The demands on this service increased considerably during the year and the resources of all three stations were utilised in this major amenity service. The frequency of the collection of the soiled items depends on the need of the individual ; in some cases a daily collection was made.

Disinfestation

The number of domestic premises requiring treatment for bed bug infestations continued to decline ; this was undoubtedly due to (i) higher housing standards (ii) adequacy of modern insecticides and (iii) the awareness of the public that these infestations need no longer be accepted.

Summary of Work

Scabies and Vermin

	Vermin		Scabies	
	Male	Female	Male	Female
Southwark cases	370	94	53	92
treatments	370	94	77	138
Lambeth cases	21	25	36	60
treatments	21	25	62	99
Schoolchildren (male and female)	377			107
treatments	377			209
Total treatments	887			585

Included in the above totals for vermin treatments are 351 males and 43 females referred from hostels and common lodging houses.

There were contractual arrangements with the London Borough of Lambeth for the treatment of their scabies and verminous cases: all their incontinent laundry was also dealt with at the King James Street station.

Disinfection and Disinfestation of Premises

Domestic dwellings (rooms)	1,448
Business premises	5
Public conveniences	146
Public buildings, Institutions	43
Articles treated	7,103

Disinfection following infectious disease

Rooms treated	111
Library books treated	170

Incontinent Laundry Service

Weight of articles laundered (Southwark)	55,346 lbs.
Weight of articles laundered (Lambeth)	45,315 lbs.

Bathing of Aged Persons (No. of Baths)

Baths at home	3,942
Baths at disinfecting stations	275

MORTUARY**Bodies brought to Southwark Mortuary:—**

From hospitals in Southwark	...	...	...	334	
From hospitals in Lambeth	...	...	...	467	
				—	801
From private addresses in Southwark	...	...	...	442	
From private addresses in Lambeth	...	...	...	392	
				—	834

Bodies brought from hospitals and institutions:—**Southwark:—**

Guy's Hospital	...	...	...	...	25
Evelina Hospital	...	...	...	...	3
Newington Institution	...	...	...	...	17
Catholic Nursing Institute	...	...	...	...	2
Royal Eye Hospital	...	...	...	...	1
St. Giles' Hospital	...	...	...	...	79
St. Francis Hospital	...	...	...	...	71
Dulwich Hospital	...	...	...	...	99
St. Olave's Hospital	...	...	...	...	37

Lambeth:—

Lambeth Hospital	174
South Western Hospital	...	...	...	...	96
St. Thomas' Hospital	...	...	...	...	25
Royal Waterloo Hospital	...	...	...	...	2

King's College Hospital	...	...	...	...	148
Belgrave Hospital	...	...	...	...	2
General Lying In Hospital	...	...	...	...	1
S. London Hospital for Women	...	...	...	...	12
Weir Hospital	...	...	...	...	1
Brixton Prison	...	...	...	...	6
Total					801
Post-mortems without inquest	...	...	...	...	1,412
Post-mortems with inquest	...	...	...	...	223
Total					1,635

HOUSING — INSPECTIONS, PROCEEDINGS, ETC.

Inspection of Dwelling-Houses during the Year:—

- (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 13,609
- (b) Number of Inspections made for the purpose ... 26,551
- (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ... 2,428
- (b) Number of Inspections made for the purpose ... 5,813
- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 4,510
- (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... 2,315

Remedy of Defects During the Year Without Service of Formal Notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 1,321

(1) Proceedings under Housing Act, 1957 :—

- (a) Number of houses made fit after service of formal notices (Sections 9, 16 and 18)
 - (i) By owners ... 14
 - (ii) By Local Authority in default of owners ... 10
- (b) Houses demolished as a result of formal or informal procedure under Section 17 ... 2

(c) Houses closed in pursuance of an undertaking given by the owners under Section 16	...	...	...	...	...	...	Nil
(d) Closing Orders on parts of buildings (Section 18)	...	...	...	...	...	...	7
(e) Undertakings not to use parts of buildings for human habitation accepted	...	...	...	...	...	...	Nil
(f) Closing Orders made under Section 17(3)	...	...	...	...	...	...	Nil
(g) Demolition Orders determined and Closing Orders substituted under Section 26	...	...	...	...	...	...	Nil
(h) Closing Orders made under Section 17(1)	...	...	...	...	...	...	8
(i) Closing Orders determined	...	...	...	...	...	...	6
(j) Closing Orders revoked and Demolition Orders made	...	...	...	...	...	...	Nil
(k) Number of houses included in representations (Section 42)	...	...	...	...	...	...	175
(2) Houses in Multiple Occupations—Housing Acts, 1961–64:—							
(a) No. of premises found to require action	...	...	...	...	...	...	36
(b) No. of premises at which conditions were remedied as a result of informal action	...	...	...	...	...	...	23
(c) No. of premises requiring formal action	...	...	...	...	...	...	13
(d) No. of Directions given	...	...	...	...	...	...	13
(e) No. of Directions revoked	...	...	...	...	...	...	1
(f) No. of Directions varied	...	...	...	...	...	...	1
(g) No. of Management Orders made	...	...	...	...	...	...	11
(h) No. of Management Orders revoked	...	...	...	...	...	...	2
(3) Housing Act, 1964:—							
(a) No. of Control Orders under Section 73	...	...	...	...	...	...	Nil
(b) No. of Control Orders revoked under Section 86(2)	...	...	...	...	...	...	1
(4) Proceedings under Public Health Acts :—							
(a) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	...	654
(b) Number of dwelling-houses in which defects were remedied after service of formal notices:—							
(i) By owners	...	...	...	...	...	...	344
(ii) By Local Authority in default of owners	...	...	...	...	...	...	42

Housing Inspectors

	No. of Inspections
Clearance Areas	1,624
Individual unfit houses	
Section 9	70
Section 16	42
Parts of premises—Section 18	317
Houses in multiple occupation	375
Re-inspections (all sections)	3,385
Total inspections	5,813

Legal Proceedings—Public Health (London) Act, 1936 and Public Health Act, 1936:—

Nuisance Orders made	...	...	...	...	...	...	...	17
Summonses withdrawn (work completed)	...	...	...	...	...	...	...	9

RENT ACT, 1957

Applications for Certificates of Disrepair

Number of applications for Certificates	...	...	...	...	...	...	...	9
Number of decisions not to issue Certificates	...	...	...	...	...	...	...	1
Number of decisions to issue Certificates:—								
(a) in respect of some but not all defects	...	...	...	...	...	...	...	6
(b) in respect of all defects	...	...	...	...	...	...	...	2
Number of undertakings given by landlords	...	...	...	...	...	...	...	7
Number of undertakings refused	...	...	...	...	...	...	...	—
Number of Certificates issued	...	...	...	...	...	...	...	1

Applications for cancellation of Certificates of Disrepair

Applications by landlords for cancellation	4
Objections by tenants to cancellation	...	...	...	...	...	...	...	1
Decisions to cancel in spite of tenant's objection	...	...	...	...	...	...	...	—
Certificates cancelled	...	...	...	...	...	...	...	3

Medical Priorities for re-housing. When applicants for re-housing submit medical certificates in support of their applications, the Medical Officer of Health is asked to assess the degree of priority to be awarded in each case. This involves considerable investigation including visiting the applicant's present accommodation. The number of cases involved was such that the Council decided to appoint environmental visitors to undertake these duties under the supervision of a senior medical officer.

During 1965 these officers made 1,636 visits to applicants' homes as well as 205 other visits of investigation (to hospitals, relatives, etc.), and nearly 900 recommendations were made to the Housing Department.

FOOD AND DRUGS ACT, 1955

During the year 554 formal and 1,379 informal samples were submitted for analysis. Details of unsatisfactory samples and action taken were as follows:—

Sample	Formal or Informal	Result of Analysis	Action taken
Non-brewed condiment	Formal	20% deficient in acetic acid	Warning letter
Rolls and butter ...	Formal	Rolls contained margarine	Proceedings Fine £5 Costs £2
Bread and butter ...	Formal	Bread spread with margarine	Proceedings Fine £5
Pork sausages	Formal	Preservatives not declared	Warning letter
Pork chipolata sausages	Formal	Preservatives not declared	Warning letter
Tinned liver, bacon and onions	Informal	Incorrectly labelled	Taken up with manufacturer
Butter mints	Informal	Deficient in fat	Formal sample satisfactory
Butter	Informal	Contained 16.35% water	Formal sample satisfactory
Pork sausages	Informal	Preservatives not declared	Warning letter
Minced meat	Informal	Contained sulphur dioxide	Formal sample satisfactory
Dairy mix	Informal	Incorrectly described	Taken up with manufacturer
Steak and kidney pies	Informal	Deficient in meat	Taken up with manufacturer
Apple tart	Informal	Contained mould growth	No action on legal advice
Bread	Informal	Contained charred tobacco on cut surface. Not possible to ascertain if in bread when baked	Taken up with baker
Shredded suet	Informal	Deficient in fat	Warning letter
Instant coffee	Informal	Misleading label	Warning letter
Meat pies (2 samples) ...	Informal	Deficient in meat	Warning letter
Beef sausages (2 samples)	Informal	Preservatives not declared	Warning letter

Legal proceedings taken as a result of complaints by members of the public.

Offence	Result
Selling bottle of cream soda smelling of petrol	Defendant awarded £26 5s. 0d. costs against supplier. £5 5s. 0d. Costs to Council.
Selling loaf of bread containing pieces of charred and dirty dough	£5 5s. 0d. Fine £3 0s. 0d. Costs
Selling bacon affected by maggots	£5 0s. 0d. Fine £3 3s. 0d. Costs
Selling apple turnover affected by mould ...	£20 0s. 0d. Fine £5 0s. 0d. Costs
Selling steak and kidney pie affected by mould	Defendant pleaded warranty. Co-defendant given absolute discharge on payment of £5 0s. 0d. Costs to Council.
Selling steak and kidney pie affected by mould	£5 5s. 0d. Fine £3 3s. 0d. Costs
Selling orange juice containing pieces of glass	Defendant pleaded warranty. Suppliers fined £5 5s. 0d. Costs to Council and £10 10s. 0d. Costs to Defendant.
Selling corned beef containing a metal object	£5 0s. 0d. Fine £3 3s. 0d. Costs
Selling loaf of bread affected by mould ...	£5 0s. 0d. Fine £3 3s. 0d. Costs
Selling steak and kidney pie affected by mould	£5 0s. 0d. Fine £3 3s. 0d. Costs
Selling meat pies affected by mould	£5 0s. 0d. Fine £5 5s. 0d. Costs
Selling loaf of bread containing an insect ...	£20 0s. 0d. Fine £2 0s. 0d. Costs
Selling apple pudding affected by mould ...	£20 0s. 0d. Fine £5 0s. 0d. Costs
Selling a tin of peas containing pieces of thread	£5 0s. 0d. Fine £3 0s. 0d. Costs
Selling loaf of bread affected by mould ...	Dismissed
Selling meat pies affected by mould	£5 0s. 0d. Fine £2 0s. 0d. Costs
Selling Scotch pancakes affected by mould ...	£10 0s. 0d. Fine £5 0s. 0d. Costs
Selling a chocolate cake affected by mould ...	£5 0s. 0d. Fine £2 0s. 0d. Costs

Selling milk in bottle in dirty condition ...	£15 0s. 0d. Fine
	£5 5s. 0d. Costs
Selling cereal infested with beetles ...	£5 0s. 0d. Fine
	£3 3s. 0d. Costs
Selling from an automatic machine chewing gum containing ants ...	£5 0s. 0d. Fine
	£5 0s. 0d. Costs
Selling bread containing a piece of metal ...	£10 0s. 0d. Fine
	£1 0s. 0d. Costs
Selling milk in bottle in dirty condition ...	Dismissed
Selling milk in bottles containing foreign object	Dismissed
Selling chocolate toffees infested with beetles	£25 0s. 0d. Fine
	£5 0s. 0d. Costs
Selling chocolate infested with beetles ...	£25 0s. 0d. Fine

In addition 15 warning letters were sent in respect of foodstuffs which were the subject of complaint.

Milk Distributors and Sampling

There are 393 registered milk distributors in the Borough. The following licences for the sale of designated milks were issued during the year:—

Pasteurised milk	12
Sterilised milk	8

Samples were taken from milk distributors and from milk supplied to schools and hospitals as follows:—

From Milk Distributors

	Number	Satisfactory	Unsatisfactory
Pasteurised	77	69	8
Sterilised	48	48	—
Channel Islands	13	11	2

From Schools and Hospitals

Pasteurised	187	180	7
-------------	-----	-----	---

Ice Cream

95 samples of ice cream were examined with the following results:—

Methylene Blue Grading

Grade 1	...	56
Grade 2	...	12
Grade 3	...	6
Grade 4	...	21

Chemical Analysis

51 samples were submitted for examination and found to comply with the prescribed standard of composition.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

All food premises were inspected and during the year written notices of requirements under the Regulations were given in respect of 228 premises.

The following table shows the number of visits made by the Public Health Inspectors to the various types of food premises.

Bakehouses	...	...	...	...	261
Bakers and confectioners	...	...	...	...	423
Butchers	...	...	...	...	662
Cooked and preserved meat shops	...	...	...	...	459
Dairies and milkshops	...	...	...	...	921
Fishmongers, friers and curers	...	...	...	...	638
Food factories	...	...	...	...	631
Ice Cream premises	...	...	...	...	584
Public houses	...	...	...	...	622
Restaurants, canteens, etc.	...	...	...	...	1,999
Street markets	...	...	...	...	1,268
Street traders' food stores	...	...	...	...	311
Wholesale food dealers	...	...	...	...	512
Other food premises	...	...	...	...	3,277

Legal Proceedings

Offence	Result
Failing to keep food room clean, in good order and repair (Reg. 23)	Fine £25
Failing to keep stall in good repair and condition (Reg. 26)	Fine £1 0 0 Costs 10/-
Failing to keep stall clean (Reg. 26)	Fine £1 0 0
Failing to keep food room clean, in good order and repair (Reg. 23)	Fine £25
Smoking whilst handling open food (Reg. 9)	Fine £1 10 0 Costs 10/-
Failing to keep equipment clean, to prevent food from risk of contamination and not having name and address on vehicle. (Regs. 6, 8 and 26)	Fine £9 0 0 Costs £1 0 0
Smoking whilst handling open food and failing to keep clean parts of person and clothing (Reg. 9)	Fine £9 0 0
Keeping food business in insanitary premises, failing to keep equipment clean, failing to prevent contamination of food, sanitary	Fine £26 0 0 Costs £5 5 0

conveniences not clean and in efficient order, failing to provide accommodation for clothing, food room not suitably ventilated, failing to keep food room clean and in good order (Regs. 5, 6, 10, 14, 18, 21 and 23)

Unsound Food

The following quantities of foodstuffs were on examination found to be unfit for human consumption and were destroyed or disposed of for purposes other than human food:—

	Tons	Cwts.	Qrs.	Lbs.
Meat	13	10	—	18
Canned meat and meat products ...	33	17	2	20
Fish	—	6	—	13
Fruit and vegetables	254	11	—	27
Miscellaneous foodstuffs	60	18	3	7
Total	363	4	—	1

IMPORTED FOOD CONTROL

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937/48

FOOD AND DRUGS ACT, 1955

The following samples were submitted for bacteriological examination during 1965:

Egg products	1862
Frozen prawns and shellfish	565
Second grade cheese	218
Desiccated coconut	29
Frozen meat	24
Canned meat	27
Frozen Chicken meat	80
Frozen Kangaroo meat	36
Other foods	15
Total	2856

The following samples were submitted for chemical examination:

Frozen liquid egg for alpha-amylase test	...	...	2496
Routine Chemical Examination:			
Canned fruit & juice	...	...	372
Dried fruit	...	...	133
Canned meat	...	...	154
Canned vegetables	...	...	32
Canned fish	...	...	107
Canned tomatoes	...	...	68
Tomato puree	...	...	64
Tea	...	...	163
Butter and fats	...	...	80
Nuts	...	...	25
Miscellaneous	...	...	319
		—	1517
Total number of Chemical Samples			4013

Dried Egg Products

Routine samples taken of Dutch and Danish Dried Egg products during the year began to show evidence of the presence of Salmonellae.

Dutch Spray Dried Whole Egg

Samples taken of this commodity showed that three factories were producing a contaminated product. As the result of extensive sampling, consignments were found to contain Salmonellae and were returned to Holland. Representations were made to the Dutch Embassy and the importers concerned with the result that samples from subsequent consignments proved satisfactory.

Danish Spray Dried Whole Egg

Sample taken showed that one factory was producing egg contaminated with Salmonella Senftenberg. Representations to the Danish Embassy resulted in action being taken by the Danish Government against the owners of the factory and there is now a requirement that no such egg is to be exported to this country until a satisfactory bacteriological certificate has been received by the Danish Government.

Frozen Kangaroo Meat

Information was received from another authority that a consignment of Frozen Kangaroo meat was being despatched to a cold store in this borough. The consignment had been bought as fit for human consumption but sampling by this authority showed Salmonella contamination as follows:—

	No. of Samples
Salmonella adelaide	1
Salmonella anatum	2
Salmonella chester	16
Salmonella eastbourne	1
Salmonella muenchen	2
Salmonella onderstepoort	1
Salmonella oranienburg	1
Salmonella typhi-murium	4

The consignment was accordingly detained and subsequently released for sterilisation for animal feeding purposes only.

Frozen Chicken Meat

Samples taken of Frozen Boneless Chicken meat were found to have high bacteriological plate counts. Appropriate action was taken with the producer in Holland and subsequent samples taken by this authority were found to be satisfactory.

The Liquid Egg (Pasteurisation) Regulations 1963

There are three egg pasteurising plants operating in the Borough, all of which combine the process of egg pasteurisation with that of egg breaking and the freezing of liquid egg; the plants are high temperature short time with inplace cleaning. Two of the plants have long been used for egg breaking and the third formed part of a new installation in premises specially converted for this purpose when the Regulations were in draft form. Each plant is equipped with its own laboratory in which tests required by the Egg Marketing Board of those companies under contract to them, are carried out. These tests include B. Coli and plate count in addition to the a-amylase test.

One hundred and twenty-one samples of pasteurised home produced liquid egg were taken from the plants for a-amylase test, the results of which were satisfactory. The three firms arrange for regular morning and evening sampling of the production and the results of the analyses are inspected regularly by the public health inspectors.

No particular difficulties were met with during the second year of the operation of the Regulations. The home production appeared to be quite satisfactory and only 1.5 per cent of the imported frozen whole egg failed the a-amylase test. Apart from 5 tons of Australian egg which was repasteurised in this country, the remainder was returned to the countries of origin.

LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

SAMPLING OF FROZEN WHOLE EGG FOR ALPHA-AMYLASE TEST

Country of Origin				Quantity Imported				No. of Samples Taken	No. of Samples Failed Test	Quantity of Unsatisfactory Egg				Disposal of Unsatisfactory Egg							
														Returned to Country of Origin				Re-pasteurised			
				T	C	Q	L			T	C	Q	L	T	C	Q	L	T	C	Q	L
Australia	...	...	...	3,586	0	0	0	1,068	6	5	2	0	0					5	2	0	0
China	...	...	...	75	0	0	0	33	—												
Holland	...	...	...	166	0	0	0	52	—												
New Zealand	...	...	...	450	0	0	0	70	—												
Poland	...	...	...	880	0	0	0	1,012	26	73	9	0	0	73	9	0	0				
South Africa	...	...	...	530	0	0	0	140	10	6	3	0	0	6	3	0	0				
TOTALS	...	...	...	5,687	0	0	0	2,375	42	84	14	0	0	79	12	0	0	5	2	0	0

In addition, 121 control samples were taken from the three pasteurisation plants in the borough as follows:—

British Egg	...	...	...	...	104
Australian Egg	...	...	...	...	12
Cuban Egg	...	...	...	...	3
Polish/South African	...	...	...	...	2
					<u>121</u>

These control samples all showed a Lovibond Comparator reading of 7. The results of sampling together with the recorded thermometer readings show that all three pasteurisation plants are working efficiently.

BACTERIOLOGICAL EXAMINATION OF EGG PRODUCTS, 1965

Country of Origin					Type of Egg Product	Quantity Examined				No. of Samples Taken	No. of Samples Positive	Quantity of Contaminated Egg (All re-exported)			
						T	C	Q	L			T	C	Q	L
China	...	...	...	...	Dried Whole Egg	23	0	0	0	112	3	1	10	0	0
					Dried Albumen		16	0	0	10	—				
					Dried Yolk	7	15	0	0	24	—				
					Frozen Albumen	100	0	0	0	97	—				
Denmark	...	...	...	...	Dried Whole Egg	48	8	0	0	194	18	8	0	0	0
					Dried Albumen	9	6	0	0	28	—				
					Dried Yolk	8	0	0	0	6	—				
					Frozen Albumen	16	10	0	0	19	—				
E. Germany	...	...	...	...	Dried Whole Egg	3	12	0	0	5	—				
Holland	...	...	...	...	Dried Whole Egg	167	14	0	0	512	29	53	15	0	0
					Frozen Albumen	70	14	0	0	48	—				
Poland	...	...	...	...	Dried Whole Egg	250	0	0	0	153	—				
					Frozen Albumen	405	14	0	0	397	1	12	0	0	
Sweden	...	...	...	...	Dried Albumen	7	0	0	0	20	—				
U.S.A.	...	...	...	...	Dried Albumen	122	0	0	0	232	—				
					Dried Yolk	4	0	0	0	5	—				
Totals ...					...	1,244	9	0	0	1,862	51	63	17	0	0

Bacteriological Examination of Egg Products, 1965

The following types of *Salmonellae* were isolated during routine sampling of egg products during 1965:—

Country or Origin	Organism	No. of samples
China	<i>Salmonella meleagridis</i>	2
	<i>Salmonella thompson</i>	1
Denmark	<i>Salmonella senftenberg</i>	18
Holland	<i>Salmonella anatum</i>	3
	<i>Salmonella bareilly</i>	11
	<i>Salmonella enteritidis</i>	1
	<i>Salmonella oranienburg</i>	5
	<i>Salmonella panama</i>	1
	<i>Salmonella thompson</i>	3
	<i>Salmonella typhi-murium</i>	5
Poland	<i>Salmonella typhi-murium</i>	1
		51

New Zealand Second Grade Cheese

Two hundred and eighteen samples of New Zealand second grade cheese were submitted for bacteriological examination during 1965 with the following results:

Coagulase-positive staphylococci	No. of samples
Not found	138
Less than 500 per gram	22
500—50,000 per gram	31
50,000—500,000 per gram	18
500,000—1,000,000 per gram	6
Over 1,000,000 per gram	3
	218

Brands with counts in excess of 500,000 per gram were destroyed. The remainder of the cheese was allowed to go for processing.

Other Imported Foodstuffs

The following action was taken:—

Food Examined	Result of Examination	Action taken
Beetroot Soup ...	Label found to be incorrect	Released with warning to importer
Blackcurrant Juice	Label did not state vitamin content	Released with warning to importer

Food Examined	Result of Examination	Action taken
Cayenne Pepper ...	Found to contain prohibited colouring matter	Consignment re-exported
Confectionery ...	Label found to be incorrect	Released with warning to importer
Dried Apricots ...	Found to contain Sulphur Dioxide in excess of 2,000 parts per million	Released for treatment
Ginger ...	Found to be contaminated with mould	Released for treatment
Groundnuts in shell	Found to contain aflatoxin-medium toxicity	Released for pet food purposes only
Lumpfish Roe ...	Found to contain prohibited colouring matter	Consignment re-exported
Mango Nectar ...	Description on label misleading	Released with warning to importer
Nutmegs ...	Found to be unfit for human consumption	Released for distillation purposes only
Orange Juice ...	Label found to be incorrect	Released with warning to importer
Paprika Schoten ...	Label found to be incorrect	Released with warning to importer
Pickled eggs ...	Label found to be incorrect	Released with warning to importer
Pickled Cucumber	Label found to be incorrect	Released with warning to importer
Pork Luncheon Meat ...	Label found to be incorrect	Released with warning to importer
Preserved vegetables ...	Ingredients not stated on label	Released with warning to importer
Pressed Chopped Ham ...	Found to contain added starch	Released with warning to importer
Chopped Pork ...	Found to contain added starch	Released with warning to importer
Prunes ...	Found to contain sorbic acid	Consignment re-exported
Pumpkin Soup ...	Ingredients not stated on label	Released with warning to importer
Sardines ...	Label found to be incorrect	Released with warning to importer
Tomato Puree ...	Found to have excessive mould content	Consignment re-exported

BACTERIOLOGICAL EXAMINATION OF SHELLFISH, 1965

Country of Origin	Type	No. of Samples Taken	Viable counts at 37°C		
			Less than 100,000	100,000–1,000,000	More than 1,000,000
Australia	Frozen Scallops	10	9	1	—
Chile	Frozen Prawns and Langostinos (Cooked)	127	93	29	5
China and Hong Kong	Frozen Prawns and Langostinos:				
	Cooked	13	3	5	5
	Raw	77	67	10	—
East Africa	Frozen Prawns and Langostinos (Cooked)	5	4	1	—
French Guiana	Frozen Prawns (Cooked)	4	4	—	—
Japan	Frozen Prawns (Cooked)	316	291	22	3
	Frozen Oysters	1	1	—	—
South Africa	Frozen Langostinos (Cooked)	3	3	—	—
South Vietnam	Frozen Prawns (Raw)	2	1	—	1
U.S.A. (Alaska)	Frozen Crab Meat	7	7	—	—
	Totals	565	483	68	14

Consignments of Cooked Prawns showing viable counts in excess of 1,000,000 were detained. Where a consignment showed a viable count of between 100,000 and 1,000,000, the importer was warned that the prawns must be used immediately after defrosting.

DISPOSAL OF UNSOUND OR CONTAMINATED FOOD

Commodity	Disposed of for purposes other than human food				Released under supervision of other local authority				Re-exported				Destroyed			
	T	C	Q	L	T	C	Q	L	T	C	Q	L	T	C	Q	L
Bacon													17	0	0	
Butter					1	12	0	0					12	15	0	0
Cereals						4	0	0					2	19	0	0
Cheese... ..									143	9	0	0		2	0	0
Egg Products		15	0	0									6	0	0	0
Fish	14	13	0	0									13	7	0	0
Flour					10	7	0	0					8	3	0	0
Fruit, Fresh		9	0	0									46	15	0	0
Fruit, Dried													4	1	0	0
Fruit, Canned																
Fruit Juice	12	4	0	0						16	0	0				
Kangaroo Meat									14	5	0	0				
Lumpfish Roe														14	0	0
Marmalade	26	7	0	0									56	5	0	0
Meat, Carcase													5	19	0	0
Meat, Canned	57	4	0	0		9	0	0								
Nuts					14	0	0	0								
Nutmegs													4	10	0	0
Offals	1	10	0	0												
Onions													2	12	0	0
Peas		19	0	0									480	0	0	0
Peas, Frozen																
Potatoes																
Tea	3	3	0	0									10	6	0	0
Tomato Puree									40	0	0	0	18	12	0	0
Vegetables													53	8	0	0
Various																
Totals	117	4	0	0	26	12	0	0	198	10	0	0	727	5	0	0

186 consignments of imported food were detained and subsequently were released for re-export, manufacture and treatment, animal feeding or destruction, all with the necessary safeguards.

INFECTIOUS DISEASES

Notification of Infectious Diseases

Every medical practitioner attending on, or called in to visit a patient, shall, as soon as he becomes aware that the patient is suffering from a notifiable infectious disease, send to the Medical Officer of Health of the district in which the disease occurs a certificate stating the name and address of the patient and the disease from which the patient is suffering.

Books of certificates are available free of charge.

The following diseases are notifiable:—

Acute Encephalitis	Malaria
Acute Gastro Enteritis	Measles
Acute Influenzal Pneumonia	Membranous Croup
Acute Primary Pneumonia	Meningococcal Infection
Acute Poliomyelitis	Ophthalmia Neonatorum
Anthrax	Plague
Cholera	Puerperal Pyrexia
Continued Fever	Relapsing Fever
Diphtheria	Scarlatina or Scarlet Fever
Dysentery	Small-pox
Enteric Fever (includes Typhoid and Paratyphoid)	Tuberculosis
Erysipelas	Typhus Fever
Food Poisoning	Whooping Cough
Glanders	
Hydrophobia in Man	
Leprosy	

Typhoid Fever

A child aged 2½ years resident in the Borough was admitted to hospital in Lewisham suffering from Gastro Enteritis and subsequently diagnosed as suffering from Typhoid Fever.

Specimens for bacteriological examination were obtained from all persons resident at the patient's home and two persons engaged in the catering trade were requested to discontinue their employment under the provisions of Section 41 of the Public Health Act, 1961.

Following the obtaining of specimens, it was found that the patient's stepfather was a typhoid "carrier". Arrangements were made for him to be admitted to hospital for treatment.

It was also found that the patient had been "minded" during the day at an address in the Borough. Specimens were obtained from the occupants.

Negative results were obtained and the contacts were kept under observation until the possibility of any further cases had passed.

Public Health Act, 1961—Section 41

Under the provisions of the above Act 13 persons engaged in the food trade were requested to discontinue their employment for varying periods with a view to preventing the spread of a notifiable infectious disease. Compensation for loss of earnings was made in those cases where such loss was sustained.

Notifications of Infectious Diseases

Disease	1964	1965
Scarlet Fever	239	195
Whooping Cough	92	93
Acute Poliomyelitis and Acute Polio Encephalitis ...	1	1
Measles	1,385	3,138
Diphtheria	3	—
Dysentery	381	208
Meningococcal Infection	4	5
Pneumonia (Acute Primary and Acute Influenzal) ...	80	50
Paratyphoid Fevers	5	1
Erysipelas	8	10
Food Poisoning	67	81
Tuberculosis		
Respiratory System	210	178
Other Forms	11	20
Malaria	1	—
Puerperal Pyrexia	143	124
Ophthalmia Neonatorum	3	3
(1) Acute Gastro Enteritis	470	436
(2) Zymotic Enteritis	4	—
(3) Scabies	30	9

Notes:

The notifications for 1964 are the totals of the notifications in respect of the former Metropolitan Boroughs of Bermondsey, Camberwell and Southwark.

(1) Notifiable in Bermondsey only

(2) Notifiable in Southwark only

(3) Not notifiable after 31st March, 1965.

TABLE I

FOOD POISONING—INCIDENTS AND CASES

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES	TOTAL No. of Outbreaks and sporadic cases columns (1+3+5)	TOTAL
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained	Notified or ascertained		No. of cases columns (2+4+5)
	1	2	3	4	5	6	7
1. <i>S. typhimurium</i> ...	—	—	—	—	4	4	4
2. Other <i>Salmonellae</i> ...	—	—	—	—	2	2	2
3. <i>Cl. welchii</i> ...	—	—	—	—	—	—	—
4. <i>Staph. aureus</i> ...	—	—	—	—	—	—	—
5. Other causes ...	—	—	—	—	—	—	—
6. Cause Unknown ...	—	—	—	—	75	75	75
7. TOTAL ...	—	—	—	—	81	81	81

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

Type of <i>Salmonellae</i>							
Brandenberg ...	...	...	...	—	—	1	1
Heidelberg ...	...	...	...	—	—	1	1

TABLE II—SALMONELLA INFECTIONS (NOT FOOD BORNE) INCIDENTS AND CAUSES

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES Notified or ascertained	TOTAL No. of Outbreaks and sporadic cases columns (1+3+5)	TOTAL No. of cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
	1	2	3	4	5	6	7
1. <i>S. typhimurium</i> ...	—	—	—	—	2	—	2
2. Other <i>Salmonellae</i> ...	—	—	—	—	3	—	3
3. TOTAL ...	—	—	—	—	5	—	5

DETAILS OF SALMONELLA INFECTIONS DUE TO SALMONELLAE OTHER THAN *S. TYPHIMURIUM* (NOT FOOD BORNE)

Type of <i>Salmonellae</i>								
<i>Bovis Morbificans</i> ...	...	—	—	—	—	1	—	1
Brandenberg ...	...	—	—	—	—	2	—	2

NOTIFICATIONS OF INFECTIOUS DISEASES, 1965

AGE DISTRIBUTION OF NOTIFICATIONS

Disease	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and over	Total all ages
Scarlet Fever ...	1	9	15	24	22	83	30	8	—	3	—	—	—	—	195
Whooping Cough ...	14	18	16	11	9	20	4	1	—	—	—	—	—	—	93
Measles ...	173	554	486	534	480	866	24	13	1	7	—	—	—	—	3,138
Dysentery ...	19	33	25	13	15	35	14	10	6	21	13	4	—	—	208
Meningococcal Infection	2	—	1	1	—	—	—	—	—	—	1	—	—	—	5
Acute Pneumonia	—	—	—	1	1	4	—	2	4	2	5	15	6	10	50
Acute Encephalitis, Post Infectious	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Paratyphoid Fever	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Erysipelas	—	—	—	—	—	—	—	—	1	—	1	3	2	3	10
Food Poisoning...	1	—	4	2	3	3	8	9	6	10	10	7	10	8	81
Tuberculosis:—															
Respiratory ...	1	2	2	2	—	5	6	5	7	34	28	30	33	23	178
Other Forms ...	—	—	—	—	—	1	1	3	—	5	2	3	1	4	20
Puerperal Pyrexia	—	—	—	—	—	—	—	29	51	35	9	—	—	—	124
Ophthalmia Neonatorum	3	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Acute Gastro Enteritis...	34	62	23	12	8	37	24	26	42	54	39	34	18	23	436
*Scabies ...	—	—	—	—	—	2	1	1	2	2	1	—	—	—	9

* Not notifiable after 31st March 1965.

PERSONAL HEALTH SERVICES

Maternity and Child Welfare Centres.

Facilities for all or some of the following continued to be available at nineteen centres:—

Ante-natal, post-natal, infant welfare, toddlers, prophylaxis, crèche, health education, and the dental care of expectant and nursing mothers and children under five years of age.

In addition to the Council's own centres, similar facilities were provided at two centres run by voluntary committees with grant aid from the Council. Medical officers at the child welfare clinics were concerned largely with developmental diagnosis and the early detection in children of handicaps both physical and mental. (Fuller details of the work with handicapped children are given below.) Advice to mothers on general management was given by health visitors at the welfare centres; they also encouraged attendance at mothers' clubs and classes held in the centres. Both the medical officer and health visitors were concerned with all problems relating to the health and well-being of the mother and child and, when necessary, called upon any available service which included in-patient treatment of mothers and babies experiencing feeding difficulties and for babies with dietetic upsets.

Mothercraft training classes were conducted by health visitors. Instruction was given in home-making, budgeting, simple cookery, make-do-and-mend, elementary hygiene, etc.

Mothers of young children were sent to recuperative centres for residential courses in mothercraft.

Welfare centres continued to be used as distribution points for national dried milk, orange juice, cod liver oil and vitamin tablets, supplied under the Welfare Foods Scheme of the Ministry of Health. In addition, on the recommendation of a clinic doctor, mothers were able to buy certain proprietary brands of dried milk and nutrients, and obtain certain medicaments free of charge.

The following table shows the attendances at the welfare centres during the year 1965.

Child Welfare and Toddlers Sessions:—

First attendances in 1965 of children—

Born in 1965	...	...	...	...	...	...	...	4,730
Born in 1964	...	...	...	...	...	...	...	4,390
Born in 1960-63	...	...	...	...	...	...	...	3,457
Total attendances	...	...	...	...	...	...	...	75,761
Total sessions held	...	...	...	...	...	...	...	4,252
Ante and Post-natal sessions:—								
First attendances	...	...	...	...	...	...	...	880
Total attendances	...	...	...	...	...	...	...	1,766
Total sessions held	...	...	...	...	...	...	...	167

Facilities provided for General Practitioner Obstetricians

Ante and post-natal sessions held in Council clinics	...	...	...	540
Child Welfare sessions held at G.P.s' surgeries at which Council staff were present	...	...	...	50

Domiciliary Midwifery.

To meet the needs of mothers desiring a home confinement, the Council employed full-time and part-time midwives. In addition an arrangement was made for a small district within the Borough to be allocated to the General Lying-in Hospital, S.E.1, which employed four midwives for domiciliary work to be carried out on an agency basis for the Council.

Midwives visited to assess the suitability or otherwise of the home for domiciliary confinement and for the possible nursing at home of mothers able to leave hospital 48 hours after confinement.

During the nine months from 1st April, 1965, early discharge schemes were arranged with Guy's, Dulwich, St. Giles' and Lambeth Hospitals. The number of mothers who had their babies in hospital and returned home 48 hours after delivery increased from 122 in the June quarter to 150 in the December quarter.

On 1st April, 1965, a joint arrangement was made by the Council with the London Boroughs of Lambeth and Wandsworth for the operation of an emergency control centre, situated at Lambeth Town Hall, to be manned 24 hours a day. The three Councils each provided two non-medical supervisors of midwives who worked on a rota basis to provide a 24-hour service. Any patient living in the Council's area who was unable to obtain her booked midwife or relief midwife contacted this centre. Other emergencies which arose were babies born before arrival of doctor or midwife; unbooked patients in labour; hospital booked patients too far advanced in labour to be removed; miscarriages and abortions.

The Council and hospital midwives gave ante-natal care to mothers at welfare centres and worked in close association with the health visitors in providing instruction on mothercraft and health education. One midwife was attached to a group practice of general practitioner obstetricians.

At least three home visits were made to each mother booked for a home confinement when midwives advised on the preparation of the home and gave ante-natal care. Relaxation classes were held at several centres.

In addition to the portable inhaler for the administration of Trilene carried by each midwife, two "gas and air" machines and cylinders of nitrous oxide were available at all times for midwives and doctors for use on the district. Intra-gastric oxygen resuscitation apparatus for use in the treatment of asphyxia of the new born was provided for each midwife. Free maternity outfits were provided.

There were 716 domiciliary confinements during the period 1st April to 31st December, 1965. Of these, 22 were premature births, including one set of twins, and five were stillbirths.

Approximately 85% of the Council's midwives were approved as teachers under the Central Midwives Board's second period training scheme. At 1st April,

1965, the number of pupil midwives attached to midwives in the Borough was 10. During the nine months under review, eighteen pupils completed three months' district training: 120 notifications of intention to practice as midwives were received.

Premature Baby Units and Emergency Obstetric Unit.

When the premature baby unit or the emergency obstetric unit is required, the doctor or midwife telephones the ambulance service (or asks a third person to telephone giving that person the yellow premature baby unit or the white emergency obstetric unit card, and stating the nature of the emergency). The Ambulance Service alerts the unit concerned at the appropriate hospital and sends an ambulance to pick up the unit and take it to the patient's home. The ambulance stands by at the home to take the mother and/or baby to hospital if necessary and will also return the unit to its base.

The admission of the mother and/or baby to hospital is arranged by the doctor, or in emergency by the midwife, by approaching any hospital in the catchment area in which the patient lives, as the ordering out of a unit does not automatically reserve a bed in the hospital for the mother and/or baby.

Maternal Deaths.

Of the four maternal deaths occurring within the Borough during 1965, two were investigated for the Ministry of Health's Confidential Enquiry into Death Associated with Pregnancy, Childbirth or Abortion. Death in one of these cases occurred during the tenth month after delivery. In the second case, death occurred in hospital following an operation. Neither case was dealt with by the domiciliary midwifery service.

The remaining two cases died in hospitals situated within the Borough but the residences were in other Boroughs.

Health Visiting

The number of health visitors transferred on 1st April, 1965 was insufficient to cover all the calls on this service.

In addition to the work indicated by the statistics given below, the health visitors assisted in various research projects, coped with the more comprehensive observation and handicapped register, arranged health education projects and gave talks at welfare centres. In conjunction with specialist workers, much work was carried out with over 200 problem families. Health visitors also called on families with children, under five years of age, in welfare establishments.

Health visitors are the link between school nursing sisters and the homes of school children when health or social matters call for advice to parents.

The close liaison with general practitioners continued; arrangements were made for the services of health visitors to be made available for "well baby" clinics run by three group practices.

Six health visitors were trained as field work instructors to fulfil the requirements of the new training syllabus for student health visitors.

The number and variety of students who visited the clinics to observe the health visitors at work steadily increased. This has assisted the recruitment of staff.

Statistics

First home visits to children born in 1965	...	...	...	...	6,311
" " " " " " " 1964	...	...	...	...	6,437
" " " " " " " 1960/63	...	...	...	...	10,995
" " " " persons aged 65 years and over	...	...	...	...	431
" " " " mentally disordered persons	...	...	...	...	116
" " " " persons discharged from hospital (other than mental hospital)	...	...	...	...	36
" " " " tuberculous households (other than by T.B. visitor)	...	...	...	...	36
" " " " infectious households (other than tuberculous households)	...	...	...	...	51
Miscellaneous visits	...	...	...	...	349
Total visits including first visits	...	...	...	...	76,841

Prophylaxis.

As pointed out earlier, there are few comparative statistics for previous years and the vaccination and immunisation state can be referred to in general terms only.

When persuasion replaced compulsion in 1948, there was for some years in London a decrease in the acceptance rate of infant vaccination against smallpox: this was followed by an increase. When in 1963 the age for vaccination was altered to 18 months the rate again fell. The primary vaccinations in the London Borough of Southwark for 1965 were 2,479: in view of the birth rate, estimated to have been 6,000 for the new area, the protection rate was not satisfactory. Arrangements were made for protection against smallpox to be specially featured in future health education programmes.

The former London County Council conducted a number of campaigns to improve the rate of primary immunisation against diphtheria with the result that this disease rarely occurs in London. There were no cases in the area of this borough during the period under review. The protection rate indicated by the number of completed courses was more satisfactory than in the case of smallpox but here again, special action was considered essential and future campaigns were organised.

A factor affecting the recording of statistics is the exceptional movement of families due not only to rehousing within the borough but also to movement in and out of the area. This was shown by the number of medical records received from or sent to other local health authorities: the total number of families involved was approximately 2,850 (full year 3,700): no information was available to indicate the total number of children.

It was immediately apparent that the new area contained many problem families, families with problems and a great many parents resistant to health propaganda. In addition, 25% of children were notified as being born "at risk". In these

VACCINATION AND IMMUNISATION STATISTICS (APPROXIMATE)

FOR PERIOD 1st JANUARY TO 31st DECEMBER 1965

Age	0-2 months	3-5 months	6-8 months	9-11 months	1 year	2-4 years	5-14 or over	15 years years	TOTAL
Smallpox									
Primary	4	17	22	13	1,614	703	101	5	2,479
Re-vaccination	—	—	—	—	—	5	60	56	121
Other Immunisation									
Completed primary courses } Born in	1965	1964	1963	1962	1961	1960-58	1957-50	1949 & earlier	TOTAL
1. Quadruple DTPP	7	13	2	1	1	—	—	—	24
2. Triple DTP	2,027	2,081	212	111	105	37	5	—	4,578
3. Diphtheria/Pertussis	—	2	—	—	—	1	—	—	3
4. Diphtheria/Tetanus	10	42	13	15	38	44	31	—	193
5. Diphtheria	—	—	—	—	—	3	1	—	4
6. Pertussis	—	1	—	—	—	—	—	—	1
7. Tetanus	—	—	—	—	11	15	10	—	36
8. Salk	1	18	18	7	14	19	119	—	196
9. Sabin	731	2,726	497	291	547	490	195	—	5,477
Reinforcing (booster) injections									
1. Quadruple DTPP	—	—	6	1	2	1	—	—	10
2. Triple DTP	—	1,338	1,233	145	429	190	35	—	3,370
3. Diphtheria/Pertussis	—	2	2	—	25	10	3	—	42
4. Diphtheria/Tetanus	—	36	65	27	1,072	553	207	—	1,960
5. Diphtheria	—	1	—	—	46	44	36	—	127
6. Pertussis	—	—	—	—	—	5	10	—	15
7. Tetanus	—	1	—	1	10	7	—	—	19
8. Salk	—	10	5	1	16	9	13	—	54
9. Sabin	—	12	8	9	1,233	654	55	—	1,971

circumstances, special emphasis was placed on prophylaxis, resulting in an improved situation towards the end of the year.

The marked reduction in the incidence of whooping cough is undoubtedly due to infant vaccination over recent years: there were no deaths and only 93 cases (all ages) in the borough during 1965.

The routine courses of vaccinations, using triple DTP, have resulted in a high proportion of young children gaining active immunisation against tetanus. This protection will undoubtedly assist in the treatment of accident cases particularly those admitted to hospital.

The former London County Council assisted the Medical Research Council in conducting trials of the protective effect of measles vaccine. This Council continued the assistance by taking part in the postal follow-up of children included in the trial. The results appeared to have been satisfactory and it seemed probable that the Ministry of Health would authorise the use of approved vaccine for general use.

Completed primary courses cover the series of procedures normally performed up to the age of 12 or 13 months in accordance with schedules P and Q, or their equivalent at later ages, included in the booklet "Active Immunisation against Infectious Disease" prepared by the Standing Medical Advisory Committee and distributed to Medical Officers of Health and general practitioners in March, 1963. The numbers of injections/doses comprising primary courses is as follows:—

Quadruple DTPP	...	...	...	3 injections
Triple DTP	...	...	...	"
Diphtheria/Pertussis	...	...	...	"
Diphtheria/Tetanus	...	...	...	" (2 if adsorbed)
Pertussis	...	...	...	"
Tetanus	...	...	...	"
Salk	...	...	...	2 injections
Sabin	...	...	...	3 doses

Handicapped children.

The handicapped and observation registers in operation on 1st April, 1965 were greatly extended. The new comprehensive register includes all children in the borough who from birth, because of the parents' medical history or for other reasons may be at risk of handicap; who have a handicap visible at birth; who are found later to be handicapped; or who acquire a handicap. This ensures that any child likely to suffer from any continuing disability of body, intellect or personality that may interfere with his normal growth, development or capacity to learn, is kept constantly under review and all possible remedial help given. The information on which these registers are based is provided by hospitals, general practitioners, domiciliary midwives, medical officers and health visitors who notify the Medical Officer of Health of every case thought to be at risk or handicapped. The registers are reviewed at regular intervals by a senior medical officer.

The review ensures that:

- (a) the child's family receives guidance and support to help in its day-to-day problems in caring for a handicapped child;

- (b) measures to meet the child's special needs for education or for recreation may be planned in advance;
- (c) the child is followed-up through the health visiting service so that necessary treatment is given at the appropriate time and the child is not lost to sight because of lack of interest or ability of the mother, through change of address, or for any other reason.

During the period 1st April, 1965 to 31st December, 1965, the number of babies notified as being congenitally malformed at birth was 84. Approximately 25% of children born during the period under review were notified as at risk.

Impaired hearing in young children.

Standard screening tests for hearing of babies and young children were carried out by medical staff with special training in this work. Any child thought to have had impaired hearing was referred, with the consent of the general practitioner, to the Council's otologist for further examination. The names of such children were added to the handicapped register.

Young children with impaired hearing who required a hearing environment and children who failed to acquire speech because their parents were deaf or because of language difficulties in the home, were, on the recommendation of the otologist, permitted to attend day nurseries for three hour sessions: no charge was made.

Phenylketonuria.

Screening tests for the detection of phenylketonuria using "Phenistix" reagent strips were carried out routinely on all young babies: those thought to be at special risk were re-tested. All "positive" and "doubtful negative" results were checked by ferric-chloride test and referred to the hospital service for further examination if necessary. No case of phenylketonuria was found during the period under review.

Day Nurseries

Day nurseries are provided for the day care of children under the age of five years: admissions are in accordance with a system of priorities: see Appendix "A".

In July it was necessary to close a nursery because of its structural unsoundness. Children in the first priority group were transferred to other nurseries within the Borough.

The severely subnormal children under five years of age who attended the two special units (18 places) greatly benefited from the special care and attention of the staff and, where appropriate, contact with the other children in the nursery.

Deaf children, children of deaf parents or other children likely to benefit from a hearing environment were also allowed to attend day nurseries for up to three hours a day. Blind or partially sighted children were also permitted to attend if it was considered that mixing with sighted children might help them.

The number of handicapped children in each day nursery was strictly limited to prevent the ratio of handicapped to non-handicapped rising too steeply and thereby defeating the purpose of the provision.

Statistics

Number of day nurseries at 31.12.65	...	...	...	6
Number of places at 31.12.65	...	...	...	325
Total attendances during 1965	...	...	...	78,300
Total attendances at special units	...	...	...	2,476

Occasional crèches were provided at four welfare centres and in one church hall to mind children under five years of age while their mothers visited hospital, attended to shopping and other domestic duties or took part in activities at the welfare centre at which the crèches were held. Children needing relief from poor home conditions and the only child who needs to mix with other children, also attended.

A charge of 1s. 9d. a session was made, abatable according to means. No charge was made when the mother attended a centre activity or a hospital.

Nurseries and Child Minders Regulations Act, 1948, Non-Council Day Nurseries

There were five nurseries registered under the Act with places for 140 children.

Child Minders

Statutorily registered. Owing to the difficulty in verifying kinship, the number of houses in multiple occupation, and the difficulty in ascertaining that a reward was being received, the requirement of the Nurseries and Child-Minders Regulation Act, 1948 were difficult to implement. However, all reports of child minding or suspected child minding were investigated.

At the end of the year there were 19 statutorily registered child minders involving 73 children.

Voluntarily registered. The voluntary scheme applies to daily minding where fewer than three children under the age of five years are involved. If the applicant is considered suitable, the Council pays a fee of 6s. per week to the minder who in return agrees to take children recommended by the Council: she also accepts supervision and advice on the care of the children.

At the end of the year there were 55 voluntarily registered minders involving 75 children.

Dental service—maternity and child welfare

The demand for treatment followed the pattern of previous years in the London area: applications by expectant and nursing mothers have decreased considerably since charges for treatment of the priority classes in the General Dental Services were abolished. Nevertheless these services continued to be provided at all dental clinics.

(Notes on schoolchildren are included in the report on the school health service.)

Treatment figures for the period were as follows:—

Attendance

Sessions					Attendances	Courses of Treatment Commenced	Course of Treatment Completed
42	Expectant and nursing mothers ...				140	35	18
42	Children under five ...				273	94	112
—					—	—	—
42	Total ...				413	129	130
—					—	—	—

Treatment

					Fillings	Extractions	Other Treatment	Dentures	
								Full	Partial
Expectant and nursing mothers					28	69	9	16	9
Children under five ...					100	160	92	—	—
					—	—	—	—	—
Total ...					128	229	101	16	9
					—	—	—	—	—

Children's Homes. During weekly sessions at "The Hollies", Sidcup, the following treatments were given:—

No. of Sessions held	Total attendances	Fillings	Extractions	Other treatment
24	203	82	44	89

Dental Health Education. The health exhibition held at the Elephant and Castle Shopping Centre from 29th November, 1965 to 11th December, 1965 included a dental section illustrating prevention, care and treatment of dental conditions. The exhibition aroused considerable interest among the general public. Leaflets were distributed.

Posters and displays on dental health and the importance of oral hygiene and correct diet were displayed at welfare centres throughout the year.

Fluoridation. The Health Committee at their meeting on 14th December, 1965 approved the recommendation of the Medical Officer of Health for the fluoridation of the public water supply, a decision which was later approved by the Council.

Well Women Clinics

Cytological Diagnosis of Early Uterine Carcinoma

Through the facilities provided by Guy's Hospital for the examination of specimens, three "Well Women" Clinics were opened in November 1965 for women residents of the Borough of Southwark of 35 years of age or over.

Following the taking of vaginal and cervical smears a full gynaecological examination is made, together with examination of breasts, abdomen and pelvis, to check on the danger areas where cancer is liable to occur. The urine is also tested.

Of the 158 patients seen during November and December no positive cases of carcinoma of the cervix were found but 47 gynaecological disorders were detected. These patients were referred to their general practitioners to whom copies of the pathological reports were sent.

Family Planning

The arrangements continued with the Family Planning Association to provide advice to married women for whom further pregnancies would be dangerous or detrimental to health. A per capita fee was paid to the Association for the 50 women who were referred to the Association during the year ended 31st December, 1965.

Health Centres

The South East London General Practitioner Centre.

This centre, opened in 1961, is probably the only health centre of its type in the country. It is an experiment to assess the value of providing family doctors with all the diagnostic facilities that will enable them to investigate to the full, medical incidents of those of their own patients who do not necessarily require a specialist opinion and to complete their Clinical examination. At the same time specialist opinion is available to them from part-time consultants who supervise the respective departments and the clinical reports that emanate from them.

The centre has a minor operating theatre which is available to any general practitioner, two consulting rooms where he can carry out more intensive investigations than might be easily possible in his own surgery, and where he can have the use of specialist equipment and the help of trained nursing staff. Special treatments, dressings and injections ordered by the family doctor can also be carried out.

There are organised discussion groups, lectures and a well-equipped common-room.

The Council provides and maintains the premises, supplies the furniture and non-medical equipment, nursing, health visiting and secretarial staff. The Sir Halley Stewart Trust made a grant to cover the Director's salary. The South East Metropolitan Regional Hospital Board and the Camberwell Hospital Management Committee provide specialist equipment, staff, and consultants for the radiological and pathological departments. The College of General Practitioners gave invaluable advice and assistance during the planning stage.

Statistics for period 1st January—31st December, 1965

Path.	X-Ray	E.C.G.	Allergies	Nursing	Minor Ops.	Total Attendances	Total Investigations
4584	4255	829	126	3466	116	10,078	13,376

Bermondsey Health Centre.

The Borough and the Ministry of Health shared the use of this centre. The chest clinics and the general dental services clinic were continued by the Regional Hospital Board and the Inner London Executive Council respectively; maternity and infant welfare clinics, chiropody clinics and a home help service were provided by the borough.

Home Nursing.

The Home Nursing Service became the direct responsibility of the Council from 1st April, 1965, when the St. Olave's and the Southwark, Walworth and Newington District Nursing Associations, and the Ranyard Nurses relinquished their voluntary activities in the borough. In addition to staff from these Associations, some of the nurses formerly employed by the Camberwell District Nursing Association also joined the Council's service. Over sixty nurses, both Queen's and Ranyard were involved.

The Benson Home (formerly the headquarters of the Southwark, Walworth and Newington District Nursing Association) became the main referral centre for all home nursing calls for the borough and was manned continuously from 8.00 a.m. to 8.00 p.m. A further centre was opened in the Camberwell area during the year. For convenience the former Bermondsey, Southwark and Camberwell borough boundaries continued to be used for the nurses' working areas. These areas were sub-divided into smaller groups of four or five districts, with a group leader in each.

The closest co-operation was maintained with the hospitals and general practitioners who referred the cases.

Statistics

New patients visited during period 1st April—31st December, 1965	2,661
Total number of visits	110,311
Nursing staff employed at the end of the year	
(effective whole-time equivalent)	42
Visits per nurse (average for nine months)	2,626

A large proportion of the district nurses' time was spent with the 65+ age group, many of whom were long-term patients requiring some routine care that could well have been carried out by less highly qualified staff. Arrangements were put in hand for the employment of ancillary help to enable the district nurses to spend more time with acutely ill patients and on short term care to relieve pressure on hospitals.

During the year eleven students completed their district nurse training for the Queen's Roll and the National Certificate of District Nursing. Lectures were arranged by the Queen's Institute of District Nursing and tutorials and practical work were undertaken in the borough. Three students were from the Integrated Nurse Training Course, Hammersmith Hospital, two were sponsored by County Councils and six were students sponsored by the Borough.

Twenty one student nurses from Guy's and St. Giles' Hospitals, three medical students from Charing Cross Hospital and three National Old People's Welfare Association students accompanied district nurses on their rounds to gain an insight into the work: three district nurses attended a Study Day arranged by the London Boroughs Training Committee and several attended lectures arranged by the South-East Metropolitan Regional Hospital Board.

Two general meetings for the district nursing staff were held to enable them

to meet professional and administrative staff. Frequent group meetings were arranged by the Superintendents in the areas to clarify and discuss policies.

Patients being nursed at home were able to obtain nursing equipment on loan free of charge either from the Council direct or from the British Red Cross Society acting as an agent for the Council.

Item	Out on Loan
Fracture boards	24
Hospital beds	4
Ripple bed	1
Quad. walking aid	1
Tripod walking aid	7
Zimmer hoists	2
Penrhyn hoist	33
Easi-Carri hoist	11
Bed with lifting pole	4
Dunlopillo mattresses	13
Air rings	2
Rubber bed pans	5
Rubber toilet seats	2
Back rests	15
Bed cradle	1
Bed blocks	2
Commodes	443

Fireguards were also supplied to necessitous families with children under 12 years of age and to necessitous elderly persons. At the end of the year there were 523 out on loan.

Home Help Service.

The demand for the home help service continued to increase. During the period 1st April, 1965 to 31st December, 1965, the number of households helped by the service was 4,287 and the organising staff made 7,438 visits.

The demand for early morning and evening help has increased since Section 1, Children and Young Persons Act, 1963, came into force. This is now an important part of the home help service and from 1st April to 31st December, 1965, twenty families received 653 hours help. There were no requests for residential child help or for night help for the chronic sick. Mental health case requests increased; 15 families were helped during the period. Only two toxæmia of pregnancy cases were referred for free home help service.

Maternity cases were fewer: in some areas there was no demand for such help. Assistance to tuberculous households slightly decreased. The assistance given to the sick and infirm elderly formed approximately 80% of the service: chronic sick cases (aged from 15 years to 64 years) slightly increased.

On 1st October 1965, the Principal Home Help Organiser took up her appointment as co-ordinator of the four home help offices. She and the four organisers gave talks to student health visitors, university students, hospital nurses, etc. A number of visits to the households of people receiving help were arranged for these students.

Training courses for home helps were arranged to commence in 1966 covering the subjects necessary to ensure a more efficient service. Fifty home helps were specially selected to attend the first course of 24-hours instructions to be spread over two months and to cover the practical and theoretical work of a home help. Home helps specially trained to work with problem families gave 844 hours service to six such families.

The organising staff and the home helps carried out their work most conscientiously despite inclement weather, transport difficulties and shortage of staff. The sense of vocation of so many of the home helps was a vital asset to this important service.

Statistics of the service provided from 1st April 1965—31st December 1965

Number of households assisted	...	...	...	4,287
Number of new applications received	...	...	...	1,714
Applications deferred or refused because a home help				
not available	...	...	...	8
Visits made to householders by Organising Staff	...			7,438

Details of households assisted.

Type of cases	Total number
Maternity	25
Tuberculosis	39
Sick and infirm elderly (over 65 years)	3,724
Chronic sick (15 to 64 years)	331
Early morning and evening help	20
Child help (resident)	—
Night help for the Chronic sick	—
Special help (problem family)	6
Miscellaneous	125
Toxaemia of pregnancy (Free service on request of consultant or doctor)	2
Mental Health cases	15
Total	4,287

Staff

Home helps employed at end of year	...	...	575
Equivalent of whole-time staff	...	...	326½

Chiropody

On 1st April, 1965 there were 88 sessions a week held in 8 clinics. The establishment provided for 1 chief chiropodist, 3 senior chiropodists and 4 chiropodists (basic grade). However, the difficulty in recruiting full-time staff to the Council's chiropody service was such that on 31st December, 1965 the staff employed consisted of 1 chief chiropodist, 2 senior chiropodists and 14 part-time chiropodists working on a sessional basis: only 77 of the sessions were being maintained.

Throughout the period under review, there was a heavy demand for the service resulting in long waiting periods for treatment.

Priority was given to elderly persons, the physically handicapped, school-children and expectant mothers. The charge to adults was 4s. a treatment but abatable in necessitous cases. Persons receiving old age or national insurance retirement pensions and children up to school leaving age received free treatment. The following table shows the attendances in age groups for 1965:—

	Males				Females		Total
	0-4	5-14	15-64	65+	15-59	60+	
First attendances	1	18	4	110	20	360	513
Total attendances	2	114	1,466	3,205	4,358	15,175	24,320

Number of sessions held—3,758.

In addition to the Council clinics, chiropody services for the elderly were provided by four voluntary organisations which carried out 10,730 treatments. The Council made grants to these organisations amounting to approximately £4,000.

SOCIAL WORK (HEALTH SERVICES)

The Social Work Section (Health Services) is concerned with

- (a) social work arising out of school and hospital clinics and
- (b) intensive casework with families with multiple problems.

The Social Workers concerned with the school health service are jointly appointed by the Inner London Education Authority and the London Borough of Southwark. At 1st April, 1965, the pattern of this aspect of work proceeded very much on the lines of the former London County Council: social workers continued to attend special investigation clinics, audiology clinics, selected eye clinics, and selected clinics at Guy's Hospital.

The work in the audiology clinics continued with a team consisting of an otologist, school nurse and social worker; close contact was maintained with the peripatetic teacher of the deaf and the staff of schools for the deaf and the partially hearing.

At Guy's Hospital, a full-time senior social worker continued to maintain close liaison and advised on all local authority services available for the schoolchild and the handicapped pre-school child. This service has been in operation for many years, and at the present time assumes even greater importance with the move towards strengthening the co-operation between local authority and hospital services.

(See also School Health Service Report.)

CO-ORDINATION OF SOCIAL SERVICES

The co-ordinating machinery in the Borough operated on three levels: Standing Committee; Working Sub-Committee; Case Conference.

The Standing Committee consists of:

Medical Officer of Health	—	Chairman
Children's Officer	—	Vice-Chairman
Chief Welfare Officer		
Housing Manager		
Divisional Officer (Education)		
Deputy Medical Officer of Health	}	— Co-opted Members
Deputy Children's Officer		
Principal Social Worker (Health Services)	—	Secretary

This committee met quarterly to decide policy and to consider matters referred by the working sub-committee.

The Working Sub-Committee consists of:

Deputy Medical Officer of Health	—	Chairman
Deputy Children's Officer	—	Vice-Chairman
Principal Nursing Officer (or deputy)		
Principal Mental Health Social Worker (or deputy)		
Divisional Officer (Education)		
Divisional School Care Organiser		
Principal Social Worker, Welfare Dept.		
Senior Management Officer, Housing Dept.		
Housing Manager G.L.C., or Senior Officer		
Principal Medical Officer or a Senior Medical Officer (as necessary)	—	Co-opted
Principal Social Worker (Health Services)	—	Secretary

Representatives of voluntary and statutory agencies are co-opted as necessary.

The Sub-Committee's terms of reference are wide, and include consideration of procedures and policies concerning local needs, and of matters referred from case conferences. It has power to implement procedures experimentally, and submits reports on action taken to the Standing Committee.

Case Conferences were held on individual families at the requests of field workers. Questions of policy requiring further discussion were referred to the Working Sub-Committee.

Case conferences, although demanding in time, are considered extremely valuable and are a means of

- (a) disseminating information between a number of Social Workers involved with the same family and if possible avoiding the duplication of visits;
- (b) giving help and guidance to workers on future plans for any one family and to consider the introduction of an intensive family caseworker; and
- (c) bringing to the notice of senior officers of the Council, conditions and situations which cannot be improved without changes in policy.

At 1st April, 1965, two family caseworkers were employed for the purpose of intensive visiting of families with multiple problems, and one social worker (health services) spent part of her time on intensive casework. In December authority was given for a third caseworker to be employed. The case-load at the end of the year for each full-time family caseworker was eleven families.

The main burden of giving advice and guidance, both in their home and at the welfare centre, to the problem and potential problem family falls on the health visitor. This officer also supports those families with children under five years where the withdrawal of intensive casework is thought possible; the amount of time spent with such families is quite considerable. Without this support, much of the work of the department's family caseworkers could fail.

HEALTH EDUCATION AND HOME SAFETY

The health education programme ranged from the individual advice given to young mothers by health visitors and day nursery matrons and to shopkeepers by public health inspectors, to the organisation of exhibitions and campaigns.

The Medical Officer of Health was assisted by a Health Education and Home Safety Officer and a departmental committee. The committee included members of the medical, nursing, dental, home help, mental health and environmental health services and met every month to discuss programmed projects on health education and home safety; the local organisational details of national campaigns; the purchase and distribution of publicity literature; and the use of visual aids, etc. (available from central sources such as the Ministry of Health, Central Council for Health Education and the Royal Society for the Prevention of Accidents).

Health Exhibition

A display which was officially opened by the Worshipful the Mayor of Southwark, Alderman Mrs. F. Whitnall, J.P. was mounted for two weeks in December in two vacant shop sites at the Elephant and Castle Shopping Centre. It illustrated the main functions of the Health Department, including imported food, food hygiene, rodent control, smoke control, prophylaxis, maternity and child welfare, home nursing, dental health and home safety.

Smoking

The Ministry of Health promoted a national anti-smoking campaign in October, and 250 posters were displayed at the various Council premises and notice boards, including the public libraries.

The dangers of smoking formed an important part of the Health and Home Safety Exhibition presented at the Elephant and Castle Shopping Centre in December, which was attended by over 350 schoolchildren in organised parties. Display units illustrating these dangers were shown, and the continuous film programme included several items on this subject.

Venereal diseases

The addresses of all local clinics for venereal diseases were circulated to Head Postmasters for display in a list of official addresses available to the public in post offices and, during a national campaign in August and September, a widespread display of posters, overprinted with these addresses, was arranged for the notice boards of the Council. The Borough Engineer also co-operated in displaying these posters on Council vehicles and in all public conveniences.

Fire Prevention

In view of the particular hazards of the winter months, there was full participation in the National Fire Prevention Campaign held during October and November: the Divisional Fire Prevention Officer was co-opted to the departmental health education and home safety committee.

In addition to the house to house calls, demonstrations and talks to schools organised as part of the national scheme, the London Fire Brigade gave valuable help in arranging lectures on fire prevention to mothers' clubs and to the field staff of the health department. Large-scale poster publicity was arranged for all Council premises and vehicles, gas and electricity showrooms, fuel merchants, the larger retail shops, police stations, etc., and leaflets in foreign languages were distributed to immigrant families in special risk areas by health visitors and public health inspectors.

Home Safety

A special feature was the giving of talks and short film shows on home safety to members of old people's clubs; a programme covering twelve months was arranged. The audiences enjoyed both the talks and films as an entertainment but the fundamental lessons in home accident prevention were undoubtedly assimilated.

Postal franking

Arrangements were made for health and home safety publicity slogans to be used for postal franking of outgoing mail from the Council's offices. Three such slogans were used, and a series built-up for future use.

Child Minding

Attention was drawn to the regulations governing child minding by press announcements and leaflets; a poster was specially designed and printed to supplement publicity.

Equipment

A considerable amount of film projection and display equipment was used during the period under review and particular attention was given to visual aids to provide animation without operational control.

General activities

No information is available for the first three months of the year but during the period 1st April to 31st December 1965—283 talks were given by health visitors or outside speakers, to mothers' clubs, etc. at maternity and child welfare centres. The film projection apparatus was used on 59 occasions in addition to the two weeks of the Health Exhibition when it was in continuous use.

Approximately 24,500 leaflets and 2,000 posters were issued. These were sent mainly to maternity and child welfare centres and day nurseries. For special campaigns such as fire prevention, venereal diseases, and smoking, the poster distribution covered on average 150 of the official notice boards in main Council offices, the public libraries, and other official establishments.

MENTAL HEALTH SERVICE

Mentally Ill.

The National Association for Mental Health began, in 1943, the community care of ex-service personnel discharged on psychiatric grounds. Such work was extended to civilians by the National Association for Mental Health and the Mental After Care Association, as agents of the former London County Council, on 5.7.1948, when the National Health Service Act came into force. The former L.C.C. assumed control when the Mental Health Act 1959 came into operation on 1st November 1960.

In the short period 1st April to 31st December 1965, the new London Borough of Southwark endeavoured to provide services which implemented the modern attitudes towards persons suffering from mental disorders that had been envisaged in the new Act.

It was obvious that the strain on one Borough's resources in dealing with emergency work at night and week-ends would be severe. Fortunately, the London Boroughs of Lambeth and Wandsworth came to the same conclusion and arrangements were made for an emergency control centre at the Lambeth Town Hall, covering an area comprising a population of approximately 979,680.

Perhaps the most important step towards future success in community care, was the progressive co-operation achieved by personal contact with the consultants at the Maudsley, Cane Hill and Bexley psychiatric hospitals. I am most grateful for their advice and their acceptance of my mental health staff at every level. Weekly consultations, sometimes more frequently, either at the Health Department headquarters or at the hospitals, took place: future plans, as well as care of patients on discharge from hospital, were carefully studied.

Shortage of staff, particularly trained and experienced social workers, restricted the work of the mental health services especially as this Borough, as well as all the other Inner London Boroughs, required more officers to man the improved emergency service.

Arrangements were made later in the year for suitable mental health social workers to attend advanced courses of full-time study covering a period of two years: in-service training, both basic and refresher, was planned.

Subnormal and Severely Subnormal Children.

Junior Training Centres for children aged 5 to 16 years, open during ordinary school hours, are organised as closely as possible on the lines of ordinary schools. The difficulties are formidable; only patience, perseverance and staff with a sense of vocation can help sub-normal and severely subnormal children to achieve the fullest possible development and social adaptation in accordance with their limited abilities.

Training Centres were provided as early as 1923 by the London Association for Mental Welfare with financial assistance from the former London County Council; prior to 1939 there were only 12 training centres administered by the

former L.C.C. and these were closed until 1948 because of war damage and other difficulties. By 1958 there were 21 centres in Inner London but all were in adapted buildings or hired premises. Although ten year plans for 1962-72 and 1964-74 included provision for the replacement of all junior training centres by purpose-built centres, with sufficient additional places to permit a lowering of the age of admission and with special care units for subnormal children suffering from additional handicaps, physical or otherwise, unfortunately no centre had been built in the new area of the London Borough of Southwark.

The Health Committee, and indeed all the Members of the Council, considered that top priority should be given to the erection of a purpose built junior training centre for the 100 or more subnormal children living in the Borough, as the two Junior training centres, one at Herne Hill and one at Peckham, were in church halls, with all the attendant disadvantages.

The Council inherited a plan, drawn up by the London County Council, for a large comprehensive centre at the Grange Tannery site in Bermondsey to accommodate both children and adults. After consultation with the Ministry of Health it was decided, however, that as the problems of training children differ considerably from those for adults and as training should be a progressive process so that children may be trained in accordance with their special needs and eventually move to a separate adult centre for a different level of training, accommodation for children should be excluded from the plan. Accordingly, the Grange project was replanned to provide a training centre for mentally handicapped adults, a day centre and hostel for the elderly mentally infirm and a hostel for subnormal boys. There was already a hostel for young women in the Borough.

A further site at Harders Road, S.E.15. (for the provision of an adult training centre) was also transferred to this Council on 1st April 1965. However, in view of the alteration to the plans for the Grange Tannery site, it was decided to use the Harders Road site for the erection of a junior training centre; arrangements were made accordingly.

At 1st April 1965 there was no adult training centre in the Borough; sub-normal adults attended centres in the Boroughs of Lewisham and Wandsworth or stayed at home.

In November 1965 the Benhill Training Centre, St. Giles' Parish Hall, S.E.5. was opened starting with ten trainees and two staff. The numbers increased very rapidly proving the great need that had existed. A social club for the Benhill trainees was started and held every Wednesday night. As with the training centre, this expanded rapidly and was well supported by both trainees and parents.

Two special units for subnormal children under 5 years of age were provided in two of the Council's day nurseries—at Wyndham Road, S.E.5. and Bishop's House, S.E.11—and two special advisory clinics were held at Sumner Road and Sutherland House welfare centres where parents sought early help with any problems about their children's progress and development.

Long and short term care was arranged, when necessary, either in a hospital, an approved home or private family. If necessary, transport and escorts were provided.

During the year arrangements were made for trainees to have a holiday at Dymchurch, Kent.

Day Centres for the Mentally Ill

These centres provide opportunities for rehabilitation, daytime occupation and social diversion; there are two such centres in the Borough.

(a) *The Castle Day Centre*

This is a rehabilitation centre for 30 persons who have been suffering from some form of mental illness: ultimate return to full community life is the object.

In the nine months April—December, 1965, the average attendance was 25; there were 80 admissions and 47 discharges.

In October, 1965, a weekly social club was started under the leadership of a mental health social worker.

(b) *Camberwell Day Centre*

This is a centre for 40 chronic mentally ill persons, its purpose being to prevent further deterioration, readmission to hospital and to relieve relatives.

In the nine months April-December, 1965, the average attendance was 35; there were 83 admissions and 46 discharges.

Residential Accommodation

Dover Lodge Hostel

This hostel was the first of its kind in the country. Accommodation is provided for up to 13 subnormal girls who have no homes or whose home background is unsatisfactory.

The girls are usually leavers from schools for the educationally subnormal and are trained to become self-supporting members of the community.

Hostel Accommodation

In approved cases, psychiatric cases are maintained in hostels managed by voluntary organisations, including the Mental After-Care Association, the Richmond Fellowship, the S.O.S. Society and the Jewish Welfare Board.

Case Conferences

Weekly case conferences were established between visiting Consultant Psychiatrists and mental health social workers. These proved most helpful to officers of the hospitals and the Borough.

Social Club

A social club for the mentally ill was held at Havil Street Hall each Tuesday evening, organised by the League of Friends of Cane Hill Hospital under the leadership of a mental Welfare Officer.

Training Programme

The Principal Mental Health Social Worker and her deputy gave talks to groups of officers of the Council and to voluntary organisations: students, to observe or take part in casework, were seconded from London, Manchester and Nottingham universities, the North West Polytechnic, and the N.S.P.C.C. Thirty-six student nurses from Cane Hill, Guy's and St. Giles' Hospitals, and eight student health visitors also attended.

Voluntary Agencies

The London Borough of Southwark has a number of voluntary agencies providing a variety of social services. Their contributions to community care were most valuable.

Statistics

Particulars of work for the nine months ended 31st December, 1965.

Number of referrals:

Mentally ill	531
Subnormal and severely subnormal	68
	— 599

Number initially admitted to hospital:

Informally	62
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Compulsorily:

Section 25	154
Section 26	22
Section 29	134
Other	4
	— 376

Number of persons receiving Community Care at 31.12.65:

Residential homes, hostels, etc.	52
Home Training	21
Attending Training Centres	169
Attending Day Centres	62
Receiving visits from M.H.S.W.s	987
	— 1,291

Number on register of Day Nursery special units at 31.12.65

14

Special advisory clinics for backward children:

Number of new referrals	16
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Summary of action taken for new cases:

Admitted to hospital	376
Community Care	223
	— 599

Recuperative Holidays.

Holidays are provided, on medical recommendation, for adults and young children who have received recent medical treatment, and where the emphasis is on rest, fresh air, and good food but regular medical and nursing attention is not required. Most cases are sent to hotels and boarding houses on the south and south-east coasts. In the period 1st April, 1965 to 31st December, 1965, 98 adults (physical and mental illnesses) and two nursing mothers availed themselves of the service.

There has been a steady reduction in the demand for the service. One reason is that doctors seldom refer young children, especially under two years, for recuperative holidays: but the main reason would appear to be that so many can now afford to pay for private accommodation.

The risk of infection among babies has caused difficulty in finding suitable placements but the use of private houses has been helpful. This and other accommodation was inspected by a visiting medical officer of the L.C.C. prior to 1st April, 1965 and various arrangements were considered with a view to this practice being continued in co-operation with other London Boroughs.

MISCELLANEOUS

Blind and Partially Sighted Persons

During the nine months to 31st December, 1965, 210 examinations of blind and partially sighted persons were arranged in accordance with Section 29 of the National Assistance Act, 1948; 88 were initial examinations and 122 were re-examinations. 57 persons were certified as blind and 153 as partially sighted.

In addition, 46 cases of which 36 were blind and 10 partially sighted were accepted from hospitals. A further five blind persons and one partially sighted person were accepted from other local authorities on taking up residence in the Borough.

Adoption and Boarding-out

Children in care being considered for adoption or boarding-out were medically examined by a general practitioner, visiting medical officer or hospital doctor at the request of the Children's Officer. The reports were scrutinised by a senior medical officer of the Health Department who advised whether the child was medically fit for adoption or boarding-out. Similarly, medical reports on prospective adopters were also arranged.

Immigrants

New immigrants notified by port medical officers as destined for this borough, were visited by officers of the Council to ensure that the information on hand-out cards (in several languages) issued at ports and airports of arrival had been understood; to give general information about the Health Services; and to persuade the new immigrants to register with general practitioners.

From 1st April to 31st December, 1965, the names of over 500 immigrants were received.

Registration of Nursing Homes

The demand for beds in nursing homes in Inner London steadily decreased as a result of the National Health Service Act, 1946. There were 58 registered nursing homes and 40 homes exempted from registration in 1949: at 31st December, 1964, there were only 47, all registered in accordance with The Nursing Homes Act, 1963 which amended the Public Health London Act, 1936 exempting from registration any non-profit making home.

There were only two private nursing homes in this Borough: they were visited by a Senior Medical Officer who advised the Matron on various aspects of health, hygiene, prevention of accidents, etc., and reported on the homes in accordance with Regulations.

Children's and Welfare Committees Establishments

Medical supervision of residential nurseries, large and small homes for the aged and infirm, accommodation for mothers and babies, homeless family units, etc., was carried out by a Senior Medical Officer. Particular attention was paid to short-stay accommodation for homeless families where infectious diseases could so easily spread because of the close and intimate nature of contact.

Part-time visiting medical officers were appointed to all establishments.

Chest Clinics

Tuberculosis

There are three chest clinics in the borough: Bermondsey Health Centre, 108 Grange Road, S.E.1, St. Giles' Hospital, St. Giles' Road, S.E. 5 and Health Services Department, Larcom Street, S.E.17. The Council reimburses the hospital service a portion of the salary of the Chest Physician and employs health visitors, social workers (chest clinics) and occupational therapists to carry out its functions. These include advice and assistance with personal, domestic, occupational and hygiene problems, domiciliary visits to ascertain contacts; and the provision in necessitous cases, on recommendation of the Chest Physician, of extra nourishment (milk, butter and eggs): during the year the number of persons granted extra nourishment fell from 39 to 34.

Occupational therapists conduct diversional therapy classes at the chest clinics, and/or visit the homes of patients who are housebound, to provide interesting and profitable working hobbies. The arrangements are made by the voluntary committee but the instructors are provided and paid by the I.L.E.A. as part of the evening institute teaching arrangements.

At the request of the Chest Physician, the Council arranges for the boarding out of a child contact if the child is exposed to infection in its own home, or the parent(s) are receiving residential treatment for tuberculosis and cannot arrange privately for the care of the child: 7 children were boarded out. If necessary, children are segregated from infectious homes during B.C.G. vaccination. Every possible alternative form of care is considered before a child is sent away from home, e.g. day nursery, child minder etc., as prolonged absence from the family may cause a child to suffer.

Voluntary care committees operate in association with chest clinics. In the main, their funds are obtained from voluntary contributions, sales of work and Christmas seals. During 1965 these committees gave most valuable assistance such as clothing, bedding, holidays etc., to patients who were not eligible to receive them from official sources.

There is no hostel for homeless infective tuberculous men in the Borough but when necessary a hostel elsewhere in London or in the British Legion Village, Maidstone, Kent, is used by special arrangement. Selected patients are also sent to village settlements for industrial rehabilitation.

Where there is urgent need to reduce the danger of infection arising from inadequate housing accommodation, the Council awards special housing preference to such cases.

Recuperative holidays are provided for tuberculous patients who have recently been ill or where a breakdown appears likely.

As with other matters in this report, statistics for previous years for the new area of the Borough were not easily available. There were fewer cases of pulmonary and non-pulmonary tuberculosis being dealt with at Chest Clinics during 1965 but

the great number of vagrant men and women drifting into the Borough caused concern: these persons, together with alcoholics and crude spirit drinkers, were the subject of discussions and conferences before approaching the appropriate Ministries.

Development of Voluntary Effort

The health departments of the former London County Council and of the former Metropolitan Borough Councils had considerable assistance from voluntary organisations: every endeavour was made by this Council to use the assistance available to the full. In line with the advice given in Circulars 2/62, 7/62, and 18/62, account was taken of the voluntary help available in planning the future of the health services in the Borough. In Inner London as a whole, and in the area of the London Borough of Southwark in particular, the pattern of voluntary help was complex and many organisations operating in these areas had reached a high degree of development and specialisation.

Grants were made during 1965 by the London Borough of Southwark to the voluntary committee of the Bird-in-Bush Welfare Centre and to Guy's Hospital (which runs the Salomon's Centre) who provide maternity and child welfare services on an agency basis for the Council.

A grant was also made by the Council to four associations providing chiropody treatment for the elderly:

- Camberwell Old People's Welfare Association
- King George VI Memorial Club
- Bermondsey Medical Mission
- Southwark (North) Old People's Welfare Committee

to three associations providing centres for the mentally ill:

- Cane Hill Hospital Psychiatric Social Club, Havil Street, S.E.5
- Camberwell Samaritans' Preventive Mental Health Social Work (St. Giles' Centre)
- Helping Hand Organisation Ltd. (Giles House Hostel)

and two associations dealing with problem families:

- South London Family Service Unit
- Family Welfare Association.

In addition, there were various associations which served more than one Borough and were receiving grant-in-aid from the Greater London Council:

- Moral Welfare Associations
- London Council of Social Service—General grant for organising home advice groups
- Institute of Social Psychiatry
- West London Mission
- 1. St. Luke's Hostel for Alcoholics (men)
- 2. St. Mary's Hostel for Alcoholics (women)
- Centre for Spastic Children

Easton House Trust
 Royal London Discharged Prisoners' Society
 National Association for Mental Health
 Central After-Care Association (The Circle Trust)
 Blackfriars Settlement Occupational Work Centre
 Central Council for Health Education
 National Association for Maternal and Child Welfare
 Royal Society for the Prevention of Accidents
 National Society of Children's Day Nurseries.

Ambulance Service

The London Ambulance Service continued to give most valuable assistance to the health services both directly and indirectly, in spite of their additional commitments and reorganisation as a result of the London Government Act.

I am most grateful for their help in connection with the domiciliary midwifery service and the transport of non-ambulant chiropody cases.

Staff Medical Examinations

A senior medical officer, with nursing assistance, is responsible for the medical examinations of all the staff of the Council. The duties include the examination of new entrants; those on extended sick leave, and those about to retire on health grounds.

Statistics for period 1.4.65 to 31.12.65

New Entrants:—

Officers	...	...	...	...	...	...	446
Manual Workers	...	...	...	...	...	...	16

Staff absent from duty owing to sickness:—

Officers	...	...	...	...	...	...	18
Manual Workers	...	...	...	...	...	...	324

The use of medical questionnaires for assessing the fitness of applicants for employment was commenced late in 1965 but did not become fully operative before the end of the year.

During November and December scrutiny of 55 questionnaires resulted in 28 of the applicants concerned being called for medical examination. These are included in the figures for the new entrants.

Finance

Making of charges and assessments

Some of the services provided by a local health authority under the National Health Service Act, 1946 must be free of charge (as are general medical services and hospital treatment) but a health authority may, with the approval of the Minister, make and recover reasonable charges for services and articles provided under sections 22, 28 and 29 having regard to the means of the persons availing themselves of the services. The Minister, in approving the making of charges under these sections, prescribed in Circular 100/48 that the charge should not

exceed the actual cost to the authority of providing the service and that the charge should be reasonable having regard to the means of the persons concerned.

Section 6 of the Mental Health Act, 1959 permits local health authorities to provide, *inter alia*, residential accommodation for persons suffering from a mental disorder and, with respect to charges, applies section 28 of the National Health Service Act, 1946.

When the principal Act came into force in July 1948, the former London County Council fixed charges for services and scales of assessment for abating the charge where the person responsible for payment was unable to meet it in full. These charges and scales followed closely the national recommendations of the County Councils' Association and associated bodies. The scales have been reviewed from time to time to conform with changes in National Assistance scales of grants and amendments have also been made when experience has shown them to be appropriate, e.g. having regard to increased costs of the services and in incomes.

Voluntary organisations providing similar services for which they are grant-aided are required, as one of the conditions of assistance, to act similarly.

The London Borough of Southwark adopted the assessment procedure of the former London County Council, subject only to a few minor points on administrative matters, pending full consideration of assessment and collection procedure by the London Boroughs Committee.

Charges are made in accordance with five assessment scales:

Scale A — for services which are small in cost or needed at irregular intervals.

Scale B — which is applied for services of a more continuous nature.

Scale C — for ascertaining charges payable in respect of residential care provided for the mentally disordered (other than short-term care for the mentally subnormal).

Day nursery service — special scale.

Home help service — special scale.

Expenditure

There are no figures available for the actual expenditure for the financial year 1964/65 owing to the formation of the area of the new London Borough of Southwark as previously explained.

The approximate maintenance expenditure for 1965/66 was £1,218,880: the amount recovered in contributions, including reimbursement of the cost of the school health service (£100,000) and half the cost of Port Health Administration (£14,720), was approximately £207,860.

ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE IN THE SOUTHWARK AREA

J. E. EPSOM, M.R.C.S., L.R.C.P., D.P.H., D.I.H.
PRINCIPAL SCHOOL MEDICAL OFFICER (SOUTHWARK)

SCHOOL HEALTH SERVICE

Castle House,
2 Walworth Road,
S.E.1.

School Health Service

Considerable parts of former L.C.C. Health Divisions 7 and 8 fell within the area of the new London Borough of Southwark (the former Metropolitan Boroughs of Bermondsey, Camberwell and Southwark) and the revised arrangements for the administration of the School Health Service caused a number of problems especially as so many senior medical, nursing and administrative staff were new to the area: the help and co-operation of heads of schools was greatly appreciated.

Reference is made later to certain medical matters but the full implications of some aspects of the work could not be fully ascertained in the short period under review.

Schools and Pupils

There are 118 county and voluntary schools in the area of the London Borough of Southwark.

Primary (including nursery schools)	...	...	...	77
Secondary (including grammar schools)	...	...	...	34
Special schools	...	...	...	7

The special schools include four for educationally sub-normal pupils, one for deaf children, one for partially sighted and one for maladjusted children. There is a partially-hearing unit attached to one of the primary schools.

As some primary schools had separate departments for infants and junior children, the number of head teachers to be consulted was 154.

The number of children attending schools in the Borough was approximately 49,000; details as at 1st April, 1965, were:—

	I.L.E.A. Schools	*Other Schools	Totals
Primary schools ...	21,133	7,462	28,595
Secondary schools ...	14,340	5,343	19,683
Special schools ...	600	—	600
			<hr/> 48,878 <hr/>

* 44 voluntary, direct grant, and independent schools.

More children attended schools in the London Borough of Southwark than in any other Inner London Borough.

Medical Inspections

(i) **Routine.** Routine examinations were conducted:

- (1) at age 5 (admission to primary school);
- (2) at age 7 (from infants' to junior school);
- (3) at age 11 (admission to secondary school);
- (4) at age 14 (in last year at school) or later.

The total examinations for the period 1st April, 1965 to 31st December, 1965 were 11,888.

- (ii) **Non-routine.** Medical examinations were carried out at ages other than listed above. Referrals were made:
 - (a) as a follow-up from a routine inspection;
 - (b) following
 - (i) a hospital report,
 - (ii) a report by the Divisional Officer (Education), because of poor school attendance;
 - (iii) a review of a handicapped child
 - (c) by the head teacher because of some physical, psychological or education defect noticed;
 - (d) by the school nurse as a result of a special survey or school visit;
 - (e) on parents' request.

Children who were thought to be in need of special education or unsuitable for education in school, were brought to the notice of the Principal School Medical Officer and formally examined under the provisions of the Education Act 1944. Seven of the medical staff were qualified to carry out E.S.N. examinations under Sections 34 and 57 of the Education Act: 136 such examinations were carried out between 1st April and 31st December 1965; 84 children were recommended for admission to day schools for the educationally sub-normal: 3 for boarding schools for E.S.N. pupils, and 45 were recommended to remain at ordinary school but to have special educational help in certain subjects.

In addition, recommendations were made for admission of pupils to day and boarding schools for the delicate and physically handicapped, etc.

The following figures show the work carried out during the period 1st April to 31st December 1965.

Number of doctors' sessions in ordinary schools	830
Number of doctors' sessions in E.S.N. schools (these were mainly 'rota' tests)	179
Number of "school journey" sessions attended by medical officer	73
Number of children examined as to fitness for employment (newspaper delivery, etc.)	692

The total number of children medically examined as "non-routine" was 9,031 in the nine months ended 31st December 1965.

Prophylaxis

In accordance with Section 26 of the National Health Service Act 1946 the immunisation/vaccinal state of school children was constantly under review. Parents of children about to enter school were urged to have their children fully protected against diphtheria and poliomyelitis.

Special surveys were made at selected schools with a view to ascertaining where propaganda was most required.

For the secondary school children in the 12-13 age groups, B.C.G. vaccination

against tuberculosis was offered as a routine: it is estimated that about 70% of children have been vaccinated.

During the nine months under review, 3,414 children were Mantoux tested and 3,027 received B.C.G. vaccination. 354 were found to be Mantoux positive, of whom 102 children had been previously vaccinated.

Other Clinics

There were seven school treatment centres in operation to which pupils were referred by teachers, nurses and medical officers. Sessions were always attended by a nurse and, as appropriate, a medical officer. Special investigation, minor ailments, audiology, speech therapy, vision and dental clinics were held regularly.

As cases of plantar warts were considerable in schools, frequent foot inspections for early diagnosis and referral for treatment were made.

Special investigation clinics were staffed by medical officers with particular experience in this field. In the past these clinics have dealt normally with children suffering from obesity, enuresis etc. but the character of the clinics has been changing and a wide range of minor behaviour difficulties were also dealt with. Children with behaviour problems showed signs of becoming the largest single problem in the schools of this area, causing school medical officers to become increasingly involved in the early detection of maladjustment and referrals to Child Guidance Clinics for psychiatric treatment.

Figures for the nine-month period ended 31st December 1965, for special clinics were:—

Vision Clinics

Total attendances	...	...	...	...	...	4,573
Number of new cases	...	...	...	...	...	918
Error of refraction or squint	...	...	...	...	...	3,756
Spectacles ordered	...	...	...	...	...	1,301

Audiology Clinics

Total attendances	...	...	...	...	...	592
Number of new cases	...	...	...	...	...	212

Special Investigation Clinics

Total attendances	...	...	...	...	...	1,231
Number of new cases	...	...	...	...	...	130

Minor Ailments Clinics

Total attendances	...	...	...	...	...	11,777
Number of new cases seen by medical officer	...	...	...	...	...	492
Number of new cases seen by nursing sister only	...	...	...	...	...	1,057
Number of new cases per 1,000 population	...	...	...	...	...	32
Defects treated: —						
athletes foot, verrucae, eye diseases, skin diseases, etc.	...	...	...	...	...	2,292

Social Workers

The Principal Social Worker (Health Services) is appointed jointly by the borough and the Inner London Education Authority and heads a team of eleven qualified social workers, nine of whom are also jointly appointed. Their work is concerned with (a) family casework; (b) the organisation of the medical treatment of school children and the social work arising from it.

The health department social workers organised and attended most of the special clinics for school children for vision, hearing and special investigation, and worked in close liaison with their opposite numbers in the school care committee as far as follow-up etc. was concerned. Twenty clinics each week were attended by the social workers (two audiology, eight vision, ten special investigation).

One of the senior social workers acted as liaison officer between the school health service and Guy's Hospital. She attended children's out-patients departments, the cerebral palsy/handicapped children's clinic and the Social Medicine Conference. She also attended sessions with the Senior Registrars in the department of Child Psychiatry. Close contact was maintained with other out-patient departments attended by school children.

Dental Service

The formation of the new borough was co-incidental with the introduction of a new scheme of school dental inspection common to the whole of the Inner London area. The purpose of this new scheme was to endeavour to ensure earlier and more regular treatment for those children whose parents specifically asked for school clinic treatment and to reduce the number of dental inspections in schools by examining only the new entrants and by issuing, through the school, an invitation to the parents of all other children to opt for either private or school clinic treatment.

This scheme was in operation throughout 1965 and although it led to some improvements in attendances—rate of new cases (47.7%) compared to the L.C.C. figure for 1964 (41.0%)—it has proved difficult to administer efficiently. In the light of experience it is thought that some school inspections may be necessary to determine incidence and prevalence of dental disease rates; standards and maintenance of oral hygiene; the discovery of grosser cases of dental neglect; and to act as a most important stimulus to both child and parent to seek treatment whether from the N.H.S. or within the School Dental Service.

Premises

There are three single and three double surgeries in operation in the Borough; one surgery at Bermondsey Health Centre is leased to the Inner London Executive Council. The location of dental centres relative to their catchment areas is considered appropriate and there is no part of the borough more than 1½ miles from a dental centre. Some of the existing premises are due for replacement or renewal.

Staff

The dental staff in 1965 consisted of the Principal School Dental Officer who worked five clinical sessions a week, three other full-time dental officers and six part-time or sessional dental officers, a total whole-time equivalent of 6.6. One dental auxiliary was employed part-time at St. George's S.T.C. under the supervision of the dental officer. There were eight dental surgery assistants of whom one was on permanent duty at the Inner London Executive Council Surgery at Bermondsey Health Centre. In all 77 sessions a week were worked by dental staff.

Dental Health Education

Provision of dental health education material at all centres in the Borough was maintained. At a Health Exhibition held at the Elephant and Castle Shopping Centre from 29 November to 11 December, a dental exhibit was incorporated illustrating the effects of dental disease and methods of care and treatment. This stand attracted much attention from visiting parties of school children and the general public. Posters and displays were exhibited at the various centres and leaflets on dental health made available for distribution to mothers and children.

Orthodontics

During the nine months ended 31st December 1965, 42 new cases were undertaken and at the end of the year there were 44 cases currently undergoing treatment. Appliances were fitted in 30 cases. Eight more complicated cases were referred for hospital consultation.

Inspection and Treatment

Forty-five inspection sessions were held in schools at which 8,837 children were inspected. A further 2,608 were inspected at clinics for the first time. Total inspections therefore were 5,761 or 11.75% of the school roll.

A total of 2,056 treatment sessions were held at which total attendances were 16,101, an average attendance of 7.8 per session. The attendance rates were:—

New cases 48.6% ; On-treatment cases 76.2% ; Lapse rate (course of treatment not completed) 9.9%.

There were 6,379 fillings inserted in permanent teeth and 4,227 fillings in deciduous teeth. Extractions of permanent teeth numbered 623 and of deciduous teeth 2,141.

The average number of fillings per treatment session was 5.2 and the ratio of permanent teeth filled to permanent teeth extracted was 9 to 1.

General anaesthetic sessions held numbered 69 at which 1,138 general anaesthetics were administered.

Cases discharged dentally fit during the period totalled 4,926, an average of 2.4 per session.

General

Continuing an arrangement initiated by the former London County Council, the New Cross School for Dental Auxiliaries inspected and treated the children at seven junior and infant schools within the Borough: 1,720 children were so inspected in 1965. The Director and his staff were most helpful in matters of mutual interest and particularly in the field of dental health education.

Southwark is one of only two London Boroughs still employing a dental auxiliary and during the year an interim report was made to the General Dental Council by the supervising dental officer. In December a team of assessors from the Council attended St. George's S.T.C. to make a clinical evaluation of the work of the dental auxiliary. The experience of having a dental auxiliary working in the School Dental Service would appear to indicate that there is a definite place for such officers in an expanding and progressive service particularly in the fields of dental health education and the treatment of the younger child.

SCHOOL HEALTH STATISTICS FOR THE AREA OF THE LONDON BOROUGH OF SOUTHWARK — SUMMARY FOR THE YEAR 1965

1. Estimated population, age 5-14 ...	41,300	<i>Ear, nose and throat centres—</i>	
2. School medical inspections		Sessions	12
Routine	17,357	Number of new cases	61
Special ‡	4,677	Total attendances	129
Reinspections	7,130		
Number of medical inspections per		LOCAL AUTHORITY CLINICS	
1,000 population, age 5-14	706	<i>Audiology centres—</i>	
Health Surveys—		Sessions	82
Comprehensive	29,990	Number of new cases	296
Selective	4,839	Total attendances	774
Communicable diseases	1,054	<i>Special investigation clinics—</i>	
Audiometry—		Sessions	260
Number of children given sweep test * ...	4,980	Number of new cases	205
Number of children given pure tone		Total attendances	1,660
test *	338	<i>Minor ailment centres —</i>	
Number of children referred to oto-		Sessions:	
logist at audiology centre ... *	212	Medical officer	140
		Nursing sister	1,746
†3. School medical treatment		Number of new cases seen by medical	
HOSPITAL AND SPECIALIST CLINICS		officer	789
<i>Vision centres—</i>		Number of new cases seen by nursing	
Vision sessions	483	sister only	2,545
Number of new cases	1,262	Number of new cases per 1,000 popu-	
Number per 1,000 population, age		lation, age 5-14	81
5-14	31	Total attendances	21,248
Total attendances	6,149	Defects treated:	
Errors of refraction and squint ...	4,865	Athletes foot	360
Other eye defects	8	Verrucae	787
Spectacles ordered	1,728	Ringworm: body	2
Orthoptic sessions	333	Impetigo	39
Number of new cases	89	Other skin diseases	262
Total attendances	346	Eye diseases	207
		Ear diseases	49
		Miscellaneous: Bruises, lacerations,	
		etc.	2,482

<i>Bathing centres—</i>					(b) attended by appointment ...	12,469
Number of attendances for:					average per session ...	4.9
Minor ailments	...	...	...	—	Other attendances (emergencies) ...	560
Scabies	...	...	...	156	average per session ...	0.2
Impetigo	...	...	...	—	General anaesthetic session attendances	1,486
Vermin and nits	...	...	...	303	average per session ...	16.5
Total	...	...	...	459	Total attendances ...	21,247
4. Dental Centres					Inspections:	
Number of sessions:					first inspections at school ...	8,837
Treatment	...	...	...	2,531.9	first inspections at clinic ...	4,001
Anaesthetic	...	...	...	89.8	percentage found to require treatment	63.9
Inspection	...	...	...	111.0	re-inspection at school or clinic in 1965	2,239
Total sessions	...	...	...	2,732.7	percentage found to require treatment	71.0
Treatment sessions:					Number of dentists employed (effective whole-time equivalent§) ...	4.8
Number of new cases:					Number of dental auxiliaries employed	1
(a) given appointments	...	...	...	14,106	5. Recuperative holiday homes	
average per session	...	...	...	5.6	Schoolchildren (including nursery schoolchildren):	
(b) attended by appointment	...	...	...	6,732	Number admitted during year	109
average per session	...	...	...	2.7		
Number of on-treatment cases:						
(a) given appointments	...	...	...	16,283		
average per session	...	...	...	6.4		

* Contains estimated figures for the March quarter.

† Contains figures for the March quarter which (except Ear, Nose and Throat Centres and Bathing Centres) were partly apportioned according to population of statutory school age.

‡ Includes some medical examinations for 1965 and for 1964 carried out at County Hall, mainly for handicapped pupils, theatrical children, entrants for nautical schools and children for outward bound courses.

§ Excluding annual leave, sickness, etc.

RULES FOR ADMISSION TO THE COUNCIL'S DAY NURSERIES

1. The first priority for admission shall be given equally, subject to the other rules, to the children (including adopted children) of:—
 - (a) mothers who are widows, separated or divorced wives, or wives whose husbands are totally disabled or in prison, or unmarried mothers, provided they are maintaining an independent home and are employed at least 35 hours a week including meal times;
 - (b) parents where the mother is in ill-health and cannot care adequately for the children, or during the mother's confinement;
 - (c) parents who are living in housing conditions detrimental to health, or where other environmental factors are such that it is desirable for the health of the child that it should be admitted to a day nursery; and
 - (d) widowers or where the mother has left the home.
2. The second priority for admission shall be given, subject to the other rules, to the children of parents where, because the father is unemployed or his earnings are so low, the mother is compelled to go to work as an economic necessity and is employed at least 35 hours a week, including meal times, provided the joint net income of the parents as calculated in accordance with approved rules does not exceed £10 a week.
3. Vacancies not required for children in the first and second priority classes shall be offered to other children in a third priority class whose parents are both working, if able to do so (the mother being employed for at least 35 hours a week, including meal times), and whose joint net income, as calculated in accordance with approved rules, exceeds £10 a week.
4. In assessing applications for all admissions an overriding consideration shall be that the parent(s) is/are unable to make other satisfactory arrangements for the care of the children.

HEALTH DEPARTMENT ESTABLISHMENTS

APPENDIX B

Maternity and Child Welfare Centres

Amott
Bermondsey Health Centre
Bird-in-Bush
Central Hall
Consort Road
Denmark Hill
Health Services Dept.
John Dixon
Kingswood
Lordship Lane
Maynard House
Pakeman House
Redriff
Salomon's
Silwood
Sumner Road
Sutherland House
Townley
Villa Street

Amott Road, S.E.15.
Grange Road, S.E.1.
Old Kent Road, S.E.15.
Tower Bridge Road, S.E.1.
Consort Road, S.E.15.
Blanchdowne, S.E.5.
Larcom Street, S.E.17.
Drummond Road, S.E.16.
Bowen Drive, S.E.21.
475 Lordship Lane, S.E.22.
Benhill Road, S.E.5.
Pocock Street, S.E.1.
Redriff Road, S.E.16.
Guy's Hospital, S.E.1.
Alpine Road, S.E.16.
Basingstoke House, S.E.15.
Sutherland Square, S.E.17.
Townley Road, S.E.22.
Villa Street, S.E.17.

School Treatment Centres

Camberwell
Camberwell Sub-Centre
Peckham
Peckham Sub-Centre
Gordon Road
Redriff School
St. George's
Bermondsey Health Centre
Consort Road
Health Services Dept.
John Dixon
475 Lordship Lane

Addington Square, S.E.5.
Comber Grove School, S.E.5.
Credon Road, S.E.16.
Camelot Street School, S.E.15.
Gordon Road, S.E.15.
Redriff Road, S.E.16.
Blackfriars Road, S.E.1.
Grange Road, S.E.1.
S.E.15.
Larcom Street, S.E.17.
S.E.16.
S.E.22.

Day Nurseries

Bishops House	Kennington Park Place, S.E.11.
Dog Kennel Hill	Dog Kennel Hill, S.E.22.
Peckham Park Road	Peckham Park Road, S.E.15.
Queen's Road	St. Mary's Road, S.E.15.
Whitstable	Stevens Street, S.E.1.
Wyndham	Wyndham Road, S.E.5.
Tenda Road	Tenda Road, S.E.16.

Disinfecting and Cleansing Stations

Frensham Street	S.E.15.
King James' Street	S.E.1.
Neckinger	S.E.16.

District Nurses

Benson Home	Sancroft Street, S.E.11.
St. Olave's	Cherry Garden Street, S.E.16.
29 Peckham Road	S.E.5.

Foot Clinics

Rotherhithe New Road	Rotherhithe New Road, S.E.16.
Amott	S.E.15.
Bermondsey Health Centre	Grange Road, S.E.1.
Bird-in-Bush	S.E.15.
Health Services Dept.	Larcom Street, S.E.17.
John Dixon	S.E.16.
Lordship Lane	S.E.22.
29 Peckham Road	S.E.5.

Crèche

St. Peter's Church Hall	Dulwich Common, S.E.21.
Consort Road	S.E.15.
Kingswood	S.E.21.
Sutherland House	S.E.17.

Mental Health

Training Centres:—

Herne Hill (Junior)	Methodist Hall, Half Moon Lane, S.E.24.
Peckham (Junior)	Studholme Street, S.E.15.
Benhill (Adult)	Benhill Road S.E.5.

Day Centres:—

Castle
Camberwell

Hampton Street, S.E.17.
Benhill Road, S.E.5.

Hostel:—

Dover Lodge

Wood Vale, S.E.23.
Tennis Street, S.E.1.
108 Grange Road, S.E.1.
St. Mary's Road, S.E.15.

Mortuary

Health Centre

S.E. London G.P. Centre

Home Help Offices

Municipal Offices
Bermondsey Health Centre
29 Peckham Road
20/22 Lordship Lane

Larcom Street, S.E.17.
Grange Road, S.E.1.
S.E.5.
S.E.22.

Offices

H.Q. Castle House
Area 1
Area 2
Area 3
Area 4

2 Walworth Road, S.E.1.
Larcom Street, S.E.17.
Spa Road, S.E.16.
29 Peckham Road, S.E.5.
20/22 Lordship Lane, S.E.22.

EMERGENCY ARRANGEMENTS FOR HEALTH DEPARTMENT SERVICES

During Office Hours

All emergency calls, except those for the domiciliary midwifery service, are made to the headquarters offices, Castle House, 2 Walworth Road, S.E.1 (telephone number RODney 6363).

Outside Office Hours (including week-ends and public holidays)

All emergency calls are made to Lambeth Town Hall, Brixton Hill, S.W.2 (telephone number BRIxton 7722).

Domiciliary Midwifery Service

All emergency calls both by day and by night—including week-ends and public holidays—are made to Lambeth Town Hall, Brixton Hill, S.W.2 (telephone number BRIxton 7722).

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