

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

**Contributors**

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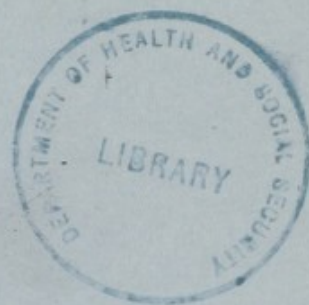
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London Borough of Southwark

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# **ANNUAL REPORT**

OF THE

# **MEDICAL OFFICER OF HEALTH**

AND

# **PRINCIPAL SCHOOL MEDICAL OFFICER**

FOR THE YEAR

**1968**

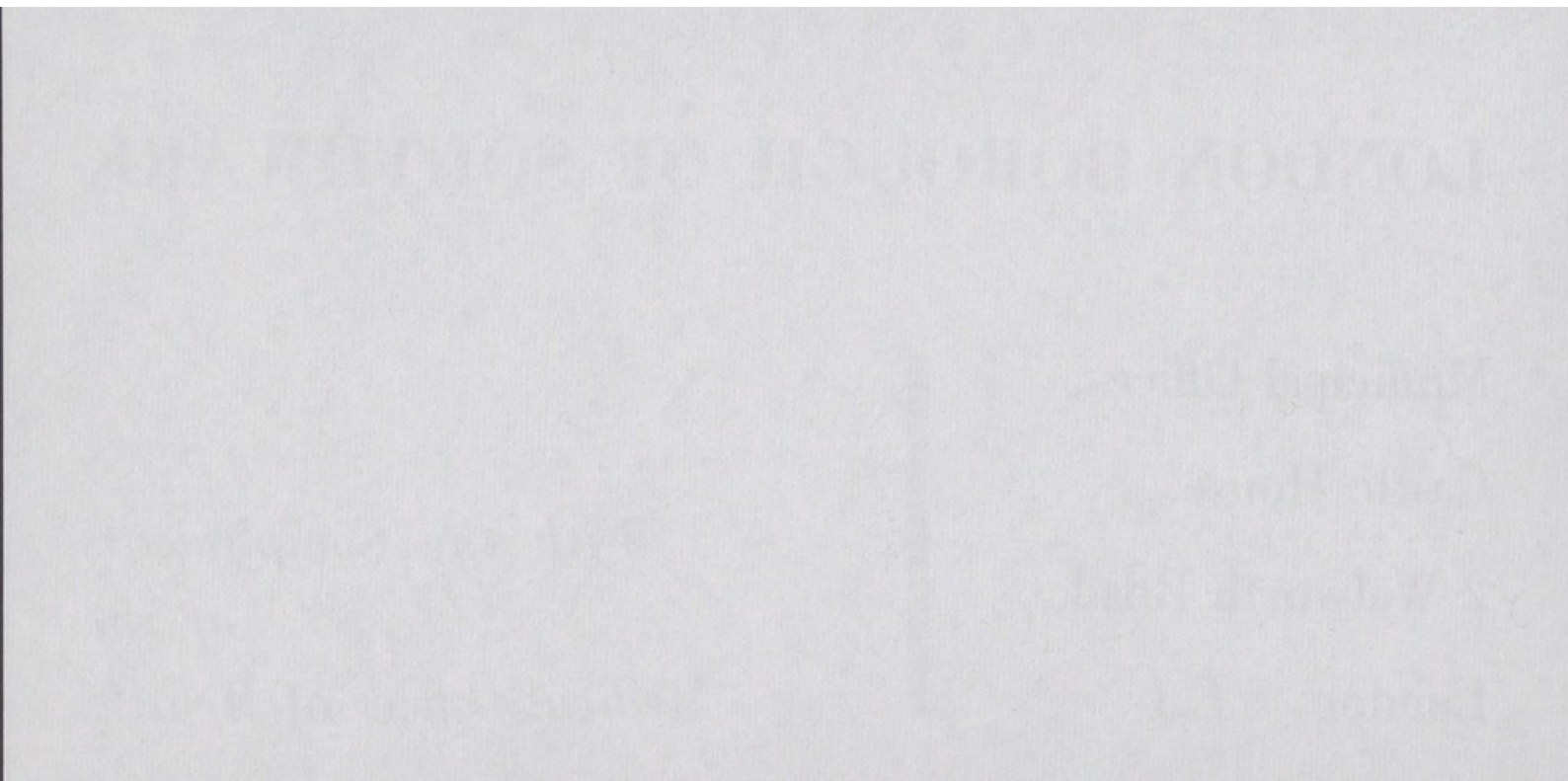


# LONDON BOROUGH OF SOUTHWARK

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

*With the Compliments  
of the  
Medical Officer of Health.*





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

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London Borough of Southwark.

Ladies and Gentlemen,

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## HEALTH COMMITTEE

Chairman:  
Alderman W.A. Miller

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 1968.

During 1968, despite the application of financial stringency in many directions, the local authority health services continued to develop.

In my report for 1967 I mentioned that authority had been obtained for me to carry out a pilot health survey of the general public by means of a medical examination and a series of tests by using a mobile health clinic. Delivery of the mobile unit was made in November 1968 and to my knowledge is the first of its kind in the country. This is an area of preventive medicine which has perhaps not received the amount of attention it deserves, and in my next year's report I hope to give details of the year's findings.

The Health Services and Public Health Act, 1968 was passed during the year amending several of the services covered under various statutes including the National Health Service Act, the Public Health Act and the Nurseries and Child Minders Regulations.

Agreement was also reached during the year with the South East Branch of the Family Planning Association on the terms of transfer of the family planning services, and it is expected that the Council will assume control of some of the family planning clinics during 1969.

An additional responsibility placed upon the local authority during the year to make arrangements for adaptations, etc. in the homes of patients to facilitate the installation of artificial kidney machines, and by the end of the year one such adaptation had been carried out in the home of a patient living in Southwark.

The year saw continued close co-operation with the hospitals in the Borough especially with the Newcomen Clinic for assessment of handicapped children at Guy's Hospital, where a medical officer from the Borough is seconded for liaison purposes.

In March Mr. T.A.C. Maxwell, Chief Administrative Officer in the Department, retired and I would like to place on record the appreciation of all his colleagues in the Department for the unfailing manner in which he devoted himself to his duties since the amalgamation of the Boroughs in 1965.



Health Department  
Municipal Office  
Castle House

Again I am grateful to the members of my Department for their invaluable support and help during the year, and to members of the Health Committee and other Committees of the Council for their support and continued interest in the health needs of the community.

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:

Alderman W.A. Miller

### Vice Chairman:

Councillor Mrs. C.M. Clunn

### Members:

Councillor Mrs. L.M. Brown	Councillor M.P. Mulligan
Councillor Mrs. P.C. Cooper	Councillor A.P. Pritchett, F.S.V.A., T.D.
Councillor C.B. Cumming	Councillor A.E. Smith
Councillor Mrs. E.S. Daymond	Councillor N.H. Tertis,
Councillor C.A. Farrow	F.Inst.Ch., S.R.Ch., F.R.S.H.
Councillor Mrs. M.G. Farrow	Councillor the Rev. J.W. Watson, M.B., B.S.
Councillor R.A. Gent	

### Ex-Officio:

Councillor S.R. Combes	Mayor of the London Borough of Southwark
Councillor F.J. Francis	Leader of the Council
Councillor H.J. Grant	Leader of the Opposition

### Co-opted Members:

J.F. Cullingham	Dr. J.B.V. Quinn	H.G. Lamborn
Councillor J.H. O'Grady was elected Leader of the Council as from 22nd May 1968.		
Councillor Mrs. C.M. Clunn and Alderman W.A. Miller were appointed Chairman and Vice Chairman respectively as from 5th June 1968.		

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

Bexley Hospital Management Committee	Alderman W.A. Miller and Councillor R. Richards.
Bird-in-Bush Welfare Centre	Councillors Mrs. P.C. Cooper and
Voluntary Committee ... ..	Mrs. E.S. Daymond
Blackfriars Settlement ... ..	Councillors N.H. Tertis and the Rev. J.W. Watson.
Board of Governors —	
Guy's Hospital ... ..	Alderman A.J. Kemp
King's College Hospital ... ..	F.J. Francis and J.F. Cullingham
Camberwell T.B. Care Committee ... ..	Councillors Mrs. E.S. Daymond,
	Mrs. M.G. Farrow
	C.R. Farrow and M.P. Mulligan



# HEALTH COMMITTEE

Chairman:

Alderman W.A. Miller

## Cane Hill Hospital Management

Committee ... ..  
Family Welfare Association (Area 7)  
Friends of St. Giles Association ...  
Greater London Home Safety Council  
London Boroughs Training Committee  
National Association for Maternal and  
Child Welfare ... ..  
National Health Service Inner London  
Executive Council ... ..  
National Society for Clean Air ...

H.G. Lamborn  
Councillor Mrs. E.S. Daymond  
Alderman W.A. Miller  
Councillor N.H. Tertis  
Councillor N.H. Tertis  
Councillor the Rev. J.W. Watson  
H.G. Lamborn  
Councillors C.B. Cumming,  
Mrs. E.S. Daymond and R.C. Gent

## National Society of Children's

Nurseries ... ..  
Salomon's Welfare Centre Voluntary  
Committee ... ..  
South London Family Service Unit  
Management Committee ... ..  
Southwark and Bermondsey T.B. Care  
Committee ... ..  
Southwark Association for the  
Handicapped ... ..  
South West Metropolitan Regional  
Hospital Board - London Liaison  
Committee ... ..  
Standing Conference on Atmospheric  
Pollution ... ..  
St. Giles' Centre Board of Trustees ...

Councillor the Rev. J.W. Watson  
Councillors Mrs. L.M. Brown and  
Mrs. P.C. Cooper  
Alderman W.A. Miller  
Councillors Mrs. L.M. Brown, C.B. Cumming,  
Mrs. E.S. Daymond and L.C. Marshall  
Alderman W.A. Miller  
Alderman W.A. Miller  
Alderman W.A. Miller  
Alderman W.A. Miller

## HEALTH DEPARTMENT STAFF AT 31 DECEMBER, 1968

*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.)

Elsie L.M. Wallace, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H.,

(Staff Occupational Health & Welfare)

*Assistant Senior Medical Officer:*

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

Medical Officers—7

Sessional Medical Officers (f.t.e.)—5.7

*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 (f.t.e.)—3.1

Dental Surgery Assistants—10 Dental Auxiliary—1

*Chief Administrative Officer:*

A.V. Tibbitt, D.M.A., Dip.Soc.(Lon.)

*Deputy Chief Administrative Officer:*

S.A. Cranfield



*Senior Administrative Officers:*

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

*Administrative and Clerical Staff:*

Full-time—138; Part-time (f.t.e.)—5.2

*Health Education and Home Safety Officer:*

E. Clark

*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	Housing . . . . .	1
Deputy Divisional . . . . .	4	Senior Wharves . . . . .	1
District . . . . .	20	Wharves . . . . .	3
Senior Housing . . . . .	1	Senior Smoke . . . . .	1
Food . . . . .	2	New Drainage and Building . . . . .	2
		Pest Control . . . . .	Vacancy
Student Public Health Inspectors . . . . .	15		
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	Environmental Visitors . . . . .	4
Assistant Chief Nursing Officers . . . . .	3	Superintendents, Home Nursing . . . . .	2
Centre Superintendents . . . . .	8	Deputy Superintendents, Home Nursing . . . . .	2
Health Visitors . . . . .	40	District Nurses . . . . .	51
T.B. Visitors . . . . .	5	District Nurses (S.E.N.) . . . . .	7
Student Health Visitors . . . . .	8	Student Nurses . . . . .	3
Clinic and School Nurses . . . . .	40	Nursing Auxiliaries . . . . .	5
Clinic Auxiliaries — f.t.e. . . . .	8	Day Nursery Staff . . . . .	101
Senior Environmental Visitor . . . . .	1		

*Chief Social Worker (Health Services)*  
Mrs. S. Hutchings, C.S.W.

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

Social Workers	...	...	...	...	5
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—13: Part-time—f.t.e.—1  
Joint appointment with Hospitals—5

*Senior Occupational Therapists:*  
Full-time—1: Part-time—f.t.e.—0.5  
Joint appointment with St. Olave's Hospital—1

*Mental Health Escort—1*

*Junior Training Schools*  
Head Teachers—2 Teachers—8

*Adult Training Centre*  
Supervisor—1 Deputy Supervisor—1  
Assistant Supervisors—5

*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—f.t.e.—3.4

*Chief Home Help Organiser:*  
Mrs. L. Nepean-Gubbins, M.R.S.H.  
Home Help Organisers—3: Assistant Home Help Organisers—6  
Home Helps—572—f.t.e.—382

*Manual and Domestic Staff*  
Staff of various categories—f.t.e.—110



# CLASSIFICATION OF DEATHS WITH AGE DISTRIBUTION, 1968

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 year	
	M	F	M	F	M	F
Enteritis and other diarrhoeal diseases ...	4	2	—	1	1	1
Tuberculosis of respiratory system ...	12	8	—	—	—	—
Other Tuberculosis incl. late effects ...	2	3	—	—	—	—
Meningococcal infection ...	1	—	—	—	1	—
Syphilis and its sequelae ...	—	4	—	—	—	—
Other infective and parasitic diseases ...	1	2	—	—	—	—
Malignant Neoplasm, stomach ...	38	41	—	—	—	—
Malignant Neoplasm, lung, bronchus ...	194	44	—	—	—	—
Malignant Neoplasm, breast ...	—	57	—	—	—	—
Malignant Neoplasm, uterus ...	—	19	—	—	—	—
Leukaemia ...	3	13	—	—	—	—
Other Malignant Neoplasms, etc. ...	166	152	—	—	—	—
Benign and unspecified Neoplasms ...	3	5	—	—	—	—
Diabetes Mellitus ...	4	6	—	—	—	—
Avitaminoses, etc. ...	—	1	—	—	—	—
Other endocrine etc. diseases ...	4	4	—	—	—	—
Anaemias ...	2	9	—	—	—	—
Other diseases of blood, etc. ...	—	3	—	—	—	—
Mental disorders ...	3	14	—	—	—	—
Meningitis ...	2	—	—	—	—	—
Other diseases of nervous system, etc. ...	11	18	—	—	—	1
Active Rheumatic fever ...	1	—	—	—	—	—
Chronic Rheumatic heart disease ...	14	27	—	—	—	—
Hypertensive disease ...	29	59	—	—	—	—
Eschaemic Heart disease ...	402	281	—	—	—	—
Other forms of heart disease ...	70	161	1	—	—	—
Cerebrovascular disease ...	122	195	—	—	—	—
Other diseases of circulatory system ...	50	80	—	—	—	—
Influenza ...	8	20	—	—	—	—
Pneumonia ...	153	234	1	3	3	1
Bronchitis and Emphysema ...	182	73	—	—	1	—
Asthma ...	4	2	—	—	—	—
Other diseases of respiratory system ...	19	18	—	—	6	7

AGE IN YEARS																	
1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
—	—	—	—	—	—	—	—	1	—	1	3	1	3	2	5	4	—
—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	2	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	2
—	—	—	—	—	—	—	—	1	1	5	9	5	17	12	6	23	—
—	—	—	—	—	—	—	—	2	—	10	3	72	45	80	15	30	11
—	—	—	—	—	—	2	—	5	—	13	—	11	—	15	—	11	—
—	—	—	—	—	—	—	—	—	—	7	7	—	3	—	2	—	—
—	1	—	—	—	—	—	—	1	—	3	—	1	3	2	5	—	—
1	1	1	3	1	1	2	1	5	5	12	16	36	33	48	47	60	45
—	—	1	—	—	1	—	—	—	—	—	—	—	—	1	2	—	2
—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	2	—	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	2	2	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1
—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	2	12	—
—	—	—	—	—	—	1	—	1	—	1	1	3	2	3	3	2	11
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	1	—	—	—	3	1	3	—	3	8	—	8	4	10
—	—	—	—	—	—	—	—	—	1	5	7	4	6	15	15	35	—
—	—	—	—	—	1	—	—	14	—	60	7	104	25	125	72	99	176
—	1	—	—	—	—	—	—	3	2	3	—	12	3	11	18	40	137
—	—	—	—	—	—	1	1	1	4	7	8	22	14	44	44	47	124
—	—	—	—	—	1	—	—	2	1	1	11	4	14	23	22	50	—
—	1	—	—	—	—	—	—	1	—	1	—	—	3	3	2	3	14
1	2	—	1	—	—	—	—	2	4	4	18	7	28	26	98	188	—
—	—	—	—	—	—	—	—	—	5	—	40	6	66	19	70	48	—
—	—	1	—	—	—	—	—	—	1	1	2	—	1	—	—	—	—
1	—	1	—	—	1	—	—	—	2	1	3	1	3	4	3	4	—





# CLASSIFICATION OF DEATHS

# WITH AGE DISTRIBUTION, 1968

Deaths at the specified ages of residents whether occurring in or beyond the District.

CAUSES OF DEATH	Total All ages		Under 4 weeks		4 weeks & under 1 year	
	M	F	M	F	M	F
Peptic ulcer ... ..	20	11	1	—	—	—
Appendicitis ... ..	—	1	—	—	—	—
Intestinal obstruction and Hernia ... ..	7	7	2	1	—	—
Cirrhosis of liver ... ..	4	8	—	—	—	—
Other diseases of digestive system ... ..	12	27	—	—	—	—
Nephritis and Nephrosis ... ..	5	13	—	—	—	—
Hyperplasia of prostate ... ..	4	—	—	—	—	—
Other diseases, genito-urinary system ... ..	14	21	—	—	—	—
Abortion ... ..	—	1	—	—	—	—
Other complications of pregnancy, etc. ... ..	—	1	—	—	—	—
Diseases of the musculo-skeletal system ... ..	8	8	—	—	—	—
Congenital anomalies ... ..	20	9	8	3	1	1
Birth injury, difficult labour, etc. ... ..	12	12	12	12	—	—
Other causes of perinatal mortality ... ..	11	5	11	5	—	—
Symptoms and ill-defined conditions ... ..	1	8	—	—	—	—
Motor vehicle accidents ... ..	22	16	—	—	—	—
All other accidents ... ..	31	22	—	—	2	1
Suicide and self-inflicted injuries ... ..	17	14	—	—	—	—
All other external causes ... ..	12	1	—	—	—	—
<b>TOTAL ALL CAUSES</b> ... ..	<b>1,704</b>	<b>1,740</b>	<b>36</b>	<b>25</b>	<b>15</b>	<b>12</b>

AGE IN YEARS																	
1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	—	—	—	2	1	4	—	2	3	6	1	5	6
—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	4	5
—	—	—	—	—	—	—	—	2	1	1	3	1	—	—	—	—	4
—	—	—	—	1	—	—	—	—	—	1	3	4	—	2	10	4	14
—	—	—	—	—	—	1	—	—	—	2	2	1	5	2	3	—	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—
—	—	—	—	—	—	—	—	—	—	4	3	1	3	3	8	13	—
—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	1	1	1	1	4	2	2	4
4	2	1	—	—	1	—	—	3	—	—	—	—	—	3	2	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	7
1	1	3	—	3	1	1	1	—	—	1	2	7	—	3	8	3	3
2	1	—	1	2	—	5	—	4	—	6	—	3	2	4	2	3	15
—	—	1	1	1	—	3	4	3	—	5	1	3	4	1	4	1	—
—	—	1	—	1	—	3	—	2	1	3	—	2	—	—	—	—	—
12	10	8	7	10	7	16	13	53	27	142	89	377	171	487	376	548	1,003



## VITAL STATISTICS, 1968

Area of Borough (including area covered by water)	...	...	...	7,115 acres
Population (Registrar General's estimate mid-1968)	...	...	...	293,120
Number of inhabited houses	...	...	...	85,327
Rateable Value (April, 1968)	...	...	...	£18,921,628
Sum represented by a penny rate	...	...	...	£73,700

<i>Births</i>			<i>Total</i>	<i>Legitimate</i>	<i>Illegitimate</i>
Live Births—Male	...	...	2,506	2,169	337
—Female	...	...	2,404	2,074	330
			<u>4,910</u>	<u>4,243</u>	<u>667</u>

Still Births—Male	...	...	39	34	5
—Female	...	...	35	30	5
			<u>74</u>	<u>64</u>	<u>10</u>

Birth rate per 1,000 population	...	...	...	...	16.8
Number of deaths—all ages	...	...	...	...	3,444
Death rate per 1,000 population	...	...	...	...	11.7

### *Infantile Mortality*

Deaths under 1 year	...	...	...	...	88
Infant deaths per 1,000 live births	...	...	...	...	17.9

### *Maternal Mortality*

Deaths of women from diseases or accidents associated with childbirth, including abortion	...	...	...	...	2
Maternal deathrate per 1,000 total births	...	...	...	...	0.4

Deaths from pulmonary tuberculosis	...	...	...	...	20
Death rate per 1,000 population	...	...	...	...	.068
Deaths from cancer of lung and bronchus	...	...	...	...	238
Death rate per 1,000 population	...	...	...	...	0.81
Deaths from all forms of cancer	...	...	...	...	711
Death rate per 1,000 population	...	...	...	...	2.43

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

			<i>Greater London Area</i>	<i>England and Wales</i>
Live births per 1,000 population	...	...	16.4	16.9
Deaths per 1,000 population	...	...	11.6	11.9
Infantile mortality (deaths under 1 year) per 1,000 live births	...	...	18.6	18
Maternal mortality per 1,000 total births	...	...	.20	.20



# PERSONAL HEALTH SERVICES

## **Health Services and Public Health Act, 1968**

The Health Services and Public Health Act, 1968 amended and supplemented existing legislation, principally the National Health Service Act 1946, the National Assistance Act 1948, the Nurseries and Child Minders Regulation Act 1948, the Public Health Act 1936 and the Mental Health Act 1959.

Most of the provisions of the Act became law on 1 October 1968 but at the end of the year some sections still remained to be enforced.

The main provisions relating to functions of the Health Department are given briefly below. Further details are given in the relevant portions of this report.

### *Section 10—Midwifery*

Enabled local health authorities to arrange for domiciliary midwives to attend on women elsewhere than in their homes.

### *Section 11 – Health visiting and district nursing*

Similarly allowed visiting by health visitors and attendance by district nurses on persons elsewhere than in their own homes.

### *Section 12 – Care and after-care*

Placed beyond doubt the power of local authorities to provide residential accommodation for the care of persons to prevent them from becoming ill and the care of persons suffering from illness or who have been suffering from illness, including mental disorders.

### *Section 13 – Home Help Service*

Imposed a duty from local health authorities to provide a home help service and enabled them to make available laundry facilities for households receiving home help.

### *Section 14 – Charges for services*

Included child-minding among the services provided under Section 22 of the National Health Service Act 1946, for which local authorities may make charges according to the recipients' ability to pay.

### *Sections 47 to 56 – Notifiable disease and food poisoning*

Amended the definition of "notifiable disease" and amended existing provisions relating to the reporting of notifiable diseases and food poisoning and the medical examination of persons believed to be carriers of notifiable disease.

### *Section 60 – Nurseries and Child-Minders*

Amended the 1948 Act to remove deficiencies which had become evident in its operation.



## *Section 62 – Public Health, Food and Drugs.*

Brought hover vehicles within the scope of the Public Health Act 1936 and the Food and Drugs Act, 1955.

## *Section 65 – Assistance to voluntary organisations*

Extended the power of local authorities to give financial and other assistance to voluntary organisations providing health and welfare services.

## *Section 69 – Tuberculosis.*

Repealed the provision in the Public Health Act 1936 for the removal to hospital of infectious persons suffering from tuberculosis of the respiratory tract.

## **Maternity and Child Health**

Some or all of the following services were available throughout the year at the Council's 17 health services centres:— ante-natal, post-natal, child health, prophylaxis, crèche, 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 purpose built St. George's Health Services Centre was opened on 23 September, 1968 to replace the Pakeman House Welfare Centre and St. George's School Treatment Centre.

The following table indicates the volume of work carried out in health services centres during 1968.

### *Child Health Sessions*

First attendances in 1968 of children born in

1968	...	...	...	...	...	4,149
1967	...	...	...	...	...	4,233
1966	...	...	...	...	...	4,171
Total attendances	...	...	...	...	...	69,985
Total sessions held	...	...	...	...	...	2,500

### *Ante and post-natal sessions*

First attendances	...	...	...	...	134
Total attendances	...	...	...	...	575
Total sessions held	...	...	...	...	95

### *Facilities provided for General Practitioner Obstetricians*

Sessions held in Council clinics.	...	...	...	...	412
Sessions held at General Practitioner surgeries at which council staff were present	...	...	...	...	94



### *Day care of children under five*

The Council provides day nurseries and occasional creches under Section 22 of the National Health Service Act, 1946, and has a duty under the Nurseries and Child Minders Regulation Act, 1948 (as amended by the Health Services and Public Health Act, 1968) to register and supervise persons undertaking the daily minding of children and premises in which children are received for day care.

### *Day Nurseries*

There are six day nurseries in the borough and the demand for places is such that a system of priorities governing admission is in operation (**APPENDIX A**). Priority is given to those children whose mothers have to go out to work through economic necessity or are unable through ill-health to care adequately for their children, and to children whose home conditions are detrimental to their health and welfare.

Charges are made according to the parents' ability to pay but only a nominal charge for meals is made in respect of certain groups of children who are admitted on a part-time basis. These groups include children with a hearing defect or speech retardation and children in need of hearing environment because their parents are deaf. In addition, special units to accommodate severely sub-normal children are attached to three day nurseries. Certain other handicapped children are admitted free of charge on the recommendation of a case conference.

Two new day nurseries were opened during the year to replace nurseries in old and unsatisfactory buildings. Merryfield Day Nursery, Sultan Street, S.E.5., was opened on 22 April to replace Wyndham Day Nursery, Wyndham Road, S.E.5., and Lymptone Day Nursery, Lymptone Gardens, S.E.15., was opened on 1 October to replace Peckham Park Day Nursery, Peckham Park Road, S.E.15.

Number of day nurseries at 31 December, 1968	...	...	6
Number of places	...	...	341
Number of special unit places	...	...	30
Total attendances during 1968	...	...	69,568
Total attendances at special units during 1968	...	...	3,788

### *Occasional creches*

Creches are provided at five of the Council's centres, at one voluntary centre and at one church hall, for the minding of young children while their mothers take part in centre activities, attend clinics, visit hospital or attend to shopping and other domestic duties. The charge is 3 shillings per session, abatable in necessitous cases, although no charge is made when the parent attends hospital or a centre activity. Where two or more children from one family attend, the charge is one shilling and sixpence for the second and subsequent children.

Number of sessions during 1968	...	...	925
Total attendances during 1968	...	...	17,614



*Nurseries and Child Minders Regulation Act, 1948*  
(As amended by the Health Services and Public Health Act 1968)

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

- (i) of premises in their area, other than premises used wholly or mainly as private dwellings, where children are received to be looked after for the day or *for a part or parts thereof of a duration, or an aggregate duration, of two hours or longer*, 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.

The words in italics in (i) above were introduced in Section 60 of the Health Services and Public Health Act, 1968, to replace in the 1948 act the vague term “a substantial part thereof”, which was generally interpreted to mean three hours or more.

Other important amendments introduced by Section 60 of the 1968 Act are as follows:—

Deletion of the provision that an offence is committed only where the number of children received exceeds two and the children come from more than one household.

The result is that any person who receives into her home for reward one or more children to whom she is not related for two hours or more in any day is subject to registration.

A clearer definition of the fitness of premises and persons in the sections dealing with the local authority's powers to refuse registration.

Enables the local authority to impose requirements concerning the safety of premises and equipment.

Empowers the local authority, in registering a child minder, to impose some of the requirements which formerly could be made only in respect of registered premises.

Empowers the local authority to determine the maximum number of children to be received by a child minder excluding, but having regard to, the number of children already in the home.

Increases the maximum penalties for failure to register and breach of the local authority's requirement.

Although the provisions of Section 60 of the 1968 Act came into force on 1 November 1968, a period of grace of three months from that date was allowed before an offence against the amended provisions could arise. Action during the remainder of 1968 was limited to extensive publication of the effect of the amendments and revision of forms of application and other documents to conform with the amended Act.

#### *Registration of Premises*

Persons proposing to open a day nursery or playgroup 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 equipment and are notified of the need to obtain planning permission and instructions on fire precautions.



At the end of the year 21 statutorily registered private nurseries and playgroups were providing places for 505 children.

The amendments to the 1948 Act are unlikely to have any effect on the numbers of premises to be registered.

### *Child Minders*

As for premises 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. 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 19 statutorily registered child minders were providing places for 100 children.

A considerable volume of work will fall upon visiting officers and administrative and clerical staff as a result of the extension of registration to persons receiving less than three children. The number of registered child minders is expected to reach 300.

### *Voluntary Child Minders Scheme*

Persons daily minding less than three children for reward were not required to register under the 1948 Act before its amendment, but were invited to join the Council's voluntary scheme and receive a fee of 6 shillings a week for conforming to the Council's requirements and accepting supervision by a health visitor. Charges were mutually agreed between the parent and minder.

At 31 December, 1968, 52 minders were receiving fees and minding a total of 71 children.

The scheme is likely to cease early in the New Year as its objects can be achieved by registration under the amended Act from 1 February 1969.

### *District Nursing*

Section 25 of the National Health Service Act, 1946, as amended imposes a duty on local health authorities to make provision, either directly or through a voluntary body for the attendance of nurses on patients who require nursing in their own homes or elsewhere.

The district nursing service in Southwark is provided directly by 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. (see also page 31, "Attachment of staff to General Practitioners"). Nursing auxiliaries were employed to provide the routine care of long-term patients and to carry out other duties not requiring the skills of a trained nurse. Many student nurses from Guy's, St. Francis and St. Giles' Hospitals and medical students from Middlesex Hospital accompanied district nurses on their rounds.

During the year 5 students completed their district nurse training. In view of the decision of the Queen's Institute of District Nursing to discontinue the training of district nurses after the course in May, 1968, application was made to the Department of Health and Social Security for approval of Southwark as a centre for district nurse training. Approval was received early in the year and the Council's training scheme was accordingly registered.



The following table indicates the volume of work undertaken in the district nursing service during 1968:—

New patients visited	...	...	...	...	3,068
Total number of visits	...	...	...	...	134,675
Nursing staff employed at the end of the year (full-time equivalent)	...	...	...	...	57
Visits per nurse (full-time equivalent)	...	...	...	...	2,362

## TOTAL NUMBER OF BIRTHS—LONDON BOROUGH OF SOUTHWARK

### Live Births

Hospital confinements	...	...	...	4,389	
Domiciliary confinements	...	...	...	<u>521</u>	4,910

### Still Births

Hospital confinements	...	...	...	72	
Domiciliary confinements	...	...	...	<u>2</u>	74

Deaths of infants in first week of life	...	...	...	51
Deaths of infants one week to one month	...	...	...	10
Deaths of infants one month to one year	...	...	...	27
Perinatal mortality per 1,000 total live and stillbirths	...	...	...	25
Neonatal mortality per 1,000 live births	...	...	...	10.5
Infant mortality per 1,000 live births	...	...	...	18

## DOMICILIARY MIDWIFERY SERVICE

Administration of Analgesia	...	...	...	79.08%
Cases with booked G.P. Obstetrician	...	...	...	94.43%
No. of Midwives at end of year				
Full time	...	...	...	11
General Lying-In District	...	...	...	4
Doctor not booked				
Doctor present at delivery	...	...	...	—
Doctor not present at delivery	...	...	...	6
Doctor booked				
Doctor present at delivery	...	...	...	158
Doctor not present at delivery	...	...	...	359
No. of hospital deliveries attended by midwives on discharge before 10th day	...	...	...	857
3.65% 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.	1	5.26	0	0	1	5.26
4 lb. 7 oz.—5 lb. 8 oz.	18	94.74	0	0	18	94.74
All cases	19	100.00	0	0	19	100.00

### Domiciliary Midwifery

To meet the needs of mothers wishing to have a home confinement 13 domiciliary midwives were employed by the Council; in addition five 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 857 mothers were able to enjoy the facilities of this scheme.

To supplement clinic attendance 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 midwives as well as the better known Trilene apparatus.

There were 521 domiciliary confinements during the year. Of these 20 were premature births; 2 were still births.

Eight of the Council's midwives are approved teachers under the Central Midwives Board second period Training Scheme. During the year 45 pupils completed three months district training. 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 (APPENDIX C).



## 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.

## Maternal deaths

Two deaths assigned to maternal causes or associated therewith were investigated on behalf of the Department of Health and Social Security during the year. One of these was due to abortion.

## Health Visiting

The health visitor in the United Kingdom has been defined by the Council for the Training of Health Visitors as a nurse with a post registration qualification who provides a continuing service to families and individuals in the community. The main aspects of her work are:—

- (i) the prevention of ill-health;
- (ii) the early detection of handicap and ill-health and the surveillance of high risk groups;
- (iii) identification of need and mobilisation of the appropriate resources to meet the need;
- (iv) provision of care, including advice and guidance in the care and management of children and in cases of illness;
- (v) health education.

The work of the health visitor in these fields, including that carried out in schemes of attachment to general practitioners, is described in the appropriate sections of this report.

The part of the health visiting service which is measurable is shown in the following statistics for 1968:—

### First visits to:—

Children born in 1968	...	...	...	...	5,392
Children born in 1967	...	...	...	...	6,048
Children born in 1963–1966	...	...	...	...	12,627
Total	...	...	...	...	24,607
Aged over 65	...	...	...	...	250
Mentally disordered	...	...	...	...	284
Persons discharged from hospital (other than mental hospitals)	...	...	...	...	46
Infectious diseases	...	...	...	...	71
Total of all visits made by health visitors	...	...	...	...	101,818



## Handicapped and Observation Register

Work continued on the build-up of the handicapped and observation register, with increasing exchange of information between the Department and hospitals and general practitioners. The objects of the register 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 4,054 children at 31 December 1968.

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 1968 the number of babies notified as congenitally malformed was 80. The number of handicapped children on the register at 31 December 1968 was 632. (See also the report on the School Health Service).

We are particularly fortunate in Southwark to have a comprehensive assessment centre for multiple handicapped children at Guy's Hospital. This centre, which is known as the “Newcomen Clinic” has been designed to supplement existing services, and 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.

Southwark bears 50 per cent of the cost of a specialist's services and, in addition, provides a health visitor for the necessary follow-up with children and families from Southwark.

Special follow-up sessions are held at one or two of the child health centres where the Senior Medical Officer for maternity and child health 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.

Only one case of phenylketonuria was found in 1968, on routine retest of a child aged 11 months. The necessary arrangements were made for dietary treatment and the child was progressing normally at the end of the year.

## **Prophylaxis**

Protection is offered in child health centres against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox and measles, to children below school age. Special sessions are also held in schools where necessary. In addition B.C.G. vaccination against tuberculosis of children aged 12 to 13 is carried out in schools. Vaccination may also be carried out by the family doctor and vaccines are supplied to general practitioners free of charge by the Council.

Early in the year the Department of Health and Social Security announced that measles vaccine was being made available for the immunisation of all susceptible children up to and including the age of 15 years, and called for support for a national campaign of vaccination against the disease. Owing to a shortage of supplies of vaccine in the early stages of the campaign, local health authorities were asked to plan their arrangements on the basis that in May, June and July vaccination against measles would be offered only to susceptible children between their 4th and 7th birthdays and to susceptible children attending day nurseries, nursery schools and residential establishments who were between their 1st and 7th birthdays.

Wide publicity was given to the campaign and special arrangements were made for vaccination in schools. (See also the report on the School Health Service).

Vaccination against measles was restricted to the 4 to 7 years age group for the remainder of the year owing to continued limitation of supplies of vaccine. The acceptance rate was disappointing and the numbers vaccinated were approximately half of the estimated numbers of susceptible children in that age group.



TABLE I

## VACCINATION AND IMMUNISATION STATISTICS FOR PERIOD 1st JANUARY to 31st DECEMBER 1968

Age	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	TOTAL	
								1968	1967
Smallpox:									
Primary ... ..	4	4	6	7	956	1,640	485	3,102	3,113
Re-vaccination ... ..	—	—	—	—	11	22	846	879	268
Other Immunisation:						Others under age 16			
Completed primary courses (born in).	1968	1967	1966	1965	1961-1964		TOTAL 1968 1967		
Triple DTP ... ..	1,770	1,776	369	101	83	28	4,127	4,563	
Diphtheria/Pertussis ... ..	—	7	—	—	—	—	—	7	
Diphtheria/Tetanus ... ..	19	25	9	13	174	101	341	153	
Diphtheria ... ..	—	—	—	—	2	—	2	143	
Pertussis ... ..	—	—	—	—	—	—	—	2	
Tetanus ... ..	—	—	—	1	5	81	87	37	
Salk ... ..	—	4	—	—	—	—	4	12	
Sabin ... ..	665	2,518	361	176	424	390	4,534	4,862	
Measles ... ..	12	922	822	489	1,694	67	4,006	—	
Reinforcing (booster) injections:									
Triple DTP ... ..	2	1,346	1,246	156	314	53	3,117	3,470	
Diphtheria/Pertussis ... ..	—	—	—	—	—	—	—	97	
Diphtheria/Tetanus ... ..	—	39	54	23	1,904	340	2,360	2,794	
Diphtheria ... ..	—	—	1	—	5	16	22	13	
Pertussis ... ..	—	—	—	—	—	—	—	—	
Tetanus ... ..	—	1	3	6	30	189	229	135	
Salk ... ..	—	—	—	—	—	—	—	24	
Sabin ... ..	—	104	79	30	2,174	780	3,167	3,075	



### **Dental Services**

During the year the number of Maternity and Child Welfare dental sessions rose to 130, an increase of 46% over 1967.

The trend towards more fillings and fewer extractions continued. The number of fillings was almost twice that of the previous year, and extractions fell by a quarter. There was further reduction in the demand for treatment by expectant and nursing mothers. Experience has shown that the holding of special M and C.W. sessions is not warranted and mothers and children under five may now attend at any ordinary treatment session.

### **Dental Health Education**

The number of sessions spent on Dental Health Education increased from 4 in 1967 to 24 in 1968. Visits were made to day nurseries and to mothers' clubs and welfare centres, at which the dental auxiliary gave talks and film shows on the subject of dental health. These visits were well received, and in December a puppet show, specially devised for child audiences, was shown at all except one of the day nurseries. The election of the dental auxiliary to a place on the departmental Health Education Committee Working Party provided a very valuable means of co-operation with health visitors and other staff in the promotion of dental hygiene.

### **Guy's Hospital**

The appointment in April of the Chief Dental Officer to an Honorary part-time post in the Dental Department for Children of Guy's Hospital was an important step in furthering the degree of co-operation between the Borough and the hospital dental services. This was in keeping with the Department of Education and Science Circular on the desirability of such links between teaching hospitals and the local authority.

Inspection and treatment of children in junior training schools was discussed with Professor Tulley of Guy's Dental Department and a preliminary inspection was held at one junior training school.

At a number of Borough day nurseries the children took part in a toothpaste investigation carried out by the Research Department of Guy's Hospital Dental School.



### Maternity and Child Welfare Dental Service

	Children under 5		Expectant and Nursing Mothers	
	1968	1967	1968	1967
<i>Inspections</i>				
No. inspected ... ..	462	408	18	56
No. requiring treatment ...	279	199	18	56
<i>Attendances</i>				
First Visits ... ..	289	195	25	49
Subsequent Visits ... ..	527	329	41	127
Total Visits ... ..	816	524	66	176
Courses of treatment completed ... ..	151	192	12	32
<i>Treatment</i>				
Fillings ... ..	521	272	20	61
Extractions ... ..	118	165	17	38
General Anaesthetics ...	52	75	4	14
Other Treatment ... ..	332	170	15	18
<i>Dentures</i>				
No. of patients supplied with dentures ... ..			5	17
No. of dentures supplied ...			6	22

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

	1968	1967
Inspection and treatment	130	89
Dental Health Education	24	4
Total:	<u>154</u>	<u>93</u>

#### The Hollies (London Borough of Southwark Children's Home)

	No. of Sessions	Total Attendances	Fillings	Extractions	Other Operations
1967 ...	36	293	147	36	108
1968 ...	38	314	217	28	71



## Fluoridation

There was little of interest during the year on the subject of fluoridation. The Department of Health and Social Security Circular 24/68 merely extended the terms of indemnity to Local Authorities and did not affect this Council which had already expressed its approval of fluoridation in January 1966.

## 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 items on issue at 31st December 1968 from the Council's stock were as follows:—

(The figures in brackets show the number of items on loan at 31.12.67.)

<i>Items</i>							<i>On Loan</i>	
Air rings	...	...	...	...	...	...	63	(55)
Back rests	...	...	...	...	...	...	59	(51)
Bed blocks	...	...	...	...	...	...	25	(28)
Bed cradles	...	...	...	...	...	...	35	(40)
Bed side-rails	...	...	...	...	...	...	3	(—)
Commodore	...	...	...	...	...	...	680	(756)
Dunlopillo mattresses	...	...	...	...	...	...	31	(27)
Easi-carri hoists	...	...	...	...	...	...	23	(25)
Feeding cups	...	...	...	...	...	...	14	(17)
Fracture boards	...	...	...	...	...	...	38	(39)
Hospital beds	...	...	...	...	...	...	28	(21)
Penrhyn hoist	...	...	...	...	...	...	55	(51)
Quadruped walking aids	...	...	...	...	...	...	4	(1)
Ripple beds	...	...	...	...	...	...	7	(5)
Bed pans	...	...	...	...	...	...	51	(75)
Rubber toilet seats	...	...	...	...	...	...	7	(10)
Tripod walking aids	...	...	...	...	...	...	10	(11)
Urinal bottles	...	...	...	...	...	...	35	(38)
Zimmer hoist	...	...	...	...	...	...	1	(2)
Zimmer walking frames	...	...	...	...	...	...	32	(11)

Fireguards were also supplied to families in need with children under 12 years of age and to necessitous elderly persons. At the end of the year there were 701 (641) on loan.

## HOME HELP SERVICE

During the year Section 29 of the National Health Services Act 1946, which gave local health authorities the power to provide domestic help to certain households was repealed by Section 13 of the Health Services and Public Health Act 1968, which, inter



alia, made it the duty of every local health authority to provide a home help service on such a scale as is adequate for the needs of the area.

The call on the home help service in this Borough continued to increase particularly the requests for morning and evening help. In these cases the home help goes to the family early in the morning to wash, feed and dress the children and take them to a day nursery and/or school (in most cases owing to the absence of the mother) then returns to the household to clean, wash and shop. She often goes to another job before collecting the children in the afternoon, preparing the evening meal for them and getting them ready for bed. The home help remains in the home until the return of the parent. One of the specialised services which has been more widely used during the year was the Child Help Service, which is given where one or both parents are away from home, either through illness or other reason. The home help cares for the children at home in place of the mother and where no adult is in the home at night she sleeps in the house.

Assistance was given to 4,335 households during the year, of which 4,192 were long term cases, and 9,431 visits were made by the organising staff.

The Department took part in a survey conducted by Dr. Williams of the National Institute for Social Work Training on behalf of the Department of Health and Social Security. The survey was concerned with the elderly people being assisted by the home help service, and entailed considerable research.

The third training course for home helps resulted in another 7 home helps being eligible for the register of trained helps; these courses are proving very popular and 50 home helps attend each one.

Talks were given by the Chief Home Help Organiser to student health visitors, student nurses, district nurses, medical social workers, mental welfare officers and at two courses organised by the London Boroughs Training Committee, to staff of the Children's Department, and statutory and voluntary organisations. The home help organisers arranged visits for student nurses and state enrolled nurses. These talks and visits now form a regular part of the service and help to promote understanding of the home help service throughout the allied services.

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

The Social Work Section (Health Services) is concerned with:

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

The Social Workers concerned with the School Health Service are jointly appointed by the Inner London Education Authority and the London Borough of Southwark, 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. The work may be of a short or long term nature depending upon the problem and the needs of the family.



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 the 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.

The family caseworkers 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.

During the year, members of the staff attended various conferences and day courses and student social workers from the London School of Economics and the School Care Committee Service have been received in the Department for training. Arrangements were made with Chiswick Polytechnic for a student on the Certificate in Social Work course to undertake a fieldwork placement in the department with one of the family caseworkers as supervisor.

Two of the social workers attached to the section work in the Borough Chest Clinics.

## CO-ORDINATION OF SOCIAL SERVICES

From 1965, the co-ordinating machinery in the Borough had operated on three levels: Standing Committee, Working Sub-Committee and Case Conference. For some time, this system had been under review because the stimulated interest in the social services called for more detailed and protracted consideration of matters which, if ordinarily referred to the Working Sub-Committee, would be too time consuming for those senior officers involved. It was therefore decided that the Working Sub-Committee be disbanded from the beginning of the year and matters requiring detailed examination have since been referred to ad hoc groups of nominated officers who report direct to the Standing Committee.

The Constitution of the Standing Committee was ratified as being:

Medical Officer of Health

Children's Officer

Chief Welfare Officer

Housing Manager

Town Clerk

Divisional Officer (Education)

District Officers, G.L.C. Housing Dept.

Deputy Medical Officer of Health)

Deputy Children's Officer

Chief Social Worker (Health Services)

Chairman

Vice-Chairman

Co-opted Members.

Secretary



This Committee met on average every six weeks to consider matters which can be broadly classified as of a general and of a domestic nature, and policy concerning the social needs and well-being of the inhabitants of the Borough. Periodic reports were submitted to the Council's Social Services Co-ordinating Committee which consists of the Chairman of the Children's, Health, Housing and Welfare Committees.

Case Conferences were held on individual families at the requests of field-workers, and 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) discussing 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 bi-monthly rent arrears sub-committee the situation of families facing court action is considered and where possible steps are taken to prevent eviction.

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

In order to effect close co-operation and liaison with hospital consultants and general practitioners, the following advisory committees exist to assist me on aspects of community health care in their particular field:—

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 task is to assess the value of requests from medical research groups and of health surveys and is also concerned with other health matters of a general nature affecting general practitioners and the community.

### **Attachment of Staff to General Practitioners**

Further progress has been made in the attachment of health visitors and home nurses to general practitioners. In my report for 1967 mention was made of the full-time attachment of a health visitor at the end of the year to a group practice of four doctors. This attachment has developed successfully and there are now two health visitors and two home nurses attached full-time to the practice.

A second scheme of attachment was started in December when one full-time and one part-time health visitor and one full-time home nurse commenced work with another group practice.



Health visitors are also attached to two 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 practices also has the services of a home nurse to assist with the follow-up of patients. She attends morning and evening surgeries.

Severe limitation on the extension of these schemes is imposed by the continuing shortage of qualified staff. Furthermore before any such scheme can be started there is need for adequate initial discussion and careful consideration of such matters as the suitability of accommodation, selection of staff and the problems arising from the overlapping of practice areas with health visitors' geographical areas.

Each health visitor keeps in touch with general practitioners in her area and there is continuing contact between general practitioners and the home nursing service. Wherever suitable the opportunity is taken to increase liaison with general practitioners, particularly in group practices, in preparation for the commencement of further attachment schemes when the staffing situation allows.

### **Family Planning**

The provision of a family planning service in full implementation of the National Health Service (Family Planning) Act 1967, was continued through the agency of the Family Planning Association.

The Service is provided on the following basis:—

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

In addition payment was continued to the Brook Advisory Centre on a per capita basis for young unmarried persons over 16 years of age resident in Southwark.

In accordance with the Council's decision to provide a direct service through its own clinics as soon as possible, discussions were held with representatives of the South East London Branch of the Family Planning Association with a view to the transfer to the Council's control of those clinics run by the Association in the Council's centres. Agreement on the terms of transfer was reached late in the year and it is expected that the Council will assume control of some of the clinics in 1969.



# COMMUNITY CARE SERVICES

## **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.

In 1968 the London Borough of Southwark started the scheme of inspection and approval of recuperative holiday homes on behalf of nine other London Boroughs. During the year twenty five visits were made and nine new homes were added to the approved list.

A total of 149 adults and 32 children under school age were sent on recuperative holidays; in addition arrangements were made with the Inner London Education Authority for 176 schoolchildren to have a recuperative holiday.

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

These clinics which commenced in January have provided an opportunity for elderly people to have a complete medical examination and obtain advice on diet and maintaining standards of health. In appropriate cases they have been advised of aids and benefits available to them. Most people attending for the first time attend the mass X-ray unit the following week and where necessary transport is arranged for them. Medical reports are sent to the patient's general practitioner for any action he may consider necessary. For the first six months two weekly clinics were held but due to the demand an additional clinic was opened which operates on alternate weeks. The total number of attendances for the year was 340.

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

At 1 January, 1968 the Council was financially responsible for 11 homeless infective tubercular men boarded out in hostel accommodation. During the year 5 new placements were made and at 31 December there were 13 remaining in hostel accommodation.

## **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 public health inspectors.

During the year, 482 advice notes of arrivals were received and 273 "first" successful visits made.

One of the provisions of the Commonwealth Immigrants Act 1968 gave immigration authorities discretion to arrange for the medical examination of any immigrant at the point of entry and to require any immigrant as a condition of entry to report to a medical officer of health with a view to any necessary treatment being arranged. Only one referral was made to Southwark under this provision.

### **Nursing Homes**

There are only two nursing 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 213 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 1968 were as follows:

Number of examinations arranged	...	...	...	...	...	...	...	...	213
Initial examinations	...	...	...	...	...	...	...	...	98
Re-examinations	...	...	...	...	...	...	...	...	115
Number certified as blind	...	...	...	...	...	...	...	...	66
Number certified as partially-sighted	...	...	...	...	...	...	...	...	146
Number found to be neither blind nor partially-sighted	...	...	...	...	...	...	...	...	1
Blind certificates accepted from hospitals	...	...	...	...	...	...	...	...	32
Partially-sighted certificates accepted from hospitals	...	...	...	...	...	...	...	...	17
Blind certificates accepted from other local authorities	...	...	...	...	...	...	...	...	14
Partially-sighted certificates accepted from other L.A.'s	...	...	...	...	...	...	...	...	2

### **Chiropody**

This Council provides a chiropody service for the elderly, the physically handicapped, school children and expectant and nursing mothers. The Council does not itself provide a domiciliary service but arrangements are made with the London Ambulance Service for



the transport of patients who in the opinion of their general practitioners are unable to travel to the clinics on their own.

A charge of 4/- a treatment is made to adults and this charge is abatable in cases of necessity. No charge is made to those who are receiving retirement pensions or social security benefits.

In addition to the nine Council clinics (APPENDIX B) three voluntary organisations which are grant aided by the Council (see page 88) provide a chiropody service for the elderly including domiciliary visits to housebound patients. During the year the voluntary organisations gave 9,330 clinic treatments and 1,802 domiciliary treatments.

The establishment of chiropodists in the Health Department is 1 chief, 4 senior and 4 basic grade officers; at 31st December 1968, there were 1 chief, 4 senior and 8 sessional chiropodists (f.t.e.—3.4).

During the year 4,142 (4,209) sessions were held at Council clinics and the number of patients attending and treatments given were as follows (where available the figures for 1967 are shown in brackets)

Ages	0—4	5—14	Male		Female		Total
			15—64	65+	15—59	60+	
Persons attending	4	22	336	1,541	1,101	6,370	9,374
Total attendances	10 (11)	39 (68)	996 (1,202)	4,424 (4,371)	3,158 (3,775)	18,882 (18,312)	27,509 (27,739)

There continues to be a heavy demand for this service, but owing to the difficulty in recruiting chiropodists it has not been possible to expand the service to meet fully the needs in the Borough. However, to alleviate the staffing problem, consideration is being given to a scheme for sponsoring trainee chiropodists and it is hoped this scheme will start during the coming year.

### Artificial Kidney Machines

Early in the year the Department of Health and Social Security gave approval to local authorities to make arrangements for adaptations or extensions to the homes of patients to facilitate the installation of artificial kidney machines. A renal dialysis unit was set up at Dulwich Hospital with the object of making patients proficient in the use of an artificial kidney machine in their homes after discharge from hospital. Later in the year the Council co-operated with the hospital authorities in the adaptation for this purpose of the home of a patient living in Southwark.

### 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 communi-



cable diseases. However, the early detection and diagnosis of chronic illnesses has tended to be minimal due mainly to lack of adequate techniques. Local health authorities have helped pioneer early disease detection, particularly in the field of maternity and child welfare and in the school health service.

The Southwark Council in 1965 introduced well women clinics at which full gynaecological examinations, urine testing, blood pressure testing and breast examinations were carried out as well as cervical smears taken. In January 1968, advisory and preventive clinics for the over-sixties were opened. As a logical extension of these measures, the Council decided to carry out a pilot health survey of the general public of the Borough by means of a mobile health clinic, believed to be the first scheme of its kind. Consultations took place with various interested bodies concerned, in particular, the representatives of the general practitioners, the hospitals and the Department of Health and Social Security. Approval for this project was given under the Health Visitor and Social Work (Training) Act, 1962.

### *The Survey*

The survey consists, for persons aged 16–60 years, of:—

- (i) social and medical history
- (ii) a series of tests namely: haemoglobin estimation, blood pressure, urine, vision, measurement of height and weight, cervical smear offered to women over 25 years.
- (iii) general examination
- (iv) X-ray of chest—mass miniature radiography unit in attendance once per week.

The purpose of these tests is to help identify those people who have health and social problems amenable to some form of treatment. No treatment is given at the clinic, but the results of all tests are notified to the general practitioner concerned.

The survey is being carried out in a mobile health clinic, which is a twenty-two foot production line caravan specially fitted to Health Department specifications at a basic cost of £998. It is towed to various sites in Southwark and is immediately convenient to the dwellings of those groups taking part, remaining in the locality for one week or more. It will thus be possible to assess the health of specific groups of the population. Basically, the accommodation consists of three units; a waiting room, a nurse's working area and a doctor's consulting room. The staff of the clinic comprises a medical officer, a clinic nurse and a clinic auxiliary. Local general practitioners take an active part in the running of the clinic.

### *The Patients*

The smooth flow of patients is essential in a scheme of this nature and in order to achieve this aim and to reduce inconvenience to the patient to a minimum an appointments system is in operation. Appointments are made by health visitors and nursing staff who call on homes in the area selected. Male and female patients are seen on separate days. A copy of the confidential records is sent to the patient's general practitioner.

The clinic opened on 18 November, 1968 and in the five weeks it was operating in this year 224 people attended and 127 of them were referred to their general practitioner for some disability or for the result of the smear test.



### **Cytological diagnosis of early uterine cancer—"Well Women" Clinics**

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.

A total of 1959 people attended the 160 sessions held at the five clinics in the borough and of these 15 were found to have carcinoma of the cervix, 12 had some breast pathology and 512 had a gynaecological disorder.

### **HEALTH EDUCATION AND HOME SAFETY**

There has been a further increase in the activities of this section as shown by the number of films exhibited, poster and leaflet material issued, and educational talks given (see page 40), at the same time, health education is a continuous process and cannot be measured solely in statistical terms. New concepts are developing as a result of changing social conditions, particularly those related to new trends in permissive freedom and the mental stress of day to day life; the ineffectual use of increased leisure poses a serious mental and physical problem for the future.

The key point to this forward look is the responsibility of the individual to choose, for instance, whether or not to expose himself to the risks of smoking, excess medication, drug dependency, sexual promiscuity, physical inertia. Disciplined social behaviour is perhaps today as strong a factor in the prevention of ill health as medical treatment or environmental influences, and for that reason there is a growing need to extend to schoolchildren, from an early age, what was once considered the more adult phases of health education.

The monthly departmental working party meetings have continued to function successfully, providing an invaluable liaison between the administrative and field staff of the Department for the discussion of suggestions, policies, new material and the organisation of a wide programme of projects.

*Health Education Council Ltd.:* From 1 April 1968 the newly formed Health Education Council Ltd., took over the health education promotional activities of the Department of Health and Social Security, and later assumed responsibility for the whole of the functions of the Central Council for Health Education. The new organisation was set up on the recommendation of the Joint Committee on Health Education to centralise the issue of publicity and teaching material, the dissemination of information, the organisation of training courses and conferences, and research into the field of health education.

*Mothers' Clubs:* Several new mothers' clubs have been opened through the initiative of health visitors at welfare centres and these are being developed more as informal social clubs with general interest activities rather than with any obvious attempt to educate; it is felt that a weekly hour or two of pleasant relaxation is more likely to encourage young mothers to maintain close contact with the health visitor and the centre.

*Cancer Education:* Continuous publicity has been maintained for Well Women Clinics for the early detection of cancer of the cervix. Early in the year these clinics were extended to include women who were employed, but not resident, in the Borough, and a number of larger business firms were circularised to bring this service to the notice of their employees.



From the following table of deaths from cancer of the cervix it will be noted that whereas there was practically no change in England and Wales between 1965 and 1968, the local figures show a ninety percent increase:

	<i>England and Wales</i>	<i>Southwark</i>
1965	2,453	10
1966	2,483	14
1967	2,449	18
1968	2,434	19

The effects of screenings at Well Women Clinics will, of course, not be evident at this stage.

Lung cancer continues to be one of the darkest threats to the health of the nation. Statistics issued this year by the Registrar General show that although the population of Great Britain in 1961 had increased by nine percent since 1920, deaths from lung cancer had risen during this period from 592 to 25,288. Although many cases were probably undetected as long ago as 1920, it is significant that the consumption of cigarette tobacco in Great Britain had risen from 80.3 million pounds in 1920 to 243.1 million pounds in 1961; the gradual rise in tobacco consumption may have some bearing on the number (29,941) of lung cancer deaths in 1968.

Because of its many different forms and long term effects, cancer poses particular problems in health education. These were examined in the report of a group of Medical Officers of Health from various parts of the country whose views were invited early in the year by the Working Party of the Department of Health and Social Security Standing Sub-Committee on cancer. Reference was made to the considerable amount of smoking amongst schoolchildren to whom the possibility of serious illness or death in middle age is too remote to be understood, and the defensive resistance which is often induced in campaigns or teaching programmes which lay too much emphasis on smoking or specific types of cancer.

*Sex Education:* Publicity on this subject, including the availability of local treatment facilities, is being maintained, and sex education generally has been included in the health education activities at schools either as specific instruction or combined with related subjects.

*Family Planning:* In addition to continuous publicity a special campaign was arranged in May and original posters and leaflets were designed for this purpose.

*Dental Health:* During September, a two-week programme was organised in collaboration with the General Dental Council and the Fruit Producers' Association for Pierre the Clown to visit infant and junior schools. Short talks and demonstrations were given and each of the 11,000 children received an apple, an 'Apple Club' badge and painting card relating to the care of their teeth. The tour was followed later by the provision of supplies of apples to schools at wholesale prices for resale to children.

*Over-60 Clinics:* Three new preventive and advisory clinics for the "over-sixties" are now operating to provide health checks and advice for elderly people. These were supported by publicity which included specially designed posters and leaflets.



*Summer School Vacation:* Following the successful experiments in previous years, a further programme of films on health and home safety was arranged throughout August for groups of young children at three welfare centres; the programme was changed each week and about 850 children attended. The films were supplemented by various group participation exercises such as charades and poster drawing competitions. Interesting results were observed in the poster work interpretations of the instructional films shown which indicated the value of personal creative involvement in stimulating interest in educational facets.

*Displays:* In connection with the national Mental Health Week in June, the Department arranged a display of work by patients from the three day centres for the mentally ill and three training establishments for mentally handicapped adults and juniors. The display was mounted at the Elephant and Castle Shopping Centre, and was visited by over 2,500 people. The project also included public open days at the junior training schools and adult centres with films and general publicity directed to encouraging public awareness of mental disorders and eradicating the prejudice which still seems to be attached to such conditions.

The Department co-operated with the London Fire Brigade in a Fire Prevention Exhibition at Jones and Higgins' Stores, Peckham, during three weeks in March. This was visited by approximately 18,000 people including conducted school parties of 1,300 children.

*Home Safety:* There were 53 home accident deaths in the Borough during the year and this was the lowest since the inception of the new London Borough in 1965. This included 10 accidents on industrial sites and from drowning, the remaining 43 cases are summarised below:—

Cause of accidental death	Age distribution									
	Total	0-1	2-4	5-7	8-14	15-30	31-50	51-60	61-70	71+
<i>Asphyxia</i>	12									
Gas fumes		—	—	—	—	—	2	—	1	1
Fire and other fumes		2	—	—	—	—	1	—	1	—
Intoxication		—	—	—	—	—	2	—	1	—
Accidental strangulation		1	—	—	—	—	—	—	—	—
<i>Poisoning</i>	8									
Drugs		—	1	—	—	2	1	1	—	—
Alcohol		—	—	—	—	—	1	—	1	—
Other		—	—	—	—	—	1	—	—	—
<i>Falls</i>	21	—	1	1	1	1	—	1	5	11
<i>Burns</i>	2	—	—	—	—	1	—	—	1	—



Several publicity campaigns were run during the year in conjunction with the Royal Society for the Prevention of Accidents. These included prevention of accidents to children; water safety, in which the "learn to swim" theme and the danger of playing near canals predominated; the safe storage of medicines, drug tablets and domestic poisons; a "Buy for Safety" project with particular emphasis on heating and domestic appliances and flame resistant materials, in which several retail stores co-operated; fire prevention including fireworks; and falls. The Greater London Home Safety Council also organised a competition for an accident prevention slogan, and one of the prizewinners was a 15 year old Southwark schoolgirl.

**Fires:** I am indebted to the London Fire Brigade for the following statistics relating to fires in Southwark during the year..

	1968	1967
Fires in premises (excluding following)	1,571	1,794
Portable oil heater fires	50	55
Grass and chimney fires	202	254

#### Summary of activities

Leaflet and booklets issued	87,120
Posters issued	5,451
Films (No. of screenings)	242
Projection equipment used	194

#### Talks:

	Adults	Children
Ante natal and childbirth	20	32
Infant feeding	7	24
Child care	30	50
Housewifery, Parentcraft	54	11
Infectious diseases and Immunisation	3	15
Personal hygiene, general health, first aid etc.	38	58
Dental care	2	121
Nutrition, food hygiene	5	22
Sex education, family planning, venereal diseases	4	26
Smoking, drugs, alcoholism	1	11
Anatomy, biology etc.	—	13
Environmental health and social services	32	55
Mental health	2	6
Accident prevention	15	36
Student groups	65	—
<b>Totals</b>	<b>278</b>	<b>480</b>



## MENTAL HEALTH SERVICE

There have been some new features within the service together with inevitable changes and developments including the commencement of a special group held weekly at Lindley School Treatment Centre of severely subnormal children unable to attend Junior Training Schools. The Department also during the year acquired two specially adapted vehicles for the conveyance of children to Special Units at day nurseries and a third special unit was opened at a newly built day nursery. A Special Care Unit for ten severely subnormal children was opened at East Dulwich Grove and the transfer was carried out of a junior training school from unsatisfactory premises to an adapted prefabricated structure, formerly used as a Civil Defence training establishment. Preliminary thoughts have been given in connection with the possible transfer of the education of subnormal children from the Health to the Education Service, should legislation be promoted.

Close liaison with psychiatric hospitals continues especially in the field of after-care. The Psychiatric Advisory Committee to the Medical Officer of Health (Psychiatric Hospital Consultants) met at intervals to discuss current problems, new complementary requirements and possible new ventures; this is one of the most valuable links in community work co-operation and co-ordination between hospital and local authority services. A party of Council members and others visited Bexley Hospital in October at the invitation of the Hospital Management Committee.

The joint arrangements with the London Boroughs of Lambeth and Wandsworth to share, on a rota basis, out of office calls and emergencies, i.e. evenings, week-ends and holidays, continue very satisfactorily. In addition to the usual contacts of mental welfare officers with general practitioners in connection with removal of certain patients to hospitals, co-operation regarding after-care has increased. The male mental health escort employed by Southwark continued to assist other London Boroughs.

The Council agreed to continue to share the cost of maintenance of the central index of mentally disordered persons by the Greater London Council.

There was disappointment all round at the slow progress towards completion of the Grange Tannery Project, consisting of an adult training centre, which the Council decided to name Crispin House, a day centre and hostel for the elderly mentally infirm named Evelyn Coyle House, and a hostel for mentally subnormal youths named Gibson House.

National Mental Health Week (June 10th-15th) was aimed at encouraging public awareness of mental disorders and to help remove the prejudice and stigma. In order to publicise the services available, the Council authorised the Health Department to arrange various activities such as open days at day and training centres and schools and an exhibition at the Elephant & Castle Shopping Centre which contained displays of work by patients and which was visited by over 2,500 people.

The Council sent delegates to various conferences on Mental Health including the Congress of the Royal Society of Health, where among the subjects discussed was the prevention of mental disorder.

Officers of the department dealing with mental health services attended a variety of



conferences and meetings in increasing number, and long and short term student trainees of every type visited the Department. The Chief Mental Welfare Officer and Deputy Chief Mental Welfare Officer gave talks on various aspects of mental health to many organisations.

### **Mental Illness**

The Castle and Camberwell Day Centres for mentally ill persons needing rehabilitation continued as usual and at times found difficulty in obtaining sufficient local work of a light industrial nature to keep the trainees fully occupied. The Occupational Therapy Group at the Castle Day Centre continues successfully.

The day centre for the elderly mentally infirm at Pages Walk, which was opened towards the end of last year, continued, and the numbers attending gradually increased. These premises are not entirely satisfactory and will be closed when the day centre within the Grange Tannery Project is completed early next year.

### **Subnormality**

The Benhill Training Centre for adults at Camberwell continued. This centre, at present housed in a church hall, will be transferred to the new large purpose built centre at Crispin House (Grange Tannery Project) during 1969. The transfer of the Kingswood House Junior Training School to ex-Civil Defence premises at Kirkwood Road was made in January, and although not perfect, the premises are a great improvement in that the school has sole use of them.

The occupational therapist continues to visit at home some of those persons unable to attend junior training schools, centres and special care units, and a local centre was made available as a forerunner of a proposed Special Care Unit for a small group of older children.

*Special Care Unit.* Adaptations to the pre-fabricated bungalow were completed to enable the Special Care Unit to open at East Dulwich Grove in April for 10 severely subnormal children until the purpose built special care unit is opened in the proposed Junior Training School at Harders Road.

*Hostels.* The number of girls resident in Dover Lodge hostel fell during the year, and consideration was given to extending the age range for admission. This was not, however necessary as the number of applications for admission increased.

The proposed hostel for twelve subnormal youths will not be available until the new Crispin House complex opens next year.

Both mentally ill and mentally subnormal persons needing non-hospital residential accommodation are sent to a variety of establishments as necessary. The coming into force in September of part of the Health Services and Public Health Act 1968 clarified and extended some of the powers of local authorities under the National Health Service Act 1946 and Mental Health Act 1959 regarding provision of residential accommodation, centres, etc., and for prevention of certain types of illness, including mental disorder.

*Special advisory clinics.* One (Sutherland House) of the two Special Advisory Clinics for very young backward children was closed in June due to a drop in attendances.

*Short term care* was again provided on an increasing scale for a variety of reasons,



but mainly to give relief to parents—relatives for severely subnormal and subnormal children and adults. Places were found, at the Council's expense, at local health authority, voluntary and private establishments, homes, convents, etc.

*Recuperative Holidays* following recovery from recent acute illness were provided for 28 mentally ill persons on medical grounds.

*Social activities.* The organised training centre/school holiday scheme at Dymchurch, Kent, organised by the London Borough of Hammersmith, was used by persons for two weeks.

The various social clubs for mentally ill and subnormal persons run by various organisations continued as before, in some cases the Council paying exceptional fees to the leaders.

Mention must be made of the repeated donations to the amenity funds of training centres and schools by the Southwark Society for Mentally Handicapped Children which enable many activities and equipment not supplied by the Council to be acquired for the various establishments. Donations were also received from other organisations.

## STATISTICS FOR YEAR ENDED 31 DECEMBER 1968

TABLE 1

### NUMBER OF REFERRALS DURING YEAR

Referred by	Mentally Ill				Subnormal				Severely Subnormal				
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Totals
	M	F	M	F	M	F	M	F	M	F	M	F	
General practitioners	—	—	72	68	—	—	—	—	—	—	—	—	140
Hospitals	1	2	143	165	1	2	2	5	2	—	—	—	323
Local Education Authority	2	—	1	2	45	29	27	16	2	—	—	—	124
Police and Courts	—	1	17	21	2	2	1	—	—	—	—	—	44
Others*	—	2	193	187	9	8	15	7	5	4	—	—	430
Totals	3	5	426	443	57	41	45	28	9	4	—	—	1,061

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



TABLE II

## SUMMARY OF ACTION TAKEN IN RESPECT OF NEW CASES

Admitted to hospital:									
Informally	...	...	...	...	...	...	...	...	40
Compulsorily: M.H. Act, 1959, Section 25 (for observation)	...	...	...	...	...	...	...	...	84
Section 26 (for treatment)	...	...	...	...	...	...	...	...	12
Section 29 (emergency admission for observation)	...	...	...	...	...	...	...	...	96
Other...	...	...	...	...	...	...	...	...	15
Afforded community care	...	...	...	...	...	...	...	...	480
Given advice only ...	...	...	...	...	...	...	...	...	334
Total	...	...	...	...	...	...	...	...	1,061

TABLE III

## NUMBER OF PERSONS RECEIVING COMMUNITY CARE at 31 DECEMBER 1968

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	41	45	7	23	—	—	—	—	116†
Attendance at training centres ... ..					69	57	66	59	251*
Home training ...	7	12	1	2	1	1	3	3	30
Residence in homes, hostels, etc. ...									
Local authority ...									
(Dover Lodge) ...									
Other ... ..	12	16	—	11	4	3	10	20††	76
Attendance at special units ... ..					10	10			20
Formal guardianship								3	3
S.W. visits (awaiting ad- mission to hospital for long term res.care)					—	2			2
Totals ...	60	73	8	36	84	73	79	87	500

† Plus 16 patients from other Boroughs.

\*\* Plus 2 persons from other Boroughs.

\* Plus 3 Junior Patients from other Boroughs.

†† Plus 3 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) ... ..	6	1	1	1	9
In homes, hostels, etc. ... ..	41	18	17	23	99
Totals ... ..	47	19	18	24	108

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	—	—	—	126	110	236
Special units (in day nurseries)	3	—	—	—	—	31	—	31
Day centres	—	3	—	72	30	—	—	102
Hostels (Dover Lodge)	—	1	—	—	—	—	13	13
	Totals		—	72	30	157	123	382

TABLE VI

# SPECIAL ADVISORY CLINICS FOR BACKWARD CHILDREN

Number of new referrals	...	...	...	...	5
Number of attendances	...	...	...	...	26



# ENVIRONMENTAL HEALTH SERVICES

## *Sanitary Circumstances of the Area*

Number of complaints received	...	...	...	...	...	...	...	...	...	7,161
<b>Inspections:</b>										
Nuisance inspections	...	...	...	...	...	...	...	...	...	8,706
Re-inspections	...	...	...	...	...	...	...	...	...	10,401
House-to-House	...	...	...	...	...	...	...	...	...	142
Overcrowding	...	...	...	...	...	...	...	...	...	127
Offensive trades	...	...	...	...	...	...	...	...	...	28
Factories and workplaces	...	...	...	...	...	...	...	...	...	1,180
Outworkers' premises	...	...	...	...	...	...	...	...	...	161
Vermineous premises and persons	...	...	...	...	...	...	...	...	...	615
Common lodging houses	...	...	...	...	...	...	...	...	...	73
Conveniences, public and private	...	...	...	...	...	...	...	...	...	586
Pet animal premises	...	...	...	...	...	...	...	...	...	59
Hairdressers and barbers	...	...	...	...	...	...	...	...	...	200
Rent Act, 1957	...	...	...	...	...	...	...	...	...	18
Miscellaneous inspections	...	...	...	...	...	...	...	...	...	9,208
Infectious diseases	...	...	...	...	...	...	...	...	...	1,794
Infectious diseases, visits to contacts and re-inspections	...	...	...	...	...	...	...	...	...	1,741
<b>Drainage (new buildings):</b>										
Inspections	...	...	...	...	...	...	...	...	...	5,133
Tests applied	...	...	...	...	...	...	...	...	...	3,369
Drains constructed	...	...	...	...	...	...	...	...	...	1,789
<b>Drainage (existing buildings):</b>										
Inspections	...	...	...	...	...	...	...	...	...	2,606
Tests applied	...	...	...	...	...	...	...	...	...	811
Drains found defective	...	...	...	...	...	...	...	...	...	190
Drains totally reconstructed	...	...	...	...	...	...	...	...	...	127
Drains repaired or partially reconstructed	...	...	...	...	...	...	...	...	...	676

## *Offensive Trades*

Type of Business	Number of Register
Fat extractors	2
Manure manufacturer	1
Skin dressers	5
Fellmongers	3
Glue and size manufacturer	1

Twenty eight 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. 73 inspections were made during the course of the year.

### *Hairdressers and Barbers*

During the year 200 inspections were made of 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 three sites in the Borough. The estimated total number of pigeons frequenting these sites was 900 and 679 were caught.

### *Pet Animals Act, 1951*

Twenty-two premises are registered under this Act and 59 inspections were made during the year.

### *Pharmacy and Poisons Act, 1933/41*

There are 160 persons included in the Council's list of sellers of Part II poisons: 61 inspections were made.

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

Eighteen premises are licensed under the provisions of the above Act. Twelve 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, 277 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 569 inspections of these premises were made.

### *Bakehouses*

There are 34 bakehouses in use, of which one is in a basement; 189 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 overleaf:—



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

Sixty nine samples of bath water were submitted for examination with the following results:—

#### *B. Coli.*

Not found in 50 mls.	67
Found in 10 mls.	2

#### *Bacteria per ml.*

No growth	38
Under 5	12
5 — 50	14
50 — 75	2
Over 75	3

#### *Free chlorine*

0.5 p.p.m. or less	16
0.6 to 1 p.p.m.	12
1.0 to 1.5 p.p.m.	16
1.5 to 2 p.p.m.	6
2 to 5 p.p.m.	16
Over 5 p.p.m.	3

#### *Chloramine*

0.5 p.p.m. or less	32
0.6 to 1 p.p.m.	21
1.0 to 1.5 p.p.m.	11
1.5 to 2 p.p.m.	5

#### *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 2,558.



## 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 1968.
- (b) All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after 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, 1968, was 293,120.
- (ii) No houses were permanently supplied by standpipe.
- (d) No artificial 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 (Southern group)  
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) On account of their hardness content and alkaline reaction the Board's river and well water supplies are not considered to be plumbo-solvent. It should, however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed; this applies to copper, zinc, iron and also to lead. Special tests for lead have been carried out during 1968 on 100 premises where a lead supply pipe is installed. The premises were chosen to give an even distribution of samples throughout the whole of the Board's area. Two samples were collected from each premises; one was the first running of water standing in the lead pipe overnight and the other was a sample of water after running the tap for a few minutes. The results are set out as follows:—



### Lead content of water from main taps in consumers' premises

Lead content (mg/1 Pb)	Samples of water standing in lead pipe overnight	Samples of water after running the tap
Less than 0.01	10	37
0.01	31	57
0.02	21	4
0.03	8	1
0.04	9	0
0.05	5	0
0.06	5	0
0.07	4	1
0.08	1	0
0.09	3	0
0.10	1	0
0.12	1	0
0.16	1	0
	100 premises	100 premises

These results are very satisfactory and the figures are within the limits of the World Health Organisation European Standards for Drinking Water Quality. This states that the upper limit for lead in running water in the supply should not be more than 0.1 mg/1 (Pb); but where water undertakings continue to use lead piping the concentration of lead (as Pb) should not exceed 0.3 mg/1 after 16 hours contact with the pipes.











## INFECTIOUS DISEASES

The requirements relating to the notification to the Medical Officer of Health of certain diseases were contained in the provisions of Section 144 of the Public Health Act 1936 and Regulations made thereunder. As from 1st October, 1968 the provisions regarding the notification of infectious diseases and food poisoning are contained in Sections 47 to 49 of the Health Services and Public Health Act, 1968 and the Public Health (Infectious Diseases) Regulations 1968, and in addition to food poisoning the following infectious diseases are required to be notified to the Medical Officer of Health:—

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

Notification of the following diseases is no longer required:—

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism (previously notifiable in certain areas)	Puerperal pyrexia

As from the above date the notification fee payable to medical practitioners was increased to 5/—.



# NOTIFICATION OF INFECTIOUS DISEASES 1968

## Age Distribution of Notifications.

Disease	Under 1 Year	1-2	3-4	5-9	10-14	15-24	24-35	35-45	45-55	55-65	65+	Total all ages
Scarlet fever	—	7	34	53	7	5	5	1	—	—	—	112
Whooping cough	32	62	68	84	9	1	1	—	—	—	—	257
Measles	30	146	192	172	10	4	2	—	—	—	—	556
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	0
Dysentery	8	37	38	53	10	17	16	6	3	5	2	195
Meningococcal infection	1	1	—	2	1	1	—	—	—	—	—	6
Acute Pneumonia	—	1	—	1	3	2	1	2	5	8	6	29
Acute encephalitis— infective	—	—	—	1	—	1	—	—	—	—	—	2
Erysipelas	—	—	—	—	—	—	—	1	—	2	2	5
Food poisoning	8	15	7	5	7	32	26	18	17	16	6	157
Tuberculosis—Respiratory	—	5	2	3	2	10	19	24	25	22	18	130
Other forms	—	—	1	—	2	—	6	3	—	—	—	12
Meninges & Cns.	—	—	—	—	—	—	—	—	1	—	—	1
Puerperal Pyrexia	—	—	—	—	—	30	32	7	—	—	—	69
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	—	1
Acute gastro enteritis	146	337	216	263	147	324	206	156	117	79	40	2031
Infective jaundice	—	—	1	2	1	5	—	—	1	3	—	13
Total	226	611	559	639	199	432	314	218	169	135	74	3576



# Notifications of Infectious Diseases

Disease									1966	1967	1968
Scarlet Fever	...	...	...	...	...	...	...	...	102	156	112
Whooping cough	...	...	...	...	...	...	...	...	170	170	257
Acute poliomyelitis & acute polio encephalitis	...	...	...	...	...	...	...	...	—	—	2
Measles	...	...	...	...	...	...	...	...	1,435	2,881	556
Diphtheria	...	...	...	...	...	...	...	...	2	—	—
Dysentery	...	...	...	...	...	...	...	...	200	231	195
Meningococcal infection	...	...	...	...	...	...	...	...	8	—	6
*Pneumonia (acute primary and acute influenzal)	...	...	...	...	...	...	...	...	25	37	29
Paratyphoid fevers	...	...	...	...	...	...	...	...	—	—	—
*Erysipelas	...	...	...	...	...	...	...	...	6	8	5
Food poisoning	...	...	...	...	...	...	...	...	41	64	157
Tuberculosis											
Respiratory system	...	...	...	...	...	...	...	...	163	149	130
Other forms	...	...	...	...	...	...	...	...	8	19	12
Malaria	...	...	...	...	...	...	...	...	—	1	—
*Puerperal pyrexia	...	...	...	...	...	...	...	...	160	122	69
Ophthalmia neonatorum	...	...	...	...	...	...	...	...	7	2	1
Acute gastro enteritis	...	...	...	...	...	...	...	...	480	1,064	2,031
† Infective jaundice	...	...	...	...	...	...	...	...	—	—	13

† Notifiable as from 15th June 1968

\* Ceased to be notifiable from 1st October 1968.



**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
S.typhimurium ...	—	—	—	—	2	2	2
Other Salmonellae	—	—	—	—	5	5	5
Cl. welchii ...	—	—	—	—	—	—	—
Staph. aureus ...	—	—	—	—	—	—	—
Other causes ...	—	—	—	—	—	—	—
Cause Unknown ...	—	—	—	—	150	150	150
TOTAL ...	—	—	—	—	157	157	157

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

Type of Salmonellae							
Panama	—	—	—	—	1	1	1
Un-Named	—	—	—	—	3	3	3
Oranienberg	—	—	—	—	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
S.typhimurium ...	—	—	—	—	6	6	6
Other Salmonellae	—	—	—	—	—	—	—
TOTAL ...	—	—	—	—	6	6	6



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

Under the provisions of the above Act, 36 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 two disinfecting stations in the Borough situated at:

King James Street, S.E.1.

The Neckinger, S.E.16.

Following a review of the work of the Disinfecting Stations it was decided that the needs of the Borough could be met adequately by the Neckinger and King James Street Stations. It was decided to close the Frensham Street Station as from 31st March, 1968.

The arrangements whereby the incontinent laundry for Lambeth was carried out by the King James Street station were formally terminated as from 1st April, 1968 but verminous and scabies cases from Lambeth continued to attend the station.

There was an increase in the number of cases referred for treatment for vermin and scabies which, in the main, was due to the number of people referred from hostels and common lodging houses.

The demand on the incontinent laundry and home bathing services continued at a high level throughout the year.

#### *Summary of Work— Scabies and Vermin*

			<u>Vermin</u>			<u>Scabies</u>		
			<u>Male</u>	<u>Female</u>	<u>Infants</u>	<u>Male</u>	<u>Female</u>	<u>Infants</u>
Southwark cases ...	...	...	1,057	198	97	229	263	111
treatments ...	...	...	1,057	198	97	328	375	163
Lambeth cases ...	...	...	2	6	9	68	100	43
treatments ...	...	...	2	6	9	102	143	74
Schoolchildren (male and female)								
cases ...	...	...		275			240	
treatments ...	...	...		275			263	
Total treatments ...	...	...		1,644			1,185	

#### *Disinfection and Disinfestation of Premises*

Domestic dwellings (rooms) ...	...	...	...	...	3,313
Public conveniences ...	...	...	...	...	88
Public buildings, Institutions ...	...	...	...	...	53
Articles treated ...	...	...	...	...	19,275



*Summary of Work—*

*Scabies and Vermin (continued)*

*Disinfection following infectious disease*

Rooms treated	...	...	...	...	...	...	...	...	...	10
Library books treated	...	...	...	...	...	...	...	...	...	40

*Incontinent Laundry Service*

Weight of articles laundered	...	...	...	...	...	...	...	...	...	71,110 lbs.
------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-------------

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

Baths at home	...	...	...	...	...	...	...	...	...	9,387
Baths at disinfecting stations	...	...	...	...	...	...	...	...	...	273

**MORTUARY**

Bodies brought to Southwark Mortuary:—

From hospitals in: Southwark	235	
Lambeth	<u>467</u>	702
From private addresses in: Southwark	410	
Lambeth	<u>467</u>	

Recovered from River Thames		877
		<u>11</u>
		<u>1,590</u>

Bodies brought from hospitals and institutions:—

*Southwark*

Guy's Hospital	13
Evelina Hospital	6
Newington Institution	15
St. Giles' Hospital	68
St. Francis Hospital	55
Dulwich Hospital	56
St. Olaves Hospital	22

*Lambeth*

Lambeth Hospital	115
South Western Hospital	57
St. Thomas' Hospital	20
Kings' College Hospital	239
Belgrave Hospital	6
South London Hospital for Women	24
Weir Hospital	1
Brixton Prison	5

Post mortems without Inquest	1,347
with Inquest	<u>243</u>
	<u>1,590</u>



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

### **Introduction**

The Borough covers an area of 7,115 acres between the south side of the River Thames and Crystal Palace. The shape is approximately that of a triangle, the apex being to the south. The estimated mid-year population was 293,120. Substantial redevelopment schemes are under way and in the planning stages. The majority of commercial premises are concentrated in the northern part of the district and included among these is a number of large office blocks. Some premises which had remained empty for a number of years and which were the subject of comment in a previous report were occupied during the year by Government Departments.

### **Registrations and Inspections**

New registrations were made of 252 premises, a small increase compared with the previous year. The total of registered premises rose to 3,593, an annual increase of 234, mainly of offices and retail shops. General inspections were made of 1,240 premises (34.5%) while the total of all visits made to registered premises was 3,847. An analysis of contraventions found and remedied following visits to the various classes of premises may be found in Table D. The totals of contraventions found and remedied were 1,028 and 735 respectively, compared with 2,110 and 2,227 the year before. Written notices were sent in respect of 122 premises and by the end of the year 77 of these notices had been fully complied with. As in former years, verbal notices sufficed to bring about improvement with regard to comparatively minor shortcomings.

The overall picture indicates that since the inception of the Act a steady improvement in working conditions has taken place and that regular visits to registered premises should go a long way towards ensuring that this improvement is maintained.

Inspections of premises continued to be made by the Public Health Inspectors and Technical Assistants under supervision.

The statistical information required to be submitted annually to the Minister is reproduced in Tables A, B and C.

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

#### ***Cleanliness (Section 4)***

A significant reduction was noted in reported contraventions compared with earlier years despite extensive redevelopment and the air pollution which results from the large volume of motor vehicle traffic to and from Central London which passes through the Borough. It should be noted that deficiencies in catering premises are dealt with under the Food Hygiene (General) Regulations 1960.

#### ***Overcrowding (Section 5)***

Only 3 instances were reported. The Department is frequently consulted before occupation of new premises and where changes of user occur. The majority of occupiers and employees are aware of the requirements of the Act in this respect.

#### ***Temperature (Section 6)***

Instances where inadequate heating was found showed a marked decrease over previous years. Legal proceedings were however, instituted against a large multiple retail



firm in respect of a radio and television shop where the temperature requirements of 60.8°F was not complied with on two separate days despite previous written warning. The entrance to the shop was by way of a roller shutter door which was kept up during trading hours. The temperatures recorded were 51°F and 48°F respectively. At the Hearing the occupiers pleaded guilty, were fined a total of £15.0.0d. and £5.0.0d. costs were awarded to the Council. Shortly afterwards, plate glass doors were fitted to the door opening.

As in previous years, thermometers were often absent or unserviceable and during the year the deficiencies were remedied in 94 premises.

#### *Ventilation (Section 7)*

Considerably fewer contraventions were reported and ventilation was improved in 23 premises.

#### *Lighting (Section 8)*

An overall improvement was noted generally. Occupiers are becoming increasingly aware of the advantages which accrue as a result of providing good lighting; the efforts of the lighting industry to arouse interest in this direction together with the advice given during enforcement visits does seem to be producing results.

#### *Sanitary Accommodation and Washing Facilities (Sections 9 & 10)*

Attention was mainly focused on deficiencies in accommodation already provided, e.g. want of cleanliness, maintenance of sanitary fittings and state of repair generally, rather than inadequacy from the viewpoint of numerical standards and here it may be noted that the latter was reported in only 11 premises compared with 60 during 1967. Inadequacy of hot or warm water was often due to unserviceable water heating equipment.

It is a matter for regret that untidy conditions were still to be found in premises where the facilities provided were in themselves of a good standard. Misuse of facilities by the persons for whom they are provided can be discouraging to all who are concerned in the improvement of working conditions of employees.

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

Badly maintained floors and floor coverings, staircases and steps were reported in 52 premises compared with 169 in 1967. Contraventions under this heading include absence or inadequacy of handrails and inadequate protection of floor openings.

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

Occupiers of 54 premises were advised that machinery was considered to be inadequately fenced and requested to provide suitable protection.

#### *First Aid (Section 24)*

First aid materials were found to be inadequate or not provided in 201 premises, some 117 fewer than the previous year. It is customary for occupiers to be provided on request with a printed schedule setting out the requirements as to first aid materials for particular classes of premises and numbers of persons employed.

#### *Notification of Accidents (Section 48)*

Eighty-one accidents were notified. Notification is required in cases where death, serious injury or absence from employment for more than three days results from an accident. Twenty-one of the notified accidents were investigated.



The increased incidence of reported accidents due to falls gives some cause for concern, i.e. some 37.0% compared with an average of 30.3% for the three preceding years. This is despite improvements brought about by enforcement of the Act with particular regard to maintenance of floor surfaces and coverings and staircases. Fourteen of the 30 accidents reported due to falls occurred in retail shops. It will be of interest to compare the incidence with that recorded nationally as no firm conclusions can be drawn from the numbers reported locally.

Only one accident was reported involving a gravity-feed food slicing machine. A female shop assistant sustained a severe laceration to her right thumb necessitating five stitches while slicing a small piece of breakfast sausage. The transparent plastic feed chute guard provided for the machine was not in place at the time. A last slice plate provided was not being used.

Following investigation, a warning letter was sent to the firm concerned.

Another accident investigated involved a powered mincing machine in the butchery department of a retail shop. The employee concerned, a 15 year old boy, switched off the power supply to the machine in order to remove the perforated mincer plate to clear gristle. The locking nut had been removed. The worm shaft, however, continued to rotate under its own momentum and the employee's finger was lacerated by the revolving rear plate. Advice was given concerning the need to allow moving parts to come to rest before dismantling takes place.

As in former years, the majority of accidents involving the use of hand tools occurred in butchers shops. A reduction in the incidence of such accidents can be assisted by the provision of heavy duty aprons in cutting rooms and by the use of mesh gloves, together with thorough craft training. An analysis of reported accidents is contained in Tables E and F.

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

Occupiers of 244 premises were advised of the requirement to display an Abstract of the Act or to issue copies to employees. Despite the display of Abstracts, it was apparent that many employees did not bother to read them.

#### *Conclusion*

While steady, if unspectacular, progress has been made in the enforcement of the Act, there does seem to be considerable scope for improvement by way of education particularly and this highlights the need for regular visits to be made to registered premises. It is during such visits that Inspectors can discuss ways and means of improving conditions and draw attention to possible hazards. The annual total of working hours lost through preventable accidents represents a formidable challenge to all concerned in the operation of the Act and underlines the need for constant vigilance. It is important, however, that the somewhat surprisingly low level of complaints received should not be allowed to give rise to a sense of complacency.

The assistance and advice given by the Officers of H.M. Factory Inspectorate is once again gratefully acknowledged.



**TABLE A**  
**REGISTRATIONS AND GENERAL INSPECTION**

(1) Class of Premises	(2) Number of pre- mises registered during the year.	(3) Total number of registered premises at end of year.	(4) Number of regis- tered premises receiving a general inspection during the year.
Offices ... ..	123	1,176	494
Retail shops ... ..	111	1,761	641
Wholesale shops, warehouses ...	7	285	25
Catering establishments open to the public, canteens ... ..	11	362	80
Fuel storage depots ... ..	—	9	—
Totals ... ..	252	3,593	1,240

**TABLE B**

Number of visits of all kinds by Inspectors to Registered Premises ... 3,847

**TABLE C**

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

(1) Class of Workplace	(2) Number of Persons Employed
Offices ... ..	17,819
Retail shops ... ..	16,486
Wholesale departments, warehouses ...	3,414
Catering establishments open to the public ...	1,879
Canteens ... ..	448
Fuel storage depots ... ..	42
Total ... ..	40,088
Total males ... ..	22,340
Total females ... ..	17,748



**TABLE D**  
**ANALYSIS OF INFRINGEMENTS FOUND AND REMEDIED DURING**  
**INSPECTIONS OF OFFICES AND SHOP PREMISES DURING 1968**

	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	51	35	22	18	4	7	1	1					78	61
Overcrowding	3	1											3	1
Heating	—	2	8	4	—	—	—	—					8	6
Provision of														
Thermometer	76	46	62	41	1	6	1	1					140	94
Ventilation	8	7	5	16	—	—	—	—					16	23
Lighting	16	16	13	17	4	2	—	1					33	36
Insufficient sanitary accommodation	7	5	—	2	1	—	—	—					8	7
Deficient sanitary accommodation	75	56	39	28	—	6	1	2					115	92
Insufficient washing facilities	1	4	2	4	—	1	—	1					3	10
Hot water/warm water required	16	17	14	14	1	2	—	—					31	33
Other deficient washing accommodation	11	6	6	3	—	—	1	—					18	9
Drinking water	2	2	1	—	—	—	—	—					3	2
Clothing accommodation	3	4	5	—	—	—	1	—					9	4
Seating facilities	—	—	4	—	—	—	—	—					4	—
Eating facilities	1	1	4	—	—	—	3	—					8	1
Dangerous machinery	22	16	30	11	—	2	2	—					54	29
Floors and staircases	25	25	23	20	2	6	2	—					52	51
First-aid	115	76	78	62	3	2	5	3					201	142
Abstract not displayed	131	70	101	51	4	9	8	3					244	133
<b>TOTALS</b>	<b>563</b>	<b>389</b>	<b>417</b>	<b>291</b>	<b>20</b>	<b>43</b>	<b>25</b>	<b>12</b>					<b>1,025</b>	<b>734</b>

There were 122 Informal Notices served and 77 were complied with during the year.



**TABLE E**  
**REPORTED ACCIDENTS ANALYSED BY WORKPLACE AND SEX**  
**ADULTS AND YOUNG PERSONS**

Class of Workplace	Adults (18 and over)						Young Persons (under 18)								
	Males			Females			Males			Females					
	1968	1967	1966	1968	1967	1966	1968	1967	1966	1968	1967	1966	1968	1967	1966
Offices ... ..	9	6	8	5	3	6	—	1	—	1	3	1	15	13	15
Retail Shops ... ..	11	15	13	12	16	18	6	2	10	3	4	1	32	37	42
Wholesale Depts./Warehouses	22	17	12	5	1	2	—	2	—	—	1	2	27	21	16
Catering Establishments...	6	8	4	—	4	3	—	—	—	—	—	—	6	12	7
Canteens ... ..	1	3	—	—	3	2	—	—	—	—	—	—	1	6	2
Fuel Storage Depots ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	49	49	37	22	27	31	6	5	10	4	8	4	81	89	82



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

Primary Cause	Class of Workplace										Total		% of Total		
	Offices			Retail Shops			Wholesale Depts./Warehouses		Catering Establishments		Canteens		Fuel Storage Depots		
	1968	A*	B*	1968	A*	B*	1968	A*	1968	A*	1968	A*	1968	A*	
Machinery ...	1	3	—	1	5	3	8	1	—	1	1	—	1	1	10 11 5
Transport ...	—	2	—	3	—	3	1	5	1	—	—	2	—	—	4 7 6
Falls of persons	10	5	9	14	12	12	6	3	2	—	5	2	—	3	30 28 25
Stepping on or striking against object or person ...	—	—	2	2	4	8	1	2	1	—	—	—	—	1	3 7 11
Handling goods	4	2	1	4	7	6	7	5	8	2	2	—	—	—	17 16 16
Struck by falling object ...	—	1	—	1	1	2	—	2	2	2	2	1	—	—	3 6 5
Fires and explosions ...	—	—	—	—	—	1	—	—	—	—	—	1	—	—	— 2
Electricity ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Use of hand tools ...	—	—	—	5	7	6	1	—	—	1	—	—	—	—	7 7 6
Not otherwise specified...	—	—	3	2	1	1	3	3	2	1	2	—	1	1	7 7 6
Total:	15	13	15	32	37	42	27	21	16	6	12	7	1	6	81 89 82

\*A 1967      \*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 ... ..	547	119	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority ... ..	1,651	394	17	—
(iii) Other Premises in which Section 7 is enforced by the local authority (excluding out-workers premises) ...	62	53	—	—
Total ... ..	2,260	566	17	—

## **DEFECTS FOUND**

Particulars	Number of cases in which defects were found				Number of defects in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of cleanliness (S.1) ... ..	—	—	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary conveniences (S.7) —					
Insufficient ... ..	2	2	—	1	—
Unsuitable or defective ... ..	37	30	—	5	—
Not separate for sexes ... ..	2	2	—	1	—
Other offences ... ..	—	—	—	—	—
(not including offences relating to home work) ... ..	—	—	—	—	—
Total ... ..	41	34	—	7	—



## OUTWORKERS

Nature of Work	Number of Outworkers in August lists as required by Section 133 (1) (c)
Artificial flowers ... ..	6
Cardboard boxes ... ..	72
Carding of buttons ... ..	20
Christmas stockings ... ..	4
Jewellery ... ..	8
Lampshades ... ..	57
Showcards ... ..	10
Wearing apparel ... ..	226
Total ... ..	403

There were no instances of work in unwholesome premises and it was not necessary to service 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) ... ..   | 10,906 |
|     | (b) Number of Inspections made for the purpose ... ..  | 28,315 |
| (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 ... .. | 1,994  |
|     | (b) Number of Inspections made for the purpose ... ..  | 5,271  |
| (3) | Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...   | 875    |
| (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 ... ..   | 2,582  |

### 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 1,493

#### (1) *Proceedings under Housing Act, 1957:—*

- |     |   |    |
|-----|---|----|
| (a) | Number of houses made fit after service of formal notices (Sections 9, 16 and 18)     |    |
|     | (i) By owners ... ..  | 27 |
|     | (ii) By local authority in default of owners ... ..                                   | 2  |
| (b) | Houses demolished as a result of formal or informal procedure under Section 17-... .. | 2  |



(1) <i>Proceeding under Housing Act, 1957:—</i> (continued)	
(c) Houses closed in pursuance of an undertaking given by the owners under Section 16	5
(d) Closing Orders on parts of buildings (Section 18)	4
(e) Undertakings not to use parts of buildings for human habitation accepted	5
(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)	3
(i) Closing Orders determined	3
(j) Closing Orders revoked and Demolition Orders made	Nil
(k) Number of houses included in representations (Section 42)	80
(2) <i>Houses in Multiple Occupation – Housing Acts, 1961-64:—</i>	
(a) No. of premises found to require action	214
(b) No. of premises at which conditions were remedied as a result of informal action	177
(c) No. of premises requiring formal action	41
(d) No. of Directions given	41
(e) No. of Directions revoked	5
(f) No. of Directions varied	Nil
(g) No. of Management Orders made	37
(h) No. of Management Orders revoked	Nil
(3) <i>Housing Act, 1964:—</i>	
(a) No. of Control Orders under Section 73	Nil
(b) No. of Control Orders revoked under Section 86 (2)	Nil
(4) <i>Proceedings under Public Health Acts:—</i>	
(a) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	743
(b) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(i) By owners	670
(ii) By local authority in default of owners	61

### *Housing Inspections*

	<i>No. of Inspections</i>
Clearance areas	2,497
Individual unfit houses	
Section 9	626
Section 16	317
Parts of premises—Section 18	316
Houses in multiple occupation	678
Re-inspections (all sections)	3,694
Total inspections	<u>8,128</u>



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

	<i>No. of Inspections</i>
Nuisance Orders made ... ..	23
Summonses withdrawn (work completed) ... ..	15

### **RENT ACT, 1957**

#### *Applications for Certificates of Disrepair*

Number of applications for certificates ... ..	4
Number of decisions not to issue certificates ... ..	—
Number of decisions to issue certificates:—	
(a) in respect of some but not all defects ... ..	3
(b) in respect of all defects ... ..	1
Number of undertakings given by landlords ... ..	—
Number of undertakings refused ... ..	—
Number of certificates issued ... ..	4

#### *Applications for cancellations of Certificates of Disrepair*

Applications by landlords for cancellation ... ..	3
Objections by tenants to cancellation ... ..	—
Decisions to cancel in spite of tenants objections ... ..	—
Certificates cancelled ... ..	3

### **MEDICAL PRIORITIES FOR RE-HOUSING**

When applicants for re-housing submit medical certificates in support of their applications, the Medical Officer of Health assesses the degree of priority to be awarded in each case. This involves considerable investigation, including visiting the applicant's present accommodation. These duties are undertaken by the Council's environmental visitors under the supervision of a senior medical officer.

During 1968, 1,747 visits were made to applicants' homes as well as 723 other visits of investigation (to hospitals, relatives, etc.) and 947 recommendations were made to the Housing Department.

### **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 and became operative in December, 1968:—

	<i>Area</i>	<i>No. of Dwellings</i>
No. 23 (Peckham East) ... ..	258 acres	5,375
No. 24 (Acorns) ... ..	33 acres	1,065

The undermentioned Order was made by the Council with the operative date December 1969:—

No. 25 (Peckham West) ... ..	261 acres	6,049
------------------------------	-----------	-------







## FOOD AND DRUGS ACT, 1955

During the year 325 formal and 1,477 informal samples were taken. Details of unsatisfactory samples are as follows:—

Sample	Formal or Informal	Result of Analysis	Action Taken
Instant coffee	Informal	Incorrectly labelled as to ingredients	Taken up with Wholesaler. Remaining stock withdrawn from sale.
Beef sausages	Informal	Contained excess sulphite preservative	Formal sample satisfactory
Pork sausages	Formal	Contained excess sulphite preservative	Warning letter to manufacturers
Cough mixture	Informal	Incorrectly labelled as to ingredients	Taken up with manufacturers
Bladder pills	Informal	Incorrectly labelled as to ingredients	Taken up with manufacturers and production ceased
Cough linctus	Informal	Incorrectly labelled as to ingredients	Taken up with manufacturers
Dietary loaf	Informal	Incorrectly labelled	Taken up with bakers
Lemon juice	Informal	Contained excess preservative	Taken up with importers. Remaining stock destroyed
Instant coffee	Informal	Incorrectly labelled as to ingredients	Taken up with manufacturers
Canned preserved black beans	Informal	Incorrectly labelled	Old stock — remainder withdrawn from sale
Corned beef hash	Informal	Incorrectly labelled as to ingredients	Taken up with manufacturers
Rose flavour	Informal	Label not in English	Taken up with importers
Butter	Informal	Contained slight excess of water	Formal sample satisfactory
Minced meat	Informal	Contained non-permitted sulphite preservative	Re-sampled formerly
Minced meat	Formal	Contained non-permitted sulphite preservative	Prosecution Fined £2. Costs £5.5.0d.
Rock (sugar confectionery)	Informal	Contained non-permitted colouring matter	Stocks surrendered for destruction
Canned raspberries	Informal	Contained strawberries	Taken up with canners



Sample (continued...)	Formal or Informal	Result of Analysis	Action Taken
Red colouring	Informal	Incorrectly labelled	Taken up with Retailers
Low calorie spread	Informal	Composition on labelling incorrect	Referred to Ministry of Agriculture Fisheries and Food
Bread	Informal	Incorrectly labelled	
Canned oranges	Informal	Internal surface of can slightly corroded	Old stock. Taken up with canners
Canned fruit tart	Informal	Incorrectly labelled as to ingredients	Taken up with manufacturers

As will be seen from the above results, a number referred to the labelling of the various commodities. In all cases advice was given to the manufacturers regarding future labelling of their products.

Legal proceedings taken as result of complaints made by members of the public where food was sold to the prejudice of the purchaser:—

Offence	Fine	Result	Costs
Fruit Yoghurt affected by mould ... ..	£15.0.0.		£5.5.0.
Blue Cheese grossly infested with live maggots ... ..	£15.0.0.		£5.5.0.
Loaf of bread affected by mould ... ..	£30.0.0.		£5.5.0.
Crumpet containing piece of metal ... ..		Dismissed but on request for a case to be stated, judgment of Magistrates Court set aside. On renewed hearing defendant given a conditional discharge and ordered to pay £5.5.0. costs.	
Dirty bottle of milk ... ..	£25.0.0.		£5.0.0.
Loaf of bread affected by mould ... ..	£25.0.0.		£5.5.0.
Apple Turnover containing piece of metal ... ..	£20.0.0.		£5.5.0.
Potatoes unfit for human consumption ... ..	£3.0.0.		£2.0.0.
Loaf of bread containing a piece of metal ... ..	£25.0.0.		£6.6.0.
Cream Cracker containing a piece of metal ... ..	£5.0.0.		£5.0.0.
Dirty bottle of milk ... ..	£25.0.0.		£5.0.0.
Cottage Pie affected by mould ... ..	£15.0.0.		£5.5.0.
Cheese Roll containing a piece of animal bone ... ..	£2.0.0.		£5.5.0.
Strained Baby Food affected by mould ... ..	£15.0.0.		£7.0.0.
Sweets containing a live maggot ... ..		Absolute discharge	£5.5.0.



## Offence

## Result

## Fine

## Costs

(continued...)

Cake affected by mould ... ..	£10.0.0.	£5.5.0.
Marmalade affected by mould ... ..	Absolute discharge	£21.0.0.
Chocolate containing maggots and larval webbing ... ..	£10.0.0.	£5.5.0.
Bottle of milk containing a deposit of dark brown insoluble matter. ... ..	£40.0.0.	£5.0.0.
Loaf of bread containing charred dough ... ..	£5.0.0.	£5.5.0.
Baby Cereal grossly infested with live beetles ... ..	£5.0.0.	£5.5.0.
Loaf of bread affected by mould ... ..	£30.0.0.	£5.0.0.
Cornish Pasties affected by mould ... ..	£10.0.0.	£5.0.0.
Loaf of bread affected by mould ... ..	Dismissed, not proven.	
Meat Pie affected by mould ... ..	£5.0.0.	£5.0.0.
Loaf of bread affected by mould ... ..	£10.0.0.	£5.0.0.
Nut Crunch containing piece of wire ... ..	£5.0.0.	£15.0.0.

In addition 38 warning letters were issued relating to food complaints.

## Milk distributors and sampling

There are 417 registered milk distributors in the Borough. Licences to expire on 31 December 1971, were issued as follows:—

For sale of untreated milk ... ..	132
For sale of pasteurised milk ... ..	398
For sale of sterilised milk ... ..	401
For sale of ultra heat treated milk ... ..	128

One hundred and twenty five samples of milk were submitted for chemical analysis and found to be satisfactory.

One hundred and forty six samples were submitted for bacteriological examination and of these 19 failed the methylene blue test. These unsatisfactory samples were discussed with the distributors concerned and subsequent samples were found to be satisfactory.

## Ice Cream

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

Methylene Blue Grading	Soft Ice Cream	Other Ice Cream
Grade 1 (satisfactory) ... ..	28	23
Grade 2 (sub-standard) ... ..	1	4
Grade 3 (unsatisfactory) ... ..	4	1
Grade 4 (unsatisfactory) ... ..	3	—



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

Fifty five samples were submitted for chemical analysis 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 176 premises.

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

Bakehouses	...	...	...	...	...	...	...	189
Bakers and confectioners	...	...	...	...	...	...	...	340
Butchers	...	...	...	...	...	...	...	514
Cooked and preserved meat shops	...	...	...	...	...	...	...	317
Dairies and milkshops	...	...	...	...	...	...	...	344
Fishmongers, friers and curers	...	...	...	...	...	...	...	416
Food factories	...	...	...	...	...	...	...	975
Ice cream premises	...	...	...	...	...	...	...	421
Public houses	...	...	...	...	...	...	...	569
Restaurants, canteens, etc.	...	...	...	...	...	...	...	2,085
Street markets	...	...	...	...	...	...	...	666
Street traders' food stores	...	...	...	...	...	...	...	301
Wholesale food dealers	...	...	...	...	...	...	...	549
Other food premises	...	...	...	...	...	...	...	2,973

### Legal Proceedings

Nature of Business	Offence	Fine	Costs
Restaurant	Dirty Articles of equipment (Regulation 6) ... ..	£3.0.0.	—
	Absence of notice requesting users of conveniences to wash hands (Regulation 14) ... ..	£1.0.0.	£5.0.0.
	Failure to supply nail brushes at the wash hand basin (Regulation 16) ... ..	£1.0.0.	—
	Non-provision of cupboard or locker accommodation (Regulation 18) ... ..	£5.0.0.	—
	Store room used as sleeping place (Regulation 22) ... ..	£5.0.0.	—



Restaurant	Walls and floors filthy (Regulation 23) ... ..	£10.0.0.	—
	Heavy infestation of cockroaches (Regulation 23) ... ..	£10.0.0.	—
	Accumulation of refuse and filth in kitchen (Regulation 24) ... ..	£3.0.0.	—
Cafe	Food exposed to the risk of con- tamination (Regulation 5) ... ..	£10.0.0.	£5.0.0.
	Equipment not kept clean (Regulation 6) ... ..	£10.0.0.	—
	Sanitary convenience not suitably and sufficiently lighted (Regulation 14) ... ..	£10.0.0.	—
	Absence of notice requesting users of convenience to wash hands (Regulation 14) ... ..	Dismissed	—
	Failure to supply nail brushes at the wash hand basin (Regulation 16) ... ..	£5.0.0.	—
	Inadequate supply of hot and cold water or hot water for the sink (Regulation 19) ... ..	£5.0.0.	—
	Suitable and sufficient means of ventilation not provided to dining room and kitchen (Regulation 21) ... ..	Dismissed	—
	Walls, floors, ceilings and woodwork of dining room and kitchen not kept clean (Regulation 23) ... ..	£10.0.0.	—
	Food exposed to risk of contam- ination (Regulation 5) ... ..	£50.0.0.	£10.0.0.
	Dirty articles of equipment (Regulation 6) ... ..	£10.0.0.	—
Bakers shop	Food so placed as to involve risk of contamination (Regulation 8) ... ..	£10.0.0.	—
	Absence of lighting to water closet (Regulation 14) ... ..	£2.0.0.	—
	Water closet not in efficient order (Regulation 14) ... ..	£5.0.0.	—



Bakers shop	Water closet not kept clean (Regulation 14) ... ..	£5.0.0.	—
	Wash hand basin not provided, no provision of adequate supply of hot and cold water	£5.0.0.	—
	No provision of adequate supply of soap	£5.0.0.	—
	No provision of adequate supply of nail brushes (Regulation 16) ... ..	£2.0.0.	—
	Suitable and sufficient dressings for first aid treatment not provided (Regulation 17) ... ..	£5.0.0.	—
	Walls, floors and ceilings of every food room not kept clean (Regulation 23) ... ..	£10.0.0.	—
	Accumulation of refuse and filth in various food rooms	£20.0.0.	—

### 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 ... ..	8	3	—	23
Canned meat and meat products ... ..	36	14	3	6
Fish ... ..	1	—	2	15
Fruit and vegetables ... ..	244	15	2	10
Miscellaneous foodstuffs ... ..	77	4	3	19
Miscellaneous canned goods ... ..	155	8	3	13
Total ... ..	523	5	3	2

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

Regular inspection of street markets are undertaken by the Public Health Inspectors and 666 such inspections were made during the year, mostly at week-ends when the markets are at their busiest.

Seventeen certificates of exemption from certain requirements of the Regulations were granted to street traders.



## Pesticides in Food

The survey into the level of pesticides in food at the time of retail sales, conducted by the Association of Public Analysts in collaboration with the Food and Drugs Authorities and which began in 1967, continued during the year. The following is the report of the Public Analyst relating to foodstuffs bought in the Borough:—

For the purpose of the survey, quantities of pesticide residues are regarded as below the "reporting limit" when they do not exceed the following:—

				<u>Milk &amp; Infant</u>		<u>Other Foods</u>
				<u>Foods</u>		
DDT ...	...	...	...	20		50 parts per thousand million
Other organo-chlorine compounds	...	...	...	2		20 parts per thousand million

		<u>Pesticides present</u> (parts per thousand million)			
<u>Ref. No.</u>	<u>Sample</u>	<u>Reportable</u>		<u>Below reporting limit</u>	
M.1	Dutch cheese	BHC	21	Dieldrin	10
				DDE	7
				TDE	4
M.11	Soft cheese	0		BHC	3
	English			Dieldrin	8
M.2	Bread	0		BHC	5
M.12	Milk	BHC	4	0	
		Dieldrin	3		
M.64	Milk	BHC	2.5	0	
M.20	Lard	DDE	47	BHC	12
		TDE	117	Heptachlor	
		DDT	87	epoxide	8
				Dieldrin	17
M.21	Pork	0		BHC	7
				Heptachlor	
				epoxide	7
				Dieldrin	11
				DDE	11
				TDE	4
				DDT	19
M.104	Pork	BHC	32	Dieldrin	6
				DDE	13
				DDT	19
M.71	Pork sausages	0		BHC	16
				Dieldrin	5
				DDT	38



M.76	Beef sausages	0	BHC	7
	Preserved			
M.42	Corned beef	0	BHC	2
M.72	Eggs	0	BHC	6
M.41	Pears, English	DDT	Dieldrin	4
M.63	Pears, Australian	DDT	Dieldrin	10
		DDE		
M.79	Strawberries	0	BHC	8
M.73	Cucumber	0	BHC	6
M.80	Lettuce	0	BHC	3
M.105	Potatoes	0		
			0	

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

# **IMPORTED FOOD CONTROL PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937/48 THE IMPORTED FOOD REGULATIONS, 1968 FOOD AND DRUGS ACT, 1955**

The following samples were submitted for bacteriological examination during 1968:

Egg products	...	...	...	...	...	...	733
Frozen prawns and shellfish	...	...	...	...	...	...	658
Second grade cheese	...	...	...	...	...	...	503
Desiccated coconut	...	...	...	...	...	...	3
Pigs head meat	...	...	...	...	...	...	31
Horsemeat	...	...	...	...	...	...	20
Canned meat	...	...	...	...	...	...	19
Miscellaneous	...	...	...	...	...	...	13

Total: 1,980

The following samples were submitted for chemical examination:

Frozen liquid Egg for alpha-amylase test	...	...	...	...	2,340
Routine chemical examination:					
Canned fruit and juice	...	...	...	...	497
Dried fruit	...	...	...	...	103
Canned meat	...	...	...	...	178



Canned vegetables	...	...	...	...	...	...	...	...	67
Canned fish	...	...	...	...	...	...	...	...	95
Canned tomatoes	...	...	...	...	...	...	...	...	96
Tomato puree	...	...	...	...	...	...	...	...	27
Tea	...	...	...	...	...	...	...	...	614
Butter and fats	...	...	...	...	...	...	...	...	125
Lard	...	...	...	...	...	...	...	...	105
Nuts	...	...	...	...	...	...	...	...	43
Cheese	...	...	...	...	...	...	...	...	53
Miscellaneous	...	...	...	...	...	...	...	...	178

Total number of chemical samples: 4,521

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

There are two 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 in place 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.

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

No particular difficulties were met with during the fifth year of the operation of the Regulations. The home production appeared to be quite satisfactory and only 1.27% of the imported frozen whole egg failed the alpha-amylase test; this was repasteurised.

### **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	1,951	12	0	0	763	—	66	16	0	0
China	2,751	10	0	0	758	15				
New Zealand	270	10	0	0	139	—				
Poland	39	7	0	0	43	—				
South Africa	237	10	0	0	134	—				
Totals:	5,250	9	0	0	1,837	15	66	16	0	0



In addition 503 control samples were taken from the two pasteurisation plants in the Borough as follows:—

British egg	...	...	...	...	...	...	...	...	342
South African egg	...	...	...	...	...	...	...	...	161
									<u>503</u>

All these samples were found to be satisfactory.

### BACTERIOLOGICAL EXAMINATION OF EGG PRODUCTS

733 samples of egg products were submitted for bacteriological examination during 1968. No organisms of the Salmonella group were found.

Country of origin	Type of egg product	Quantity examined				No. of samples Taken
		T	C	Q	L	
China	Frozen albumen	173	0	0	0	103
Czechoslovakia	Dried whole egg	50	0	0	0	50
Denmark	Dried albumen	9	10	0	0	22
Holland	Dried whole egg	24	0	0	0	42
	Liquid whole egg (Sugar preserved)	85	10	0	0	180
	Dried Albumen	1	0	0	0	3
Poland	Dried whole egg	115	0	0	0	97
	Frozen albumen	126	5	0	0	128
U.S.A.	Dried albumen	43	10	0	0	108
	Totals:—	627	15	0	0	733

### New Zealand Second Grade Cheese

503 samples of New Zealand second grade cheese were submitted for bacteriological examination during 1968 with the following results:—

#### Coagulase-positive staphylococci

	No. of samples
Not found	383
Less than 500 per gram	71
500—50,000 per gram	32
50,000 to 500,000 per gram	13
500,000 to 1,000,000 per gram	2
Over 1,000,000 per gram	2
	<u>503</u>

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



## OTHER IMPORTED FOODSTUFFS—ROUTINE CHEMICAL EXAMINATION

The following action was taken in respect of unsatisfactory samples:—

Food Examined	Results of Examination	Action taken
Fruit juice (can)	Label printed entirely in foreign language.	Warning letter to importer regarding relabelling.
Dessert prunes	Label did not specify vitamins in the manner prescribed by the Labelling of Food Order, nor the minimum quantity of such substance present in the food.	Warning letter to importer.
Cumin seed	Seeds contaminated with soluble chromates to the extent of 3.1% calculated as chromium.	Consignment destroyed.
Red cherries (can)	Label did not specify the name and address of either the packers or the labeller of the food or bear a registered trade mark.	Warning letter to importers.
Dried apricots	Contained 2,250 parts per million of sulphur dioxide instead of not more than 2,000 parts per million.	Detained and subsequently re-exported.
Flour	Odour found of a chlorinated phenol type of disinfectant.	Released for industrial purposes only.
Groundnuts	Found to contain aflaxotoxin—medium toxicity.	Detained and subsequently re-exported.
Tomato puree (can)	Howard mould count in excess of 50% of fields.	Detained and subsequently re-exported.
Macedoine of fruit (can)	Contained non-permitted blue colouring.	Detained and subsequently re-exported.
Canned peaches	Label did not specify the common or usual name of the food in English.	Warning letter to importers.
Currants	Contained excessive dirt and extraneous matter.	Not for human consumption.



# BACTERIOLOGICAL EXAMINATION OF FROZEN SHELLFISH, 1968

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	Raw prawns	13	10	3	—
Bahrein	Raw prawns	8	6	2	—
	Cooked prawns	4	4	—	—
Brazil	Raw prawns	9	3	5	1
	Cooked prawns	2	2	—	—
	Lobster tails	2	1	1	—
	Cooked lobster	2	2	—	—
	Rock lobster	3	3	—	—
Canada	Cooked prawns	9	8	1	—
	Crab meat	10	10	—	—
	Lobster meat	2	2	—	—
Ceylon	Raw prawns	2	—	2	—
Chile	Cooked prawns	66	59	7	—
China	Raw prawns	34	20	13	1
Cuba	Raw prawns	34	5	26	3
	Lobster tails	67	22	43	2
	Cooked prawns	4	4	—	—
Formosa	Cooked prawns	6	6	—	—
Greenland	Raw prawns	21	5	16	—
Hong Kong	Cooked prawns	28	23	4	1
	Lobster tails	8	1	4	3
	Lobster meat	1	1	—	—
India	Cooked prawns	11	9	2	—
Indonesia	Raw prawns	32	12	19	1
Japan	Cooked prawns	78	74	4	—
	Lobster tails	1	—	1	—
	Lobster meat	1	—	1	—
	Crab meat	8	6	2	—
Korea	Raw prawns	17	9	5	3
	Cooked prawns	5	2	3	—
Malaya	Raw prawns	2	1	1	—
	Cooked prawns	2	—	2	—
Norway	Cooked prawns	12	10	2	—
Pakistan	Raw prawns	64	4	20	24
	(16 samples not examined for plate count)				
	Cooked prawns	3	3	—	—
Panama	Cooked prawns	2	—	2	—
Senegal	Raw prawns	10	2	6	2
	Cooked prawns	4	2	2	—
South Africa	Raw prawns	2	—	—	2
	Cooked prawns	8	7	1	—
Taiwan	Raw prawns	2	1	1	—
Thailand	Raw prawns	16	1	9	6
U.S.A.	Cooked prawns	28	27	1	—
	Crab meat	15	15	—	—
	Totals	658	382	211	49

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.

A sample taken from a consignment of Pakistani Freshwater Raw Prawns was found to contain *Salmonella stanley*. The consignment was detained and subsequently released for re-export to Rotterdam with the necessary safeguards.



# 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 .. ..						4	0	0						2	0	0
Beans .. ..		10	2	0												
Butter .. ..					414	2	2	0								
Casings .. ..									6	0	0					
Cheese .. ..					2	15	2	0					2	5	0	0
Coffee .. ..						5	0	0								
Egg products					66	16	0	0					3	0	0	
Fish .. ..	2	10	0	0												
Flour .. ..	62	10	0	0												
Fruit (dried)					12	10	0	0	6	5	0	0				
Fruit(canned)													70	5	0	0
Fruit juice ..																
(canned) ..													27	19	0	0
Ginger .. ..														10	0	0
Meat .. ..	12	15	0	0												
Meat .. ..																
(canned) ..													52	0	0	0
Nuts .. ..	7	0	3	0					50	0	0	0				
Offals .. ..	6	7	0	0						12	0	0				
Onions .. ..													2	10	0	0
Peas .. ..	4	9	2	0	2	0	0	0								
Potatoes .. ..													1	16	0	0
Prawns .. ..									2	15	2	0		2	2	0
Sago .. ..	8	1	0	0												
Tapioca .. ..	4	14	2	0												
Tea .. ..		3	2	0	2	10	0	0								
Tomato puree									8	0	0	0				
Vegetables																
(frozen) ..													7	3	0	0
Various .. ..													16	5	0	0
Totals ..	109	1	3	0	501	3	0	0	67	18	2	0	181	0	2	0

92 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.



Towards the end of 1967, and in accordance with the Town and Country Planning (Churches, Places or Religious Worship and Burial Grounds) Regulations, 1950, arrangements were made for the removal of the remains of deceased persons to the Southwark Old Cemetery, Forest Hill Road, S.E.23. from part of the Mayflower Garden Burial Ground which had been earmarked as a site for future road works.

The handling and casing of the remains was done in a conscientious manner by representatives of the Undertaker who were on site during all working hours, and daily visits were made by representatives of the Greater London Council and the excavating Contractor.



## MISCELLANEOUS

### ADOPTION AND BOARDING-OUT

The number of medical reports received from the Children's Officer in 1968 relating to prospective adopters and to children proposed for adoption and boarding out continued at the same level as in 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, 26 children were considered suitable for adoption and 31 for boarding-out. Similar recommendations were made on 22 prospective adopters. However, one child was considered medically unsuitable for adoption and two prospective adopters were considered medically unsuitable to adopt children.

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.

### CHILDRENS 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

#### I-General

After working at the Centre since its inception in 1961, Brigadier H.L.Glyn Hughes retired on 31st December, 1968. His untiring efforts and enthusiasm have created a wonderful spirit of friendship between general practitioners and, because of his work at the Centre affording increased facilities to general practice, standards have definitely been raised. Dr. B.H.Pentney, the former Secretary of the Medical Staff Committee, has been appointed as the new Director commencing 1st January, 1969.

As in previous years the volume of work carried out has shown an upward trend and the number of general practitioners using the Centre has increased from 272 in 1967 to 287. The pattern of work has remained the same as in 1967 due to the lack of space which limits any expansion of the services.

#### Visits

There were the usual number of visits to the Centre throughout the year. Both individuals and parties came for instruction and information including nurses, health visitors, students, matrons and hospital administrators. It is worth recording that when lecturing to student nurses it is obvious that the greatest benefit must accrue to the groups who have already completed two years of their training, as by this time, they have been able to absorb the work of the National Health Service in its various aspects and are therefore more able to appreciate the ideals and results of the work carried out at this Centre.



## Meetings

The meetings of the House Committee, previously held at three monthly intervals, are now to be held every six months. Luncheons have been held for the general practitioners at which tape recordings and films of interest to them have been produced. The usual meetings of the various local Medical Societies have also been held at the Centre.

## II—Medical

### Well Women Clinics

The total attendances were 640 as compared with 604 in 1967. This shows a slight increase.

**TABLE I**

The volume of work carried out in 1968

	Jan-March	Apr-June	July-Sept	Oct-Dec	TOTAL
Patients seen:	3,073	2,946	2,427	2,632	11,078
No. of Investigations, Treatments, etc.	4,073	3,720	3,117	3,592	14,052

The total figure for investigations of 14,502 shows an upward trend as compared to 14,023 in 1967.

**TABLE II**

Work in the various departments

	Path. Lab.	X-Ray	E.C.G.	Allergy	Nursing	Minor Ops.	Total Attend- ances	Total Investi- gations
Jan-Mar	1,508	1,323	260	35	940	7	3,073	4,073
Apr-June	1,509	1,058	229*	13	906	5	2,946	3,720
Jul-Sept	1,248	906	220	18	717	8	2,427	3,117
Oct-Dec	1,416	1,258	271	42	600	5	2,632	3,592
TOTAL	5,681	4,547	980	108	3,163	25	11,078	14,502

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



## *Social Medicine*

As in 1967 the number of patients referred to the Health Visitor still show an increase. The numbers dealt with are not included in the overall volume of work carried out.

## *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* the Sir Halley Stewart Trust Studentship Scheme was completed in January, 1968 and proved to be a great success. Further grants have kindly been offered by the Trust and it is hoped to organise more studentships in the near future.

The local general practitioners continue to demonstrate their interest and enthusiasm and it is obvious by the increasing number of patients attending the Centre that the services available are much appreciated by general practitioners and patients.

## **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.

<i>New Entrants</i>	<i>Officers</i>	<i>Manual Workers</i>
Medical questionnaires	636	1,293
Medical examinations	133	424
Medical examination of staff absent from duty due to sickness	60	810

Medical questionnaires for assessing the fitness of applicants for employment are used in the Borough and of the 1,929 questionnaires scrutinised a full medical examination of the applicant was necessary in 557 cases.

## **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: 17 cases were assisted compared with 27 in 1967.

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 31.12.68

Pulmonary ... ..	2,023
Non-Pulmonary ... ..	257
New cases notified:	
Pulmonary ... ..	132
Non-Pulmonary ... ..	14
Deaths from tuberculosis ... ..	26
Under special treatment at home ... ..	7
Contacts given B.C.G. vaccination ... ..	371
Cases having domiciliary help:	
(a) Home helps ... ..	19
(b) District nurses ... ..	6
Home visits by health visitors ... ..	5,677
Patients in receipt of extra nourishment ... ..	17
Patients assisted for the first time with:	
Bed or bedding ... ..	22
Clothing or footwear ... ..	75
Diversional therapy:	
Patients attending weekly classes ... ..	70
Patients instructed at home ... ..	35

#### DEVELOPMENT OF VOLUNTARY EFFORT

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

##### Maternity and Child Welfare Service

Bird in Bush Welfare Centre  
Salomons Centre, Guy's Medical School  
Family Planning Association  
Brook Advisory Centre

##### Chiropody

Camberwell Old People's Welfare Association  
Bermondsey Medical Mission  
King George VI Memorial Club

##### Centres for the Mentally Ill

Havil Street Club, S.E.5  
St. Giles' Centre  
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

Catholic Nursing Institute

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**

### *Assessments and Charges*

Some of the services provided by a local health authority under the National Health Service Act, 1946, as amended by the Health Services and Public Health Act 1968, must be free of charge (as are general medical services and hospital treatment) but a health authority may, with the approval of the Secretary of State for Social Services, make and recover reasonable charges for services and articles provided under sections 22, 28 and 29 having regard to the means of the persons availing themselves of the services. The Secretary of State for Social Services in approving the making of charges under these sections, prescribed in Circular 100/48 that the charge should not exceed the actual cost to the authority of providing the service and that the charge should be reasonable having regard to the means of the persons concerned.

Section 12 of the Health Services and Public Health Act 1968 permits local health authorities to provide, inter alia, residential accommodation for persons suffering from a mental disorder and to recover from persons availing themselves of the service such charges as are considered reasonable.

The charges for services and scales of assessment for abating the charge where the person responsible for payment was unable to meet it in full, were continued. These charges and scales followed closely the national recommendations of the County Council's Association and associated bodies.

Charges were made in accordance with five assessment scales:

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

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

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

Day nursery service—special scale.

Home help service—special scale.

The probable income from all assessed persons was £36,000.



## Expenditure

The probable revenue expenditure for the financial year 1968/69 was £1,723,000; the amount recovered in contributions, including reimbursement of the cost of the school health service (£139,050) and half the cost of Port Health Administration (£17,070) was approximately £283,000.



**ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE  
IN THE SOUTHWARK AREA**

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PRINCIPAL SCHOOL MEDICAL OFFICER (SOUTHWARK)  
AND  
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**SCHOOL HEALTH SERVICE,  
Castle House,  
2 Walworth Road,  
S.E.1.**



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

### *School Roll*

There were more children attending schools in this Borough than in any other Inner London Borough, in May 1968 there were 49,020 children in the roll of the 112 County and Voluntary schools in the borough.

### *Medical Inspections*

Routine Medical Inspections were carried out at ages 5, 7, 11 and during the last year at school. Non-routine examinations were arranged as follows:—

- (a) At the request of the Divisional Education Officer because of poor school attendance.
- (b) At the request of the Head Teacher because of some physical defect or poor school progress.
- (c) By the School Medical Officer following a hospital report or to review the progress of a handicapped child.
- (d) By the school nurse as a result of a survey or school visit.

### *Statutory Examinations*

There was a marked decrease in the number of children who were formally examined under the provisions of Sections 34 and 57 of the Education Act of 1944. This was partly the result of a change of procedure. Many children referred for assessment are allowed to remain in ordinary schools with special educational help for a further period, after which their progress is reviewed. In the past these children were given a further statutory examination. Since early in 1968 only those children who were reported to be making no progress or who were still considered to be in need of special schooling were formally re-examined.

The figures for statutory examinations do not include 23 children referred to the Medical Adviser of the Inner London Education Authority for pre school assessment.

### *Prophylaxis*

1. *Measles Vaccination.* In April 1968 the Secretary of State for Health introduced vaccination against measles. This was offered to all susceptible school children under the age of 7 years. Special sessions were held in primary schools and nursery schools, but there was a very poor response and only 939 children were vaccinated.

2. *Diphtheria Immunisation and Poliomyelitis Vaccination.* The review of the immunisation against diphtheria and vaccination against poliomyelitis continued. The percentage of Southwark schoolchildren who have been protected is slightly higher than the average for Inner London area:—



	Diphtheria	Poliomyelitis
Southwark	90.1%	86.3%
I.L.E.A. Area	87.3%	84.8%

3. *B.C.G.* Vaccination against tuberculosis was offered to all children in the 12–13 age group.

### *Handicapped Register*

The review of handicapped children is now a well established part of the School Health Service. During the year a Senior Medical Officer visited the schools with an Assistant Nursing Officer to discuss the problems of these children with school nurses and Head Teachers.

The Senior Assistant Medical Officer continued her regular visits to Thurlow Park Day School for Physically Handicapped Children. She worked in co-operation with the social workers of the Invalid Children's Aid Association who are involved with these children and often undertook home visits for her.

The close co-operation with the Welfare Department and Youth Employment Service continued and I was represented at the South Bank Employment Committee's Handicapped Young Persons Sub-Committee.

### *Student Health Service*

The advisory student health service continued at the London School of Printing and the Southwark College for Further Education and early in the year was extended to include Camberwell School of Arts and Crafts. The visiting medical officers work in close co-operation with the College staff.

### *Health Education*

A total of 480 talks were given by members of the staff on a wide range of subjects, including the following:—

Accident prevention — Anatomy & biology — Ante natal & child care — Dental care — Environmental Health & Social Services — Family planning & sex education  
Housewifery & parenthood — Infant feeding — Infectious diseases & immunisation  
Mental Health — Nutrition & food hygiene — Personal Hygiene, general health and first aid — Smoking, drugs & alcoholism — Venereal diseases.

Secondary schoolchildren were invited to observe the work at Day Nurseries, Welfare Centres & Mother's Clubs.

Following successful experiment in previous years a further programme of films on Health & Home Safety was arranged for groups of children at three welfare centres throughout August. The programme was changed each week and approximately 850 children attended. The films were supplemented by various group participation exercises, such as charades and drawing competitions.



### *Social Work (Health Services)*

The Social Work Section (Health Services) is concerned with:—

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

The Social Workers concerned with the School Health Service are jointly appointed by the Inner London Education Authority and The London Borough of Southwark, 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. The work may be of a short or long term nature depending upon the problem and needs of the family.

At audiology clinics, the social worker is one of the team consisting of the otologist, school nurse and social worker. Close contact is maintained with the peripatetic teacher of the deaf and 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 the 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 service available for the school child and the handicapped pre-school child.

During the year members of the staff attended various conferences and day conferences and day courses and student social workers from the London School of Economics and the School Care Committee Service have been received in the Department for training.

School Roll (May)	...	...	...	...	...	...	...	...	...	49,020
<i>Medical Inspections</i>										
<i>Sessions attended by Medical Officer</i>										
Ordinary Schools	...	...	...	...	...	...	...	...	...	1,439½
E.S.N. Schools	...	...	...	...	...	...	...	...	...	226
School Journey Medicals	...	...	...	...	...	...	...	...	...	81½
<i>Examinations</i>										
Routine examinations at ages 5, 7 11 & during last year at school:—										18,567
Non-routine examinations	...	...	...	...	...	...	...	...	...	12,232
Examinations to ascertain fitness for employment	...	...	...	...	...	...	...	...	...	497
<i>Statutory Examinations</i>										
Children examined under Sections 34 & 57 of the Education Act 1944:—										138
As a result of these examinations the following recommendations were made:—										
Admissions to boarding E.S.N. Schools	...	...	...	...	...	...	...	...	...	1
Admissions to Day E.S.N. Schools	...	...	...	...	...	...	...	...	...	84
To remain at ordinary school with special educational help	...	...	...	...	...	...	...	...	...	45
Admission to Junior Training Schools	...	...	...	...	...	...	...	...	...	3
Referred to The Medical Adviser I.L.E.A. for reassessment	...	...	...	...	...	...	...	...	...	3
Decision deferred	...	...	...	...	...	...	...	...	...	2



## *Clinic Attendances*

### *Vision Clinics*

Sessions	...	...	...	...	...	...	...	...	387
Total attendances	...	...	...	...	...	...	...	...	4,263
Number of new cases	...	...	...	...	...	...	...	...	968
Errors of refraction or squint	...	...	...	...	...	...	...	...	3,641
Other eye defects	...	...	...	...	...	...	...	...	25
Spectacles ordered	...	...	...	...	...	...	...	...	1,489

### *Audiology Clinics*

Sessions	...	...	...	...	...	...	...	...	81
Total attendances	...	...	...	...	...	...	...	...	871
Number of new cases	...	...	...	...	...	...	...	...	270

### *Special Investigation Clinics*

Sessions	...	...	...	...	...	...	...	...	342
Total attendances	...	...	...	...	...	...	...	...	1,949
Number of new cases	...	...	...	...	...	...	...	...	260

### *Minor Ailments*

Sessions — Medical Officer	...	...	...	...	...	...	...	...	1
Nursing Sister	...	...	...	...	...	...	...	...	1,862
Total attendances	...	...	...	...	...	...	...	...	11,856
Number of new cases seen by Medical Officer	...	...	...	...	...	...	...	...	7
Number of new cases seen by Nursing Sister	...	...	...	...	...	...	...	...	1,978
Number of new cases per 1,000 population	...	...	...	...	...	...	...	...	40

### *Cases treated*

Athletes foot, verrucae, skin diseases, eye and ear defects, bruises, lacerations etc.	...	...	...	...	...	...	...	...	2,549
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## *Prophylaxis*

Diphtheria — Primary courses	...	...	...	...	...	...	...	...	108
Booster doses	...	...	...	...	...	...	...	...	189
Measles	...	...	...	...	...	...	...	...	939
Poliomyelitis — Primary courses	...	...	...	...	...	...	...	...	249
Booster doses	...	...	...	...	...	...	...	...	658
B.C.G. — Mantoux tested	...	...	...	...	...	...	...	...	5,239
Vaccinated...	...	...	...	...	...	...	...	...	4,521
Mantoux positive	...	...	...	...	...	...	...	...	292

## *School Nursing*

### *Health Surveys*

Comprehensive — Total number examined	...	...	...	...	...	...	...	31,893
Percentage found verminous	...	...	...	...	...	...	...	1.6%
Selective — Total number examined	...	...	...	...	...	...	...	9,134
Percentage found verminous	...	...	...	...	...	...	...	2.6%



### *Audiometry*

Number of children given sweep tests	...	...	...	...	...	7,483
" " " " pure tone tests	...	...	...	...	...	414
" " " " referred to otologist	...	...	...	...	...	273

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

Following the Department of Education and Science inspection of the dental services in 1967 the policy of giving priority of school dental inspections in junior and infant schools was continued. More than two thirds of the junior and infant schools in the Borough were again inspected in 1968. The organisation of dental inspections continued to be arranged centrally.

A revised day book was brought into use in the inner London area at the beginning of the year and although there were initial difficulties there was no doubt of its being a much improved method of recording information on treatment patterns and attendances as well as providing the necessary statistical data.

The staffing position improved considerably towards the end of the year and it is evident that the provision of modern equipment and the opportunity of evening sessional work can help to attract and retain suitable staff.

The quality of dental surgery assistance in Southwark is very high and our surgery assistants have proved adaptable and amenable to all the changes in their work in recent years. Another interesting development during the year was the co-operation between the Borough Health Education Officer, the Inner London Dental Health Educator and the Borough Dental Auxiliary on joint dental health education projects in schools.

### *Inspection and Treatment*

The increase in the number of School Inspections which began in 1967 was continued, approximately 50% of the school roll being inspected during the year. The percentage found to need treatment was slightly less than the previous year and a little below the average for the inner London area. There was 12% fewer treatment sessions than in 1967 mainly owing to staff illness and unfilled vacancies. First visits showed a decrease. This was mainly due to the new system of recording as attendances only those children who had treatment carried out during the visit.

Visits for inspection only, or visits where, for one reason or another, no treatment was given, were no longer counted as attendances.

### *Dental Health Education*

There was much activity in this field during the year. The Apple Club project which had been started at St. Joseph's, Borough High Street, during the previous Autumn, ended at Easter with a puppet show and prize competition. Following this pilot venture a scheme for promoting the sale of apples in schools was started in the Autumn term and initially 28 schools were taking part. It was hoped that eating apples would not only help oral hygiene but reduce the consumption of sweets at school.

During the summer school holidays talks and film shows on the subject of dental health were given at welfare centres and in the parks.



In September "Pierre the Clown" gave a series of talks and demonstrations on dental hygiene in 43 infant and junior schools. About 11,000 children took part and each one received an apple, a badge, and a painting card. This scheme was sponsored by the General Dental Council in collaboration with the Fruit Producers Association.

In all these activities the work of the dental auxiliary was most valuable; taking part in and helping to organize the various projects, together with follow up visits to schools, occupied about half of her time.

### *Premises and Equipment*

The highlight of the year was the opening of the dental suite at the new St. George's Health Services Centre, 151-152 Blackfriars Road. This was the first purpose built dental centre in the Borough to be opened since 1965 and a valuable step forward in the modernisation of the Dental service. The area is one where there is a continuing need for dental treatment and the new building is a short distance from the site of the first school dental clinic in London which was opened in 1908.

Replacement and improvement of equipment at other centres continued and aspirators were provided at all centres where general anaesthetics were given. Other minor items for use in the treatment of emergencies as recommended by the Department of Health and Social Security in their report on Dental Anaesthesia were also provided.

### *Staff*

During 1968 two full time dental officers were appointed to fill vacancies caused by resignations. Four sessional dental officers also joined the staff. It was notable that three of these were young graduates and one had a part time teaching appointment at Guy's Hospital Dental School. This is evidence of an increasing interest in the School Dental Service on the part of younger graduates. At the end of the year the average age of dental officers employed in the Borough was 39 years compared with 44.3 at the end of 1967. The dental surgery assistant staffing increased by one during the year. (Four appointments, three resignations).

In April one dental officer attended a course on Orthodontics at Keele University and in October the Principal School Dental Officer, sponsored by the I.L.E.A., commenced a one year course for the Diploma in Dental Public Health of the Royal College of Surgeons.

## 1968 ANNUAL STATISTICS SCHOOL DENTAL SERVICE TOTAL SCHOOL ROLL 49,020

							1968	1967
<i>Number of sessions:</i>								
Inspection	...	...	...	...	...	...	208	236
Ordinary treatment	...	...	...	...	...	...	2,670	3,036
General anaesthetic	...	...	...	...	...	...	85	94
Orthodontic	...	...	...	...	...	...	—	—
Health education	...	...	...	...	...	...	234	112
Total sessions							3,197	3,478



	1968	1967
<i>Inspections: number of children given:</i>		
First inspection at school ... ..	19,782	21,368
First inspection at clinic ... ..	4,952	4,713
Percentage found to require treatment ... ..	58.9	61.4
Reinspection at school or clinic ... ..	2,240	3,223
Percentage found to require treatment ... ..	77.3	60.6
Percentage of school Roll inspected ... ..	50.0	53.0
<i>Visits for treatment:</i>		
Number of first visits ... ..	4,788	6,462
Number of subsequent visits ... ..	12,285	13,895
Total visits ... ..	17,073	20,357
Emergencies ... ..	427	225
Additional courses commenced ... ..	1,520	1,757
Number did not attend ... ..	9,155	11,855
<i>Treatment given:</i>		
Number of fillings:		
In permanent teeth ... ..	8,521	10,025
In temporary teeth ... ..	6,090	7,275
Number of extractions:		
Of permanent teeth ... ..	497	617
Of temporary teeth ... ..	2,381	3,519
Number of other operations (prophylaxis, X-rays, inlays, crowns, etc.) ... ..	5,388	3,408
Courses of treatment completed ... ..	4,836	5,574
<i>Orthodontics:</i>		
Number of new cases ... ..	25	38
Number of removable appliances fitted ... ..	12	27
Number of fixed appliances fitted ... ..	1	1
Number of cases referred to Hospital Consultant ... ..	19	19
<i>Sessional averages:</i>		
First visits: ... ..	1.7	3.5
Subsequent visits ... ..	4.5	5.1
Emergencies ... ..	0.2	0.1
Did not attend ... ..	3.3	4.2
<i>Fillings:</i>		
In permanent teeth ... ..	3.1	3.7
In temporary teeth ... ..	2.2	2.7



1968

1967

## Extractions:

Of permanent teeth ...	...	...	...	...	...	0.2	0.2
Of temporary teeth ...	...	...	...	...	...	0.9	0.3

Ratio of permanent teeth filled to permanent teeth  
extracted ...

14.9:1 14.6:1

Ratio of temporary teeth filled to temporary teeth  
extracted ...

2.2:1 1.9:1

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 not employed or whose mother is employed for at least 32 hours a week, including meal times, and whose joint net income, as calculated in accordance with approved rules does not exceed £10 a week.
4. In assessing applications for admission to the school, the parent(s) shall be able to make satisfactory arrangements for the care of the children.
- Health Services Dept.  
John Dixon  
Lindley  
Lordslip Lane
- Latona Street, S.E.17.  
6/5 Drummond Road, S.E.16.  
163 Commercial Way, S.E.15.  
475 Lordship Lane, S.E.22.

## Day Nurseries

Bishops House  
Dog Kennel Hill  
Lymington  
Merryfield  
Queen's Road  
Whitstable

Kennington Park Place, S.E.11.  
Dog Kennel Hill, S.E.22.  
Lymington Gardens, S.E.15.  
Sultan Street, S.E.5.  
St. Mary's Road, S.E.15.  
Stevens Street, S.E.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  
 Bermondsey Health Centre  
 Bird-in-Bush  
 Consort  
 Denmark Hill  
 Health Services Dept.  
 John Dixon  
 Kingswood  
 Lordship Lane  
 Maynard House  
 Redriff  
 St. George's Health Services Centre  
 Salomon's  
 Silwood  
 Sumner Road  
 Sutherland House  
 Townley  
 Villa Street

Amott Road, S.E.15.  
 Grange Road, S.E.1.  
 Old Kent Road, S.E.15.  
 Consort Road, S.E.15.  
 Blannedowne, S.E.5.  
 Larcom Street, S.E.17.  
 6/8 Drummond Road, S.E.16.  
 Bowen Drive, S.E.21.  
 475 Lordship Lane, S.E.22.  
 Benhill Road, S.E.5.  
 Redriff Road, S.E.16.  
 151/152 Blackfriars Road, S.E.1.  
 Guy's Hospital, S.E.1.  
 Alpine Road, S.E.16.  
 Basingstoke House, S.E.15.  
 Sutherland Square, S.E.17.  
 Townley Road, S.E.22.  
 Villa Street, S.E.17.

## School Treatment Centres

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

Addington Square, S.E.5.  
 Comber Grove School, S.E.5.  
 Gordon Road, S.E.15.  
 Redriff Road, S.E.16.  
 151/152 Blackfriars Road, S.E.1.  
 Grange Road, S.E.1.  
 Consort Road, S.E.15.  
 Larcom Street, S.E.17.  
 6/8 Drummond Road, S.E.16.  
 163 Commercial Way, S.E.15.  
 475 Lordship Lane, S.E.22.

## Day Nurseries

Bishops House  
 Dog Kennel Hill  
 Lympstone  
 Merryfield  
 Queen's Road  
 Whitstable

Kennington Park Place, S.E.11.  
 Dog Kennel Hill, S.E.22.  
 Lympstone Gardens, S.E.15.  
 Sultan Street, S.E.5.  
 St. Mary's Road, S.E.15.  
 Stevens Street, S.E.1.



## Disinfecting and Cleansing Stations

King James' Street  
Neckinger

S.E.1.  
S.E.16.

## District Nurses

Benson Home  
Peckham Road  
Bermondsey  
Lordship Lane

Sancroft Street, S.E.11.  
29 Peckham Road, S.E.5.  
108 Grange Road, S.E.1.  
20/22, Lordship Lane, S.E.22.

## Foot Clinics

Rotherhithe  
Amott  
Bermondsey Health Centre  
Bird-in-Bush  
Health Services Dept.  
John Dixon  
Lordship Lane  
Peckham Road  
Caroline Gardens

1 Thaxted Court, Abbeyfield Rd, S.E.16.  
Amott Road, S.E.15.  
Grange Road, S.E.1.  
Old Kent Road, S.E.15.  
Larcom Street, S.E.17.  
Drummond Road, S.E.16.  
475 Lordship Lane, S.E.22.  
29 Peckham Road, S.E.5.  
Asylum Road, S.E.15.

## Creche

St. Peter's Church Hall  
Consort Road  
Kingswood  
Sutherland House  
Townley  
Bird-in-Bush  
Sumner  
St. George's Health Services Centre

Dulwich Common, S.E.21.  
S.E.15.  
Bowen Drive, S.E.21.  
Sutherland Square, S.E.17.  
Townley Road, S.E.22.  
616 Old Kent Road, S.E.15.  
Basingstoke House, Sumner Rd, S.E.15.  
151-152 Blackfriars Road, S.E.1.

## Mental Health

### Training Centres

Kirkwood (Junior)  
Peckham (Junior)  
Benhill (Adult)

Kirkwood Road, S.E.15.  
Studholme 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.

## Special Care Unit

Derwent

56 East Dulwich Grove, S.E.22.



## 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.

## Home Help Offices

Bermondsey Health Centre

Grange Road, S.E.1.

Town Hall

Peckham Road, S.E.5.

Lordship Lane

20/22 Lordship Lane, S.E.22.

## Offices

H.Q. Castle House

2 Walworth Road, S.E.1.

Area 1

Larcom Street, S.E.17.

Area 2

Spa Road, S.E.16.

Area 3

29 Peckham Road, S.E.5.

Area 4

20/22 Lordship Lane, S.E.22.



## APPENDIX C

### 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).

#### Creche

St. Peter's Church Hall  
Consort Road  
Kingswood  
Sutherland House  
Townley  
Bird-in-Bush  
Summer  
St. George's Health Services Centre

Dulwich Common, S.E.21.  
S.E.15.  
Bowen Drive, S.E.21.  
Sutherland Square, S.E.17.  
Townley Road, S.E.22.  
616 Old Kent Road, S.E.15.  
Basingstoke House, Summer Rd, S.E.15.  
151-152 Blackfriars Road, S.E.1.

#### Mental Health

##### Training Centres

Kirkwood (Junior)  
Peckham (Junior)  
Benhill (Adult)

Kirkwood Road, S.E.15.  
Stadhorne 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.

#### Special Care Unit

Derwent

55 East Dulwich Grove, S.E.22.



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