

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

**Contributors**

Southwark (London, England). London Borough.  
Epsom, J. E.

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# ANNUAL REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

AND

# PRINCIPAL SCHOOL

# MEDICAL OFFICER

FOR THE YEAR

1967





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

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To The Mayor, Aldermen and Councillors,  
London Borough of Southwark. \_\_\_\_\_

Ladies and Gentlemen,

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The Family Planning Act, which came into operation during the year, enabled the local health authority to provide family planning services not only for medical cases, but also for those with a social need.

As mentioned in my introduction to last year's Annual Report, there had been failure in early notification of serious infectious diseases. The steps taken by all concerned to ensure prompt notification following the failures in 1966 were found to be adequate during 1967.





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 Annual Report on the health services of the London Borough of Southwark for the year 1967.

1967 was a year in which the re-organisation and development of the local health authority services continued to progress. The successful implementation of planning any service depends on full co-operation which, I am happy to report, has grown steadily during the year.

The local health authority's work falls into broad but overlapping categories. First the provision of services for community care and social support for people who are temporarily or permanently dependent, and second the prevention of ill-health and disability.

During the year authority was sought from the Ministry of Health to set up advisory and preventive clinics for the over 60's. Details of this service are set out in the report.

The Council also agreed during the year to allow me to carry out a pilot health survey of the general public by means of a medical examination and a series of tests using a mobile health clinic. Approval was obtained from the Ministry of Health for the project under the Health Visiting and Social Work (Training) Act, 1962. Details of my findings will be reported upon in my next year's Annual Report.

The home help service continues to expand and attempts to streamline the service and improve recruitment were made during the year by reducing the number of areas from 4 to 3.

The Family Planning Act, which came into operation during the year, enabled the local health authority to provide family planning services not only for medical cases, but also for those with a social need.

As mentioned in my introduction to last year's Annual Report, there had been failures in early notification of serious infectious diseases. The steps taken by all concerned to ensure prompt notification following the failures in 1966 were found to be adequate during 1967.



The presence of the Newcomen Assessment Clinic at Guy's Hospital in the area of this Borough is especially valuable. The Senior Medical Officer for Maternity and Child Welfare regularly attends "assessment sessions" thus co-ordinating the services for the handicapped children in the Borough.

Finally, I would add that the progress made during the year would not have been possible without the efforts and enthusiasm of each member of the staff and I would like to record my sincere thanks to them. Also I wish to express my appreciation to the Members of the Health Committee and other Committees of the Council for their support, advice and encouragement throughout the year.

I am, Mr. Mayor, Aldermen and Councillors,

Your Obedient Servant,

J. E. EPSOM,

Medical Officer of Health,

and

Principal School Medical Officer.



## HEALTH COMMITTEE

### Chairman:

Councillor F. J. Francis, M.R.S.H.

### Vice-Chairman:

Alderman W. A. Miller

### Members:

Councillor J. B. Booker	Councillor J. Mahoney
Councillor Mrs. L. M. Brown	Councillor A. P. Pritchett,
Councillor Mrs. C. M. Clunn	T.D., F.A.L.P.A.
Councillor Mrs. E. V. Coyle, J.P.	Councillor R. Richards
Councillor Mrs. E. S. Daymond	Councillor F. T. Rolfe
Councillor D. Fifer	Councillor N. H. Tertis,
Councillor Mrs. A. Inman	F.Inst.Ch., S.R.Ch., F.R.S.H.

### Ex-Officio:

Councillor C. C. Gates	Mayor of the London Borough of Southwark
Alderman A. J. Kemp	Leader of the Council
Councillor F. J. Cullingham,	Leader of the Opposition
J.P., F.C.A., F.C.I.S.	

### Co-opted Members:

Dr. J. B. V. Quinn	H. G. Lamborn
--------------------	---------------

Councillor Francis resigned as Chairman on his appointment as Leader of the Council, on 12th December 1967, and Alderman W. A. Miller and Councillor Mrs. C. M. Clunn were appointed Chairman and Vice-Chairman respectively. Councillor A. E. Knight was appointed to the Health Committee vacancy.

Members of the Health Committee represented the Council on the following organisations:—

Bird-in-Bush Welfare Centre Voluntary Committee	Councillor Mrs. E. S. Daymond
Camberwell Old People's Welfare Association	Councillor F. J. Francis
	Councillor Mrs. A. Inman
	Councillor Mrs. E. S. Daymond
Camberwell Tuberculosis Care Committee	Councillor Mrs. E. S. Daymond
	Councillor Mrs. A. Inman
	Councillor N. H. Tertis

No. 33 Cane Hill Hospital Management Committee ... ..	H. G. Lamborn
Family Welfare Association ... ..	Councillor Mrs. E. S. Daymond
Greater London Home Safety Council	Councillor J. Mahoney
London Boroughs Training Committee	Councillor Mrs. L. M. Brown (Deputy)
London and Home Counties Clean Air Advisory Council ... ..	Councillor J. Mahoney
National Association for Maternal and Child Welfare ... ..	Councillor F. J. Francis
National Health Service—Inner London Executive Council ... ..	H. G. Lamborn
National Society for Clean Air ... ..	Councillor Mrs. E. S. Daymond
St. Giles' Centre Board of Trustees ... ..	Alderman W. A. Miller
Salomons Welfare Centre Voluntary Committee ... ..	Councillor Mrs. L. M. Brown
	Councillor Mrs. E. V. Coyle
South London Family Service Unit ... ..	Chairman of the Health Committee
South West Metropolitan Regional Hospital Board—London Liaison Committee ... ..	Chairman of the Health Committee
Southwark Association for the Handicapped ... ..	Vice-Chairman of the Health Committee
Southwark and Bermondsey Tuberculosis Care Committee ... ..	Councillor Mrs. E. S. Daymond
Southwark Council of Social Service ... ..	Chairman of the Health Committee
Board of Governors of:—	
Guy's Hospital ... ..	Alderman A. J. Kemp
King's College Hospital ... ..	Councillor F. J. Cullingham
	Councillor F. J. Francis
Blackfriars Settlement ... ..	Councillor J. B. Booker



## HEALTH DEPARTMENT STAFF AT 31st DECEMBER, 1967

*Medical Officer of Health and  
Principal School Medical Officer:*

J. E. Epsom, M.R.C.S.(Eng.), L.R.C.P.(Lon.), 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. (M. & C.W.)

*Vacancy (Staff Occupational Health and Welfare)*

*Assistant Senior Medical Officer:*

Sybil R. Yeates, M.B., B.S., M.R.C.S., L.R.C.P.

Medical Officers—6

Sessional Medical Officers—Full time equivalent—7.9

*Director, South East London General Practitioners' Centre:*

Brigadier H. L. Glyn Hughes, C.B.E., D.S.O., M.C., M.R.C.S., L.R.C.P.

*Chief Dental Officer and Principal School Dental Officer:*

J. Cleary, B.D.S.

Dental Officers: Full-time, 4; Sessional—Full-time equivalent—2.2

Dental Surgery Assistants—9; Dental Auxiliary—1

*Chief Administrative Officer:*

T. A. C. Maxwell

*Deputy Chief Administrative Officer:*

S. A. Cranfield.

*Senior Administrative Assistants:*

R. A. Davies, Mrs. A. Howell, J. A. Keane, J. A. Rozzier, H. D. White

E. J. Wicks



*Administrative and Clerical Staff:*  
Full time—143: Part time—Full time equivalent—7

*Health Education and Home Safety Officer:*  
J. W. Saward

*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.

*Public Health Inspectors:*

Divisional ... ..	4	Offices, Shops and Railway Premises	1
District ... ..	17	Senior Smoke ... ..	1
Food ... ..	3	New Drainage and Building ...	3
Senior Housing ... ..	1	Pest Control ... ..	1
Housing ... ..	2	Superintendent Disinfecting	
Senior Wharves ... ..	1	Stations	1
Wharves ... ..	3		
Student Public Health Inspectors ... ..	12		
Technical Assistants ... ..	20		
Mortuary Superintendent ... ..	1		

*Chief Nursing Officer:*  
Mrs. E. E. Belcher, S.R.N., M.T.D., H.V., Q.N.

*Deputy Chief Nursing Officer:*  
Miss J. E. Kedge, S.R.N., S.C.M., H.V.

Senior Assistant Chief Nursing Officer ...	1
Assistant Chief Nursing Officers ... ..	3
Centre Superintendents ... ..	8
Health Visitors ... ..	32
T.B. Visitors ... ..	5
Student Health Visitors ... ..	11
Clinic and School Nurses ... ..	49
Clinic Auxiliaries—Full time equivalent ...	8
Senior Environmental Visitor ... ..	1
Environmental Visitors ... ..	4
Superintendents, Home Nursing ... ..	2
Deputy Superintendents, Home Nursing ...	2
District Nurses ... ..	58
District Nurses (S.E.N.) ... ..	5
Student Nurses ... ..	3
Nursing Auxiliaries ... ..	4
Day Nursery Staff ... ..	95

*Chief Social Worker (Health Services):*  
Miss J. Hill, A.I.M.S.W.

*Deputy Chief Social Worker (Health Services):*  
Mrs. M. M. Hill, B.Sc., A.I.M.S.W.

Social Workers	...	...	...	...	6
Family Case Workers	...	...	...	...	3
Welfare Officers (Chest Clinic)	...	...	...	...	2
Home Handicraft Instructor	...	...	...	...	0.5

*Chief Mental Welfare Officer:*  
Mrs. M. Day, S.R.N., M.S.M.W.O.

*Deputy Chief Mental Welfare Officer:*  
P. Symonds, C.S.W., M.S.M.W.O.

*Mental Welfare Officers:*

Full time	...	...	...	...	14	Part time—Full time equivalent	...	1
Joint Appointment with Hospitals—4								

*Senior Occupational Therapists:*

Full time	...	...	...	...	1	Part time—Full time equivalent	...	0.5
Joint Appointment with Guy's Hospital—1								

*Mental Health Escort—1*

*Junior Training Schools*  
Head Teachers—2      Teachers—7

*Adult Training Centre*  
Supervisor—1      Deputy Supervisor—1  
Assistant Supervisors—6

*Day Centres*  
Supervisors—3      Deputy Supervisors—3  
Assistant Supervisors—5

*Hostel*  
Warden—1      Deputy Warden—1  
Assistant Warden—1

*Chief Chiropodist:*  
E. F. Part, M.Ch.S., S.R.Ch.  
Chiropodists: Full time—4; Sessional—Full time equivalent—3.5

*Chief Home Help Organiser*  
Mrs. L. Nepean-Gubbins, M.R.S.H.  
H.H.O.—3      Assistant H.H.O.—6  
Home Helps—584      Full time equivalent—382

*Manual and Domestic Staff*  
Staff of various categories—Full time equivalent—100



# CLASSIFICATION OF DEATHS WITH AGE DISTRIBUTION, 1967

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		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	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	17	2	—	—	—	—	—	—	—	—	—	—	1	—	2	1	4	—	4	—	3	1	3	1
Tuberculosis, other	1	3	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	1	—	—	
Syphilitic disease	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	4	1	4	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infective and parasitic diseases	3	6	—	—	—	—	1	—	—	—	—	—	1	—	—	—	2	1	1	1	1	—	1	
Malignant neoplasm, stomach	46	32	—	—	—	—	—	—	—	—	—	1	—	2	—	7	3	9	5	19	9	8	15	
Malignant neoplasm, lung, bronchus	253	42	—	—	—	—	—	—	—	—	—	—	—	3	2	31	6	95	15	81	10	43	9	
Malignant neoplasm, breast	1	74	—	—	—	—	—	—	—	—	—	—	—	—	4	1	15	—	19	—	16	—	20	
Malignant neoplasm, uterus	—	26	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	8	—	9	—	3	
Other malignant and lymphatic neoplasms	175	165	—	—	—	—	—	—	—	—	—	1	7	2	10	6	10	7	51	26	49	46	48	
Leukaemia, aleukaemia	8	10	—	—	—	—	—	—	—	2	—	—	—	—	1	1	1	3	1	3	—	1	5	
Diabetes	8	15	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	3	3	2	11	
Vascular lesions of nervous system	124	257	—	—	—	—	—	—	1	—	1	1	—	—	5	3	9	6	13	24	40	58	55	
Coronary disease, angina	366	295	—	—	—	—	—	—	—	—	—	—	2	—	16	3	47	2	99	29	120	85	82	
Hypertension with heart disease	14	27	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	5	8	7	
Other heart disease	99	199	—	—	—	—	—	—	—	1	1	—	1	5	4	4	8	7	15	12	24	26	46	
Other circulatory disease	71	102	—	—	—	—	—	—	—	—	2	1	—	1	2	2	5	3	20	7	17	22	25	
Influenza	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	
Pneumonia	110	148	2	1	9	8	3	1	—	—	—	—	—	—	2	—	7	1	12	4	28	15	47	
Bronchitis	191	66	—	—	—	3	—	—	—	1	—	—	—	—	2	—	6	3	52	7	67	19	64	
Other diseases of respiratory system	12	11	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	1	5	3	3	1	1	
Ulcer of stomach and duodenum	19	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	2	9	3	5	
Gastritis, enteritis and diarrhoea	6	17	—	—	2	1	2	2	—	—	—	—	1	—	—	—	2	1	—	—	4	—	—	
Nephritis and nephrosis	12	11	1	—	—	—	—	—	—	—	—	—	2	—	1	1	2	1	1	2	3	—	2	
Hyperplasia of prostate	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	6	
Pregnancy, childbirth, abortion	—	3	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	
Congenital malformations	19	8	11	3	3	1	—	—	—	2	—	1	1	—	—	—	2	—	1	—	—	1	1	
Other defined and ill-defined diseases	90	132	32	18	2	2	1	—	1	1	1	3	2	—	2	7	5	5	12	15	14	16	18	
Motor vehicle accidents	21	14	—	—	—	—	—	—	2	—	7	1	2	1	3	1	—	2	2	1	1	3	3	
All other accidents	48	34	2	—	1	2	1	3	2	—	6	—	7	1	2	—	4	2	9	3	9	4	5	
Suicide	30	18	—	—	—	—	—	—	—	—	4	4	5	1	7	1	5	7	6	2	3	—	—	
Homicide and operations of war	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
	1,755	1,745	48	22	17	17	9	6	7	7	22	13	34	15	64	40	156	82	420	187	501	369	477	
TOTAL CERTIFIED DEATHS	3,500		70		34		15		14		35		49		104		238		607		870		1,464	





# VITAL STATISTICS, 1967

Area of Borough (including area covered by water)	...	...	7,115 acres
Population (Registrar General's estimate mid-1967)	...	...	300,720
Number of inhabited houses	...	...	88,266
Rateable Value (April, 1967)	...	...	£18,608,440
Sum represented by a penny rate	...	...	£72,550

## Births

					Total	Legitimate	Illegitimate
Live Births—Male	...	...	...	...	2,695	2,343	352
Female	...	...	...	...	2,579	2,241	338
					5,274	4,584	690
Still Births—Male	...	...	...	...	43	35	9
Female	...	...	...	...	41	33	7
					84	68	16
Birth rate per 1,000 population	...	...	...	...	...	...	17.5
Number of deaths—all ages	...	...	...	...	...	...	3,500
Death rate per 1,000 population	...	...	...	...	...	...	11.6
Infantile Mortality							
Deaths under 1 year	...	...	...	...	...	...	104
Infant deaths per 1,000 live births	...	...	...	...	...	...	20
Maternal Mortality							
Deaths of women from diseases or accidents associated with childbirth, including abortion	...	...	...	...	...	...	3
Maternal death rate per 1,000 total births	...	...	...	...	...	...	0.56
Deaths from pulmonary tuberculosis...	...	...	...	...	...	...	30
Death rate per 1,000 population	...	...	...	...	...	...	0.10
Deaths from cancer of lung and bronchus	...	...	...	...	...	...	295
Death rate per 1,000 population	...	...	...	...	...	...	0.98
Deaths from all forms of cancer	...	...	...	...	...	...	814
Death rate per 1,000 population	...	...	...	...	...	...	2.7

## VITAL STATISTICS—Greater London Area and England and Wales

	Greater London Area	England and Wales
Live births per 1,000 population	17.0	17.2
Deaths per 1,000 population	10.8	11.2
Infantile mortality (deaths under 1 year) per 1,000 live births	18.4	18.3
Maternal mortality per 1,000 total births	0.33	0.11



## PERSONAL HEALTH SERVICES

### MATERNITY AND CHILD WELFARE

#### Child Welfare Centres

During the year a report on the medical functions and medical staffing of child welfare centres was issued by a Sub-Committee (the Sheldon Committee) set up by the Standing Medical Advisory Committee to the Minister of Health. The report emphasised the continuing need for a preventive service to safeguard the health of children. Its main recommendations were the formation of groups of general practitioners, building of health centres with attachment of health visitors, post-graduate training of general practitioners and local authority medical staff, greater employment of part-time medical officers, especially women, and co-operation with other voluntary and statutory services. The report also recommended that the organisation of the service should remain as at present with the Medical Officer of Health.

Many of the recommendations made by the Sub-Committee were already in operation in Southwark.

In common with many other large urban authorities with a high proportion of decaying housing accommodation, Southwark has many preventive health problems and these are exacerbated by the presence of five buildings containing over 260 homeless families from other London Boroughs. One such building, housing 79 families including 92 children under 5 years of age, was served by infant welfare and prophylaxis sessions held at a nearby clinic which had to close owing to expiry of the lease. The large numbers of young children and the rapid turnover in families using the accommodation made it imperative to provide child welfare services to ensure that the children received adequate medical care and to reduce the risk of infectious disease occurring in the Borough. Consequently, a vaccination and immunisation session commenced in the building and was later combined with infant welfare work. The clinic is held in the social workers' office and a medical officer and a health visitor attend the session.

At another welfare centre it was observed that there were many non-attendances especially of children on the handicapped and observation register called up for review. This was considered to be mainly due to the fact that working mothers are unable to attend the centre at the times of the existing sessions. Arrangements were therefore made to hold an evening welfare session which is run entirely by Council staff.

Some or all of the following services were available at the 19 Council welfare centres: ante-natal, post-natal, infant welfare, toddlers, prophylaxis, creche, health education, dental care of expectant and nursing mothers and children under 5 years of age. Similar facilities were provided at two centres run by voluntary committees with grant aid from the Council. In addition, mothercraft classes were conducted by health visitors in some centres in which instruction was provided in home-making, budgeting, simple cookery and so on. Health visitors also provided health education talks and gave advice on feeding difficulties and the general management of children.

Clinic medical officers are primarily concerned with developmental paediatrics



and a section on the handicapped and observation register can be found elsewhere in this report. Medical officers and health visitors are assisted in their tasks by clinic nurses and clinic auxiliaries.

The following table indicates the volume of work carried out in welfare centres during 1967:

First attendances in 1967 of children born in—					
1967	...	...	...	...	4,233
1966	...	...	...	...	4,171
1965	...	...	...	...	3,695
Total attendances	...	...	...	...	73,485
Total sessions held	...	...	...	...	2,414
Ante and post-natal sessions—					
First attendances	...	...	...	...	147
Total attendances	...	...	...	...	583
Total sessions held	...	...	...	...	66
Facilities provided for General Practitioner Obstetricians ante and post-natal sessions held in Council clinics					
	...	...	...	...	376
Child welfare sessions held at General Practitioner's surgeries at which Council staff were present					
	...	...	...	...	116

## Nurseries and Child-Minders

### Council Services

Under Section 22 of the National Health Service Act, 1946, the Council provides day nursery, occasional creche and child-minder services for the day care of children under 5 years of age.

### Day Nurseries

There are six day nurseries in the Borough and demand for places is such that a system of priorities governing admission is in operation. Priority is given to those children whose home circumstances are detrimental to health or whose mothers have to go out to work through economic necessity.

Charges are made according to means, but certain groups of children are admitted free, except for a nominal charge for meals. These groups include children with a hearing defect, speech retardation and children of deaf parents in need of a hearing environment, who are admitted on a part-time basis up to 15 hours a week. In addition, special units to accommodate severely sub-normal children are attached to two day nurseries. Certain other handicapped children are also admitted free on the recommendation of a case conference (see page 29)

Number of day nurseries at 31st December 1967	...	...	...	6
Number of places at 31st December 1967	...	...	...	325
Total attendances during 1967	...	...	...	71,329
Total attendances at special units during 1967	...	...	...	3,734



### **Voluntary Child-Minders Scheme**

Persons who daily mind less than three children for reward need not register under the Nurseries and Child-Minders Regulation Act, 1948, but can be registered under the Council's voluntary scheme and receive a registration fee of 6s. per week if they conform to Council requirements and accept supervision by the health visitor. Charges are mutually agreed between parent and child-minder.

At 31st December 1967, 76 minders were receiving fees and minding a total of 99 children.

### **Occasional Creches**

Creches are provided at four of the Council's welfare centres and at one church hall for the minding of young children while the mother takes part in welfare centre activities, visits hospital, attends to shopping or other domestic duties. The charge is 1s. 9d. per session abatable in necessitous cases, although no charge is made when the parent attends hospital or a centre activity.

Number of sessions during 1967	...	...	...	...	...	917
Total attendances during 1967	...	...	...	...	...	18,246

### **Nurseries and Child-Minders Regulation Act, 1948**

Under the above Act, the Council has a duty to keep registers—

- (i) of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days;
- (ii) of persons in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid.

Section 4(2) of the Act restricts registration under Section 1(1)(b) to persons who receive more than two children into their home of whom they are not a relative, and the children come from more than one household.

### **Day Nurseries**

Persons proposing to open a day nursery are visited by a senior medical officer and a senior nursing officer who inspect the premises concerned and outline the requirements the Council would be likely to impose if registration were recommended. Applicants are also advised on staffing and other matters and are notified of the need to obtain planning permission and instructions on fire precautions.

At the end of the year, 12 statutorily registered day nurseries were providing places for 306 children.

### **Child-Minders**

As for day nurseries above, visits of inspection are carried out by a senior medical officer and a senior nursing officer to persons who are required to register as child-minders under the Act. These visits are essential not only for inspection



purposes but to advise and assist the child-minder in the care of the young children under her charge.

At the end of the year, 15 statutorily registered child-minders were providing places for 77 children.

### **Domiciliary Midwifery**

To meet the needs of mothers wishing to have a home confinement 13 domiciliary midwives were employed by the Council; in addition four midwives from the General Lying-In Hospital covered a selected area in the Borough. The midwives visit the expectant mother to assess the suitability of the home for domiciliary confinement, or its suitability for the mother and baby to return home to the care of the midwife 48 hours after confinement in one of the local hospitals. The "early discharge" scheme is growing, this year 733 mothers were able to enjoy the facilities of this scheme.

To supplement clinic attendances each mother booked for home confinement received at least three home visits so that the midwife could advise on the preparation of the home and ante-natal care. In two centres, classes in the psycho-prophylactic method of relaxation were held to which ante-natal mothers who had booked either for hospital or domiciliary confinement were invited. All midwives have attended a course of instruction to enable them to assist mothers in this form of relaxation during labour. Entonox—a new form of analgesia for administration during labour is now carried by every midwife as well as the better known Trilene apparatus.

There were 735 domiciliary confinements during the year. Of these 35 were premature births; six were stillbirths.

Approximately 80 per cent of the Council's midwives are approved teachers under the Central Midwives Board second period Training Scheme. At the 1st January 1967 there were four pupil midwives attached to the midwives for training; during the year 27 pupils completed three months district training: two were attached at 31st December 1967. Student Nurses from Guy's Hospital doing the obstetric training course also made visits of observation to the ante-natal clinic and accompanied the midwives on home visits.

We have continued the joint arrangement with the London Boroughs of Lambeth and Wandsworth of providing two non-medical supervisors to co-ordinate, on a rota basis, a 24 hour control of the midwifery services throughout the three boroughs.

### **Premature Baby Unit and Emergency Obstetric Unit**

When the Premature Baby Unit or 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 later return the Unit to its base.



## District Nursing

The district nursing service in Southwark is the direct responsibility of the Council. The service is provided only on the recommendation of the patient's general practitioner with whom the nurse works in close co-operation. As a first step in the strengthening of ties with general practitioners in the Borough, one district nurse assists a group practice with the follow-up of patients. To carry out this work she attends morning and evening surgeries. It is planned to attach more nurses to group practices.

Section 25 of the National Health Service, Act, 1946, states that the function of a home nurse is attendance on persons who require nursing in their own homes. As may be expected, many of the patients are elderly and approximately two-thirds of those nursed during 1967 were in the 65+ age group. Nursing auxiliaries were employed to provide the routine care of long-term patients.

During the year eight students completed their district nurse training for the Queen's Roll and the National Certificate of District Nursing. In this connection, the Queen's Institute of District Nursing announced that, as a voluntary body, they should concentrate on the promotion and development of new ideas rather than duplicate the work of other authorities; consequently, it was considered that the Queen's Examination and certificate were a duplication of the work of the Ministry of Health and it was decided to discontinue these aspects of the Institute's work. The Queen's Examination and Certificate has been valued as signifying a high standard and its discontinuance will necessitate the making of other arrangements for examinations. Discussions have taken place between the Ministry of Health and the London Boroughs' Training Committee to devise a programme of training and issuing certificates to district nurses. In the meantime, the Institute have agreed to continue their training programme for the National Certificate until the Minister's decision is known.

Many student nurses from Guy's, St. Francis and St. Giles' Hospitals and medical students from Middlesex Hospital accompanied district nurses on their rounds.

The following table indicates the volume of work undertaken by the district nursing service during 1967:

New patients visited in 1967	...	...	...	...	...	...	3,050
Total number of visits	...	...	...	...	...	...	131,681
Nursing staff employed at the end of the year (effective w.t.e.)	...	...	...	...	...	...	45
Visits per nurse (full time equivalent)	...	...	...	...	...	...	2,926

## Maternal Deaths

In my last Annual Report I described the spectacular drop in maternal mortality which has taken place this century. Further improvement is unlikely to be so dramatic but, although maternal deaths in 1967 fell to a record low level of 170 in England and Wales, many are still avoidable. I refer to those which take place following self-induced or criminal abortion. It will be interesting to see whether the introduction



of the Abortion Act, 1967, which is referred to elsewhere in this Report, leads to a reduction in the number of maternal deaths from this cause.

There were five deaths assigned to maternal causes or associated therewith investigated on behalf of the Ministry of Health during 1967. Three deaths followed abortions and the cause of death in the other cases was attributed to primary cardio myopathy and haemorrhage due to ruptured octopic myopathy (neither officially classified as maternal mortality).

### TOTAL NUMBER OF BIRTHS—LONDON BOROUGH OF SOUTHWARK

#### *Live Births*

Hospital confinements	...	...	...	4,539	
Domiciliary confinements	...	...	...	735	
				—	5,274

#### *Still Births*

Hospital confinements	...	...	...	78	
Domiciliary confinements	...	...	...	6	
				—	84

Deaths of infants in first week of life	...	...	59
Deaths of infants one week to one month	...	...	70
Deaths of infants one month to one year	...	...	104
Perinatal mortality per 1,000 total live and stillbirths			28
Neonatal mortality per 1,000 live births	...	...	14.2
Infant mortality per 1,000 live births	...	...	20

### DOMICILIARY MIDWIFERY SERVICE

Administration of Analgesia	...	...	...	83.64%
Cases with booked G.P. Obstetrician	...	...	...	99.0%
No. of Midwives at end of year				
Full time	...	...	...	13
General Lying-In District	...	...	...	4
Doctor not booked				
Doctor present at delivery	...	...	...	—
Doctor not present at delivery	...	...	...	7
Doctor booked				
Doctor present at delivery	...	...	...	241
Doctor not present at delivery	...	...	...	493
No. of hospital deliveries attended by midwives on discharge before 10th day	...	...	...	733
4.7% of domiciliary live births were premature				



## PREMATURITY AND MORTALITY BY BIRTH WEIGHT

Weight	Live Prem. Births	Proportion per 100 live prem. births	Deaths in 24 hours		Survivors at 28 days	
			No.	Per 100 live prem. births	No.	Per 100 live prem. births
2 lb. 3 oz. or less						
2 lb. 4 oz.-3 lb. 4 oz.						
3 lb. 5 oz.-4 lb. 6 oz.	8	22.86	0	0	8	22.86
4 lb. 7 oz.-5 lb. 8 oz.	27	77.14	0	0	27	77.14
All cases	35	100.00	0	0	35	100.00

### Handicapped and Observation Register

In my last Annual Report I described in great detail the operation of the handicapped and observation register, the objects of which are:

- (i) To follow up those children who are "at risk" of developing a handicap because of genetic, pre-natal or post-natal history so that there is early warning of a handicap developing
- (ii) To ensure care and attention for the handicapped child and his family
- (iii) To obtain statistical information to help the Department with its routine work and to assist medical research.

Notification of these children is received from a number of sources, including the birth notification, the discharge notice from the hospital or domiciliary midwife, the health visitor, hospital reports and general practitioners.

The term "At Risk" is used normally to describe a baby whom the midwife, general practitioner, obstetrician or hospital consultant considers may acquire a handicap, mainly because of unusual circumstances pertaining prior to, at the time of, or soon after birth. These children are medically examined at six monthly intervals and are removed either on transfer to the handicapped section of the register, or completely if they can walk, talk and are otherwise developmentally normal. The "at risk" section of the register contained the names of 3,449 children at 31st December 1967.

A handicapped child may be defined as one who suffers from any continuing disability of body, intellect or personality which is likely to interfere with his normal growth, development and capacity to learn. Some handicaps are recognisable at birth; for example, an obvious anatomical abnormality. Others, such as deafness, blindness, metabolic disorders etc., must be deliberately looked for and discovered as quickly as possible. During 1967, the number of babies notified as congenitally malformed was 106. The number of handicapped children on the register at 31st December 1967 was 534. (See also the report on the School Health Service.)



Arrangements regarding the care and supervision of the handicapped child and his family are under constant review and I reported to the Health Committee on the problems arising from provision of services for which a charge is made according to means. Many families can adapt and cope adequately with the problems presented by the handicapped child, especially if the handicap is not severe. However, there are those who find that the burden of a handicapped child is almost intolerable when added to pre-existing problems of overcrowding; financial hardship; ill-health of one or both parents or their inadequacy to cope. Unless they receive the full support of all the services available, the strain becomes unbearable and the child goes into hospital or residential school or long-term care of a similar kind.

Many of the services which can help these families are those for which a charge is made according to means. It has been found, however, that a charge, no matter how small, often deters the parents from making use of the service, to the detriment of the child. This may be because of resentment at disclosing the family income; a sense of injustice at being penalised financially because of circumstances beyond their control; or genuine inability to pay because the statement of income and expenditure does not reveal all the additional expenses of caring for a handicapped child.

To encourage and support these parents in caring for the child at home, it was decided that, subject to the child being on the handicapped register, services should be provided free. The decision to provide these services is made at a case conference of senior officers most closely concerned with the child. As a general rule, it was found that the families described above who require the supporting services envisaged were from the lower income groups and assessment often produced little or no charge and, consequently, there is loss of very little revenue to the Council.

We are particularly fortunate in Southwark to have a comprehensive assessment centre for multiple handicapped children at Guy's Hospital. This centre, which has been designed to supplement existing services, is concerned with young children from the age of six months when the possibility of handicaps is usually first raised, and when there is a need to assess, advise and help families. It also deals with specific cases where specialist services and knowledge are required. Among cases which are dealt with are suspected visual and auditory defects, delayed or disordered development, gross physical handicap and obscure problems of assessment and management.

This assessment centre is known as the "Newcomen Clinic for Handicapped Children" and the liaison which exists between the Borough, the hospital and the Inner London Education Authority owes much to the work in the Centre of a former Principal Medical Officer of the Authority. Southwark bears 50 per cent of the cost of her services and, in addition, provides a health visitor for the necessary follow-up with children and families from Southwark.

Experience has shown that the volume of work in connection with Southwark children attending the centre has expanded and that intermediate follow-up examinations would be of benefit. Special follow-up sessions have therefore been started in the Borough at one or two of the existing welfare centres where the Senior Medical Officer for maternity and child welfare services, who is in close touch with the work of the Newcomen Clinic, is able to see the children referred by the Centre. If specialist



medical advice is needed for any child seen under this follow-up scheme, an immediate appointment is made for further attention at the Newcomen Clinic.

### **Impaired Hearing in Young Children**

Standard screening tests for the hearing of babies and young children were carried out by medical staff with special training in this work. Any child thought to have 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 without charge.

### **Phenylketonuria**

Phenylketonuria is a rare inborn metabolic disorder in which a baby is born without one of the essential chemicals that help to break down food for digestion: this results in one of the ingredients of most foods building up to a high level in the body, which may have a damaging effect on the brain. 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 retested. All positive and doubtful negative results were checked by ferric-chloride test and referred to the hospital service for further examinations if necessary. No case of phenylketonuria was found during 1967.

### **Health Visiting**

The statutory definition of a health visitor as one who visits people in their homes to advise on the care of young children, persons suffering from illness, expectant and nursing mothers and the measures necessary to prevent the spread of infection, no longer seems adequate. Her role has changed in order to adapt to the changing needs and circumstances of her clients.

Advances in medical science have led to the survival of greater numbers of handicapped children and one of the functions of the health visitor is the early detection of handicaps, whether physical or mental. Detection is not limited to handicaps but embraces ill-health generally and is a concomitant of preventive health measures, particularly health education in which field the health visitor plays a vital part.

One health visitor is attached full-time to a four-doctor group practice; others assist part-time at two general practitioner groups and help in the running of well baby clinics. These schemes of attachment or liaison are working extremely well and ensure even closer links with general practitioners in the Borough. The health visitor's involvement with social problems affecting families in her care demands co-operation with other social service departments also which implies the identification of need and the mobilisation of resources to meet those needs.



The work of the health visitor in these fields is described in the appropriate sections of this report. The part of the health visiting service which is statistically measurable is shown in the following table for 1967:

*First visits to:—*

Children born in 1967	...	...	...	...	...	6,078
Children born in 1966	...	...	...	...	...	5,893
Children born in 1965	...	...	...	...	...	4,433
Total	...	...	...	...	...	16,404
Aged over 65	...	...	...	...	...	131
Mentally disordered	...	...	...	...	...	153
Persons discharged from hospital (other than mental hospitals)						28
Infectious diseases	...	...	...	...	...	59
Total of all visits made by health visitors	...	...	...	...	...	88,477

## PROPHYLAXIS

During the year, the Minister of Health gave formal approval for the provision of vaccination against measles under Section 26 of the National Health Service Act, 1946. The Council's decision to offer measles vaccination followed Circular 6/66 which mentioned the controlled trials of measles vaccine conducted by the Medical Research Council; trials in which Southwark have participated.

The introduction of this vaccine means that protection is now offered in welfare centres against diphtheria, measles, poliomyelitis, smallpox, tetanus and whooping cough to children below school age. Special sessions are also held in schools where necessary. In addition, B.C.G. vaccination against tuberculosis is carried out in schools for children in their 14th year.

The Minister of Health in Circular 3/67 introduced a revised scheme for the payment of fees to general practitioners for the vaccination of patients on their lists. Hitherto, payment had been made by local health authorities, but the arrangement introduced with effect from 1st April 1967 transfers financial responsibility to the Executive Council. The general practitioner claims fees on the basis of a form completed in duplicate, one copy of which is forwarded to the local health authority. To complete the exchange of information, a copy of the form showing particulars of patients who have been vaccinated and immunised in welfare centres is sent to the general practitioner concerned.

Until June 1967, all vaccine relating to the above diseases, except smallpox, were supplied to general practitioners free of charge by the Council. Ministry of Health Circular 6/67 stated that supplies of smallpox vaccine would no longer be sent direct by the Public Health Laboratories but that local health authorities would obtain supplies from the Laboratories and would be responsible for distribution to general practitioners and hospitals.



TABLE I

VACCINATION AND IMMUNISATION STATISTICS FOR PERIOD 1st JANUARY to 31st DECEMBER 1967

Age	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	TOTAL	
								1967	1966
Smallpox :									
Primary ... ..	—	2	—	—	1,331	1,449	331	3,113	3,045
Re-vaccination ... ..	—	—	—	—	7	5	256	268	445
Other Immunisation:									
Completed primary courses (born in) ... ..	1967	1966	1965	1964	1960-63	Others Under Age 16	TOTAL		
							1967	1966	
1 Quadruple DTPP ... ..	—	—	—	—	—	—	—	20	
2 Triple DTP ... ..	2,067	2,024	212	106	114	40	4,563	4,601	
3 Diphtheria/Pertussis ... ..	—	—	2	—	—	—	7	2	
4 Diphtheria/Tetanus ... ..	11	23	9	10	60	40	153	1,492	
5 Diphtheria ... ..	1	4	1	1	34	102	143	152	
6 Pertussis ... ..	—	2	—	—	—	—	2	—	
7 Tetanus ... ..	—	—	—	2	4	31	37	28	
8 Salk ... ..	2	9	1	—	—	—	12	7	
9 Sabin ... ..	758	2,627	407	171	496	403	4,862	5,647	
Reinforcing (booster) injections:									
1 Quadruple DTPP ... ..	—	—	—	—	—	—	—	3	
2 Triple DTP ... ..	10	1,596	1,184	187	438	55	3,470	3,867	
3 Diphtheria/Pertussis ... ..	—	16	16	2	52	11	97	38	
4 Diphtheria/Tetanus ... ..	—	29	39	27	1,907	792	2,794	11,141	
5 Diphtheria ... ..	—	2	—	—	6	5	13	2,423	
6 Pertussis ... ..	—	—	—	—	—	—	—	—	
7 Tetanus ... ..	—	3	2	2	9	119	135	43	
8 Salk ... ..	—	1	2	—	19	2	24	25	
9 Sabin ... ..	4	100	81	25	1,938	927	3,075	3,545	



### **Dental Services**

The increase in the number of sessions devoted to M. & C.W. dentistry was maintained during the year and the total of M. & C.W. sessions equalled approximately 3.1 per cent of the dental activity in the Borough. The amount of treatment for expectant and nursing mothers remained at the same level but there was a 10 per cent increase in the number of children under five inspected and given treatment.

The number of fillings rose and extractions were less than the previous year. This is a welcome trend and one which it is hoped will be maintained as it is most important to preserve the first teeth so that every child may begin school free from dental disease. A survey carried out in infant schools throughout the I.L.E.A. area during the first half of the year to discover the dental condition of school entrants showed that of 3,000 5-year-old children examined in Southwark, only 570 (19 per cent) had naturally completely healthy teeth and of the remainder (81 per cent) each child had on average one tooth missing having been extracted, one tooth filled and two teeth in need of filling.

These figures underline the importance of the M. & C.W. dental service and also the fact that an improvement of the dental condition of the under 5's will lessen the pressures on the School Dental Service.

### **Dental Health Education**

This is an important factor in encouraging dental care for mothers and young children and this emphasis was maintained throughout the year in the active co-operation between the Borough Health Education and Home Safety Officer and the Dental Auxiliary who devoted an increasing proportion of time to dental health education including visits to welfare centres and mothers clubs.

### **Day Nurseries**

All children in day nurseries were inspected in the course of the year and it is intended to have at least an annual inspection for this group. The proportion requiring treatment was approximately 32 per cent.

### **"The Hollies"**

The number of treatment sessions held at "the Hollies", a Southwark Borough Council children's home, rose to 36 with a corresponding increase in the amount of treatment.

### **CYTOLOGICAL DIAGNOSIS OF EARLY UTERINE CANCER—"WELL WOMEN" CLINICS**

Following Ministry of Health Circular 18/66, which urged on all responsible authorities expansion of population screening services for cancer of the cervix, arrangements were made to meet with representatives of the Inner London Executive Council, the Inner London Local Medical Committee, King's College Hospital and Guy's Hospital in order to co-ordinate local arrangements to implement the suggestions contained therein.



# Maternity and Child Welfare Dental Service

	Children under 5		Expectant and Nursing Mothers	
	1967	1966	1967	1966
<b>Inspections</b>				
No. inspected ... ..	408	252	56	46
No. requiring treatment ... ..	199	194	56	45
<b>Attendances</b>				
First visits ... ..	195	179	49	56
Subsequent visits ... ..	329	301	127	115
Total visits ... ..	524	480	176	171
Courses of treatment completed	192	164	32	27
<b>Treatment</b>				
Fillings ... ..	272	221	61	40
Extractions ... ..	165	192	38	47
General anaesthetics ... ..	75	96	14	15
Other treatment ... ..	170	113	18	21
<b>Dentures</b>				
No. of patients supplied with dentures ... ..			17	21
No. of dentures supplied ... ..			22	27

## No. of Sessions devoted to M.C.W. Service

	1967	1966
Inspection and Treatment	89	69
Dental Health Education	4	2
Total	93	71

## The Hollies

	No. of Sessions	Total Attendances	Fillings	Extractions	Other Operations
1966 ...	28	238	105	36	108
1967 ...	36	293	147	40	122

However, the representatives of the hospitals stated that they could offer little hope of extending the service at that time because of the difficulty in obtaining the necessary staff and finance. The Ministry of Health were informed of the position. The Ministry of Health replied that additional technical staff had been appointed to King's College Hospital, which enabled the waiting list to be reduced considerably.

At the clinics, a full gynaecological examination is carried out; urine tests are made and vaginal as well as cervical smears are taken. The results of all tests carried out are sent to the general practitioner concerned. The undoubted need for this kind of service is evidenced by the statistics for 1967 shown in the following table:

**"Well Women" Clinics**  
(Analysis of Attendances)

Cancer ... ..	16
Trichomonas Vaginitis ... ..	68
Monilia ... ..	19
Non-specific Vaginitis ... ..	28
Cervicitis ... ..	149
Vulvo-vaginitis ... ..	13
Erosion ... ..	156
Ectropian ... ..	8
Cervical Polyp ... ..	63
Batholin's Cyst ... ..	5
Vulvo Warts ... ..	1
Cystocoele etc. ... ..	6
Urethral Caruncle ... ..	1
Urinary Abnormalities ... ..	4
Fibroids ... ..	48
Ovarian Cyst ... ..	2
Menstrual Irregularities ... ..	45
Breast Pathology ... ..	13
Hypertension ... ..	3
Miscellaneous ... ..	19
Dual Pathology ... ..	41
<b>TOTAL (Excluding dual pathology)</b> ... ..	<b>667</b>
<b>Total Attendances</b> ... ..	<b>1,953</b>

### LOAN OF EQUIPMENT

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.

The number of items issued during the year from Council's stock was as follows:



	<i>Items</i>	<i>On Loan</i>
Fracture boards	...	39
Hospital beds	...	21
Ripple beds	...	5
Quadruped walking aid	...	1
Tripod walking aid	...	11
Zimmer hoist	...	2
Penryn hoist	...	51
Easi-Carri hoist	...	25
Dunlopillo mattresses	...	27
Air rings	...	55
Rubber bed pans	...	75
Rubber toilet seats	...	10
Back rests	...	51
Bed cradle	...	40
Bed blocks	...	28
Commodes	...	756
Zimmer walking frame	...	11
Fireguards	...	641
Urinals	...	38
Feeding cups	...	17

## HOME HELP SERVICE

This has been a year of adjustment; the change of areas from four to three, streamlined the service and cut short the difficulty of recruiting at that time in one area.

The one type of case that has increased is the morning and evening help; we have given 2,365 hours assistance to these families, and it has been instrumental in holding them together. This is now a very valuable part of the home help service.

Help has been given to two toxemia of pregnancy cases, and problem families have remained steady and 1,652 hours service was supplied by specially trained home helps.

Demands for the service continue to increase, there is little demand for night help (only one case) and for residential child help. Mental health cases numbered 34 and 50 maternity cases were covered, 29 T.B. were given assistance.

The second training course was held; it ran for two months, and covered 24 hours tuition in the practical and theoretical work of a home help; 50 specially selected helps attended and from that number eight were chosen to attend problem families. These helps play an important part in teaching the mother, and they work in close co-operation with the health visitor and social case worker; they came from the different area offices. In the light of experience we changed the programme for the second course following talks with the helps who had attended the first; their suggestions proved invaluable.



Recruitment of home helps has proved satisfactory with an increase of 14 full-time workers, we are recruiting a younger type of woman.

The organising staff visited 11,495 households during the year in spite of illness of two of the Organisers.

The Chief Home Help Organiser has given talks to the Mental Health Section, the Children's Department, university students, student health visitors, midwives, medical social workers, to hospital staff and student nurses, district nurses and S.E.N. nurses. The Organisers have arranged visits of observation for all types of students, this proves a valuable link between workers in the health and welfare field, and from statutory and voluntary bodies.

An extra assistant organiser was appointed for Camberwell North Home Help Office, and a full-time clerk replaced the half unit in that office. These additions proved most beneficial to the service.

## **SOCIAL WORK (HEALTH SERVICES)**

The Social Work (Health Services) Section is concerned with

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

The family caseworkers in the section have been concerned with the family with multiple problems and their caseloads are purposely restricted in order that they may have the time to consider the needs of each individual member of the family and the interpersonal relationships which so often are the basis of the family's difficulties. The majority of the referrals come to the caseworkers from the Borough Co-ordinating Committee's case conferences. (See below.)

During the year members of the staff have attended various conferences and day courses and the service has co-operated in the training of student social workers from the London School of Economics and the School Care Committee Service.

Two of the social workers attached to the section work in the Borough Chest Clinics. For a fuller description of their work refer to the section on Chest Clinics page 88 of this report.

## **CO-ORDINATION OF SOCIAL SERVICES**

The co-ordinating machinery in the Borough operated on three levels: Standing Committee; Working Sub-Committee; Case Conference, also a Rent Arrear Sub-Committee met bi-monthly.

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 }  
 District Officers G.L.C. Housing Department  
 Chief Social Worker (Health Services)—Secretary

This Committee met eight times in the year 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  
 Chief Nursing Officer (or Deputy)  
 Chief Mental Health Social Worker (or Deputy)  
 Divisional Officer (Education)  
 Divisional School Care Organiser  
 Principal Social Worker, Welfare Department  
 Senior Management Officer, Housing Department  
 District Officers G.L.C. or Senior Officer  
 Principal Medical Officer or a Senior Medical Officer  
 (as necessary)—Co-opted  
 Chief Home Help Organiser  
 Chief 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 the Rent Arrears Sub-Committee the situation of families facing Court Action is considered and where possible steps are taken to prevent eviction. Supportive help is given where indicated.

### **Co-operation with Hospitals and General Practitioners**

In order to effect close co-operation and liaison with hospital consultants, the general practitioners, and the local health authority, the following advisory committees are held:



Psychiatric  
Geriatric  
Chest Physicians  
Pathological  
General Practitioners  
Paediatric  
Obstetric and Gynaecological  
Venereal Disease Consultant Advisers

A further committee under my chairmanship, the Community Health Service Liaison Committee of Southwark, is comprised of general practitioners and principal officers of the Health Department, whose function is to assess the value of requests from medical research groups and health surveys and is also concerned with other health matters of a general nature affecting general practitioners and the community.

In addition to these committees' progress is being made towards attachment and liaison of health visitors and home nurses with general practitioners. One full-time attachment of a health visitor commenced at the end of the year with a group practice of four doctors. Health visitors are also attached to three group practices to attend "well-baby" clinics in the surgeries. Each health visitor makes follow-up visits to those attending who live on her district, and acts as liaison officer between the family doctor and the health visitor concerned with those who live outside her district, but within the Borough boundaries. One of these group practices also has the services of a home nurse to assist with the follow-up of patients. She attends morning and evening surgeries.

The growth of interest in these schemes was evidenced by a request from the Ministry of Health to complete a questionnaire designed to provide the Ministry with information about the co-operation between family doctors and local health authority nursing staff, excluding the domiciliary midwifery service.

Unfortunately, the shortage of qualified staff imposes a severe limitation on the extension of these schemes. However, the Council hopes to increase the number of nursing staff considerably over the next few years as part of its development plan and this, especially if accompanied by an increase in the formation of group practices, could ensure a point of equilibrium being reached at which the fullest and closest co-operation between the Local Health Authority and General Practitioner services can be reached.

### **Family Planning**

The National Health Service (Family Planning) Act introduced during the year 1967, permits local health authorities to make arrangements for the giving of advice on contraception, the medical examination of persons seeking advice on contraception for the purposes of determining what advice to give, and the supply of contraceptive substances and contraceptive appliances.

The Council directed that the provisions of the Act and subsequent Circular 15/67 be implemented as fully as possible and decided that the Family Planning Association be asked to act as the Council's agent on the following basis:



- (a) That no charges be made for advice or examination in all cases.
- (b) That no charges be made for drugs and appliances supplied where a further pregnancy would be detrimental to health.
- (c) That charges be made in other cases for drugs and appliances except in necessitous cases.

It is the Council's intention ultimately to take over control of those clinics held by the Family Planning Association in Council premises.

Arrangements were also made with the Brook Advisory Centre to pay a per capita fee in respect of young married persons over 16 years of age from the London Borough of Southwark. The principal aims of the Centre are to set up, support and administer young people's advisory centres; to provide professional advice for those with emotional, sexual and birth control problems; to inculcate a sense of sexual responsibility in the young unmarried and to mitigate the suffering caused by unwanted pregnancy and illegal abortions. Children under 16 years of age are given advice on sexual and emotional problems only, they are not medically examined or given contraceptive advice or treatment.

## COMMUNITY CARE

### Recuperative Holidays

Recuperative holidays are provided on medical recommendation under Section 22 and Section 28 of the National Health Service Act, 1946, for persons who, following a recent illness, are in need of rest, good food and fresh air, but who do not require regular medical supervision or organised nursing care. The categories of patients eligible include: mothers with babies and young children; tuberculous persons; severely physically handicapped adults; old people; the chronic sick (following exacerbation of illness); other adults. Provision is made for schoolchildren under the Education Act, 1944.

The majority of homes used are privately-owned and offer varying standards of accommodation, hygiene and regulations. Acceptance of financial responsibility for recuperative holiday patients implies responsibility for their care and well-being and it is essential therefore that the establishments should be inspected before approval as a recuperative holiday home is given.

The devolution of local authority personal health functions to the new London Boroughs under the London Government Act, 1963, created a situation which could have led to a greatly increased number of visits to homes involving possible conflicting advice and guidance to proprietors. It was considered to be uneconomic and a waste of manpower for every London Borough to carry out its own inspections and re-inspections. Furthermore one medical officer inspecting all homes could ensure a uniform standard of opinion about conditions, the reasonableness of weekly charges and a comparable judgement on complaints. The suggestion therefore that Southwark should undertake arrangements for the inspection and approval of recuperative holiday homes on a cost-sharing basis was put to the London Boroughs. The response to the scheme has been encouraging and, if it is successful, it is thought that it could be extended to medical inspection of residential nurseries, homes for the



mentally-ill and mentally sub-normal, and other types of homes and hostels.

During the year, 130 adults (including one expectant mother) and 19 children under school age were sent on recuperative holidays. Arrangements were made with the Inner London Education Authority on behalf of 136 schoolchildren.

### **Advisory and Preventive Clinics for the Over-Sixties**

Co-extensive with the decision to carry out a pilot health survey of the general public, the Council also agreed to set up advisory and preventive clinics for people over 60 years of age in a number of its existing welfare centres. The Inner London Executive Council and the Inner London Local Medical Committee indicated their support of the scheme; Ministry of Health approval to modify the Council's proposals under Section 28 of the National Health Service Act, 1946, is not required. It is anticipated that the first clinic will commence in January 1968.

These clinics will provide facilities for a general examination of elderly people and tests will be undertaken for haemoglobin estimation, blood pressure, urine, hearing and vision. No treatment will be given, but the results of tests carried out will be notified to the general practitioner concerned. Referrals will be made for chest X-rays and, where appropriate, for chiropody and cervical cytology. In addition, the patients will be advised on maintaining standards of health and hygiene and on benefits and aids available to them.

The clinics will be staffed by medical officers having a particular interest in dietetics, a clinic nurse and an environmental visitor. Patients will be referred by general practitioners, health visitors and welfare visitors, or they may make direct application for an appointment.

### **Mobile Health Clinic**

The National Health Service Act, 1946, gave certain powers and duties to local health authorities, including the prevention of illness and the care and after-care of persons suffering from illness. Environmental health measures and vaccination and immunisation have been largely responsible for the control and eradication of communicable diseases. However, the early detection and diagnosis of chronic illnesses has tended to be minimal due mainly to lack of adequate techniques.

The introduction of "Well Women" clinics (see page 24) in 1965 has revealed that approximately one-third of so called well women seen had some pathology. The Council therefore agreed to carry out a pilot health survey of the general public by means of a series of tests using a mobile clinic. Following the agreement of the Inner London Executive Council and the Inner London Local Medical Committee, Ministry of Health approval for the survey was given under the Health Visitor and Social Work (Training) Act, 1962, which permits local authorities to carry out research work.

The survey will consist, for persons aged 16 to 60 years, of:

- (1) a social history  
a medical history
- (2) a series of tests—



- haemoglobin estimation
- blood pressure
- urine testing
- vision
- measurement of height and weight
- cervical smear offered to women over 25 years
- (3) general examination by a medical practitioner
- (4) X-ray of chest—mass miniature radiography will be in attendance once per week.

The purpose of these tests is to help identify those people who have health problems amenable to some form of treatment. No treatment will be given at the clinic, but the results of all tests will be notified to the general practitioner concerned. The clinic itself will be a specially fitted 22-foot caravan comprising three accommodation units; a waiting room, a nurse's working area and a doctor's consulting room. It will be towed to various sites in Southwark remaining in the locality for one week or more and will be immediately convenient to the dwellings of those groups taking part.

It is anticipated that the survey will commence during 1968.

#### **T.B. Care and After-Care—Adult Cases**

In 1967 there was a reduction in the number of homeless infective tuberculous men who required hostel accommodation. At 1st January 1967, 16 men were boarded out; 3 were placed during the year, but only 11 were still in care at 31st December 1967.

#### **Medical Arrangements for Long Stay Immigrants**

In order to deal with some of the special problems arising from the arrival of a growing number of long term immigrants, the Ministry of Health in 1965 made certain arrangements to ensure that they learned of the National Health Service and how it should be used, including registering on the list of a general medical practitioner in the area of intended residence and having a chest X-ray if necessary. A card, giving this information in several languages is handed out to immigrants at sea and air ports of arrival, where medical inspectors or port medical officers ascertain destination addresses and notify the appropriate medical officers of health, so that follow-up visits can be made. These are carried out by health visitors or in the case of single male immigrants, by a public health inspector.

During the year, 624 advice notes of arrivals were received and 279 "first" successful visits made.

#### **Nursing Homes**

The Abortion Act, 1967, requires that any treatment for the termination of pregnancy must be carried out in a place approved by the Minister of Health. A high proportion of such applicants are likely to be registered nursing homes and



registering local authorities have been asked by the Minister to check the facts relating to a registered nursing home and to say whether in their view or that of the Medical Officer of Health there is any reason why the Minister should not give his approval.

There are only two homes in the Borough registered under the provisions of Part VI of the Public Health Act, 1936, and the Nursing Homes Act, 1963. A senior medical officer continued to visit the homes and advised the matrons on aspects of health, hygiene, prevention of accidents and other matters; neither is registered under the Abortion Act, 1967.

### Blind and Partially-Sighted

During the year, the Council's consultant ophthalmologist carried out 191 examinations of blind and partially-sighted persons under the provisions of Section 29 of the National Assistance Act, 1948. In addition B.D.8 certificates were received from hospitals and other local authorities.

The figures for 1967 were as follows:

Number of examinations arranged	...	...	...	...	191
Initial examinations	...	...	...	...	99
Re-examinations	...	...	...	...	92
Number certified as blind	...	...	...	...	41
Number certified as partially-sighted	...	...	...	...	145
Number found to be neither blind nor partially-sighted	...	...	...	...	5
Blind certificates accepted from hospitals	...	...	...	...	25
Partially-sighted certificates accepted from hospitals	...	...	...	...	8
Blind certificates accepted from other local authorities	...	...	...	...	4
Partially-sighted certificates accepted from other L.A.s	...	...	...	...	1

### Chiropody

The establishment of chiropodists in this Borough in 1967, was 1 chief, 4 senior and 4 basic grade officers. On 31st December 1967, there was 1 chief, 3 senior and 11 sessional chiropodists (3.5 full-time equivalent).

### STATISTICS FOR 1967

	0-4	5-14	Males		Females		Total
			15-64	65+	15-59	60+	
First attendances	0	9	13	142	26	372	562
Total attendances	11	68	1,202	4,371	3,775	18,312	27,739

Number of sessions held—4,209.



## HEALTH EDUCATION AND HOME SAFETY

In addition to the organisation of special campaigns and individual requirements for teaching programmes at Maternal and Child Welfare Centres and Schools etc., a schedule of monthly projects has been drawn up as the basis of activities of this section. These projects include immunisation and infectious diseases, personal hygiene and sex education, food hygiene, accident prevention, nutrition, dental-health etc., and supplies of publicity and teaching material on these subjects were sent out each month to all welfare centres, nurseries, area health offices and other council establishments including public libraries, a number of general practitioners, and where appropriate to old people's clubs and special clinics. Frequent requests are also received from various clubs and organisations. Publicity is an important aid to health education, but personal contact through health and welfare staffs is still one of the most effective means of teaching health, and all sections of the staff are represented on a departmental working party which meets each month to formulate and co-ordinate health and safety education activities.

*Dental Health:* This subject is receiving particular attention in schools, and in addition to talks, films and special demonstrations, a successful campaign was launched in the summer when a mobile film van, kindly lent by the Oral Hygiene Service, visited a number of schools during the lunch time break to show films in the play-grounds to nearly 4,000 children.

*School summer vacation:* The programmes of films for groups of schoolchildren during the school summer holidays, which proved so popular during the past two years, was successfully repeated in 1967 with attendances totalling nearly 1,600. Short films on health and safety, with entertainment items, were shown in welfare centres on three days of each week during August, with a change of programme each week.

*Cervical Cytology:* The number of Well Women Clinics was increased during the year and considerable publicity was undertaken; original posters and leaflets were designed and printed, and in addition to general distribution supplies were sent to many of the larger firms employing staff of both sexes, as it was felt that husbands could do much to persuade their wives to attend these clinics.

*Mental Health:* The theme for the 1967 Mental Health Week was recruitment of staff for this service, but the fundamental purpose of these national campaigns is to publicise the facilities for the rehabilitation, training, and welfare of persons suffering from mental illness to enable them to achieve a useful purpose in the community. During the Mental Health Week in June, the day and training centres and residential hostels were open for public inspection, with photographic displays of the activities.

*Family Planning:* Following the coming into operation of the National Health Service (Family Planning) Act, 1967, the Minister of Health requested local authorities to review their family planning services and publicity in the light of the extended powers conferred by the Act. The Family Planning Association was asked to act for the time being as the Council's agents in providing clinics for advice, examination and supply of appliances, and this was supported by sustained poster, leaflet and press publicity.



*Smoking:* In December the Ministry of Health launched a campaign against smoking which was supplemented by local publicity from the Health Education section.

In June, a preliminary report prepared on behalf of the Ministry of Health by Government Social Survey was published, analysing the habits and attitudes of 854 adolescents and 984 adults. It revealed that concentration, relaxation, nervous tension, food substitution, and confidence boosting were the chief motives for smoking in adults, whereas in adolescents they were curiosity, a desire to appear grown-up, and social conformity. Males of 16 to 20 years are now starting to smoke earlier than did males who are now over 21 years; young females are smoking earlier and in larger numbers than older women, due mainly to changing social conventions.

From the subjects interviewed who smoke, lung cancer as a personal risk was admitted by 61 per cent of adolescents but only 30 per cent of adults.

The report referred to the various influences which encouraged or discouraged smoking and pointed out that any lines of propaganda which exceed a reasonable degree of acceptance by the subject or make a too drastic attack on his "defensive arguments" may induce strong resistant reactions.

*Displays:* A display of health education and home safety posters, with original photographs illustrating the main activities of the Department, was mounted at the North Peckham Civic Centre for two weeks in November.

Small displays on various subjects were also arranged at monthly intervals in the windows of the Lordship Lane area office.

*In-service training:* In conjunction with the Central Council for Health Education a two-day course on "Progress in Health Education" was organised in February for representative members of all sections of the Health, Welfare and Children's Departments. The Course was opened by The Worshipful the Mayor of Southwark, and the lectures and demonstrations by Dr. S. Caruana and Mr. D. Lynton Porter of the Central Council provided useful guidance in modern health education techniques.

An additional short course was arranged for health visitors and school nurses on methods of teaching children the dangers of smoking, and also an extended series of lectures and films on hygiene, home safety and other appropriate subjects for home helps.

*Accident Prevention:* Particular attention has been given to home safety throughout the year in view of the heavy casualties which continue to occur, mainly through thoughtlessness.

Several fatal drowning accidents have occurred in recent years in the Grand Surrey Canal which intersects the Borough. During the summer posters on water safety were extensively displayed and talks given to schoolchildren on the dangers of playing near the Canal banks.

A considerable amount of publicity material was also issued in connection with various other accident hazards, including safe storage of medicines and poisons, fire prevention, falls, and a "Buy for Safety" campaign sponsored by the Royal Society for the Prevention of Accidents, covering flame resistant garments, heating and domestic equipment, toys, cots etc. Whilst legislation requires approved safety standards for many such goods offered for sale, there remains a danger in unsafe



second hand articles being passed from person to person as gifts. That such equipment has already been used without accident is no guarantee that it is not still potentially dangerous.

Talks on home safety, including the safe use of oil heaters, were given to a number of old people's clubs and other groups.

Towards the end of the year the Greater London Home Safety Council of ROSPA promoted a competition for home safety slogans. The department co-operated in a wide distribution of entry forms and it was gratifying to learn that one of the prizewinners from the many thousands of entries received was a young Southwark schoolgirl.

Although it is probably inequitable to compare the incidence of fires purely on a population basis without regard to densities or areas, London Fire Brigade statistics show that on a population basis the number of fires of all types in the Borough during 1967 was higher than for the Greater London area. At the same time, comparing fires attributed to oil heaters with the total fire incidents, the local figure was somewhat lower than for Greater London.

	<i>Greater London</i>	<i>Southwark</i>
Total fires 1967 (including grass and chimney fires)	32,956	2,048
Portable oil heater fires ... ..	988	55
Grass and chimney fires (included in above total)...	7,284	254

The following table shows the number of persons removed to hospitals from Southwark by the London Ambulance Service, following accidents in the home during the year.

<i>Age</i>	<i>Males</i>	<i>Females</i>
Under 1 ... ..	14	8
1- 4 ... ..	80	63
5-14 ... ..	64	41
15-24 ... ..	35	31
25-44 ... ..	58	65
45-64 ... ..	75	112
65-74 ... ..	33	116
75 and over ... ..	64	281
Unknown ... ..	2	3
	<hr/> 425	<hr/> 720

*Home Accidents survey:* In February, the Boroughs of Greenwich, Lewisham and Southwark co-operated in a joint experimental project to ascertain the cause and extent of non-fatal home accidents. Enquiry forms were sent to all local general practitioners and hospital casualty departments for completion and return by the patient attending for treatment but unfortunately the small number returned could



not be regarded as realistic. Nevertheless, some interesting information was gained, not the least important of which was that almost every case was due to some degree of thoughtlessness.

### Summary of Activities

Leaflets and booklets issued	74,244
Posters issued	5,200
Talks by Health Department staff	550
Talks by other speakers	19
Film projection equipment used	140
Films (number of screenings)	211
Welfare Centres, Mothers Club	61 sessions
Schools etc.	115 sessions
Talks given to staff training	35 sessions

	Adult groups	Schools
Ante Natal and childbirth	10	41
Infant feeding	15	17
Child care	8	42
Parentcraft, housewifery etc.	50	53
Immunisation, inf. diseases	4	20
Personal hygiene, general health	54	67
Dental hygiene	—	21
Nutrition, food hygiene	9	12
Accident prevention	5	30
Smoking	2	11
Sex education, family planning, drugs, alcoholism	2	18
Anatomy, biology etc.	—	58
Social services	15	7

### MENTAL HEALTH SERVICE

As the annual report for 1966 dealt at some length with certain aspects of the mental health service, it is proposed now to deal briefly with new matters together with changes and developments.

The personal contacts made early in the life of the new borough between the department and consultant of the psychiatric hospitals serving the area, with the formation later of the Psychiatric Advisory Committee to the Medical Officer of Health (one of the speciality advisory committees) have been of great value in maintaining successful co-operation regarding the service.

During the year there were four meetings of the Psychiatric Advisory Committee when among the matters discussed were, a rehabilitation service for the mentally



ill, domiciliary psychiatric nursing, special out-patient clinics for the subnormal, a psychiatric hostel, and drug addiction.

The maintenance of close liaison between hospital and local health authority after care services and the proven value of continuity has now resulted in the employment of five mental welfare officers as joint appointments with the psychiatric hospitals concerned; during the year one additional appointment was made, for shared duties with Cane Hill Hospital.

One result of discussion in the Psychiatric Advisory Committee on the desirability of having a psychiatric nurse for making domiciliary visits to psychiatric patients after discharge from hospital, where there was a need for more than ordinary home nursing facilities, was the commencement in the early part of the year, in conjunction with St. Olave's Hospital of a pilot scheme whereby a Council home nurse, with psychiatric training, worked in the catchment area of the hospital. By attending case conferences the nurse is able to learn of patients' needs and the continuity of treatment required, with a view to preventing possible relapse by follow-up nursing visits and ensuring that the prescribed treatment, was being carried out.

The pilot scheme proved very successful: the number of patients visited increased; earlier discharge from hospital became possible; and there was a drop in the relapse rate. After six months experience, it was decided to permanise the arrangement and make a joint appointment (shared costs) between the local health authority and the hospital.

There was further co-operation with the hospital service in the continuance of the joint appointment of an occupational therapist and a reference appears later in this report.

Arrangements for dealing with out-of-office-hours calls and emergencies, i.e. evening, weekends, holiday, etc., continued as before by joint arrangement with the London Boroughs of Lambeth and Wandsworth with a shared duty rota of mental welfare officers.

The male mental health escort employed by Southwark continued to assist other boroughs on a payment basis and carried out a total of 267 escorts.

This Council agreed to share the cost with other inner London boroughs in the maintenance, by the Greater London Council for a period of five years, of the central index of mentally disordered persons.

The Council in response to a request, decided that junior training centres should be renamed junior training schools and that supervisors and assistant supervisors be renamed head teachers and teachers respectively. As a result of the Council adopting a revised standard nomenclature for staff, the designations of the Principal Mental Health Social Worker, Deputy Principal, and Mental Health Social Workers were renamed Chief Mental Welfare Officer, Deputy Chief, and Mental Welfare Officers respectively.

A part-time therapy group for those persons unable to attend a day centre for the mentally ill in a full-time capacity (mainly housewives) was commenced. They were paid travelling expenses and provided with lunch as for full-time attenders but received only half-rate payments for any industrial work done.



Officers from the department, concerned with mental health, attended various conferences and meetings of like nature during the year.

During 1967, in continuation of the Council's policy to encourage and permit all mental welfare officers to become qualified, one mental welfare officer was on secondment during the whole of the year, and one commenced a two year course in September. One mental welfare officer returned to duty in July having obtained the Certificate in Social Work after one year's secondment.

Students, as listed below were seconded to the department for supervised practical training for varied periods at different times of the year. In addition some medical students (Guy's) attended weekly.

#### *Details of Students placed with the department*

5 Certificate in Social Work (North West Polytechnic)

11 Mental Health Course (London School of Economics)

1 London Borough's Training Committee—re-entry course for married women

4 Group work students (North West Polytechnic)

1 Bedford College (Department of Social Administration)

1 Student Teacher for Mentally Handicapped (Chiswick Polytechnic) (Peckham Junior Training School)

1 Student—Social Studies—University College of South Wales

In addition there were very many visitors to the mental health services and establishments, some for long detailed visits, others for short trips of observation. These included doctors, medical students, parties of nurses from Guy's, Cane Hill, St. Francis, St. Giles, and nursing students, social workers and students, etc. Some of these visitors came from overseas, i.e. Mauritius, Brazil, Columbia, New York and Jerusalem.

The Chief Mental Welfare Officer and some of her staff gave talks on the service at schools in the Borough and to a variety of organisations.

As a result of the growing need to increase psychiatric services available for children, particularly some of those being cared for by the Children's Department, it was decided to ask the I.L.E.A. to make more sessions available by their psychiatrists, subject to the re-imbursment of fees and expenses by the Council. The extra sessions were intended to cover general needs as well as those of specific Children's Department establishments.

#### **Mentally Ill**

*Day Centres.* The Page's Walk Day Centre for the elderly mentally infirm continued to function and it was possible to increase the number of those in attendance. When the Grange Tannery Project is opened it will contain a new day centre which will replace the existing one at Page's Walk. The Castle and Camberwell day centres also continued as usual for those mentally ill persons in need of rehabilitation. The work undertaken was mainly of a light industrial nature for local firms.

#### **Mentally Subnormal**

*Training Centres and Schools.* The Benhill Adult Training Centre has functioned



well and will eventually be housed in the Grange Tannery Project. The two junior training schools: one at the Congregational Church Hall, Studholme Street, S.E.15—from which several children obtained prizes in the local children's art competition—and the other at Kingswood House continued as before. The children attending these schools will eventually be transferred to the new purpose-built Junior Training School at Harders Road, S.E.15.

The accommodation at Kingswood House did not prove satisfactory as a junior training school, and when the civil defence premises at Kirkwood Road, S.E.15, became available they were taken over for health establishment purposes. Alterations and adaptations to make the accommodation suitable for use temporarily as a junior training school with a small outside play space, were put in hand. Although not ideal as a junior training school, one advantage was that the premises, not being rented nor in dual use, could be used freely and unrestrictedly for its intended purpose. It was hoped that the premises would be ready for occupation early in 1968.

Speech therapists, by arrangement with the I.L.E.A., continued to attend junior training schools as part of a fairly regular programme and those subnormal children suffering from speech defects again benefited. Amongst the many patients, both mentally ill and subnormal, living in the community, are many who are housebound for a number of reasons. To enable some of them at least to enjoy some of the facilities available at training centres and schools, a full-time and a part-time occupational therapist carried out home visits and instructed in a number of activities. Some of these patients, able to carry out light industrial work, received limited payments, similar to trainees attending training centres. When necessary, occupational therapists visit the Adult Training Centre for subnormal persons, as, by virtue of their training, they are sometimes able to help certain trainees to deal with problems associated with an additional (physical) handicap.

Consideration is being given to a scheme whereby the domiciliary occupational therapists will organise a small group of children, too severely handicapped for attendance at a junior training school, and give them detailed training, particularly regarding behaviour, etc., at a convenient health department establishment.

Following a general increase in the rate of payment it was decided to further improve the rates in order to provide an incentive and encourage trainees to attend regularly. The new rates consisted of a basic attendance payment plus a merit bonus payment. An attendance payment was made for the first time to patients attending the council's day centre for the elderly mentally infirm.

*Special Care Units.* Because of the present need for the day care of some severely subnormal children, some of whom have severe physical handicaps also, and the delay in completion of the purpose-built junior training school with an attached special care unit, it was decided to try to find, as a temporary measure, some ready-made alternative. A prefabricated bungalow was selected for the purpose and the Council obtained the approval of the necessary Government Departments for its adaptation, particularly the bathroom and toilet facilities, as a special care unit, and it is hoped that the unit will open early next year.



*The hostel* at Dover Lodge, Wood Vale, S.E.23, for sub-normal girls at work, continued to function. The numbers in residence fell despite its being used by other London boroughs at agreed rates of maintenance.

*Special advisory clinics* for backward children continued to be held at two welfare centres where not only were the children seen and helped but the parents advised regarding the progress and development of their children by medical staff and social workers.

*Short term (residential) care* was provided for a variety of reasons for 84 sub-normal and severely subnormal persons, children and adults, during the year. Of this total, 22 places were provided in hospital and 62 at Council expense at local health authority, voluntary and privately maintained homes and convents etc. Of a total of 129 (adult) recuperative holidays provided for persons on medical grounds following recovery from recent acute illness, 21 were in respect of mentally ill persons.

*Social activities.* The Borough again participated in the training centre school holiday scheme held at Dymchurch, Kent, in May, organised by the London Borough of Hammersmith on behalf of the Inner London Boroughs when 18 Southwark children and adults attended for two weeks each.

In addition to social clubs run by voluntary organisations, a social club for subnormal persons continued to be held weekly at the Benhill Adult Training Centre and a club for mentally ill persons attending both day centres was held weekly at the Castle Day Centre. Both clubs were organised by Council staff, the Council paying sessional fees to the leaders, also to the leader (at present a Council officer) of one of the voluntary organisation clubs.

*Grants* and payments to other bodies and voluntary organisations were made to the under-mentioned in respect of certain services provided for the mentally disordered.

Blackfriars Settlement Work Centre  
Helping Hand Organisation  
St. Giles Centre  
Talbot Settlement  
Guy's Hospital Group Day Hospital (mentally ill)  
National Association for Mental Health  
National Society for Mentally Handicapped Children.

*Approval of Medical Practitioners.* The names of 12 medical practitioners were approved by the Council during the year for the purposes of Section 28 of the Mental Health Act, 1959.

*Transport.* To obviate the continued use of hired transport, it was decided to arrange to purchase next year two specially adapted 15-seat Transit buses, for the conveyance of subnormal children and the elderly mentally infirm to various Council centres and units.

*Crude Spirit Drinkers.* In my previous report I mentioned the increasing problem arising from the large number of vagrant crude spirit drinkers in the metropolis, particularly in Southwark and that the matter was being referred to the London Boroughs' Association. Despite the representations made to the Home Secretary for



some positive action to be taken, unfortunately nothing materialised.

During 1967 the position really was that only where an alcoholic showed psychotic behaviour could action be taken under the Mental Health Act, 1959, especially regarding non-hospital residential care.

More cases of mental disorder came to notice in respect of persons from reception centres, hostels for casuals, etc., which was to be expected of persons of no fixed abode. Many of them needed care and after-care services for their specialised and particular needs.

Towards the end of the year, a further Ministry of Health circular, No. 21/67, was received which permitted local health authorities to provide after-care for heroin addicts including the provision of hostels and similar accommodation.

It is to be expected that a similar directive will appear regarding alcoholics.

The cumulative effect of the growing number of vagrant persons and those of no permanent residence coming to notice and needing residential accommodation, is beginning to be felt by all the social services. Not only does the cost of residential accommodation need special consideration, but also the staff required and supportive services.

In the area of a central London Borough such as Southwark with many types of establishment which tend to collect unfortunate persons of a vagrant nature, the number of persons to be dealt with are artificially increased beyond the normal requirements of the residents of the area.

#### Note

See appendices for list of all Mental Health Establishments and for emergency arrangements.

### STATISTICS FOR YEAR ENDED 31st DECEMBER 1967

TABLE I

#### NUMBER OF REFERRALS DURING YEAR

Referred by	Mentally Ill				Subnormal and Severely Subnormal				Totals
	Under 16		Over 16		Under 16		Over 16		
	M	F	M	F	M	F	M	F	
General practitioners	1		51	120		1	3	1	177
Hospitals		1	119	157	6	4	2	1	290
Local Education Authority	3	1	4	1	27	15	42	26	119
Police and Courts			15	12			2		29
Others*	1		179	184	9	8	27	11	419
Totals	5	2	368	474	42	28	76	39	1,034

\* Includes relatives, neighbours, Ministry of Social Security Reception Centres, other local authorities, etc.



TABLE II

## SUMMARY OF ACTION TAKEN IN RESPECT OF NEW CASES

Admitted to hospital:							
Informally	...	...	...	...	...	...	46
Compulsorily: M.H. Act, 1959, Section 25 (for observation)							157
Section 26 (for treatment)							22
Section 29 (emergency admission for observation)							114
Other	...	...	...	...	...	...	11
Afforded community care	...	...	...	...	...	...	464
Given advice only	...	...	...	...	...	...	220
Total							1034

TABLE III

## NUMBER OF PERSONS RECEIVING COMMUNITY CARE at 31st DECEMBER 1967

Type of Care	Mentally Ill		Elderly Mentally Infirm		Subnormal and Severely Subnormal				Totals
					Under 16		Over 16		
	M	F	M	F	M	F	M	F	
Attendance at day centres	36*	23	5	16					80§
Attendance at training centres ... ..					45	38	49	52	184+
Home training ... ..	6	14	2	7	—	1	6	3	39
Residence in homes, hostels, etc. ... ..									
Local authority (Dover Lodge) ... ..								3†	3
Other ... ..	11	12		12	3	3	12	16**	69
Attendance at special units ... ..					10	10			20
Formal guardianship ... ..								4	4
Receiving social workers visits only ... ..	157	232	20	59	44	29	147	97	785
S.W. visits (awaiting admission to hospital for long term res. care)					5	2			7
Totals ...	210	281	27	94	107	83	214	172	1188

\* Includes 1 under 16.

§ Plus 21 patients from other Boroughs (and including 1 patient attending other Boroughs centres).

+ Plus 34 Junior and 1 Adult patients from other Boroughs (and including 15 juniors and 1 Adult attending other Boroughs' centres).

† Plus 2 persons from other Boroughs.

\*\* Plus 2 persons included below under formal guardianship.



TABLE IV

# NUMBER OF SUBNORMAL AND SEVERELY SUBNORMAL PERSONS AFFORDED SHORT-TERM RESIDENTIAL CARE

	Under 16		Over 16		Totals
	M	F	M	F	
In N.H.S. Hospitals (arranged by mental health staff) ... ..	7	6	7	2	22
In homes, hostels, etc. ... ..	22	13	5	22	62
Totals ...	29	19	12	24	84

TABLE V

# ESTABLISHMENTS AND NUMBER OF PLACES

	Number of Establishments		Number of Places					Totals
			Mentally Ill		Elderly Mentally Infirm	Subnormal and Severely Subnormal		
	Junior	Adult	Under 16	Over 16		Under 16	Over 16	
Training centres	2	1	—	—	—	105	100	205
Special units (in day nurseries)	2	—	—	—	—	19	—	19
Day centres	—	3	—	72	30	—	—	102
Hostels (Dover Lodge)	—	1	—	—	—	—	13	13
	Totals		—	72	30	124	113	339

TABLE VI

# SPECIAL ADVISORY CLINICS FOR BACKWARD CHILDREN

Number of new referrals ... ..	17
Number of attendances ... ..	52



## ENVIRONMENTAL HEALTH SERVICES

### Sanitary Circumstances of the Area

Number of complaints received ... 6,643

#### Inspections:

Nuisance inspections	7,128
Re-inspections	11,839
House-to-house	163
Overcrowding	119
Offensive trades...	22
Factories and workplaces	609
Outworkers' premises	227
Verminous premises and persons	862
Common lodging houses	112
Conveniences, public and private	569
Pet animal premises	91
Hairdressers and barbers	272
Rent Act, 1957	25
Miscellaneous inspections	7,812
Infectious diseases	1,474
Infectious diseases, visits to contacts and re-inspections	1,751

#### Drainage (new buildings):

Inspections	5,489
Tests applied	3,336
Drains constructed	1,971

#### Drainage (existing buildings):

Inspections	2,964
Tests applied	817
Drains found defective...	235
Drains totally reconstructed	115
Drains repaired or partially reconstructed	1,182

#### Offensive Trades

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

Twenty-two inspections of these premises were made.



### *Common Lodging Houses*

There are seven common lodging houses in the Borough, four for women and three for men. 112 inspections were made during the course of the year.

### *Hairdressers and Barbers*

During the year 272 inspections were made to the 217 registered premises in the Borough.

### *Feral Pigeons*

Under licences granted by the Ministry of Agriculture, Fisheries and Food, narcotic treatment against feral pigeons was carried out at nine sites in the Borough. The estimated total number of pigeons frequenting these sites was 1,960 and 1,796 were caught.

### *Pet Animals Act, 1951*

Twenty-four premises are registered under this Act and 91 inspections were made during the year.

### *Pharmacy and Poisons Act, 1933*

There are 162 persons included in the Council's list of sellers of Part II poisons: 56 inspections were made.

### *Rag Flock and Other Filling Materials Act, 1951*

Eighteen premises are registered under the provisions of the above Act. Eleven samples were taken during the year and found to be satisfactory.

### *Registration of Food Premises*

Under the provisions of Section 16 of the Food and Drugs Act, 1955, 486 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 519 inspections of these premises were made.

### *Bakehouses*

There are 35 bakehouses in use of which one is a basement; 291 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.

Eighty-four 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 year the number of cremation certificates signed was 2,439.

#### **WATER SUPPLY**

I am indebted to Dr. E. Windle Taylor, Director of Water Examination, Metropolitan Water Board, for the following report regarding the Board's supply to the area of the London Borough of Southwark.

(1) (a) The supply was satisfactory both as to quality and quantity throughout 1967.

(b) All new and repaired mains are disinfected with chlorine, after a pre-determined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

(c) (i) The Board has no record of the number of structurally separate



dwellings supplied in your area, but the population supplied direct according to the Registrar General's estimates at 30th June 1967, was 300,720.

(ii) No houses were permanently supplied by standpipe.

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

(2) (a) The supply was derived from the following works and pumping stations: River Thames via Hampton, Walton and Surbiton. Honor Oak well. No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown in the following tables.

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

Tests for lead have been carried out in connection with chemical analyses of samples of running water collected from premises in the distribution system and I set out below the information obtained over the period 1st January to 31st December 1967:

**Lead content (mg/1 Pb/ water from main taps  
in consumers' premises**

				Number of samples	Per cent
Less than 0.01	...	...	...	64	66.7
0.01	...	...	...	22	22.9
0.02	...	...	...	3	3.1
0.03	...	...	...	4	4.2
0.04	...	...	...	2	2.1
0.05	...	...	...	0	—
0.06	...	...	...	1	1.0
				96	100.0

The above figures apply to the whole of the Board's area but it should be pointed out that the general characteristics of the water are similar throughout the area so that the findings are applicable to individual Boroughs.

The regular system of examination for lead in water in domestic premises will continue during 1968.



METROPOLITAN WATER BOARD—WATER EXAMINATION DEPARTMENT

AVERAGE RESULTS OF THE CHEMICAL EXAMINATION OF WATER SUPPLIED TO THE LONDON BOROUGH OF SOUTHWARK

Milligrammes per litre (unless otherwise stated)

Description of the Sample	Number of Samples Day of the month	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from $K_2MnO_4$ 4 hrs. at 27°C.	B.O.D. 5 days at 20°C.	Hardness (total) $CaCO_3$	Hardness (non-carbonate) $CaCO_3$	Magnesium as Mg	Sodium as Na	Potassium K	Chloride as Cl	Phosphate as $PO_4$	Silicate as $SiO_2$	Sulphate as $SO_4$	Natural Fluoride as F	Surface-active material as Marcol OT	$CO_2$	Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micromhos)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
HAMPTON	52	0.019	0.090	4.2	1.10		284	72	5	22.6	5.1	30	1.9	10	64	0.30	0.01		0.1	11	7.9	590
THAMES-DERIVED, South of River	156	0.021	0.088	4.2	1.12		272	69	5	22.6	5.1	30	1.9	9	64	0.30	0.01		0.1	12	7.9	580
HONOR OAK WELL	1	0.054	0.024	0.4			300	45		10.5	3.4	13				0.5		33	0.3	3	7.3	500

BACTERIOLOGICAL RESULTS of Water supplied to the London Borough of Southwark.

Source of supply	Number of samples	BEFORE TREATMENT			AFTER TREATMENT							
		Agar plate count per ml.		Coliform count	Escherichia coli count		Number of samples	Agar plate count per ml.		Coliform count	E. coli count	
		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.		Count per 100 ml.	20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
HAMPTON	52						1,158	7.3		99.91	100.0	
THAMES-DERIVED, South of River	156						1,887	8.8		99.52	99.95	
HONOR OAK WELL	54	0.0	1	100.0	—	100.0	—	54	0.0	11	100.0	100.0







# NOTIFICATION OF INFECTIOUS DISEASE 1967

## 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 & over	Total infected by a disease
Scarlet fever .. .. .	1	2	16	18	31	81	5	—	—	1	—	—	—	—	156
Whooping cough .. .. .	14	11	32	25	30	54	4	—	—	—	—	—	—	—	170
Measles .. .. .	165	379	460	457	401	969	28	9	6	6	—	—	1	—	2,881
Acute pneumonia .. .. .	1	—	—	—	—	2	—	2	3	7	2	8	5	7	37
Dysentery .. .. .	7	13	17	20	17	50	13	10	17	27	15	11	10	4	231
Acute gastro enteritis .. .. .	67	94	65	64	64	158	66	62	109	87	83	67	41	37	1,064
Erysipelas .. .. .	—	—	—	—	—	—	—	—	—	—	—	5	2	1	8
Food poisoning .. .. .	4	3	1	3	—	4	6	8	8	7	6	4	5	5	64
Puerperal pyrexia .. .. .	—	—	—	—	—	—	—	22	47	40	12	1	—	—	122
Ophthalmia neonatorum .. .. .	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Tuberculosis: Respiratory .. .. .	1	1	1	3	—	4	—	6	13	26	17	26	30	21	149
Other .. .. .	—	—	—	—	—	1	—	1	1	7	2	1	2	4	19
Malaria .. .. .	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Total in each age group .. .. .	262	503	592	590	543	1324	122	120	204	209	137	123	96	79	4,904



### *Fluoridation of Water Supplies*

Following receipt of Ministry of Health Circular 15/65 the Health Committee gave consideration to the making of arrangements, through the London Boroughs Committee, for the addition of fluoride to public water supplies. The Minister of Health had given approval under Section 28 of the National Health Service Act, 1946, to the making of such arrangements and expressed the hope that all Local Health Authorities would take the necessary steps.

The Council, at the meeting in January 1966, had no hesitation in adopting the recommendation of the Health Committee that fluoridation is a positive and beneficial health measure and agreed with the London Boroughs Committee that an approach be made to the Minister for the introduction of legislation enabling the fluoridation of water supplies to be directed nationally.

## **INFECTIOUS DISEASES**

### *Notification of Infectious Diseases*

All medical practitioners are required to notify the Medical Officer of Health, on certificates which are provided free of charge, of any of their patients who, in their opinion, are suffering from any of the following infectious diseases.

Acute encephalitis	Measles
Acute gastro enteritis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Small-pox
Dysentery (Amoebic or Bacillary)	Tetanus
Food poisoning	Tuberculosis
Hydrophobia in man	Typhoid fever
Infective Jaundice	Typhus
Leprosy	Whooping cough
Leptospirosis	Yellow fever
Malaria	

### *Notifications of Infectious Diseases*

<u>Disease</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
Scarlet fever ... ..	195	102	156
Whooping cough ... ..	93	170	170
Acute poliomyelitis and acute polio encephalitis... ..	1	—	—
Measles ... ..	3,138	1,435	2,881
Diphtheria ... ..	—	2	—



**TABLE I**  
**FOOD POISONING—INCIDENTS AND CASES**

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES notified or ascertained	TOTAL No. of Outbreaks and sporadic cases columns (1+3+5)	TOTAL No. of cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
	1	2	3	4	5	6	7
1. <i>S. typhimurium</i> ...	—	—	—	—	2	2	2
2. Other <i>Salmonellae</i> ...	—	—	—	—	3	3	3
3. <i>Cl. welchii</i> ...	—	—	—	—	—	—	—
4. <i>Staph. aureus</i> ...	—	—	—	—	—	—	—
5. Other causes ...	—	—	—	—	—	—	—
6. Cause Unknown ...	—	—	—	—	59	59	59
7. TOTAL ...	—	—	—	—	64	64	64

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

Type of <i>Salmonellae</i>							
Panama ...	—	—	—	—	2	2	2
Montevideo ...	—	—	—	—	1	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
2. Other <i>Salmonellae</i> ...	—	—	—	—	—	—	—
3. TOTAL ...	—	—	—	—	2	2	2



Dysentery	...	...	...	...	208	200	231
Meningococcal infection	...	...	...	...	5	8	—
Pneumonia (acute primary and acute influenzal)	...	...	...	...	50	25	37
Paratyphoid fevers	...	...	...	...	1	—	—
Erysipelas	...	...	...	...	10	6	8
Food poisoning	...	...	...	...	81	41	64
Tuberculosis	...	...	...	...	...	...	...
Respiratory system	...	...	...	...	178	163	149
Other forms	...	...	...	...	20	8	19
Malaria	...	...	...	...	—	—	1
Puerperal pyrexia	...	...	...	...	124	160	122
Ophthalmia neonatorum	...	...	...	...	3	7	2
Acute gastro enteritis	...	...	...	...	436	480	1,064

#### *Public Health Act, 1961—Section 41*

Under the provisions of the above Act 57 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.

#### **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

#### *Summary of Work*

##### *Scabies and Vermin*

	Vermin		Scabies	
	Male	Female	Male	Female
Southwark cases	524	154	128	145
treatments	524	154	208	248
Lambeth cases	21	52	57	96
treatments	21	52	92	136
Schoolchildren (male and female)				
cases	490			164
treatments	490			298
Total treatments	1,241		982	

Included in the above totals for vermin treatments are 391 males and 67 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) ... ..	2,644
Public conveniences ... ..	47
Public buildings, Institutions ... ..	32
Articles treated ... ..	18,401

### *Disinfection following infectious disease*

Rooms treated ... ..	20
Library books treated ... ..	128

### *Incontinent Laundry Service*

Weight of articles laundered (Southwark) ... ..	56,662 lbs.
Weight of articles laundered (Lambeth) ... ..	54,114 lbs.

### *Bathing of Aged Persons (No. of Baths)*

Baths at home ... ..	6,685
Baths at disinfecting stations ... ..	221

## **MORTUARY**

### **Bodies brought to Southwark Mortuary:**

From hospitals in Southwark ... ..	299	
From hospitals in Lambeth ... ..	447	
From hospitals in Lewisham ... ..	1	
	—	747
From private addresses in Southwark ... ..	378	
From private addresses in Lambeth ... ..	403	
	—	781
Recovered from River Thames ... ..		16
Hither Green Train Accident ... ..		38
		<hr/>
		1,582

### **Bodies brought from hospitals and institutions:**

#### *Southwark*

Guy's Hospital ... ..	14
Evelina Hospital ... ..	1
Newington Institution ... ..	7
Catholic Nursing Institute ... ..	1
St. Giles' Hospital ... ..	123
St. Francis Hospital ... ..	49
Dulwich Hospital ... ..	70
St. Olaves Hospital ... ..	34



### *Lambeth*

Lambeth Hospital	127
South Western Hospital	56
St. Thomas' Hospital	10
Royal Waterloo Hospital	1
Kings' College Hospital	225
Belgrave Hospital	3
South London Hospital for Women	19
Weir Hospital	1
All Saints' Hospital	1
Annie McCall Hospital	1
Brixton Prison	4
Post mortems without Inquest	1,320
with Inquest	262

## **OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**

### **Introduction**

The Borough extends over an area of 7,115 acres, being bounded to the north by the Thames, and on the east, south and west by the London Boroughs of Lewisham, Bromley and Lambeth respectively. The estimated mid-year population was 300,720, a decrease of 3,420 compared with the corresponding period in 1966. Redevelopment schemes of considerable extent are taking shape particularly in the northern part of the Borough and others are planned. There are numerous commercial premises of varying sizes and types in the district. A number of large office blocks remained unoccupied (and in some cases, have remained so for a number of years) despite suggestions that a shortage of office accommodation exists.

Central Government Departments occupy several large office blocks in the area. Enforcement of the Act in such cases lies with H.M. Factory Inspectorate.

### **Registrations and Inspections**

During the year there were 239 new registrations. A number of premises were vacated and demolished as part of redevelopment schemes. The net result of alterations of all kinds was a decrease of 27 in the overall number of premises registered. Numerous changes of occupancy were found following a "street survey" in the northern and eastern parts of the Borough during the latter part of the year.

1,225 general inspections of registered premises were made (these were inspections where the standard of compliance with all the relevant provisions of the Act was assessed). This represented a 36.5 per cent of the total compared with 43.2 per cent the year before.



Visits of all kinds to registered premises rose from 3,733 to 4,254. Once again, many of these were made to premises where infringements had been noted on earlier inspections. An analysis of infringements found and remedied in the various classes of premises is recorded in Table D. The total numbers found and remedied were 2,110 and 2,227 respectively compared with 2,450 and 1,374 the previous year.

315 written Notices were sent; by the end of the year 345 such Notices had been complied with—these included outstanding Notices brought forward from the year ending 31st December 1966.

As reported in previous years, the majority of occupiers were willing to comply in general with the requirements of the Act and verbal Notices sufficed in many cases to bring this about.

Inspections of shop premises were carried out, as in previous years, by the Public Health Inspectors. Inspections of offices and certain other premises not affected by food legislation continued to be made by a Senior Public Health Inspector and four Technical Assistants. The statistical information required to be submitted annually to the Minister of Labour is reproduced in Tables A, B and C.

## **Operation of the General Provisions of the Act**

### *Cleanliness (Section 4)*

There is still room for improvement in the standards of cleanliness encountered during inspections. Admittedly there are difficulties to be overcome. Among these may be mentioned the difficulty of obtaining suitable staff to do the work, high redecoration costs and it is somewhat surprising to find that few occupiers make use of commercial vacuum cleaners in their premises.

### *Overcrowding (Section 5)*

Only two instances were reported and by the end of the year had been remedied. Most occupiers were well aware of their obligations in this respect.

### *Temperature (Section 6)*

Inadequate heating was mainly confined to retail shops where doors were kept open to attract trade, or continually opened and closed by customers. This has been overcome in some instances by the installation of down-stream heaters over shop entrance doors, and it is to be hoped that such installations may become more widely used. The open-fronted shop presents particular difficulty and to overcome this, it might be necessary for statutory provision to be made requiring protection from weather.

Thermometers were often found to be unserviceable or missing. Failure to provide a thermometer was one of the most commonly encountered contraventions and in general was quickly remedied.

### *Ventilation (Section 7)*

Difficulties arose from time to time in smaller premises, particularly where security arrangements made at the insistence of Insurance Companies resulted in



natural ventilation (normally obtained by opening windows) being restricted. In such cases other permanent means of ventilation or mechanical ventilation were advised.

#### *Lighting (Section 8)*

Gradual improvement in lighting standards is taking place and may in some measure be attributed to implementation of the Act. Dislike of fluorescent tube installations is not so often mentioned as hitherto. This is probably due to improved installation techniques and the increasing appreciation of glare as a factor to be considered seriously in design of new schemes and modification of existing installations. Poor lighting was frequently due to the failure to renew defective bulbs and tubes, and in some cases, had employees reported the deficiencies, they could have been rectified at once.

Inadequacy of lighting is often much more apparent to the visitor. Frequently, employees are unaware of low levels of lighting, their eyes having become adapted to the conditions. Bad lighting, particularly where marked variations of light intensity occur in different parts of premises might well be a causative factor in some of the accidents involving falls and collisions with stationary objects where no other contributory factors are apparent.

#### *Sanitary Accommodation and Washing Facilities (Section 9 and 10)*

Progress continued towards ensuring the provision of sufficient sanitary accommodation; additional accommodation and washing facilities were provided in 25 and 33 premises respectively. Deficiencies found included lack of cleanliness, disrepair, inadequate lighting and ventilation and in the case of washing facilities, such items as soap and towels.

In 122 premises, a supply of hot and cold or warm running water was provided or reinstated, usually from small gas or electric appliances.

#### *Clothing Accommodation (Section 12)*

Provision made varied considerably according to the type and extent of the premises, ranging from nails in doors to well-lighted, ventilated and heated cloak-rooms with individual lockers for valuables. In some premises, although acceptable accommodation was available, employees declined to make use of the facilities provided.

#### *Floors and Staircases (Section 16)*

As in previous years, infringements commonly found during inspections included failure to provide substantial handrails to staircases, worn surfaces of floors and floor coverings, stairs not kept in a proper state of repair, poorly-lit stairs and obstruction by goods. There appeared to be a general lack of awareness of the serious injuries which could arise from falls and collisions where badly stored goods were involved.



### *Dangerous Machinery (Sections 17, 18 and 19)*

Occupiers were advised that machinery was considered to be inadequately fenced in 31 premises. In some cases guards had been removed for cleaning or maintenance purposes and not replaced. The transparent feed chute guards on food slicing machines should be removed regularly for thorough cleansing. Many of the products sliced on these machines are of the cooked meat type, and it is essential that any risk of contamination of the food is kept at the lowest possible level. There is undoubtedly a need for careful supervision to ensure that such guards are in fact replaced before the machines are put in normal use. Where appropriate, employees were advised of the attendant risks of serious injury.

### *First Aid (Section 24)*

As in previous years, inadequacy of first aid materials was reported in a large number of premises. In most cases, this was due to failure on the part of persons having charge of boxes or cupboards to replenish after use. These omissions were often immediately rectified once attention was drawn to them.

### *Accidents (Section 48)*

During the year, 89 accidents were notified compared with 82 in the previous year and 93 in 1965. None was fatal. Investigations were made of 18 notified accidents. In addition, notification was received of 14 further accidents which occurred in premises or parts outside the scope of this Act or the Factories Act, 1961.

Eleven accidents were associated with machinery, four were concerned with food slicing machinery, one a bandsaw and another a sink waste disposal unit. The remaining five involved lifting apparatus (three instances), an office machine and a drill.

### *The following are some examples of accidents reported:*

1. A female employee in a retail shop had been cutting luncheon meat on a gravity-fed powered slicing machine. She switched off the power and in removing the small piece of meat remaining in the feed chute, the middle finger of her right hand came into contact with the circular knife blade (which had not come to rest), and was lacerated. During the actual slicing operation, the "last slice" plate was in use. Had the slice thickness plate been returned to the "zero" setting on completion of slicing, this accident could have been prevented.

2. A male employee in a butchery cutting-up room was using a bandsaw to quarter frozen chicken carcasses. In the process, his thumb came into contact with the saw blade and was lacerated. The machine was fitted with guards and the blade was enclosed, with the exception of that part between the friction pulleys and the bench top. A moveable plastic guard was available but owing to its smooth surface it could not be used to hold the hard frozen chickens firmly in place.

3. A newly engaged employee in a large office block canteen attempted to remove what he thought to be a blockage in the hopper of a sink waste disposal unit. To do this, he plunged his arm into the well of the unit, with the result that one of



the fingers of his hand was crushed and lacerated by the revolving part at the base of the well. His normal duties were those of a kitchen porter and, despite a switch and warning light nearby, he was apparently unaware that the unit was power-operated. He also failed to hear the machine operating against the background noise of the kitchen operations. There was no suggestion that his hearing or eyesight were other than normal. Following discussion with the officer appointed under Section 57, advice was given to the firm concerned, and subsequently a modification was fitted to the machine to restrict the feed aperture.

4. A service mechanic was overhauling a photo-copying machine in the offices of a large wholesale warehouse and had removed a cover. Whilst watching the machine in operation, he attempted to adjust a belt drive to the rollers. In doing so, his finger was trapped in the developer section, fractured and lacerated. For normal operation, the machine appeared adequately fenced. This clearly illustrated the importance of allowing potentially dangerous moving parts of machinery to come to rest before attempting adjustments.

The incidence of falls notified showed a slight increase over the previous year, whilst accidents due to stepping on or striking against objects or persons showed a slight decrease. One fall investigated occurred when a window sill collapsed and a window cleaner fell onto a flat roof some 6 feet below sustaining a fracture of the ankle. He was wearing a safety harness, but no attachment points were provided on the window.

Of the seven reported accidents involving the use of hand tools, six occurred while cutting up meat in retail butchers shops. Two of these resulted in punctured wounds of the thigh and abdomen respectively. In the latter case, the injured person received hospital treatment. In both cases, it was indeed fortunate that no major blood vessels were severed which would have had more serious consequences. Employers were advised of the desirability of providing heavy duty aprons to be worn during boning-out and cutting-up operations.

Reported accidents analysed by workplace and sex and by primary causes are shown in Table E, together with the corresponding figures for 1965 and 1966 which are in columns A and B of the tables.

#### *Display of the Abstract of the Act (Section 50)*

Failure to display a copy of the Abstract of the Act in 490 premises was the most widely reported infringement. It was noteworthy that in many premises, where an Abstract was correctly displayed, a number of employees had not taken the trouble to read it.

#### *Prosecutions*

Proceedings were instituted against the Proprietor of a catering establishment alleging failure to keep a basement room clean, to provide a thermometer and first



aid box and to display an Abstract of the Act. At the Hearing, the defendant was found guilty and given a conditional discharge for 12 months.

### *Conclusion*

It is felt that the powers of enforcing authorities would be considerably strengthened by the making of regulations dealing particularly with the safety of hoists and lifts, lifting tackle, boilers and air receivers. Such equipment is now frequently found in premises to which the Offices, Shops and Railway Premises Act, 1963 applies, and their examination, testing and certification is a matter for specialist engineer surveyors.

This need was highlighted when the Ministry of Labour drew attention to the matter of heating installations in coin-operated launderettes, where under certain conditions, danger could arise from failure of safety devices. A survey made within the Borough disclosed that some installations were not as regularly maintained and inspected as desirable.

The recommendations contained in L.A. Circular 7 (supplement No. 13) were followed and the advisory pamphlet SHW 4 was circulated to launderette operators in the Borough.

The assistance and advice given by H.M. Factory Inspectorate is again gratefully acknowledged.



TABLE A

## REGISTRATIONS AND GENERAL INSPECTIONS

(1) Class of Premises	(2) Number of Premises registered during the year	(3) Total number of registered premises at end of year	(4) Number of registered premises receiving a general inspection during the year
Offices ... ..	101	1053	501
Retail shops ... ..	105	1664	530
Wholesale shops, warehouses ... ..	19	279	77
Catering establishments open to the public, canteens ... ..	12	354	116
Fuel storage depots ... ..	2	9	1
Totals ... ..	239	3359	1225

TABLE B

Number of visits of all kinds by Inspectors to Registered Premises ... 4,254

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

(1) Class of Workplace	(2) Number of Persons employed
Offices ... ..	17,314
Retail shops ... ..	16,606
Wholesale departments, warehouses ... ..	3,331
Catering establishments open to the public ... ..	1,904
Canteens ... ..	453
Fuel storage depots ... ..	47
Total ... ..	39,655
Total males ... ..	22,080
Total females ... ..	17,575



TABLE D

**ANALYSIS OF INFRINGEMENTS FOUND AND REMEDIED DURING  
INSPECTIONS OF OFFICES AND SHOP PREMISES DURING 1967**

	Offices		Retail Shops		Wholesale Departments/ Warehouses		Catering Premises		Canteens		Fuel Storage Depots		Total	
	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.	Fnd.	Rem.
Cleanliness	33	39	127	151	16	7	75	64	8	7			259	268
Overcrowding	1	1					1	1					2	2
Heating	7	3	23	22	4	1	10	9			1		44	36
Provision of Thermometer	73	98	149	209	17	8	25	24	8	7	2		272	348
Ventilation	11	11	26	31	3	3	7	5	2	1			49	51
Lighting	44	37	60	66	13	5	2	3					119	111
Insufficient sanitary accommodation	12	4	11	15	1	1	7	4			1		31	25
Deficient sanitary accommodation	39	35	77	78	7	5	26	21	2	1			151	140
Insufficient washing facilities	6	5	13	20		3	10	5					29	33
Hot water/warm water required	35	36	25	75	7	1	9	9			1		76	122
Other deficient washing accommodation	2	3	18	19	5	1		1	3	3			28	27
Drinking water	3	4	2	3		1							5	8
Clothing accommodation	3	3	11	15	6	2	9	7			1		29	28
Seating facilities			6	5									6	5
Eating facilities			2	2									2	2
Dangerous machinery	14	1	13	12			4	1					31	14
Floors and staircases	47	36	79	110	14	10	27	23	2	2			169	181
First-aid	81	105	165	208	24	10	42	38	6	5	1		318	367
Abstract not displayed	166	161	249	262	22	7	47	25	6	3	1		490	459
<b>TOTALS</b>	<b>577</b>	<b>582</b>	<b>1056</b>	<b>1303</b>	<b>139</b>	<b>65</b>	<b>301</b>	<b>240</b>	<b>37</b>	<b>29</b>		<b>8</b>	<b>2110</b>	<b>2227</b>
Informal Notices served	55		173		17		63		7				315	
Informal Notices complied with		40		217		19		60		4		3		343



**TABLE E**  
**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					
	1967	A *	B	1967	A *	B	1967	A *	B	1967	A *	B	1967	A *	B
Offices ... ..	6	6	8	3	4	6	1	—	—	3	—	1	13	10	15
Retail Shops ... ..	15	19	13	16	23	18	2	4	10	4	2	1	37	48	42
Wholesale Depts./Warehouses ...	17	20	12	1	2	2	2	2	—	1	—	2	21	24	16
Catering Establishments ... ..	8	5	4	4	2	3	—	—	—	—	—	—	12	7	7
Canteens ... ..	3	2	—	3	1	2	—	1	—	—	—	—	6	4	2
Fuel Storage Depots ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ... ..	49	52	37	27	32	31	5	7	10	8	2	4	89	93	82

\* A: 1965. B: 1966.



**TABLE E**  
**REPORTED ACCIDENTS ANALYSED BY PRIMARY CAUSE**

Primary Cause	Class of Workplace						Total	% of Total			Minister of Labour's Report 1966
	Offices	Retail Shops	Wholesale Depts./ Warehouses	Catering Establish- ments	Canteens	Fuel Storage Depots					
	1967 A* B	1967 A* B	1967 A* B	1967 A* B	1967 A* B	1967 A* B	1967 A* B	1967 A* B	1967 A* B		
Machinery ..	3 1 -	5 1 3	1 3 -	1 - 1	1 2 1	- - -	11 7 5	12.4 7.5 6.1			5.3
Transport ..	2 1 -	- 1 3	5 2 1	- - 2	- - -	- - -	7 4 6	7.8 4.3 7.3			4.0
Falls of persons	5 6 9	12 10 12	3 8 2	5 3 2	3 - -	- - -	28 27 25	31.5 29.0 30.5			39.7
Stepping on or striking against object or person	- - 2	4 3 8	2 2 1	- 1 -	1 1 -	- - -	7 7 11	7.8 7.5 13.4			10.3
Handling goods	2 2 1	7 13 6	5 9 8	2 1 -	- - 1	- - -	16 25 16	18.0 27.0 19.5			20.7
Struck by falling object .. ..	1 - -	1 6 2	2 - 2	2 1 1	- - -	- - -	6 7 5	6.9 7.5 6.1			6.0
Fires and explosions ..	- - -	- - 1	- - -	- - 1	- - -	- - -	- - 2	- - 2.5			0.7
Electricity ..	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -			0.4
Use of hand tools	- - -	7 12 6	- - -	- - -	- - -	- - -	7 12 6	7.8 12.9 7.3			5.3
Not otherwise specified ..	- - 3	1 2 1	3 - 2	2 1 -	1 1 -	- - -	7 4 6	7.8 4.3 7.3			7.6
Total ..	13 10 15	37 48 42	21 24 16	12 7 7	6 4 2	- - -	89 93 82	100.0 100.0 100.0			100.0

\* A: 1965 B: 1966.



# **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	617	156	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	1,922	381	23	—
(iii) Other Premises in which Section 7 is enforced by the local authority (excluding out-workers premises) ... ..	67	72	—	—
<b>Total ... ..</b>	<b>2,606</b>	<b>609</b>	<b>23</b>	<b>—</b>

## **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) ... ..	—	—	—	3	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	1	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary conveniences (S.7)—					
Insufficient ... ..	7	5	—	2	—
Unsuitable or defective ... ..	47	41	—	1	—
Not separate for sexes ... ..	—	—	—	—	—
Other offences ... ..	—	—	—	—	—
(Not including offences relating to home work) ... ..	—	—	—	—	—
<b>Total ... ..</b>	<b>54</b>	<b>46</b>	<b>—</b>	<b>7</b>	<b>—</b>



## Outworkers

Nature of Work	Number of Outworkers in August lists as required by Section 133 (1) (c)					
Artificial flowers	...	...	...	...	...	13
Cardboard boxes	...	...	...	...	...	76
Carding of buttons	...	...	...	...	...	23
Christmas stockings	...	...	...	...	...	6
Jewellery	...	...	...	...	...	8
Lampshades	...	...	...	...	...	59
Showcards	...	...	...	...	...	9
Wearing apparel	...	...	...	...	...	228
Total						422

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

## 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) ...   | ... | ... | 11,202 |
| (b) Number of Inspections made for the purpose ...  | ... | ... | 23,827 |
| (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 ... | ... | ... | 2,039  |
| (b) Number of Inspections made for the purpose ...  | ... | ... | 5,174  |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...                                      | ... | ... | 783    |
| (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 ...   | ... | ... | 2,290  |

### 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 ... | ... | 1,645 |
|---|-----|-------|



(1) *Proceeding under Housing Act, 1957:—*

(a) Number of houses made fit after service of formal notices (Sections 9, 16 and 18)	
(i) By owners ... ..	21
(ii) By local authority in default of owners ... ..	2
(b) Houses demolished as a result of formal or informal procedure under Section 17 ... ..	Nil
(c) Houses closed in pursuance of an undertaking given by the owners under Section 16 ... ..	2
(d) Closing Orders on parts of buildings (Section 18) ... ..	13
(e) Undertakings not to use parts of buildings for human habitation accepted ... ..	2
(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) ... ..	13
(i) Closing Orders determined ... ..	3
(j) Closing Orders revoked and Demolition Orders made ... ..	Nil
(k) Number of houses included in representations (Section 42) ... ..	502

(2) *Houses in Multiple Occupations—Housing Acts, 1961–64:—*

(a) No. of premises found to require action ... ..	38
(b) No. of premises at which conditions were remedied as a result of informal action ... ..	4
(c) No. of premises requiring formal action ... ..	34
(d) No. of Directions given ... ..	34
(e) No. of Directions revoked ... ..	4
(f) No. of Directions varied ... ..	Nil
(g) No. of Management Orders made ... ..	33
(h) No. of Management Orders revoked ... ..	7

(3) *Housing Act, 1964:—*

(a) No. of Control Orders under Section 73 ... ..	Nil
(b) No. of Control Orders revoked under Section 86(2) ... ..	Nil

(4) *Proceedings under Public Health Acts:*

(a) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	1,677
(b) Number of dwelling-houses in which defects were remedied after service of formal notices:	
(i) By owners ... ..	535
(ii) By local authority in default of owners ... ..	54



## Housing Inspections

	No. of Inspections
Clearance areas ... ..	2,697
Individual unfit houses ... ..	
Section 9 ... ..	408
Section 16 ... ..	293
Parts of premises—Section 18 ... ..	676
Houses in multiple occupation ... ..	662
Re-inspections (all sections) ... ..	4,597
Miscellaneous Inspections ... ..	1,530
<b>Total inspections</b> ... ..	<b>10,863</b>

## Legal Proceedings—Public Health Act, 1936:—

Nuisance Orders made ... ..	16
Summonses withdrawn (work completed) ... ..	10

## RENT ACT, 1957

### Applications for Certificates of Disrepair

Number of applications for certificates ... ..	3
Number of decisions not to issue certificates ... ..	—
Number of decisions to issue certificates:	
(a) in respect of some but not all defects ... ..	2
(b) in respect of all defects ... ..	1
Number of undertakings given by landlords ... ..	—
Number of undertakings refused ... ..	—
Number of certificates issued ... ..	3

### Applications for cancellation of Certificates of Disrepair

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

## CLEAN AIR ACT, 1956

### Smoke Control Areas

During the year the following Smoke Control Orders were confirmed by the Ministry of Housing and Local Government:

	Area	No. of Dwellings
No. 19 (Nunhead) ... ..	578 acres	5,138
No. 20 (New Kent Road) ... ..	85.8 acres	2,125
No. 21 (Old Kent Road) ... ..	77 acres	2,231
No. 22 (Elmington Road) ... ..	53.2 acres	1,869



At the end of the year, 22 Smoke Control Orders were operative and the overall position was as follows:

	Area	No. of Dwellings
Whole Borough ... ..	6,981 acres	118,297
Orders operative as at 31st December 1967 ...	3,885 acres	50,658
Orders confirmed but not yet operative ...	291 acres	6,960

Surveys were continued with a view to the making of further Smoke Control Orders and it is envisaged that the whole of the Borough will be covered by Smoke Control Orders in 1975.

#### *Furnaces*

Fourteen notifications of installation of furnaces were received under Section 3(1) of the Act and in 12 of these formal approval of plans and specifications was given. In a number of cases modifications to plants and changes in oil viscosity were obtained.

#### *Health Education*

Talks and demonstrations relating to clean air have figured prominently in lectures given by the Public Health Inspectors to local schools and organisations.

#### *Summary of Inspections*

Complaints received and investigated ... ..	270
Smoke Observations ... ..	543
Smoke Control Areas ... ..	15,261
Industrial Premises ... ..	1,026
Miscellaneous ... ..	2,353

### **PREVENTION OF DAMAGE BY PESTS ACT, 1949**

1. Total number of properties in district ... ..	118,297
2. (a) Total number of properties inspected following notification ...	4,757
(b) Number infested by (i) rats ... ..	2,197
(ii) mice ... ..	1,767
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ... ..	793
(b) Number infested by (i) rats ... ..	12
(ii) mice ... ..	7

The following table shows the work of the Rodent Control Staff:

	Domestic Premises		Commercial Premises	
	Rats	Mice	Rats	Mice
Complaints received ... ..	1,653	1,226	545	541
Visits by investigators ... ..	1,890	867	670	688
Visits by rodent operatives ... ..	11,808	8,342	3,003	2,758
Number of premises cleared ... ..	1,490	1,111	561	658



# FOOD AND DRUGS ACT, 1955

During the year 425 formal and 1590 informal samples were submitted for analysis. Details of unsatisfactory samples and action taken are as follows:—

<u>Sample</u>	<u>Formal or Informal</u>	<u>Result of Analysis</u>	<u>Action Taken</u>
Minced meat	Informal	Contained sulphite preservative	Warning letter
Minced meat (3)	Informal	Contained sulphite preservative	Formal samples satisfactory
Almond marzipan	Informal	Incorrectly labelled	Warning letter
Lemon drink	Informal	Container not labelled	Taken up with suppliers
Canned preserved turnip	Informal	Incorrectly labelled	Taken up with suppliers
Meat pie	Informal	Deficient in meat	Formal sample satisfactory
Milk substitute powder	Informal	Contained a now permitted emulsifier	Taken up with importers
Yugoslav wine	Informal	Contained excessive sulphite preservative	Taken up with bottlers and existing stocks withdrawn
Pork sausages (3)	Informal	Deficient in meat	Formal samples satisfactory
Infant food	Informal	Incorrectly labelled	Stocks withdrawn
Pork sausages	Formal	Contained undeclared and excessive preservative	No action as business closed down
Rosehip syrup	Formal & Informal	Insufficient description and contained excess of benzoate preservative	Taken up with importers
Pork sausages	Formal	Contained excess sulphite preservative	Warning letter
Ice cream	Informal	Deficient in fat	Formal sample satisfactory
Tonic and nerve syrup	Informal	Incorrectly labelled	Taken up with manufacturers

Legal action taken following complaints made by members of the public:—

<u>Offence</u>	<u>Result</u>	<u>Fine</u>	<u>Costs</u>
Sale of apple pie affected by mould ... ..	...	£5.0.0	£5.0.0
Sale of sausage rolls affected by mould ... ..	...	£10.0.0	£2.0.0
Sale of apple pie affected by mould ... ..	...	£5.0.0	£5.5.0
Sale of baby food contaminated by beetle larvae and larval cases ... ..	Absolute discharge	...	£5.5.0
Sale of loaf of bread containing black matter ... ..	...	£10.0.0	£5.5.0
Sale of steak and kidney pie affected by mould ... ..	Absolute discharge	...	£5.5.0
Sale of bread contaminated with oily dirt and sacking fibres ... ..	...	£30.0.0	£5.5.0
Sale of bread roll contaminated by black matter ... ..	...	£5.0.0	£5.5.0
Sale of sausages affected by mould ... ..	Conditional discharge	...	£5.5.0
Sale of sugar containing carbon particles and oily matter ... ..	Conditional discharge	...	£5.5.0
Sale of chocolates contaminated by insect larvae and larval webbing ... ..	...	£5.0.0	£5.5.0
Sale of bread roll containing a nail ... ..	...	£5.0.0	£15.15.0
Sale of steak and kidney and margarine affected by mould ... ..	...	£10.0.0	£5.5.0
Sale of rancid puff pastry ... ..	...	£5.0.0	£5.5.0



Sale of black pudding containing a piece of plastic material	...	...	Absolute discharge	—
Sale of bread containing soiled dough	...	...	£7.0.0	£3.3.0
Sale of sausage containing a piece of towelling fabric	...	...	Absolute discharge	—
Sale of cream sponge cake containing black bristles	...	...	Absolute discharge	£5.0.0
Sale of scone containing a piece of string	...	...	£5.0.0	£3.3.0
Sale of steak and kidney pudding affected by mould	...	...	£5.0.0	£1.0.0
Sale of chewing gum containing a dead wasp	...	...	Absolute discharge	£5.0.0
Sale of pork pies affected by mould	...	...	£5.0.0	£3.3.0
Sale of cream slice cake containing a dead house fly	...	...	£7.0.0	£3.0.0
Sale of bread containing a rodent dropping	...	...	£5.5.0	£1.0.0
Sale of a buttered roll which was spread with margarine	...	...	£5.0.0	£3.3.0
Sale of minced meat which was decomposing and unfit for human consumption	...	...	Dismissed due to non-attendance of witness	
Sale of doughnut containing wool and cotton fibres	...	...	£5.0.0	£3.3.0

In addition, twenty-two warning letters were sent in respect of complaints made by members of the public.

#### *Milk distributors and sampling*

There are 409 registered milk distributors in the Borough. Licences to expire on 31st December 1970, were issued as follows:

For sale of untreated milk	...	...	129
For sale of pasteurised milk	...	...	392
For sale of sterilised milk	...	...	391
For sale of ultra heat treated milk	...	...	123

Samples of milk for chemical and bacteriological examination were obtained from milk distributors in the Borough and also from schools and day nurseries with the following results:

	No. of samples	Satisfactory	Unsatisfactory
Chemical examination	158	158	—
Bacteriological examination	184	179	5

The five unsatisfactory samples which failed the Methylene Blue Test were taken up with the distributors concerned and subsequent samples were found to be satisfactory.

#### *Ice Cream*

Seventy-five samples of ice cream were examined with the following results:

Methylene Blue Grading	Soft Ice Cream	Other Ice Cream
Grade 1 (satisfactory)	10	38
Grade 2 (sub-standard)	6	6



Grade 3 (unsatisfactory) ...	6	3
Grade 4 (unsatisfactory) ...	5	1

Where unsatisfactory reports are received further samples are obtained before any further action is taken. In the cases reported, further samples were found to be satisfactory.

### *Chemical Analysis*

Thirty-nine samples were submitted for examination and one was found to be deficient in fat and non-fatty milk solids.

## **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 101 premises.

The following table shows the number of visits made by the public health inspectors to the various types of food premises:

Bakehouses	...	...	...	214
Bakers and confectioners	...	...	...	406
Butchers	...	...	...	605
Cooked and preserved meat shops	...	...	...	460
Dairies and milkshops	...	...	...	412
Fishmongers, friers and curers	...	...	...	733
Food factories	...	...	...	1,082
Ice cream premises	...	...	...	668
Public houses	...	...	...	700
Restaurants, canteens, etc.	...	...	...	2,383
Street markets	...	...	...	845
Street traders' food stores	...	...	...	268
Wholesale food dealers	...	...	...	410
Other food premises	...	...	...	2,076

### *Legal Proceedings*

<u>Nature of Business</u>	<u>Offence</u>	<u>Fine</u>	<u>Costs</u>
Vehicle used for transport of food	Interior of vehicle not clean and had an infestation of maggots (Regulation 26) ...	£75.0.0 (imposed on each of two defendants). Appeal against fines dismissed with 20 guineas costs to Council.	£22.2.0
Restaurant	Dirty condition of yard (Regulation 5)	£25.0.0 (£1.0.0)	—
	Placing meat and poultry on floor of preparation room (Regulation 8)	£25.0.0 (£10.0.0)	—
	Defective and dirty condition of sanitary convenience (Regulation 14)	£3.0.0 (£3.0.0)	—



Absence of notice requesting users of water closets to wash their hands (Regulation 14)	Conditional discharge (£3.0.0)	—
Absence of adequate ventilation to store room (Regulation 21)	Dismissed	—
Dirty and defective walls and ceiling of store room (Regulation 23)	£25.0.0 (£10.0.0)	£5.0.0
Absence of suitable and sufficient artificial lighting to sanitary convenience (Regulation 14)	£2.0.0 (£2.0.0)	—

N.B. The fines shown in brackets were those imposed by the Court at the hearing of the summonses. An appeal against the convictions was dismissed and the fines adjusted as shown above.

### Unsound Food

The following quantities of foodstuff 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 ... ..	31	15	3	2
Canned meat and meat products ... ..	86	2	2	10
Fish ... ..	—	—	2	26
Fruit and vegetables ... ..	442	2	3	11
Miscellaneous foodstuffs ... ..	183	7	3	13
Total ... ..	743	9	3	6

### Pesticides in Food

The Association of Public Analysts is conducting a comprehensive survey, in collaboration with the Food and Drugs Authorities, to ascertain the level of pesticides in foodstuffs at the time of retail sales. The analytical work is being undertaken using gas chromatography in addition to the other traditional equipment. Very low residues of insecticides are detectable with the great sensitivity of these analytical methods.

Recommendations about statutory limits can only be based on the consideration and evaluation of the data which will be available in due course, perhaps in under two years' time.

The Regulations in force at present in relation to pesticide residues only specify statutory limits of lead and arsenic.

The Food Additives and Contaminants Committee recommended in September 1966, as follows:

- (a) maximum permissible amounts of Aldrin and Dieldrin
  - Foods in general 0.1 p.p.m.
  - Mutton 1.0 p.p.m.
  - Liquid Milk 0.003 p.p.m.
  - Baby Foods 0.2 p.p.m.



- (b) that when these limits are governed by Regulations, they should be reviewed in two years' time but for mutton in one year, and
- (c) that ingredients for baby foods should be chosen carefully in order to keep these chemicals to the lowest possible levels.

Results of three samples submitted to Southwark Public Analyst:

*Butter*

Lindane (the gamma isomer of 1, 2, 3, 4, 5, 6-hexachlorocyclohexane) 0.13 p.p.m.  
 D.D.T. (Dichlorodiphenyl trichloroethane) 0.08 p.p.m. } 0.13 p.p.m.  
 Decomposition of D.D.T. 0.05 p.p.m.

*Liquid Milk*

Lindane 0.002 p.p.m.  
 Dieldrin 0.001 p.p.m.

*Mackerel*

Six pesticides—traces.

By arrangement with the London Boroughs' Association certain commodities were sampled by this Council's Public Health Inspectors with the following results:

<u>Date</u>	<u>Ref. No.</u>	<u>Sample</u>	<u>Reportable Pesticides (Parts per thousand million)</u>
4.4.67	M.1	Rice	0
4.4.67	M.2	Mackerel	Dieldrin 42 DDT. 300 DDE. 107
5.4.67	M.3	Oats	0
26.4.67	M.19	Beef	0
26.4.67	M.20	Lard	Dieldrin 30 DDE. 40
26.4.67	M.21	Milk	BHC. 5 Dieldrin 3
3.5.67	M.23	Cabbage	0
3.5.67	M.24	Potatoes	0
22.5.67	M.45	Apples	0
22.5.67	M.46	Bread	BHC. 33
5.6.67	M.52	Beef	0
5.6.67	M.53	Milk	BHC. 3 Dieldrin 2



22.6.67	M.70	Carrots	DDE.	40
22.6.67	M.71	Beer	0	
5.7.67	M.78	Lettuce	0	
5.7.67	M.79	Peas	0	
31.7.67	M.106	Apples	0	
31.7.67	M.107	Potatoes	0	

No evidence of the presence of organo-phosphorus compounds was obtained.

Quantities of pesticide residues are regarded as below the "reporting limit" when they do not exceed the following:—

	Milk and Infant Foods	Other Foods
DDT. ....	20	50 parts per 1,000 million
Other organo-chlorine compounds ....	2	20 parts per 1,000 million

### IMPORTED FOOD CONTROL

### PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937/48

### FOOD AND DRUGS ACT, 1955

The following samples were submitted for bacteriological examination during 1967:

Egg products	...	...	...	...	1,192
Frozen prawns and shellfish	...	...	...	...	596
Second grade cheese	...	...	...	...	313
Desiccated coconut	...	...	...	...	12
Kangaroo meat	...	...	...	...	4
Horsemeat	...	...	...	...	10
Canned meat	...	...	...	...	18
Miscellaneous	...	...	...	...	7
Total					2,152

The following samples were submitted for chemical examination:

Frozen liquid egg for alpha-amylase test	...	...	...	2,629
Routine chemical examination:				
Canned fruit and juice	...	...	...	456
Dried fruit	...	...	...	161
Canned meat	...	...	...	187
Canned vegetables	...	...	...	46
Canned fish	...	...	...	110
Canned tomatoes	...	...	...	80



Tomato puree	...	...	...	...	...	72
Tea	...	...	...	...	...	392
Butter	...	...	...	...	...	138
Lard	...	...	...	...	...	100
Nuts	...	...	...	...	...	112
Cheese	...	...	...	...	...	78
Miscellaneous	...	...	...	...	...	239
Total number of chemical samples						4,800

### *The Liquid Egg (Pasteurisation) Regulations, 1963*

There are two egg pasteurising plants operating in the Borough, both 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. 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 alpha-amylase test.

309 samples of pasteurised home produced liquid egg were taken from the plants for alpha-amylase test, the results of which were satisfactory.

No particular difficulties were met with during the fourth year of the operation of the Regulations. The home production appeared to be quite satisfactory and only 0.67 per cent of the imported frozen whole egg failed the alpha-amylase test.

### 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			
	T	C	Q	L			T	C	Q	L
Australia	1,578	8	0	0	601	—				
China	1,435	0	0	0	594	19	29	6	0	0
Holland	16	0	0	0	29	—				
New Zealand	215	0	0	0	79	—				
Poland	54	12	0	0	44	—				
South Africa	1,060	0	0	0	408	—				
Totals	4,359	0	0	0	1,755	19	29	6	0	0



The unsatisfactory Chinese egg was disposed of as follows:

	T	C	Q	L
Returned to China ...	10	8	0	0
Re-pasteurised ...	18	18	0	0

In addition 874 control samples were taken from the two pasteurisation plants in the Borough as follows:

British egg ...	309
Chinese egg ...	60
South African egg ...	505
	<hr/> 874

All these samples were found to be satisfactory.

The large number of South African control samples is accounted for by the fact that some 300 tons of unpasteurised egg arrived in the Borough during 1966/67 and had to be pasteurised before distribution.

#### *Bacteriological Examination of Egg Products*

The following types of Salmonellae were isolated during routine sampling of egg products during 1967:

<u>Country of Origin</u>	<u>Organism</u>	<u>No. of samples</u>
Denmark	Salmonella Oranienburg	1
U.S.A.	Salmonella Montivideo	2
	Salmonella Tennessee	1
	Salmonella Worthington	1
		<hr/> 5

#### *New Zealand Second Grade Cheese*

313 samples of New Zealand second grade cheese were submitted for bacteriological examination during 1967 with the following results:

<u>Coagulase-positive staphylococci</u>	<u>No. of samples</u>
Not found ...	178
Less than 500 per gram ...	82
500-50,000 per gram ...	37
50,000-500,000 per gram ...	7
500,000-1,000,000 per gram ...	3
Over 1,000,000 per gram ...	6
	<hr/> 313

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



# BACTERIOLOGICAL EXAMINATION OF EGG PRODUCTS, 1967

Country of origin	Type of egg product	Quantity examined				No. of samples taken	No. of samples positive	Quantity of contaminated egg				Disposal of contaminated egg
		T	C	Q	L			T	C	Q	L	
China ...	Dried whole egg	25	—	—	—	2	—					
	Dried albumen	1	10	—	—	5	—					
	Frozen albumen	170	10	—	—	123	—					
Czechoslovakia	Dried whole egg	92	10	—	—	116	—	1	—	—	—	Returned to Denmark
Denmark ...	Dried whole egg	54	4	—	—	100	—					
	Dried albumen	15	16	—	—	52	1					
	Dried yolk	14	—	—	—	26	—					
Holland ...	Dried whole egg	93	10	—	—	176	—					
	Liquid whole egg (Sugar preserved)	41	10	—	—	75	—					
Poland ...	Dried whole egg	220	—	—	—	187	—					
	Dried albumen	—	2	—	—	1	—					
	Dried yolk	2	10	—	—	3	—					
	Frozen albumen	216	8	—	—	190	—					
U.S.A. ...	Dried albumen	51	1	—	—	136	4	1	—	—	—	Released for heat treatment (failed). Subsequent disposal for industrial use
		998	11	—	—	1192	5	2	—	—	—	



### Other Imported Foodstuffs

The following action was taken:

<u>Food examined</u>	<u>Result of examination</u>	<u>Action taken</u>
Diced mixed peel ...	Contained Sulphur Dioxide in excess of 100 parts per million	Released (Imported for incorporation in mixed fruit)
Fruit salad ...	Ingredients stated to include pineapple, but no pineapple found	Released with warning to importer
Groundnuts ...	Found to contain Aflatoxin—high toxicity	Detained
Partridge in butter with champignons	Label found to be incorrect	Released with warning to importer
Scalded raisins ...	Found to be very dirty with 10 per cent extraneous matter	Released, subject to cleaning
Liqufruta ...	Label found to be incorrect	Understood to be returned British export. Very old stock. Destroyed
Swiss chocolate dessert	Ingredients not stated on label	Released with warning to importer
Tomato puree ...	Found to contain excessive mould count	All consignments re-exported



# BACTERIOLOGICAL EXAMINATION OF SHELLFISH, 1967

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	Uncooked prawns	10	6	4	—
Canada	Cooked prawns	6	5	1	—
	Crab meat	2	2	—	—
Chile	Cooked prawns	36	20	12	4
China	Cooked prawns	49	27	12	10
	Uncooked prawns	65	49	11	5
Cuba	Uncooked prawns	32	6	21	5
Denmark	Uncooked prawns	2	2	—	—
Hong Kong	Cooked prawns	19	3	13	3
	Uncooked prawns	16	5	11	—
India	Cooked prawns	20	1	9	10
	Uncooked prawns	15	3	9	3
Japan	Cooked prawns	177	174	1	2
Korea	Cooked prawns	35	7	24	4
	Uncooked prawns	11	9	2	—
New Zealand	Crayfish	6	—	—	6
South Africa	Uncooked prawns	3	1	1	1
Taiwan	Uncooked prawns	2	1	1	—
Thailand	Uncooked prawns	8	—	7	1
Trinidad	Uncooked prawns	2	2	—	—
Tunis	Uncooked prawns	4	2	2	—
U.S.A.	Cooked prawns	30	20	9	1
	Uncooked prawns	2	—	2	—
	Crabmeat	44	41	3	—
	Totals	596	386	155	55

Consignments of cooked shellfish 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 shellfish should be used immediately after defrosting.

No salmonellae or other pathogenic organisms were found in any of the samples examined.



# 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 ... ..					1	15	0	9					19	3	13	
Beans ... ..		16	0	0												
Butter ... ..					7	3	8								1	0
Casings ... ..									5	10	0	0				
Egg products ... ..													24	4	0	0
Cheese ... ..	1	11	0	0	19	18	0	0	11	8	0	0		1	3	4
Fish ... ..										16	0	0				
Fish (canned) ... ..									2	3	0	0		12	0	0
Flour ... ..	1	4	0	0												
Fruit ... ..													11	0	0	0
Fruit (canned) ... ..													82	16	0	8
Fruit (dried) ... ..									8	1	12					
Ginger ... ..													12	0	0	0
Kangaroo meat ... ..	1	1	1	20												
Lard ... ..					2	8	3	0					5	0	0	0
Meat ... ..	91	6	0	0	9	3	0	0	3	0	0	0				
Meat (canned) ... ..													103	10	0	10
Nuts ... ..	6	6	0	0		5	0	0								
Offals ... ..		10	2	0					7	0	0			8	3	0
Onions ... ..													4	6	0	0
Peas ... ..	2	19	1	4												
Peppers ... ..					1	10	0	0								
Pickles ... ..													4	14	0	0
Prawns ... ..									31	17	0	0				
Rice ... ..	4	11	2	18												
Tea ... ..	8	9	1	3												
Tomato Puree ... ..									141	8	0	0				
Vegetables (frozen) ... ..													45	13	0	0
Various ... ..													26	17	0	0
Totals ... ..	118	15	0	17	35	7	2	17	196	17	1	12	310	14	3	7

96 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.



## MISCELLANEOUS

### ADOPTION AND BOARDING-OUT

The number of medical reports received from the Children's Officer in 1967 relating to prospective adopters and to children proposed for adoption and boarding out showed a considerable increase over the previous year. These reports are examined by a senior medical officer for possible medical contra-indications to the intended arrangements and, where necessary, additional information is sought from hospitals and general practitioners.

During the year, 24 children were considered suitable for adoption and 24 for boarding-out. Similar recommendations were made on 32 prospective adopters. However, two children were considered medically unsuitable for adoption and one for boarding-out; one prospective adopter was considered medically unsuitable to adopt a child.

In addition, many enquiries were carried out at the request of the Children's Officer for information appertaining to initial applications from persons wishing to adopt or foster a child.

### CHILDREN'S AND WELFARE COMMITTEES ESTABLISHMENTS'

Part-time visiting medical officers hold appointments at residential nurseries, and at large and small homes for children, the aged and infirm, homeless family units, etc. A senior medical officer exercised general medical supervision of the establishments and gave special attention to short-stay accommodation for homeless families.

### THE SOUTH EAST LONDON GENERAL PRACTITIONER'S CENTRE

This report covers the second full year since the Centre became the responsibility of the London Borough of Southwark so that it is now possible to make a strict comparison of the work carried out and the progress which has been achieved.

#### I—General

The volume of work carried out has increased and the number of general practitioners who have used the Centre risen from 242 to 272.

The pattern of work has not changed appreciably but the hope that more space could be made available to include other activities of the Health Department has not materialised. This is to be regretted as a design could have been produced which would demonstrate the greater advantages of this type of Centre to the Health Centres designed at the inception of the National Health Service and now being produced in increasing numbers.

#### *Visits*

There has been an increase in the interest in the function and work of the Centre taken by visitors both from this country and from overseas. In addition to the normal categories of nurses, health visitors, social workers, school children, students, general



practitioners and post graduate workers there have been economists, architects, town planners and officers of the health departments of other boroughs. This may be due to the increased interest in the production of "Health Centres" all over the country.

### Meetings

There have been regular meetings of the House Committee. At the conclusion of these, interesting talks on the work of their departments have been given by senior officers of the Health Department. Luncheons have been held for the general practitioners at which tape recordings and films of interest to them have been produced, and also meetings of various local Medical Societies.

## II—Medical

### Well Women Clinics

The total attendances have been 604. This compares with the figure of 635 for the first year. Now that the facilities of this Clinic have been extended geographically and the general practitioners allowed to take their own cervical smears, it is clear that the numbers will increase.

Total Attendances ...	...	...	...	...	...	604
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#### Results of Clinical Examinations

Number of women with single pathology...	...	123
Number of women with dual pathology ...	...	8
No abnormality discovered	...	473

#### Details of Clinical Examinations

Cancer	...	...	...	6=approx. 1%
Trichomonas Vaginalis	...	...	...	23
Monilia	...	...	...	4
Non-specific vaginitis	...	...	...	6
Cervicitis	...	...	...	10
Vulvo-Vaginitis	...	...	...	4
Erosion	...	...	...	26
Ectropian	...	...	...	—
Cervical Polyp	...	...	...	22
Batholin's Cyst	...	...	...	2
Vulvo Warts	...	...	...	—
Cystocoele and Rectocoele	...	...	...	3
Urethral Caruncle	...	...	...	—
Urinary Abnormalities	...	...	...	2
Ovarian Cyst	...	...	...	—
Fibroids	...	...	...	9



Menstrual Irregularities ... ..	10
Breast Pathology .... ..	5
Hypertension .... ..	1
Miscellaneous ... ..	6

These figures do emphasise the value of these examinations.

**TABLE I**

The volume of work carried out in the year 1967

	Jan.— March	April— June	July— Sept.	October— December	TOTAL
Patients seen ... ..	2,609	2,302	2,182	2,263	9,356
No. of investigations, treatments etc. ...	3,671	3,585	3,504	3,263	14,023

The total figures for investigations 14,023 compares very closely with those for 1966, which were 13,957. The first year the Centre was open the figures were 6,183. This indicates very clearly the value of the Centre and, more particularly, the benefits and facilities available to a large population of potential patients, very many more than would be affected at the ordinary health centre.

**TABLE II**

Work in the Various Sections

Period	Path. Lab.	X-Ray	E.C.G.	Allergy	Nursing	Minor Ops.	Total Attend- ances	Total Investi- gations
Jan.—Mar. ... ..	1,367	1,067	215	45	949	28	2,609	3,671
Apr.—June ... ..	1,395	1,047	264	27	835	17	2,302	3,585
July—Sept. ... ..	1,283	744	241	40	1,191	5	2,182	3,504
Oct.—Dec. ... ..	1,261	891	247	39	812	13	2,263	3,263
Total ... ..	5,306	3,749	967	151	3,787	63	9,356	14,023

These do not include the figures of the "Well Women" clinics.



### *Social Medicine*

There has been an increase in the number of patients referred to the Health Visitor, and it is expected that this upward trend will continue.

The numbers that have been dealt with have not been included in the overall volume of work done.

### *Education*

*Postgraduate Education* has continued in many ways—by tape recordings, films and discussions at our periodical luncheons, and by meetings of various medical bodies.

*Undergraduate Education*—This year has seen the inauguration, and very nearly the completion, of the "Student Scheme" by which, through the generosity of the Sir Halley Stewart Trust, two studentships of three months were given to two final year students from Charing Cross Hospital. As it ended very shortly after the period covered by this report, a review of this project has been included.

It can be said that it was a complete success in giving the participants a very wide introduction into all the facets and problems of general practice. It did not have any effect or interruption of their final year curriculum as, within a very short time of the completion of the Scheme, they each passed their final Conjoint Medicine and the whole of their M.B.B.S. The success of this scheme may be attributed in large measure to the encouragement given by a large number of general practitioners, both urban and rural, to whom they were attached and who introduced them to all problems concerned with general practice, academic and administrative, and to the pattern of industrial medicine in the area. They were particularly enthralled with their attachment to St. Christopher's Hospice for Terminal Care. Here they realised how much could be done for the treatment of terminal pain and the ease and happiness that could be given to dying patients in the last days of their life.

They also attended general practitioners' functions in the area and found of great importance the contact between the general practitioner and the hospital and were able to contrast the early presentation of disease in general practice and the later stages of the disease seen in hospital. The difference in attitude impressed them. The emphasis placed on the person by the general practitioner as compared with the emphasis placed on the disease in hospital. They were interested too, in the workings of the Emergency Bed Service and the London Ambulance Service.

An attachment to a family for the whole period had been arranged for each of them, but this was not a success. The idea was that the mother should be shortly to be confined; because of this they did not get the problems and patterns of illness in an ordinary household.

At the conclusion they combined to write an excellent report and made several criticisms, entirely justified, which can be rectified in any similar scheme in the future. I think it is relevant and instructive to quote one or two passages which indicate the value they received.

1. "Our views on general practice have been changed completely by what we have seen. Before, we considered it to be a branch of medicine being done in a second



rate manner by second rate doctors. Now we consider it a satisfying, useful, important *speciality* requiring special skills which are possessed by all the general practitioners we saw at work. . . . In general we were surprised and impressed by what we saw in general practice and are most grateful for having had the opportunity to see so much."

2. "It is surely imperative for every medical student to appreciate this. Some time in general practice will help to put the message across and this, we think, is the main reason for stipulating that every student should see some general practice."
3. Such an attachment "is best done after most of the clinical studies have been completed and would be better as an elective period, not too near finals."
4. "With regard to the course itself, we felt that the timetable was good, and the different aspects all fitted in well with each other. The length was also just right—three months being necessary in order to fit in everything."
5. "We found that a car was almost essential."

The value of this scheme has been proved and it is now to be hoped that further attachments can be arranged. The Sir Halley Stewart Trust has kindly offered further help but the difficulty is to interest the Deans and students.

The local general practitioners continue to demonstrate their interest and enthusiasm in the Centre.

## STAFF MEDICAL EXAMINATIONS

A senior medical officer, with nursing assistance, is responsible for the medical examination of new entrants to the staff and in certain circumstances of sick personnel

The following table gives details of this work.

			Officers	Manual Workers
Questionnaires received and scrutinised	...	...	682	1,345
<i>Medicals</i>				
Full medicals dealing with children etc.	190			
Medical questionnaires	...	...	68	375
Staff absent from duty	...	...	61	896
Staff reviews	...	...	6	22
New entrants	...	...	872	135
Staff absent from duty owing to sickness	...	...	61	896
Staff called up for review	...	...	6	22

## CHEST CLINICS

The three chest clinics in the Borough are situated at St. Giles' Hospital, Bermondsey Health Centre, and the Health Services Department, Larcom Street: the two latter clinics have the same Tuberculosis Care Committee. The Council



reimburses the hospital service a portion of the chest physicians' salary and provides health visitors, social workers, occupational therapists and administrative staff.

Advice and assistance were given to patients with personal, domestic, occupational and hygiene problems. Domiciliary visits were made and extra nourishment (milk, butter and eggs) was given to necessitous cases on the recommendation of the chest physician: 27 cases were assisted compared with 31 in 1966 and 34 in 1965.

I am pleased to report that no occasion arose during the year on which it was found necessary to board out children because of infection in their homes or in the absence of parents receiving residential treatment for tuberculosis.

During the year the voluntary care committees continued to give valuable assistance by providing items such as clothing, bedding, and holidays to patients who would not qualify for "extras" from the statutory services.

Number of patients on chest clinics registers at 31.12.67:

Pulmonary	...	...	...	...	...	...	2,257
Non-Pulmonary	...	...	...	...	...	...	263
New cases notified:							
Pulmonary	...	...	...	...	...	...	140
Non-Pulmonary	...	...	...	...	...	...	19
Deaths from tuberculosis	...	...	...	...	...	...	40
Under special treatment at home	...	...	...	...	...	...	20
Contacts given B.C.G. vaccination	...	...	...	...	...	...	337
Cases having domiciliary help:							
(a) Home helps	...	...	...	...	...	...	19
(b) District nurses	...	...	...	...	...	...	8
Home visits by health visitors	...	...	...	...	...	...	5,058
Patients in receipt of extra nourishment	...	...	...	...	...	...	28
Patients assisted for the first time with:							
Bed or bedding	...	...	...	...	...	...	17
Clothing or footwear	...	...	...	...	...	...	94
Diversional therapy:							
Patients attending weekly classes	...	...	...	...	...	...	22
Patients instructed at home	...	...	...	...	...	...	16

## DEVELOPMENT OF VOLUNTARY EFFORT

Every endeavour was made to use voluntary assistance during 1967, and during the year, grants were made as follows:

### Maternity and Child Welfare Service

Bird in Bush Welfare Centre

Salomons Centre, Guy's Medical School



### **Chiropody**

Camberwell Old People's Welfare Association

Bermondsey Medical Mission

King George VI Memorial Club

### **Centres for the Mentally Ill**

Cane Hill Psychiatric Social Club, Havil Street, S.E.5

St. Giles' Centre

Helping Hand Organisation Ltd. (Giles' House Hostel)

Talbot Settlement—Wednesday Club

### **Prevention of break-up of families**

South London Family Service Unit

Family Welfare Association

### **Various**

Blackfriars Settlement Occupational Work Centre

British Red Cross Society

Central Council for Health Education

Invalid Children's Aid Association

National Association for Mental Health

Chest and Heart Association

National Association for Mentally Handicapped Children

### **FINANCE**

#### *Charges and Assessments for Health Services*

In April the London Boroughs Association reported regarding the calculation of charges and their abatement in appropriate circumstances by means of assessment scales, and their detailed recommendations were considered by a Working Party appointed by the Borough's Social Services Co-ordinating Committee. Pending the Council's decision on these proposals for the revision of the scales of charges the assessment procedure of the former London County Council continued to be used.

#### *Services for the Handicapped—Support in the Home*

The joint circular of the Department of Education and Science 9/66 and the Ministry of Health 7/66 on the co-ordination of education, health and welfare services for handicapped children and young people emphasised that it is essential to consider the child and the family together. To encourage and support the parents in caring at home for a child on the handicapped register the Health Committee accordingly agreed to provide health services free, e.g. day nursery, home help, or mental health service.

#### *Expenditure*

The approximate net revenue expenditure for 1967/68 was £1,290,760; the amount recovered in contributions and charges, including reimbursement of the cost of the school health service (£128,840) and the Government Grant of half the cost of the Port Health Administration (£16,550), was approximately £517,790.



# 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)  
AND  
J. CLEARY, B.D.S.  
PRINCIPAL SCHOOL DENTAL OFFICER

SCHOOL HEALTH SERVICE,  
Castle House,  
2 Walworth Road,  
S.E.1



## SCHOOL HEALTH SERVICE

There are 117 county and voluntary schools in the Borough classified as follows:

Primary schools (including nursery schools)	...	...	...	77
Secondary schools (including grammar schools)	...	...	...	33

### Special Schools

Day E.S.N.	...	...	...	...	...	...	...	...	4
Deaf	...	...	...	...	...	...	...	...	1
Partially sighted	...	...	...	...	...	...	...	...	1
Maladjusted	...	...	...	...	...	...	...	...	1

In addition to the special schools there is a partially hearing unit attached to one of the primary schools.

There were 48,653 children attending schools in the Borough; details as at September 1967:

	I.L.E.A. Schools	Other Schools*	Total
Primary ...	21,089	7,391	28,480
Secondary ...	14,055	5,286	19,341
Special ...	832	—	832
	<u>35,976</u>	<u>12,677</u>	<u>48,653</u>

### Expenditure

The approximate net revenue expenditure for 1967/68 was £1,290,760; the amount recovered in contributions and charges, including reimbursement of the cost of 43 voluntary, direct grant and independent schools; one voluntary aided school, St. Olave's and St. Saviour's, moved to Orpington during the year.



## Medical Inspection

### Sessions attended by Medical Officers

Ordinary schools	...	...	...	...	...	...	...	1,429½
E.S.N. schools	...	...	...	...	...	...	...	248
"School journey" sessions	...	...	...	...	...	...	...	60½

### Examinations

Routine examinations at ages 5, 7, 11 and during last year at school	18,713
Non-routine examinations	10,940
Examinations to ascertain fitness for employment	626

### Statutory Examinations

Children examined under Sections 34 and 57 of the Education Act, 1944	207
---	-----

As a result of these examinations, recommendations were made as follows:

Admissions to boarding E.S.N. school	8
Admissions to day E.S.N. school	123
Admissions to junior training school (formerly junior training centres)	5
To remain at ordinary school with special educational help	69
Decision deferred	2

## Clinic Attendances

### Vision Clinics

Sessions	465
Total attendances	4,898
Number of new cases	1,231
Errors of refraction or squint and other eye defects	4,054
Spectacles ordered	1,574

### Audiology Clinics

Sessions	87
Total attendances	955
Number of new cases	362

### Special Investigation Clinics

Sessions	318
Total attendances	1,838
Number of new cases	231



### Minor Ailments

Sessions	}	Medical Officer	...	...	...	...	53
		Nursing Sister	...	...	...	...	1,560
Total attendances	...	...	...	...	...	...	12,724
Number of new cases seen by medical officer	...	...	...	...	...	...	154
Number of new cases seen by nursing sister only	...	...	...	...	...	...	1,074
Number of new cases per 1,000 population	...	...	...	...	...	...	25
<i>Cases treated</i>							
Athletes foot, verrucae, skin diseases, eye and ear defects, bruises, lacerations, etc.	...	...	...	...	...	...	2,804

### Prophylaxis

Continued efforts were made to improve the immunisation rate in schools, although not on the same scale as last year when the diphtheria incident, mentioned in my report for 1966, occurred.

### Diphtheria Immunisation and Poliomyelitis Vaccination

Diphtheria		Poliomyelitis	
Primary Courses	Booster Doses	Primary Courses	Booster Doses
116	146	708	616

Following are the percentages of Southwark school children who had been immunised against diphtheria or vaccinated against poliomyelitis at the end of the year compared with the figures for Inner London as a whole.

Diphtheria			Poliomyelitis		
Age	Southwark	I.L.E.A. Area	Age	Southwark	I.L.E.A. Area
5-9	89%	87%	All ages	85%	85%
10-14	90%	85%			

### B.C.G. Vaccination

5,646 children were Mantoux tested and 4,788 received B.C.G. vaccination. 435 were found to be Mantoux positive.

### School Nursing

#### Health Surveys

Comprehensive	...	Total number examined	...	31,099
		Percentage found verminous	...	1.4%
Selective	...	Total number examined	...	6,930
		Percentage found verminous	...	3.1%



### *Audiometry*

Number of children given sweep test	...	...	...	8,277
Number of children given pure tone test	...	...	...	557
Number of children referred to otologist	...	...	...	385

### *Height and Weight Survey*

In my last annual report I mentioned the height and weight survey which was carried out during the year at five primary schools and four secondary schools. A feature of the survey was the follow-up carried out in the Autumn Term 1967 in which 494 primary school children and 701 secondary school children took part.

### *Social Work*

The Social Workers concerned with the School Health Service are jointly appointed by the Inner London Education Authority and the London Borough of Southwark, and have a responsibility for special investigation clinics, audiology clinics, selected eye clinics, and selected clinics at Guy's Hospital.

At special investigation clinics children are seen who suffer from enuresis, obesity and minor behaviour problems. The social workers make contact with the homes and work with the clinic doctor in dealing with the total family situation where this is appropriate.

At audiology clinics the social worker is one of a team consisting of the otologist, school nurse and social worker. Close contact is maintained with the peripatetic teacher of the deaf and the staff of the schools for the deaf and partially hearing. The Social Workers have continued to give support to the families of deaf children including those where their child is at boarding school.

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 school child and the handicapped pre-school child.

### *Health Education*

A total of 407 talks were given by medical officers, health visitors, public health inspectors, school nurses and district nurses which included the following subjects:

- Ante-natal care
- Infant feeding
- Growing up
- Nutrition
- Mothercraft
- Prophylaxis
- Family and human relationships
- Sex education
- Drugs
- Smoking
- Social and health services
- Venereal diseases.

115 films were used to illustrate these talks.



192 school children were invited to observe the work carried out at infant welfare clinics, day nurseries and mothers' clubs. In addition, a programme of film shows was presented at three of Southwark's infant welfare centres during the summer holidays; 1,535 children attended. The films covered a wide variety of subjects including home and road safety, swimming, smoking and prevention of infection. Nature films and cartoons were also shown. School nurses were in attendance and encouraged discussion after each film.

### *Handicapped Register*

The handicapped register is a well-established feature of the school health service. Records are maintained of all handicapped children attending Southwark schools and particular attention was given to those children who attended ordinary schools. In addition, many Southwark children attend the physically handicapped school in the London Borough of Lambeth and, as well as keeping a comprehensive file on these children, my senior assistant medical officer paid regular visits to the school to maintain contact with the Southwark children and to plan the future of the school leavers. In this connection, I must mention the close co-operation which exists between my Department, the Welfare Department and the Youth Employment Service to ensure the proper placement of handicapped school leavers.

During 1967, approximately 1,000 children on the handicapped register were attending ordinary schools; a further 709 were attending day E.S.N. schools; 192 were in day special schools other than E.S.N. and 168 in boarding schools.

### *Student Health Service*

An advisory Student Health Service has been set up in Southwark and is provided for the London School of Printing and the Southwark College of Further Education. The service deals primarily with emotional problems and has proved of great benefit, particularly to those students who have left home or their country for the first time.

### **Report of the Principal School Dental Officer**

The introduction of a ten-session week for all dental staff and the adoption of a new appointments system based on individual surgeries marked the beginning of 1967.

Each surgery was made responsible for a certain number of schools in its immediate neighbourhood and appointments were issued direct from the surgery. School inspections were in the main carried out by the same staff who treated the children. The object of these changes was to strengthen the association between the school and clinic, to make a more efficient and personal service and to improve attendance rates. The ten-session week, which was achieved by lengthening slightly the daily sessions, was a change welcomed by dental staff as it brought to an end the compulsory evening session. Evening sessions are now voluntary and are held as and when necessary.

The feature of the year was the increase in the number of school dental inspections which, added to clinic inspections, brought the number of children inspected



from 17 per cent of the total school population in 1966 to 53 per cent in 1967.

This level of approximately 50 per cent is the maximum that can be achieved with the present facilities available in the Borough as it is essential for inspection to keep step with treatment. As new surgeries are brought into use with the expansion of the service the proportion of annual dental inspections will continue to rise.

The Department of Education and Science comprehensive review of the dental services in Southwark took place in June and the subsequent report emphasised the importance of school dental inspections. This review was the first since the formation of the Borough and its recommendations and comments were of great value in determining the future trends and direction of the service.

#### *Inspection and Treatment*

The number of school inspection sessions showed a considerable increase over the previous year.

Treatment sessions rose by approximately 3 per cent and there was an increase in total attendances and the number of fillings. Extraction of permanent teeth continued to fall and the ratio of permanent teeth filled to permanent teeth extracted rose to 14.6:1. There was an improvement in the sessional attendance rate from 8.4 to 8.6 and a fall in the number of failed appointments from 5.0 to 4.2 per session. Orthodontic treatment continued at the same level as in 1966. The number of temporary teeth extracted rose substantially following the increase in dental inspections. Another feature was the fall in the percentage of children found to be in need of treatment. It is clear that there is a steady increase in the number of parents who are ensuring regular dental care for their children whether in the School Dental Service or the National Health Service. Although much dental disease still remains to be treated, this is an encouraging sign.

#### *Premises and Equipment*

Modernisation and improvement of equipment continued. New anaesthetic machines were supplied at all four centres where general anaesthetic sessions are held. New waiting room furniture, aspirators and electric amalgamators for mixing fillings were installed at all centres. A new X-ray machine was supplied to Bermondsey Health Centre.

The I.L.E.A. mobile dental clinic was used in the Borough for the first time at Redriff and Langbourne Schools. In spite of some initial operating problems it was well received by children and parents and was of real value in bringing dental treatment to schools which are remote from clinics or have transport problems.

#### *Staff*

There was little change in dental officer staffing during 1967. Three dental surgery assistants resigned or retired and the vacancies were filled not without difficulty as the present national salary scales compare unfavourably with those offered in the N.H.S. particularly in the lower age groups.

A review of the dental staff establishment took place in October resulting in the



establishment of the post of senior dental officer, and an increase of one dental officer, one dental auxiliary and two dental surgery assistants. These additions were to allow for expansion of the service envisaged in the I.L.E.A. policy document of June 1966 and also recommended in the Department of Education and Science Report.

#### *Dental Health Education*

The number of dental health education sessions rose during 1967 to 112. Regular talks and film shows were given by the dental auxiliary throughout the year.

In June a programme of visits to 16 junior and infant schools was carried out by the dental auxiliary working in conjunction with the I.L.E.A. Dental Health Educator and the Borough Health Education Section. Using the Oral Hygiene Service Mobile Cinema films were shown, followed by competitions and quizzes in which the children took part. These visits were made in the school playground during the lunch hour so that there was as little disturbance of school routine as possible.

In the autumn term a pilot venture in dental health education was begun at St. Joseph's School, Borough High Street, where with the active co-operation of the Headmaster and staff an "Apple Club" was formed to encourage dental care. Throughout the term the dental auxiliary visited the school regularly instructing the children in tooth brushing and oral hygiene and distributing apples provided by the Fruit Producers Council.

It was intended to continue the campaign through one school year to assess any improvement in the children's dental state.

### 1967 ANNUAL STATISTICS SCHOOL DENTAL SERVICE

**TOTAL SCHOOL ROLL 486,000**

	1967	1966
<i>Number of sessions:</i>		
Inspection ...	236	60
Ordinary treatment ...	3,036	2,935
General anaesthetic ...	94	65
Orthodontic ...	—	—
Health education ...	112	21
<b>Total sessions ...</b>	<b>3,478</b>	<b>3,081</b>
<i>Inspections: Number of children given:</i>		
First inspection at school ...	21,368	3,406
First inspection at clinic ...	4,713	4,691
Percentage found to require treatment ...	61.4	70.5
Reinspection at school or clinic ...	3,223	3,492
Percentage found to require treatment ...	60.6	70.4



# APPENDIX A HEALTH DEPARTMENT STANDARDIZED TREATMENT RULES FOR ADMISSION TO THE COUNCIL'S DAY NURSERIES

The first priority for admission shall be given equally, subject to the other rules, to:

	1967	1966
<i>Visits for treatment:</i>		
Number of first visits ... ..	6,462	5,517
Number of subsequent visits ... ..	13,895	11,606
Total visits ... ..	20,357	17,123
Emergencies ... ..	225	398
Additional courses commenced ... ..	1,757	1,334
Number did not attend ... ..	11,855	12,877
<i>Treatment given:</i>		
Number of fillings:		
In permanent teeth ... ..	10,025	8,532
In temporary teeth ... ..	7,275	5,989
Number of extractions:		
Of permanent teeth ... ..	617	699
Of temporary teeth ... ..	3,519	2,659
Number of other operations (prophylaxis, X-rays, inlays, crowns, etc.) ... ..	3,408	3,374
Courses of treatment completed ... ..	5,574	4,665
<i>Orthodontics:</i>		
Number of new cases ... ..	38	30
Number of removable appliances fitted ... ..	27	26
Number of fixed appliances fitted ... ..	1	
Number of cases referred to Hospital Consultant ... ..	19	14
<i>Sessional averages:</i>		
First visits ... ..	3.5	3.3
Subsequent visits ... ..	5.1	5.1
Emergencies ... ..	0.1	0.2
Did not attend ... ..	4.2	5.0
<i>Fillings:</i>		
In permanent teeth ... ..	3.7	3.3
In temporary teeth ... ..	2.7	2.3
<i>Extractions:</i>		
Of permanent teeth ... ..	0.2	0.3
Of temporary teeth ... ..	0.3	1.0
Ratio of permanent teeth filled to permanent teeth extracted ... ..	14.6:1	10.6:1
Ratio of temporary teeth filled to temporary teeth extracted ... ..	1.9:1	1.9:1



## 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 satisfactory arrangements for the care of the children.



## HEALTH DEPARTMENT ESTABLISHMENTS

## Maternity and Child Welfare Centres

Amott	Amott Road, S.E.15.
Bermondsey Health Centre	Grange Road, S.E.1.
Bird-in-Bush	Old Kent Road, S.E.15.
Consort	Consort Road, S.E.15.
Denmark Hill	Blanchdowne, S.E.5.
Health Services Dept.	Larcom Street, S.E.17.
John Dixon	Drummond Road, S.E.16.
Kingswood	Bowen Drive, S.E.21.
Lordship Lane	475 Lordship Lane, S.E.22.
Maynard House	Benhill Road, S.E.5.
Pakeman House	Pocock Street, S.E.1.
Redriff	Redriff Road, S.E.16.
Salomon's	Guy's Hospital, S.E.1.
Silwood	Alpine Road, S.E.16.
Sumner Road	Basingstoke House, S.E.15.
Sutherland House	Sutherland Square, S.E.17.
Townley	Townley Road, S.E.22.
Villa Street	Villa Street, S.E.17.

## School Treatment Centres

Camberwell	Addington Square, S.E.5.
Camberwell Sub-Centre	Comber Grove School, S.E.5.
Peckham	Credon Road, S.E.16.
Gordon Road	Gordon Road, S.E.15.
Redriff School	Redriff Road, S.E.16.
St. George's	Blackfriars Road, S.E.1.
Bermondsey Health Centre	Grange Road, S.E.1.
Consort Road	Consort Road, S.E.15.
Health Services Dept.	Larcom Street, S.E.17.
John Dixon	Drummond Road, S.E.16.
Lordship Lane	475, Lordship Lane, S.E.22.
Lindley	163 Commercial Way, S.E.15.

## 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.



## **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.
29 Peckham Road	S.E.5.
108, Grange Road	S.E.1.

## **Foot Clinics**

Rotherhithe	1 Thaxted Court, Abbeyfield Road, S.E.16.
Amott	Amott Road, S.E.15.
Bermondsey Health Centre	Grange Road, S.E.1.
Bird-in-Bush	Old Kent Road, S.E.15.
Health Services Dept.	Larcom Street, S.E.17.
John Dixon	Drummond Road, S.E.16.
Lordship Lane	475, Lordship Lane, S.E.22.
29 Peckham Road	S.E.5.
Caroline Gardens	Asylum Road, S.E.15.

## **Creche**

St. Peter's Church Hall	Dulwich Common, S.E.21.
Consort Road	S.E.15.
Kingswood	Bowen Drive, S.E.21.
Sutherland House	Sutherland Square, S.E.17.
Townley	Townley Road, S.E.22.

## **Mental Health**

### **Training Centres:**

Kingswood (Junior)	Kingswood House, Seely Drive, S.E.21.
Peckham (Junior)	Studholme Street, S.E.15.
Benhill (Adult)	Benhill Road, S.E.5.

### **Day Centres:**

Castle	Hampton Street, S.E.17.
Camberwell	Benhill Road, S.E.5.
Pages Walk	Pages Walk, S.E.1.

### **Hostel:**

Dover Lodge	Wood Vale, S.E.23.
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### **Mortuary**

Tennis Street, S.E.1.

### **S.E. London G.P. Centre**

St. Mary's Road, S.E.15.



## Home Help Offices

Bermondsey Health Centre  
Town Hall, Peckham Road  
20/22 Lordship Lane

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.

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# 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 703 6363).

*Outside Office Hours* (including week-ends and public holidays). All emergency calls are made to the Lambeth Town Hall, Brixton Hill, S.W.2 (telephone number 274 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, S.W.2 (telephone number 274 7722).

*District Nursing Service* can be obtained by telephoning 735 1335, between 8.00 a.m.—10.30 p.m. daily (including week-ends).

Bird-in-Bush  
Health Services Dept.  
John Dixon  
Lordship Lane  
29 Peckham Road  
Caroline Gardens.

Old Kent Road, S.E.15.  
Larcom Street, S.E.17.  
Drummond Road, S.E.16.  
475, Lordship Lane, S.E.22.  
S.E.5.  
Asylum Road, S.E.15.

## Creche

St. Peter's Church Hall  
Consort Road  
Kingswood  
Sutherland House  
Towleley

Dulwich Common, S.E.21.  
S.E.15.  
Bowen Drive, S.E.21.  
Sutherland Square, S.E.17.  
Townley Road, S.E.22.

## Mental Health

### Training Centres:

Kingswood (Junior)  
Peckham (Junior)  
Benhill (Adult)

Kingswood House, Seely Drive, S.E.21.  
Stadholme Street, S.E.15.  
Benhill Road, S.E.5.

### Day Centres:

Castle  
Camberwell  
Pages Walk

Hampton Street, S.E.17.  
Benhill Road, S.E.5.  
Pages Walk, S.E.1.

## Hostel:

Dover Lodge

Wood Vale, S.E.23.

## Mortuary

Tennis Street, S.E.1.

## S.E. London G.P. Centre

St. Mary's Road, S.E.15.



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