

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

Contributors

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London Borough of Southwark

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1969



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

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

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

Ladies and Gentlemen,

I have the honour of presenting my Annual Report on the Health Services of the London Borough of Southwark for the year 1969.

1969 was an eventful year during which time we had the satisfaction of seeing some of the efforts of our earlier year's planning and hard work reach fruition. At the initial stage of planning any project, it is often difficult to envisage the many set backs likely to be encountered along the line, despite the application of the many modern planning techniques now being used.

The mental health complex on the Grange Tannery site was completed during the year. This was the largest capital investment project yet undertaken by the Health Committee, and it was found necessary from time to time to amend the original planning brief to meet the changing needs within the field of mental health. The Crispin House complex provides a training centre for mentally sub-normal adults, a day centre and hostel for elderly mentally infirm and a hostel for mentally sub-normal youths. With the likelihood of changes in the not too distant future within the local authority social services, it is hoped that the firm foundation laid by the local health authority within the sphere of the social services will be appreciated by those who will be appointed responsible for their future development.

During the year I was able to report on the findings of the first year's work of the pilot health survey of the general public by means of a mobile health clinic, to which I briefly referred in my last year's Annual Report. (The survey is reported fully on pages 37-45 of the report). It is evident from the interest shown at home and overseas, following the publication of my report, that much more will be heard of this very important sphere of preventive medicine in the future.

Under the Government's Urban Programme, the Council was successful in its application for additional infant welfare clinic facilities. Also within the Programme, a grant of £30,000 was made available for encouraging the setting up of playgroups within the Borough, and an additional £2,000 for the salary of a Playgroup Organiser. The proposals put forward in connection with the developments within the Borough were seen by the Home Office as a pioneer scheme indicating the extent to which a local health authority might develop a full range of voluntary effort within a community in the field of pre-school

playgroups. Towards the end of the year there existed a strong possibility that, following the interest shown within the various Government Departments with regard to our scheme, we would be invited some time in 1970 to participate in a research project in conjunction with the National Bureau for Co-operation in Child Care.

The Health Department links with the hospital service continued to develop at all levels, and the part-time attachment of a Principal Medical Officer to the Newcomen Assessment Centre, reported in my last Annual Report, has been particularly successful and illustrates just how the two branches of the National Health Service can, and should, compliment each other.

Finally, I should like to take this opportunity of thanking Members of the Health Committee and other Committees of the Council, and all the members of the staff for their continued support during the year.

I am, Mr. Mayor, Aldermen and Councillors,

Your Obedient Servant,

J.E. EPSOM,

Medical Officer of Health

and

Principal School Medical Officer

HEALTH COMMITTEE

Chairman:

Councillor Mrs. C.M. Clunn

Vice Chairman:

Councillor R. Richards

Members:

Alderman W.A. Miller
Councillor Mrs. P.C. Cooper
Councillor C.B. Cumming
Councillor Mrs. E.S. Daymond
Councillor W.L. Ellis
Councillor C.A. Farrow
Councillor Mrs. M.G. Farrow

Councillor R.A. Gent
Councillor M.P. Mulligan
Councillor A.P. Pritchett, F.S.V.A., T.D.
Councillor A.E. Smith
Councillor N.H. Tertis,
F.Inst.Ch., S.R.Ch., F.R.S.H.

Ex-Officio:

Councillor S.R. Combes
Councillor J.H. O'Grady
Councillor H.J. Grant

Mayor of the London Borough of Southwark
Leader of the Council
Leader of the Opposition

Co-opted Members:

Mr. H.T. Ball

Mrs. A.G. Liddle

Mr. J.R. Thomas

Alderman W.A. Miller was Vice-Chairman; Councillors Mrs. L. Brown and the Rev. J.W. Watson were Members, and Mr. J.F. Cullingham, Mr. H. Lamborn and Dr. J.B. Quinn were Co-opted Members of the Health Committee until 21 May 1969.

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

Bexley Hospital Management Committee
Bird-in-Bush Welfare Centre
Voluntary Committee
Blackfriars Settlement

Councillor R. Richards
Councillors Mrs. P.C. Cooper and
Mrs. E.S. Daymond
Councillors N.H. Tertis and the Rev.
J.W. Watson

Board of Governors —

Guy's Hospital
King's College Hospital
Camberwell T.B. Care Committee ...

Alderman A.J. Kemp
J.F. Cullingham
Councillors Mrs. E.S. Daymond
and M.P. Mulligan

Cane Hill Hospital Management Committee	H.G. Lamborn
Family Welfare Association (Area 7)	Councillor Mrs. E.S. Daymond
Friends of St. Giles Association	Councillor R. Richards
Greater London Home Safety Council	Councillor N.H. Tertis
London Boroughs Training Committee	Councillor N.H. Tertis
National Association for Maternal and Child Welfare	Councillor R. Richards
National Health Service Inner London Executive Council	H.G. Lamborn (until 27.6.69) and Councillor R. Richards
National Society for Clean Air	Councillor C.B. Cumming, Mrs. E.S. Daymond and R.C. Gent
National Society of Children's Nurseries	Councillor Mrs. M.G. Farrow
Salomon's Welfare Centre Voluntary Committee	Councillors Mrs. L.M. Brown and Mrs. P.C. Cooper
South London Family Service Unit Management Committee	Alderman W.A. Miller
Southwark and Bermondsey T.B. Care Committee	Councillors Mrs. L.M. Brown, C.B. Cumming, Mrs. E.S. Daymond and L.C. Marshall
Southwark Association for the Handicapped	Alderman W.A. Miller (until 21.5.69) and Councillor R. Richards
South West Metropolitan Regional Hospital Board - London Liaison Committee	Alderman W.A. Miller
Standing Conference on Atmospheric Pollution	Alderman W.A. Miller
St. Giles' Centre Board of Trustees	Alderman W.A. Miller

HEALTH DEPARTMENT STAFF AT 31 DECEMBER, 1969

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 Officers

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

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.)

Senior Medical Officer

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—9

Sessional Medical Officers—(f.t.e.)—5.9

Director, South East London General Practitioners' Centre

B.H. Pentney, 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 3. Sessional—(f.t.e.)—4.3

Dental Surgery Assistants—10 Dental Auxiliary—1

Chief Administrative Officer

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

Deputy Chief Administrative Officer

J.A. Rozzier

Senior Administrative Officers

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

Administrative and Clerical Staff

Full-time—132; Part-time—(f.t.e.)—6.6

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	19	Wharves	3
Senior Housing	1	Senior Smoke	1
Student Public Health Inspectors ...		12	
Technical Assistants		20	
Mortuary Superintendent		1	

Chief Nursing Officer

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

Deputy Chief Nursing Officer

Miss J.E. Kedge, S.R.N., S.C.M., H.V.

Senior Assistant Chief Nursing Officer	1	Senior Environmental Visitor	1
Assistant Chief Nursing Officers ...	4	Environmental Visitors	4
Centre Superintendents	9	Superintendents, Home Nursing	2
Health Visitors	37	Deputy Superintendents Home Nursing	1
T.B. Visitors	5	District Nurses... ..	55
Student Health Visitors	15	District Nurses (S.E.N.)	8
Clinic and School Nurses	40	Student Nurses	2
Clinic Auxiliaries—(f.t.e.)	9	Nursing Auxiliaries	5
Day Nursery Staff	103		

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	...	...	...	...	...	6
Family Case Workers	...	...	...	...	...	3
Welfare Officers (Chest Clinic)	...	...	...	...	...	2

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
Part time—15: Part time—f.t.e.—1
Joint appointment with hospitals—5

Senior Occupational Therapists
Full time—1
Joint appointment with St. Olave's Hospital—1
Mental Health Escort—1

Junior Training Schools
Head Teachers—2 Teachers—8

Adult Training Centre
Supervisors—4 Deputy Supervisors—Nil
Assistant Supervisors—7

Special Care Unit
Supervisor—1
Assistant Supervisor—1

Day Centres
Supervisors—3 Deputy Supervisors—2
Assistant Supervisors—5

Hostels
Wardens—3 Deputy Wardens—3
Assistant Wardens—1

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

Chiropodists
Full time—5 Sessional—f.t.e.—2.0

Chief Home Help Organiser
Mrs. L. Nepean Gubbins, M.R.S.H.
Home Help Organisers—3: Assistant Home Help Organisers—6
Home Helps—570—f.t.e.—380

Manual and Domestic Staff
Staff of various categories—f.t.e.—128

CLASSIFICATION OF DEATHS

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

CAUSES OF DEATH	Total All ages		Under 4 weeks		4 weeks & under 1 year	
	M	F	M	F	M	F
Enteritis and other diarrhoeal diseases ...	3	2	—	—	—	1
Tuberculosis of respiratory system ...	9	4	—	—	—	—
Other Tuberculosis inc. late effects ...	7	1	—	—	—	—
Meningococcal infection ...	2	1	—	—	1	—
Syphilis and its sequelae ...	1	5	—	—	—	—
Other infective and parasitic diseases ...	1	1	—	—	—	—
Malignant Neoplasm, buccal cavity etc. ...	5	6	—	—	—	—
Malignant Neoplasm, oesophagus ...	8	10	—	—	—	—
Malignant Neoplasm, stomach ...	51	34	—	—	—	—
Malignant Neoplasm, intestine ...	43	50	—	—	—	—
Malignant Neoplasm, larynx ...	8	1	—	—	—	—
Malignant Neoplasm, lung, bronchus ...	209	46	—	—	—	—
Malignant Neoplasm, breast ...	—	69	—	—	—	—
Malignant Neoplasm, uterus ...	—	18	—	—	—	—
Malignant Neoplasm, prostate ...	25	—	—	—	—	—
Leukaemia ...	8	11	—	—	—	—
Other Malignant Neoplasms, etc. ...	77	103	—	—	1	—
Benign and unspecified Neoplasms ...	4	7	—	—	—	—
Diabetes Mellitus ...	13	20	—	—	—	—
Avitaminoses, etc. ...	—	2	—	—	—	—
Other endocrine etc. diseases ...	4	6	—	—	—	—
Anaemias ...	3	11	—	—	—	—
Other diseases of blood, etc. ...	1	3	—	—	—	—
Mental disorders ...	3	5	—	—	—	—
Meningitis... ..	2	1	—	1	1	—
Other diseases of nervous system, etc. ...	18	21	—	—	—	2
Chronic Rheumatic heart disease ...	19	42	—	—	—	—
Hypertensive disease ...	23	39	—	—	—	—
Eschaemic Heart disease ...	432	296	—	—	—	—
Other forms of heart disease ...	57	92	—	—	—	—
Cerebrovascular disease ...	119	248	—	—	—	—
Other diseases of circulatory system ...	72	85	—	—	—	—
Influenza ...	11	12	—	—	1	—

WITH AGE DISTRIBUTION, 1969

WITH AGE DISTRIBUTION, 1969

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
3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
-	-	-	-	-	-	1	-	2	1	1	-	1	-	3	1	1	2
-	-	-	-	1	-	1	-	-	-	1	-	3	-	1	1	-	-
-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	3	-	-
1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	1	-	-	-	1	2	1	1	-	2	3
-	-	-	-	-	-	-	-	-	-	-	1	3	3	3	1	2	5
-	-	-	-	-	-	1	1	1	-	8	1	12	5	19	10	10	17
-	-	-	-	-	-	1	-	1	1	7	3	12	6	14	11	8	29
-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	1	3	-
-	-	-	-	-	-	-	1	4	-	18	10	76	10	69	15	42	10
-	-	-	-	-	-	-	1	-	4	-	13	-	17	-	14	-	20
-	-	-	-	-	-	-	-	-	3	-	3	-	6	-	3	-	3
-	-	-	-	-	-	-	-	-	-	-	-	4	-	12	-	8	-
-	-	2	-	1	-	-	1	1	-	1	1	1	1	1	5	1	3
1	-	-	1	-	-	-	1	2	4	10	12	27	26	20	21	16	38
-	-	-	-	-	-	-	2	-	2	1	-	3	2	-	1	-	-
-	-	-	-	-	-	1	-	-	-	-	1	2	3	6	6	4	10
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
-	-	2	-	1	-	-	-	-	-	-	-	-	1	1	2	-	3
-	-	-	1	-	-	-	-	-	1	-	-	1	1	1	1	1	7
-	-	-	-	-	1	-	-	-	-	1	-	-	1	-	1	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	4
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
1	-	1	-	1	-	-	-	1	-	1	4	3	1	4	3	6	11
-	-	-	-	1	-	1	2	3	4	1	4	3	12	6	11	4	9
-	-	-	-	-	-	-	-	-	-	3	1	2	4	4	7	14	27
-	-	-	-	1	-	1	-	11	4	36	12	123	28	151	86	107	166
1	-	-	-	-	-	1	-	-	-	2	3	7	3	16	12	30	74
-	-	-	-	1	1	1	-	2	4	7	11	26	20	35	61	47	151
-	-	-	-	-	1	1	1	1	-	7	1	21	6	18	22	24	54
-	-	-	-	-	-	-	1	-	-	-	1	3	1	4	7	3	2

Continued overleaf

CLASSIFICATION OF DEATHS

CAUSES OF DEATH	Total All ages		Under 4 weeks		4 weeks & under 1 year	
	M	F	M	F	M	F
Pneumonia	161	198	2	—	3	4
Bronchitis and Emphysema	218	60	—	—	—	—
Asthma	3	5	—	—	—	—
Other diseases of respiratory system	20	41	—	—	6	6
Peptic ulcer	18	13	—	—	—	—
Appendicitis	—	2	—	—	—	—
Intestinal obstruction and Hernia	7	10	—	—	—	—
Cirrhosis of liver	2	4	—	—	—	—
Other diseases of digestive system	9	31	1	—	—	—
Nephritis and Nephrosis	11	7	—	—	—	—
Hyperplasia of prostate	7	—	—	—	—	—
Other diseases, genito-urinary system	5	26	—	—	—	—
Abortion	—	1	—	—	—	—
Other complications of pregnancy, etc.	—	1	—	—	—	—
Diseases of the musculo-skeletal system	1	11	—	—	—	—
Congenital anomalies	16	12	3	2	2	2
Birth injury, difficult labour, etc.	19	8	19	8	—	—
Other causes of perinatal mortality	2	1	2	1	—	—
Symptoms and ill-defined conditions	1	10	—	—	—	—
Motor vehicle accidents	15	9	—	—	—	—
All other accidents	22	24	—	—	—	—
Suicide and self-inflicted injuries	27	17	—	—	—	—
All other external causes	13	3	—	—	—	—
TOTAL ALL CAUSES	1,815	1,746	27	12	15	15

WITH AGE DISTRIBUTION, 1969

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
4	1	-	-	-	-	1	-	1	1	6	3	12	10	42	29	90	150
-	1	-	-	-	-	-	-	1	-	15	2	51	6	75	21	76	30
-	-	1	-	-	-	-	-	-	-	1	1	-	2	1	1	-	1
-	1	-	-	-	-	-	-	-	-	1	2	4	2	4	7	5	23
-	-	-	-	-	-	-	-	-	-	2	-	3	4	7	2	6	7
-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
-	-	-	1	-	-	-	-	-	-	1	-	1	-	2	-	3	9
-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	2	-	2
-	-	-	-	-	-	-	-	-	1	-	1	2	5	2	5	4	19
-	-	-	-	-	-	1	-	2	-	2	-	1	-	-	3	5	4
-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	5	-
-	-	-	-	-	-	-	-	-	-	-	-	-	8	1	7	4	11
-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	2	-	-	-	3	1	1	-	5
2	-	3	-	-	-	-	1	-	1	1	-	2	3	1	3	2	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	8
-	-	1	2	5	-	-	-	-	-	1	-	3	2	-	3	5	2
3	-	-	-	4	1	2	-	2	1	4	-	4	1	2	3	1	18
-	-	-	-	4	-	5	-	2	1	4	5	6	4	6	4	-	3
-	-	-	-	1	-	-	-	3	-	2	1	2	-	2	2	3	-
16	3	11	7	21	5	19	13	40	37	148	99	426	211	544	401	548	943

VITAL STATISTICS, 1969

Area of Borough (including area covered by water)	...	...	...	...	7,115 acres
Population (Registrar General's estimate mid-1969)	...	...	...	...	290,530
Number of inhabited houses	...	...	...	...	90,116
Rateable value (April, 1969)	...	...	...	...	£19,093,746
Sum represented by a penny rate	...	...	...	...	£73,750

<i>Births</i>						<i>Total</i>	<i>Legitimate</i>	<i>Illegitimate</i>
Live Births—Male ...	...	...	...	...	...	2,230	1,934	296
—Female	...	...	...	...	...	2,216	1,922	294
						<u>4,446</u>	<u>3,856</u>	<u>590</u>
Still Births—Male ...	...	...	...	...	...	33	31	2
—Female	...	...	...	...	...	21	16	5
						<u>54</u>	<u>47</u>	<u>7</u>
Birth rate per 1,000 population	...	...	...	...	...	...	...	15.3
Number of deaths—all ages	...	...	...	...	...	...	...	3,561
Death rate per 1,000 population	...	...	...	...	...	...	...	12.3
<i>Infantile Mortality</i>								
Deaths under 1 year	...	...	...	...	...	...	...	69
Infant deaths per 1,000 live births	...	...	...	...	...	...	...	16
<i>Maternal Mortality</i>								
Deaths of women from diseases or accidents associated with childbirth, including abortion	...	...	...	...	...	...	...	2
Maternal death rate per 1,000 total births	...	...	...	...	...	...	...	0.45
Deaths from pulmonary tuberculosis	...	...	...	...	...	...	...	13
Death rate per 1,000 population	...	...	...	...	...	...	...	.04
Deaths from cancer of lung and bronchus	...	...	...	...	...	...	...	255
Death rate per 1,000 population	...	...	...	...	...	...	...	0.91
Deaths from all forms of cancer	...	...	...	...	...	...	...	782
Death rate per 1,000 population	...	...	...	...	...	...	...	2.69

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	...	...	...	...	...	15.7	16.3
Deaths per 1,000 population	...	...	...	...	...	11.5	11.9
Infantile mortality (deaths under 1 year) per 1,000 live births	...	...	...	...	...	17.9	18
Maternal mortality per 1,000 total births	...	...	...	...	...	0.20	0.19

PERSONAL HEALTH SERVICES

Urban Programme

In February the Joint Circular from the Home Office, Department of Education and Science and Department of Health and Social Security introduced the second phase of the Government's Urban Programme making available a further £2 million for expenditure on education, housing, health and welfare, in areas of special social need. Under the Programme grant is payable through the Local Government Grants (Social Needs) Act, 1969, towards approved projects at the rate of 75%.

Of the projects submitted by this Borough, the Government gave its approval to

- (1) the provision of infant welfare clinic facilities in the Dog Kennel Hill area
- (2) financial assistance, up to a total of £30,000 to aid the formation of twenty new non profit making play groups and
- (3) the appointment of a Playgroup Organiser whose task was to stimulate public interest in playgroups, to encourage their formation, and to maintain standards by inspection and advice.

It was later ascertained that the funds allocated to the formation of new groups might also be used to assist existing ones to expand and in extreme cases to assist groups who might otherwise close because of financial difficulties. Arrangements were then made for financial help to be given under Section 65 of the Health Services and Public Health Act, 1968, and applications were encouraged from both existing and future playgroups.

Surveys

During the year an estimate of the day care needs of pre-school children was prepared in response to an enquiry by the Department of Health and Social Security. The existing arrangements, including day nurseries, creches, playgroups, nursery schools and classes and child-minders provide places for approximately 3,450 children. However, the unmet need, based on a 10% sample of five areas of the Borough, appeared to affect 6,000 children. Proposals for satisfying this demand by expanding the existing services over the next ten years were put forward. The special problems of increasing numbers of children living in tall blocks of flats, of those living in overcrowded and unsatisfactory housing and of the growing immigrants child population was noted.

The Department also participated in a survey of the use made of the Health Service by Commonwealth immigrants and co-operated in initial arrangements for the Southwark Community Project and the Social Action and Community Development Project.

Maternity and Child Health

Each of the Council's 17 health services centres provided some or all of the following services throughout the year: ante-natal, post-natal, child health, prophylaxis, creche, health education, dental care of expectant and nursing mothers and children under 5 years of age. Similar facilities were provided at two centres run by voluntary committees with grant aid from the Council. In addition, mothercraft classes were conducted by health visitors in some centres in which instruction was provided in

home-making, budgeting, simple cookery and so on. Health visitors also provided health education talks and gave advice on feeding difficulties and the general management of children. An English class for immigrant mothers was also started.

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

The following table indicates the volume of work carried out in health services centres during 1969:

Child Health Sessions

Number of children attending in 1969, born in

1969	3,802
1968	4,005
1967	4,905
Total attendances	65,754
Total sessions held	2,626

There were also 87 child health sessions held at General Practitioner surgeries at which Council staff were present

Ante and post-natal sessions

First attendances	102
Total attendances... ..	363
Total sessions held	82
Facilities provided for General Practitioner Obstetricians	
Sessions held in Council clinics	356

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.

Merryfield Day Nursery was approved by the Department of Health and Social Security for training students.

Where children in the highest priority groups are unable to attend a Council day nursery, approval has been obtained for the Council to contribute towards the fees of a registered child-minder, private day nursery or playgroup, after taking into account parental means on the same basis used for determining charges at the Council's nurseries.

Number of day nurseries at 31 December 1969	...	...	...	...	6
Number of places	...	...	...	...	341
Number of special unit places	...	...	...	...	30
Total attendances during 1969	...	...	...	...	70,072
Total attendances at special units during 1969	...	...	...	...	3,986

Occasional Creche

Creches 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, are provided at five of the Council's centres, at one voluntary centre and at one church hall. One additional creche was started in a Council centre during the year but another was closed and the accommodation made available to the Save the Children Fund to run a daily playgroup. The charge at the creches is three 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 1969	...	...	...	...	...	1,109
Total attendances during 1969	...	...	...	...	...	17,578

Nurseries and Child Minders Regulation Act 1948

(As amended by the Health Services and Public Health Act, 1968).

Under this 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 amendments introduced by Section 60 of the 1968 Act considerably extend the coverage of the Act by including within the requirement to register anyone who minds children to whom she is not related for reward for at least two hours a day. The Act gives

clearer definitions of fitness of persons and premises and widens the power of local authorities to impose requirements and at the same time increases the penalties for failure to register.

A considerable volume of work has fallen on visiting officers and administrative staff as a result of the extension of registration to persons receiving less than three children.

This work has further increased because playgroups, which fall within the definition of premises to be registered, have increased in number so that at the end of the year 36 were open within the Borough.

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 27 statutorily registered private nurseries and playgroups were providing places for 619 children.

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 102 statutorily registered child-minders were providing places for 200 children.

Voluntary Child-Minders Scheme

Because of the extension of the requirement to register introduced by the 1968 Act, the scheme for the voluntary registration of people minding less than three children ceased, since its object of spreading supervision can now be achieved under the new Act.

TOTAL NUMBER OF BIRTHS—LONDON BOROUGH OF SOUTHWARK

Live Births

Hospital confinements	...	...	4,032	
Domiciliary confinements	...	...	414	4,446

Still Births

Hospital confinements	...	...	53	
Domiciliary confinements	...	...	1	54

Deaths of infants in first week of life	...	...		36
Deaths of infants one week to one month	...	...		3
Deaths of infants one month to one year	...	...		30
Perinatal mortality per 1,000 total lives and stillbirths				20
Neonatal mortality per 1,000 live births	...	...		9
Infant mortality per 1,000 live births	...	...		16

DOMICILIARY MIDWIFERY SERVICE

Administration of Analgesia	...	...	82.89%
Cases with booked G.P. Obstetrician	...	...	97.34%
No. of Midwives at end of year			
Full time	...	...	11
General Lying-In District	...	...	3
Doctor not booked			
Doctor present at delivery	...	...	—
Doctor not present at delivery	...	...	11
Doctor booked			
Doctor present at delivery	...	...	112
Doctor not present at delivery	...	...	292
No. of hospital deliveries attended by midwives on discharge before 10th day	...	...	577
5.78% 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.	4	16.67	0	0	4	16.67
4 lb. 7 oz.—5 lb. 8 oz.	20	83.33	0	0	20	83.33
All cases	24	100.00	0	0	24	100.00

Domiciliary Midwifery

To meet the needs of mothers wishing to have a home confinement 11 domiciliary midwives were employed by the Council; in addition three 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. This year 577 mothers were able to enjoy the facilities of the early discharge 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. As mentioned elsewhere in this report the Guthrie test for phenylketonuria was introduced during the latter part of the year.

There were 415 domiciliary confinements during the year. Of these 24 were premature births; one was stillborn.

Eight of the Council's midwives are approved teachers under the Central Midwives Board second period Training Scheme. During the year 28 pupils completed three months district training. Student Nurses from Guy's Hospital doing the obstetric training course also made visits of observation to an 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).

Maternal Deaths

Two deaths assigned to maternal causes or associated therewith were investigated on behalf of the Department of Health and Social Security during 1969. One of these was due to abortion.

District Nursing

Section 25 of the National Health Services 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. This 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 21 "Attachment of Staff to General Practitioner"). Nursing auxiliaries were employed to work under the direction of and to carry out duties not requiring the skills of a trained nurse.

The psychiatric liaison scheme with St. Olave's Hospital and the geriatric liaison schemes with New Cross and St. Francis Hospitals continue. The success of this closer

co-operation is shown by the smoother passage for patients when transferring from hospital to community care.

During the year two student nurses completed their training. Many student nurses from both the King's and Guy's groups of hospitals accompanied the district nurses on their visits.

The following table indicates the volume of work undertaken in the District Nursing Service during 1969:

New patients visited	...	...	...	...	...	...	...	3,087
Total number of visits	...	...	...	...	...	...	...	137,893
Nursing staff employed at the end of the year (f.t.e.)	...	...	...	...	...	...	...	63
Visits per nurse (f.t.e.)	...	...	...	...	...	...	...	2,189

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 1969:

First visits to:--

Children born in 1969	...	...	...	...	...	...	4 904
Children born in 1968	...	...	...	...	...	...	6,131
Children born in 1964--1967	...	...	...	...	...	...	14,401
Total	...	...	...	...	...	...	25,436
Aged over 65	...	...	...	...	...	...	479
Mentally disordered	...	...	...	...	...	...	160
Persons discharged from hospitals (other than mental hospitals)	...	...	...	...	...	...	50
Infectious diseases	...	...	...	...	...	...	46
Total of all visits made by health visitors	...	...	...	...	...	...	90,998

Attachment of Staff to General Practitioners

Further progress has been made in the attachment of nursing staff to general practitioners. In addition to the existing attachment of three full-time health visitors and

the equivalent of four home nurses to two group practices, a further attachment of the equivalent of one and a half home nurses was made to another practice in September, 1969.

Severe limitations 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 discussions 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 makes follow-up visits to those patients who live in her district and who attend the practice. She also acts as liaison officer between the general practitioner and the health visitor concerned with those who live outside her district but within the borough boundaries.

All health visitors keep in touch with general practitioners in their areas 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 further attachment schemes when the staffing situation allows.

Handicapped and Observation Register

Work continued on the build-up of the handicapped and observation register, with increasing exchange of information between the Department, 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 3,691 children at 31 December, 1969.

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 1969 the number of babies notified as congenitally malformed was 69. The number of handicapped children on the register at 31 December, 1969 was 643. (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.

Two additional sessions were started during the year and one of the existing sessions is now conducted by one of this Council's Principal Medical Officers. 50% of the cost of a specialist to run the other sessions is borne by Southwark and a health visitor is provided 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 Principal 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 and 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 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.

The procedure was changed in November when the Guthrie test was introduced. This involves the taking of a blood sample and is found to give greater accuracy in detection.

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 when necessary. In addition, B.C.G. vaccination against tuberculosis of children aged 12-13 years is carried out in schools. Vaccination may also be given by the family doctor and vaccines (except B.C.G. vaccine) are supplied to general practitioners free of charge.

Little progress was made with the measles vaccination programme as in March 1969 the use of the vaccine was suspended by the Department of Health and Social Security. It was not until the end of the year that supplies of vaccine of a different strain were made available.

Nevertheless, 1,047 children were vaccinated in Council clinics and 425 by general practitioners.

TABLE 1

VACCINATION AND IMMUNISATION STATISTICS FOR PERIOD 1 JANUARY to 31 DECEMBER 1969

Age	0-3 months	3-6 months	6-9 months	9-12 months	1 year	2-4 years	5-15 years	TOTAL	
								1969	1968
Smallpox:									
Primary	3	8	9	5	718	1,301	169	2,213	3,102
Re-vaccination	--	--	--	--	--	27	160	187	879
Other Immunisation:									
Completed primary									
courses (born in)	1969	1968	1967	1966	1962- 1965	Others under age 16	TOTAL		
							1969	1968	
Triple DTP	1,290	1,776	143	73	76	8	3,366	4,127	
Diphtheria/Pertussis	--	--	--	--	--	--	--	--	
Diphtheria/Tetanus	10	49	7	20	186	87	359	341	
Diphtheria	1	--	--	--	1	3	5	2	
Pertussis	--	--	--	--	--	--	--	--	
Tetanus	--	3	--	1	7	10	21	87	
Salk	1	1	1	--	--	--	3	4	
Sabin	1,205	2,505	299	119	374	273	4,775	4,534	
Measles	1	482	458	212	291	28	1,472	4,006	
Reinforcing (booster)									
injections:									
Triple DTP	--	975	1,137	144	276	30	2,562	3,117	
Diphtheria/Pertussis	--	--	--	--	--	--	--	--	
Diphtheria/Tetanus	--	48	57	31	2,119	335	2,590	2,360	
Diphtheria	--	1	--	--	7	1	9	22	
Pertussis	--	2	--	--	--	--	2	--	
Tetanus	--	--	3	8	25	78	114	229	
Salk	--	1	--	--	1	--	2	--	
Sabin	--	303	303	86	2,026	1,368	4,086	3,167	
Measles	--	--	--	--	--	--	--	--	

Dental Services

There were somewhat fewer M.& C.W. dental sessions than in 1968 but the number of fillings per session rose from 4.2 to 5.0 and more children under five had a dental inspection. Of those inspected 52% needed treatment compared to 60% the previous year.

The demand for treatment by expectant and nursing mothers continued to fall, only 16 new patients requesting treatment during the year. For the first time in 5 years there were no patients requiring the supply of dentures in this group.

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

The Guy's Dental School Mobile Clinic was in use in the Borough during the year and children attending the Kirkwood Junior Training School as well as some of those in the Special Units at three of the day nurseries were examined and treated. This was a particularly important advance in making dental treatment available to handicapped children without obliging them as in the past to make long journeys to hospital. The maintenance and possible expansion of this service in the Borough is most valuable and it is hoped that this form of co-operation with the hospital service will continue to develop.

A total of 216 children attending the six day nurseries in the Borough were examined during the year. Of these, 25% needed some treatment compared with 39% in the previous year. The level of dental disease seen in these very young children illustrates the widespread prevalence of early dental decay.

The formation of good tooth-cleaning habits from the earliest years is of the greatest importance. The visits of the dental auxiliary to day nurseries, giving talks and demonstrations on the subject of dental health education is a valuable help in achieving this aim. Excessive sweet eating is often a problem in this age group and any attempt to reduce the intake of sticky carbohydrates is, from the point of dental health, well worth while.

Maternity and Child Welfare Dental Service

	Children under 5		Expectant and Nursing Mothers	
	1969	1968	1969	1968
Inspections				
No. inspected	490	462	16	18
No. requiring treatment	255	279	16	18
Attendances				
First visits	264	289	18	25
Subsequent visits	438	527	23	41
TOTAL visits	684	816	41	66
Courses of treatment completed	157	151	3	12
Treatment				
Fillings	474	521	40	20
Extractions	140	118	5	17
General Anaesthetics	49	52	1	4
Other treatment	348	332	36	15
Dentures				
No. of patients supplied with dentures				5
No. of dentures supplied				6
No. of Sessions devoted to M.C.W. Service			1969	1968
Inspection and treatment			104	130
Dental Health Education			18	24
Total:			122	154

Fluoridation

Fluoridation is the adjustment of the fluoride content of water to one part fluoride per million parts water. This is judged to be the most effective concentration for the prevention of tooth decay.

No public health measure has had as much intense study devoted to it over the past 50 years. In June 1969 the World Health Organisation adopted a resolution calling for the implementation of water fluoridation throughout the world. This resolution was passed unanimously by member states of all shades of political opinion, having been sponsored by 37 countries including the United Kingdom which was responsible for putting the proposal before the assembly. It followed an extensive and prolonged world wide investigation into the safety of fluoridation and the most careful examinations have failed to discover any injury to health.

The most important development in this country during 1969 was the publication of the Government report on the Studies and Results of 11 years of fluoridation. This had been carried out in four areas of the country and the results showed that the adjustment of fluoride in the public water supply to the approved proportion had a substantial effect in reducing dental decay among children, and was also of lasting benefit to their permanent teeth. It confirmed yet again that fluoridation was completely safe. The results of this survey were studied by specialists both medical and dental and their conclusions were unanimous and were summed up in the following words. "Fluoridation is entirely effective and completely safe".

The fluoride content of London water is approximately 0.3 parts per million. The proposal to fluoridate the water supply would mean that this level would be adjusted from 0.3 to 1.0 parts per million. The effect of this would be greatly to reduce the amount of new dental disease seen in school children and young children under five. The saving in expenditure and time from a proposal of this nature would in the long term be considerable.

Fluoride, it must be emphasised, is a natural substance and is present in nearly all food and water. The proposal which advocates of fluoridation are making, is not to add a new ingredient to the water supply but merely to increase the proportion of something which is already present. No other single action would be of greater benefit to children's dental health. Studies have shown also that fluoridated water may be of benefit to older persons even those who no longer have dental conditions to consider as fluoride has been shown to strengthen their bones.

The Council in 1966 expressed its unqualified support for the proposal to fluoridate the water supply. The fact that no progress has been possible in London is due to the lack of unanimity among all London Boroughs which prevents the Water Authority from acting on the decision of the majority. It is to be hoped that in the near future either locally or nationally it may be possible that the implementation of this most desirable and effective public health measure will be brought about.

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 1969 from the Council's stock were as follows
(the figures in brackets show the number of items on loan at 31.12.68)

<i>Items</i>						<i>On Loan</i>	
Air rings	...	...	...	...	...	55	(63)
Back rests	...	...	...	...	...	45	(59)
Bed blocks	...	...	...	...	...	28	(25)
Bed cradles	...	...	...	...	...	24	(35)
Bed side rails	...	...	...	...	...	2	(3)
Commodore	...	...	...	...	...	710	(680)
Dunlopillo mattresses	...	...	...	...	...	24	(31)
Easi-carri hoists	...	...	...	...	...	17	(23)
Feeding cups	...	...	...	...	...	6	(14)
Fracture boards	...	...	...	...	...	38	(38)
Hospital beds	...	...	...	...	...	24	(28)
Penryn hoists	...	...	...	...	...	59	(55)
Quadruped walking aids	...	...	...	...	...	4	(4)
Ripple beds	...	...	...	...	...	4	(7)
Rubber bed pans	...	...	...	...	...	35	(51)
Rubber toilet seats	...	...	...	...	...	2	(7)
Tripod walking aids	...	...	...	...	...	7	(10)
Urinal bottles	...	...	...	...	...	32	(35)
Zimmer hoist	...	...	...	...	...	1	(1)
Zimmer walking frames	...	...	...	...	...	55	(32)

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 573 (701) on loan.

Home Help Service

The home help service continued to function throughout the year, but, in common with other services, only at the same level as last year due to financial stringency.

Assistance was given to 4,646 households during the year, of which 4,018 were long term cases, and 9,662 visits were made by the organising staff. There was a slight increase in the number of requests for night help, and assistance for toxæmia of pregnancy and child help cases. The specially trained home helps worked with problem families for a total of 1,773 hours and 1,807 hours was given to morning and evening help cases.

The fourth training course for home helps was organised, and a wider range of subjects was covered by the talks, including, at the request of the home helps one on mental health. This talk was given in one of the Council's training centres and was followed by a tour of the premises. Resulting from this course of in-service training, ten

home helps were selected, for inclusion on the register of helps who attend problem families.

The National Council of Home Help Services organised a competition in order to select a home help to represent Great Britain at the International Conference of Home Helps. A home help of twenty-one years standing from this Borough was among the six finalists, and represented Greater London at the Conference.

The Chief Home Help Organiser gave talks not only at in-service training courses within the Borough, but also at courses arranged by the London Boroughs Training Committee for district nurses, hospital nurses, students in social work, etc. Talks were also given to members of the home help service in other authorities both in this country and on the Continent. During the year arrangements were made for students from various disciplines within the local authority framework to visit the home help offices and accompany the organisers on their visits in the district; this has been found to be most beneficial to the student and the local authority by provoking interest and knowledge of the services provided.

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 two students on the Certificate in Social Work course to undertake a fieldwork placement in the department with two of the family caseworkers as supervisors. The Chief Social Worker has lectured to Health Visitor Instructors on courses at Chiswick Polytechnic and to students on courses run by the London Boroughs Training Committee. Family caseworkers have also given talks to voluntary workers at settlements and schools.

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

CO-ORDINATION OF SOCIAL SERVICES

The co-ordinating machinery in the Borough operates on two levels; Standing Committee and Case Conference. Matters requiring detailed examination are referred to ad hoc groups of nominated officers who report direct to the Standing Committee.

The Standing Committee consists of:—

Medical Officer of Health

Chairman

Children's Officer

Vice-Chairman

Chief Welfare Officer

Housing Manager

Town Clerk

Divisional Officer (Education)

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

Deputy Medical Officer of Health

Co-opted Members

Deputy Children's Officer

Chief Social Worker (Health Services)

Secretary

This Committee meets 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.

Family Planning

A family planning service in full implementation of the National Health Service (Family Planning) Act, 1967, continued to be 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

At the beginning of the year the service was provided through the agency of the Family Planning Association. However, in accordance with the decision to provide a direct service, the Council later assumed control of two of the clinics operating in Health Department premises. An additional session was started in one of these.

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

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 is given as a recuperative holiday home.

The inspection and approval of recuperative holiday homes was carried out by a medical officer from Southwark on behalf of nine other London boroughs. During the year 41 existing establishments were inspected and 15 new homes were added to the approved list.

A total of 165 adults and 45 children under school age were sent on a recuperative holiday. Arrangements were made with the Inner London Education Authority on behalf of 176 schoolchildren.

Advisory and Preventive Clinics for the Over-Sixties

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

The number of sessions held during the year was 125 and 398 persons attended.

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

The Council has no hostel for tuberculous persons, but, by arrangement, uses the facilities provided by other London Boroughs or private homes or hostels run by voluntary organisations. At 1 January, 1969 there were 13 men boarded out; 4 were placed during the year, and 12 were still in care at 31 December, 1969.

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 a list of a General Medical Practitioner in the area of intended residence and having a chest X-ray if necessary. A card, giving this

information in several languages is handed out to immigrants at sea and air ports of arrival, where medical inspectors or port medical officers ascertain destination addresses and notify the appropriate medical officers of health, so that follow-up visits can be made. These are carried out by health visitors or in the case of single male immigrants by a public health inspector..

During the year, 471 advice notes of arrivals were received and 258 "first" successful visits made.

Nursing Homes

There are 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; neither is registered under the Abortion Act, 1967. A senior medical officer continued to visit and advise the matrons on aspects of health, hygiene, prevention of accidents and other matters.

Blind and Partially Sighted

During the year the Council's consultant ophthalmologist carried out 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 1969 were as follows:

Number of examinations arranged	...	...	...	...	...	...	...	190
Initial examinations	...	...	...	...	...	...	...	73
Pre-examinations	...	...	...	...	...	...	...	117
Number certified as blind	...	...	...	...	...	...	...	32
Number certified as partially sighted	...	...	...	...	...	...	...	153
Number found to be neither blind nor partially sighted	...	...	...	...	...	...	...	5
Blind certificates accepted from hospitals	...	...	...	...	...	...	...	27
Partially sighted certificates accepted from hospitals	...	...	...	...	...	...	...	23
Blind certificates accepted from other local authorities	...	...	...	...	...	...	...	6
Partially sighted certificates accepted from other local authorities	...	...	...	...	...	...	...	—

Chiropody

In view of the difficulty in recruiting chiropodists the Council agreed to a scheme to sponsor trainee chiropodists, and the establishment was amended to include three. In addition authority was given to alter the establishments of chiropodists to 1 chief, 8 full time senior chiropodists and 1 part time chiropodist (7 sessions). At 31 December 1969 the number of chiropodists employed was 1 chief, 5 senior and 6 sessional chiropodists (2.0 full time equivalent).

The number of sessions held during the year was 3,460 and the attendances were as follows

Ages	0-14	5-14	Male		Female		TOTAL
			15-64	65+	15-64	65+	
Persons attending	3	33	138	816	438	3,168	4,596
Total attendances	4	120	939	4,159	1,689	17,258	24,169

Artificial Kidney Machines

The first application for a patient's home to be adapted for the purpose of home dialysis was received by the Council from Dulwich Hospital in 1968. Towards the end of 1969 a second application was received, this time for a patient receiving treatment at Guy's Hospital. By the end of December, arrangements were in hand for the patient and her family to be moved from their Council home, rehoused in a nearby property with an additional bedroom and for that bedroom to be adapted for home dialysis purposes.

The Mobile Health Clinic

In my report for 1968 I gave a brief outline of the pilot health survey of the general public by means of a mobile health clinic which had started operating on 18 November 1968. Now after one full year's work I am able to report more fully on the outcome of this experiment which is described in pages 37-45.

It has been said in some quarters that health checks and screening techniques attract only those showing traits of neurosis. This is not our experience in Southwark since very few persons showed neurosis in this respect. People are genuinely interested in their health—the pamphlet delivered to their home and later the “chat” with the health visitor who calls, prepares the ground well. The main object is to catch diseases early and we all realise that finding a disease early has immense advantages. A recent World Health Organisation report states that present statistics indicate that more than 50% of all cancer patients could be cured if the disease were diagnosed in its earliest stages and if prompt and appropriate treatment were given.†

Reading some publications giving views on the so called scientific criteria for screening and health checks, one can be completely steered away from doing simple practical things. Many clear thinking people concerned are saying that if these criteria are so why has there not been a campaign against the school health service—where regular routine examinations and tests have been carried out for over 50 years—or against the growth of occupational health services?

Evaluating this and other comprehensive screening surveys where the importance of clinical history and examination have been realised and made the basis of investigation together with suitable technological aids, it would appear that in any community a substantial proportion of adult persons could be discovered who had some clinically

† *Early Detection of Cancer—Report of W.H.O. Expert Committee.*

W.H.O. Technical Report Series No.422

W.H.O. London: H.M.S.O. 1969.

recognised disorder which was unknown to them.

I am of the opinion that a reasonable balance has to be struck in relation to the future of our work. This approach is based on the experience we have gained. Of course a whole host of minor disorders need not be searched for, but the substantial remainder have to be critically examined. Possibly a briefer but more incisive history; a shorter physical examination confining more care to the agreed hazard areas; are aspects which must be considered by the various Advisory Committees who helped to prepare the history and examination forms.

When these procedures have been fully streamlined and assessed, we hope this work, together with any suitable newer advanced technological aids, will gradually be taken over by the general practitioner aided by the area health authorities and hospitals. We know he is a very busy man, but we feel that such an important part of medicine should be blended into his work, for which he ought to have the status and, to match it, the payment of a reasonable fee for the agreed examination and the keeping of appropriate records. I am sure there would be less shortage of general practitioners if this preventive element in general practice were introduced. It could galvanise the situation, bringing back the family doctor's rightful status and providing interesting and worthwhile work as part of his duties.

Introduction

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

Routine medical examinations are undertaken regularly from before birth to school-leaving age through the ante- and post-natal clinics, the child welfare service and regular school health examinations. It would be true to say that medical care is never far from the young mother and her children. The period of 16 years and over is one where, for the greater part of the population, no routine health checks are carried out—people visit their family doctor for treatment for an ailment, but very rarely has the General Practitioner the time to carry out a full medical check.

In 1965 in Southwark "well-women" clinics were commenced. At these clinics a full gynaecological examination is carried out for women between the ages of 25 and 60; urine testing, blood-pressure readings and breast examinations are also carried out and cervical smears are taken. So far each year approximately one-third of women seen at "well-women" clinics were found to have some pathology.

In 1967 it was decided to open advisory and preventive clinics for Southwark's over-60's age group, and since January 1968, three sessions each week have been held in various clinics in the Borough. These clinics have proved successful with the "senior citizens".

At mid-1969 the population of Southwark was approximately 295,000; it was estimated there were 65,000 children aged 16 and under, and 50,000 people aged 60 and over. This means approximately 180,000 were therefore between the ages of 16 and 60, or 60% of the population, who did not have the opportunity of a routine health check.

As a logical extension of the introduction of "well-women" clinics, and advisory clinics for the over-60's, the Council decided to carry out a pilot health survey of the general public of the Borough aged between 16 and 60. However, before this decision was taken, much preparatory work was necessary. In 1965, following the formation of the new London Borough of Southwark, it was decided to set up advisory committees to assist in the formulation of health policies for this complex area, which comprised three former Metropolitan Boroughs and parts of two former London County Council Health Divisions and some dozen hospitals, including Guy's, the Maudsley and a large part of the catchment area of King's College Hospital. The Advisory Committees were composed of representatives of the local general practitioners and hospital consultants—the committees covered such fields as psychiatry, geriatrics, gynaecology, etc. In addition, advice was given by Professor Anderson, of King's College Hospital, and Professor Butterfield of Guy's Hospital. Informal talks were also held with the then Ministry of Health.

It was decided that the best method of carrying out the survey was by means of a mobile clinic, and 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:—

- (1) A social history, normally taken by the health visitor before the patient's visit to the clinic, and a medical history, normally taken by the clinic nurse immediately prior to the medical examination. These histories are taken on special forms which were designed after full consultation with the Advisory Committees mentioned previously.
- (2) A series of tests —
 - Haemoglobin estimation (under 80% was considered as a disability).
 - Blood pressure
 - Urine testing (Labstix)
 - Vision (acuity 6/12 or less with or without glasses was considered a disability)
 - Measurement of height and weight (more than 10% above or below ideal weight for sex, age and height according to standard tables was considered as a disability)
 - For women over 25 there is a full gynaecological examination and a cervical smear.

Arrangements have been made for all blood specimens and abnormal urine specimens to be tested at local hospitals; there is full co-operation with the hospitals in this matter.

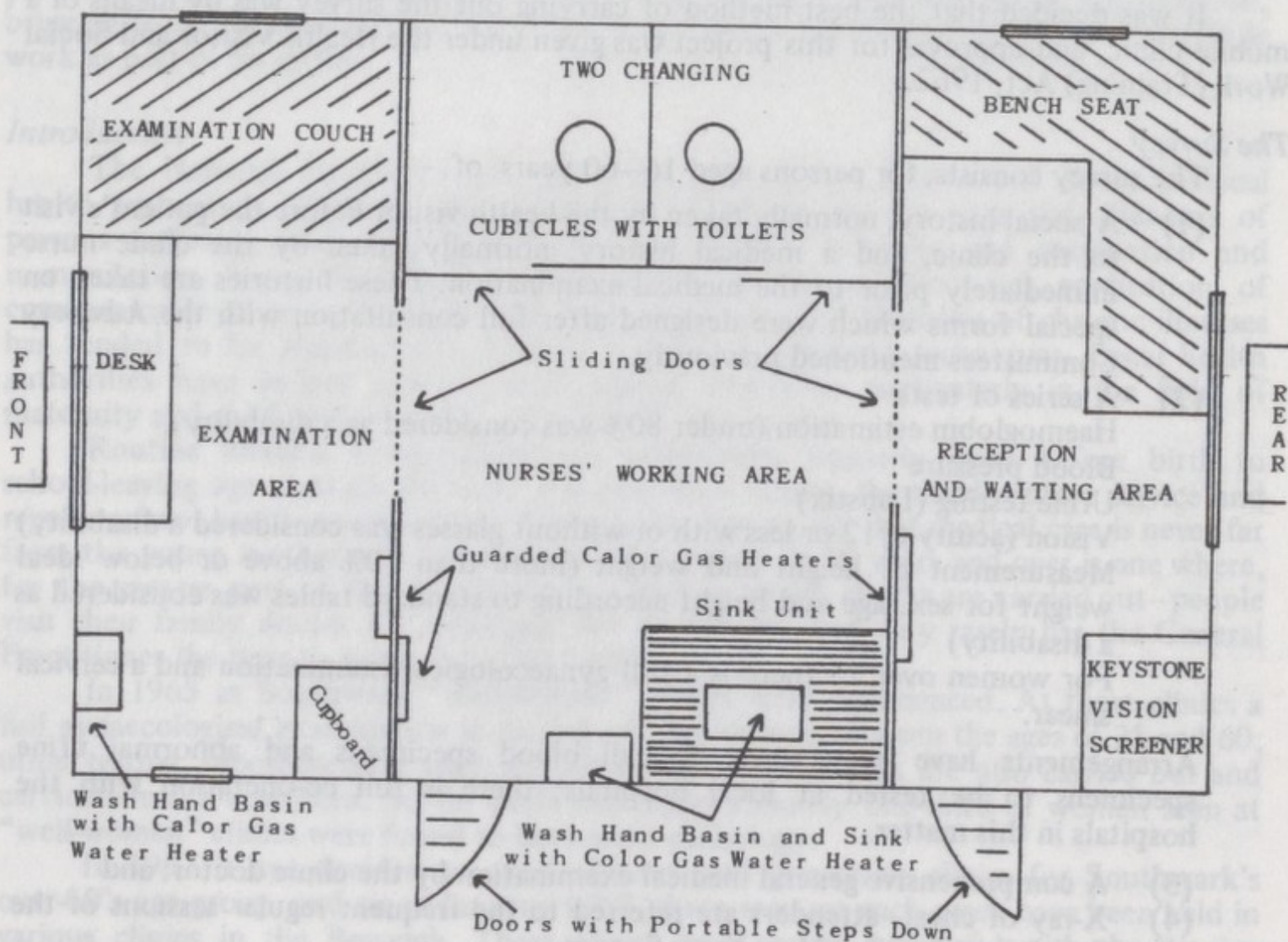
- (3) A comprehensive general medical examination by the clinic doctor, and
- (4) X-ray of chest—attenders are referred to the frequent regular sessions of the South-East London Mass X-ray Service.

The purpose of these tests is to help identify those people who have health and social problems amenable to some form of treatment. It must be emphasised that no treatment is given at the clinic, but the results of all tests are notified to the general practitioner concerned. Patients are advised, where necessary, to visit their family doctor for the results of the examination.

The Mobile Health Clinic

The mobile health clinic is a specially fitted twenty-two foot production-line caravan built to Health Department specifications at a basic cost of £998. The caravan is fully equipped and comprises a reception/waiting room; a nurses' working area which includes a sink unit and wash-hand basin with water-heater and two changing/toilet cubicles for use by attenders; and a medical examination room for the doctor, which includes a wash-hand basin, examination couch, desk and storage facilities. Heating and hot water are provided by means of a calor gas system.

Mobile Health Clinic Caravan Sketch of Lay-out



The caravan is 22' long and 7'6" wide

The caravan is garaged each night and at weekends. It is towed by a Land Rover which is used for other departmental transport duties during the day. The driver and his assistant are responsible for internal and external cleaning and for the maintenance of electricity (battery), calor gas and water supplies. The Mobile Health Clinic is taken out of normal service for one week every three months so that servicing may be undertaken.

The clinic is staffed by a medical officer (local general practitioners undertake some sessions), a clinic nurse and a clinic auxiliary. General administrative services are provided at the Health Department's main offices.

The mobile health clinic visits each of the fifteen (infant welfare clinic) areas of the Borough in turn, and sites immediately convenient to the dwellings of those groups taking part are arranged approximately four weeks in advance. The clinic is based at each site usually for one week, during which 10 sessions are held.

The Procedure

An efficient procedure is essential in a scheme of this nature, and in order to achieve this aim and to reduce inconvenience to the attender to a minimum, an appointments system is in operation. Ten appointments are made for each session and male and female attenders are seen on separate days. It is very important that the appointment system is adhered to, because the main success of the project is that the clinic doctor has time in which to carry out a full medical examination.

Following the distribution of leaflets to homes in the immediate area, the Health Visitor visits each home, gives further information if required, and books appointments on the spot. Appointments can be made also by ringing the Health Department head office, in which case the person is put in contact with the Health Visitor who is responsible for the appointments list.

In view of the age group under survey, i.e. those of employable age, and the need to utilise fully the clinic by whole-time day operation, it was anticipated that the majority of those coming forward would be women. Consequently, four days in each week were reserved for female attenders and one day for male attenders. The sex distribution showed 80% female and 20% male attendances which accurately reflected the anticipated demand from the two groups.

Attendance by Social Class

It was particularly heartening to find that nearly 35% of attenders were from Social Classes IV and V. There is little doubt that the introduction of a Mobile Health Clinic for the screening survey has contributed to the high proportion of attendances from the lower socio-economic groups. Most other surveys elsewhere showed that persons in Groups IV and V were poor attenders.

Table 1.

Attendance in Social Class Groups

Social Class	Social Class Definition	Mobile Health Clinic	Approximate Class Distribution in Southwark
I	Upper and professional classes--Higher administrative and professional occupations and business directorships	37 (1.2%)	1.6%
II	Intermediate between Social Classes I and III--Persons responsible for initiating policy; persons without this responsibility but with some responsibility over others	544 (17.2%)	7.7%
III	Skilled workers--Skilled workers with a special name, special responsibility and adaptability	1,341 (42.4%)	52.6%
IV	Intermediate between Social Classes III and V--Semi-skilled or persons doing manual work requiring no great skill or training but who are doing it habitually and in a particular industry	584 (18.5%)	21.9%
V	Unskilled workers	516 (16.3%)	16.2%
Unclassified	Persons with occupations unknown; unemployed single women and widows	138 (4.4%)	--
		3,160 (100.0%)	100.0%

N.B. With the exception of those included as "Unclassified", all women were classed according to their husbands' occupation or, if this was not known, according to their own occupation.

The Results (See Tables 5, 6 and 7 Pages 44, 45)

The survey commenced on 18th November, 1968, and by the end of the first year 3,160 persons had attended the Mobile Health Clinic. During this time periodic reviews of administrative and clinical procedures were undertaken and improvements effected where necessary.

Discounting gynaecological disorders, there were no significant differences in the incidence of illness between males and females, although there were differences in pattern. The incidence for all groups showed that only 120 men and 363 women out of the 3,160 were free from disability; the remaining 2,677 patients had one, or more, disability. Of those 2,677 it was ascertained that 875 were either receiving treatment for the disability presented or were suffering from a disability of a sufficiently minor nature not to warrant referral to their general practitioner. Nevertheless, 1,802 persons were referred to their family doctor for further investigation and possible treatment.

Seven cases of pro-invasive cervical cancer, one active case of pulmonary tuberculosis and one confirmed case of carcinoma of the breast are included among the major disorders detected.

Special Interim Surveys

During the year two "special" surveys were undertaken within the programme. The first was a preliminary analysis of the results of the first 1,000 persons to attend, the main purpose of which was to identify emerging trends and to review administrative and clinical procedures.

The second survey was carried out over an eight-day period at the end of September, 1969, following the receipt of a grant from Granada Television Ltd. A television film unit visited the clinic at a selected street; 172 persons attended for examination during this special survey period. The programme shown by Granada Television on 13th October, 1969, in its "World in Action" series, illustrated the whole sequence of events: the attendances and examinations at the clinic, referral to the general practitioners, and for the case of malignant disease, the hospital consultation, details of the operation, result and prognosis.

Follow-up Survey

In order to ascertain what proportion of patients actually received treatment, were placed under observation or were referred to a hospital or specialist by their General Practitioners, it was necessary for follow-up information to be obtained. This was a large and difficult exercise. No less than 115 Southwark General Practitioners were involved and it was necessary to cause a minimum of inconvenience to them and to consume as little as possible of their time. In most cases appointments were made for Medical Officers of the Health Department to visit the General Practitioners' surgeries to obtain the information and, in this connection, the co-operation of the General Practitioners was very much appreciated.

For this survey a 25% sample of the total number of patients referred to their General Practitioners was followed-up; thus efforts were made to obtain information on 451 of the 1,802 patients referred to their own doctors. The results of this work are given in Tables 2, 3 and 4 (Page 42).

Finance

The cost per person attending is very difficult to assess exactly, because of the multi-disciplinary staff used in part-time capacities, but below are given headings with approximate figures in each section of costing:—

Approximate Estimate of Costs from November 1968 to November 1969	£
Transport, including capital repayment	1,745
Repairs and maintenance	88
Insurance	6
Mobile Health Clinic staff salaries	3,948
Estimated cost of administrative and clerical services, including salaries, provided at head office	2,720
Fuel (calor gas)	21
Furniture and fittings	21
Operational equipment	79
Medical requisites	230
Cleaning materials	5
Total	8,863

The average cost is, therefore, approximately £2.15s.0d., for each person attending. Private agencies running comprehensive health checks charge a £25—£30 fee.

Table 2.

Attendance Results	Total	%
Number of patients who attended G.P. as requested	405	89.8
Number of patients: no confirmation of attending G.P.; G.P. retired, ill health, holidays, patient moved away etc.	46	10.2
Total number of patients selected for follow-up survey	451	100.0

Table 3.

Findings	Total	%
Number of Mobile Health Clinic (MHC) findings already known to G.P.	442	53.4
Number of MHC findings not previously known to G.P. but confirmed by him/her	313	37.8
Number of MHC findings not confirmed by G.P.	73	8.8
Total number of MHC findings in respect of the survey patients	828	100.0

Table 4.

Further Care Arrangements of Patients	Total Arrangements	%
For observation by G.P.	147	30.0
For treatment by G.P.	236	48.2
For referral to hospital or specialist by G.P.	107	21.8
Total number of further care arrangements	490	100.0

Provisional Findings Reported to G.Ps

		16-40 Years		41 Years +		Totals	% age of Patients
		M	F	M	F		
Table 5 - Disability Groups							
Cardio- Vascular	High Blood Pressure	33	60	45	199	337	10.6
	Murmur (for observation and investigation by GP/Hospital)	3	34	5	40	82	2.5
	Others, e.g. Pulse, Signs of Failure, etc.	2	11	5	18	36	1.1
Respiratory		0	54	23	62	149	4.7
Digestive Disorders		83	197	91	199	570	18.0
Orthopaedic Conditions		17	87	31	247	382	12.0
Eye Dis- orders	Vision Defects	29	142	68	209	448	14.1
	Eye Diseases	16	18	15	29	78	2.5
Teeth and Gums		51	145	42	125	363	11.5
Nose and Throat		21	29	10	18	78	2.5
Ear and Hearing		13	69	37	113	232	7.3
Gynaecological Disorders		—	439	—	499	938	29.6
Genito-Urinary		12	3	3	21	39	1.3
Nervous Disorders	Neurological	8	26	10	27	71	2.2
	Psychiatric	14	297	15	190	516	16.3
Weight Disorders	Overweight (10% and above ideal weight)	127	416	105	350	998	31.6
	Underweight (10% and below ideal weight)	24	201	32	157	414	13.1
Varicose Veins		15	109	42	170	336	10.6
Tuberculosis		—	—	—	1	1	.03
Miscellaneous	Hernia	4	7	8	7	26	.8
	Skin	25	97	26	71	219	6.9
	Endocrine	1	14	—	17	32	1.0
	Breast (including carcinoma)	—	15	—	14	29	.9
Blood	Abnormal Hb	—	60	1	63	124	3.9
	Abnormal Other	—	3	—	1	4	.1
Urinary Abnormalities	Protein	3	11	3	4	21	.7
	Glucose	1	1	3	9	14	.4
	Blood	3	22	2	10	37	1.2
	Infection	—	5	—	7	12	.4
Cervical Smear	Suspicious of malignancy	—	3	—	3	6	.2
	Positive for malignancy	—	3	—	4	7	.2
Totals		515	2,578	622	2,884	6,599	

	16-40 Years		41 Years +		Totals	% age of Patients
	M	F	M	F		
<i>Table 6 - Incidence of Illness</i>						
Patients free from disability	77	265	43	98	483	15.3
Patients with single disability	126	497	81	223	927	29.3
Patients with multiple disability	136	691	165	758	1,750	55.4
<i>Totals</i>	339	1,453	289	1,079	3,160	100.0
<i>Table 7 - Sex and age distribution of attenders</i>	339	1,453	289	1,079	3,160	100.0

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 1,807 women attended the 141 sessions held at the five clinics in the Borough and of these 1,240 women were found to have no abnormalities; 18 were found to have carcinoma of the cervix, 3 had some breast pathology and 546 had other gynaecological disorders which are summarised as follows:—

Vaginal discharge

Trichomonas Vaginitis	...	...	...	...	...	...	...	35
Monilia	...	...	...	...	...	...	...	12
Non-specific	...	...	...	...	...	...	...	33
Cervicitis	...	...	...	...	...	...	...	123
Vulvo-vaginitis (Atrophic)	...	...	...	...	...	...	...	5
Cervical erosion	...	...	...	...	...	...	...	146
Ectropion	...	...	...	...	...	...	...	12
Cervical polyp	...	...	...	...	...	...	...	34
Bartholin's cysts	...	...	...	...	...	...	...	1
Cystocoele and rectocoele	...	...	...	...	...	...	...	12
Urethral Caruncle...	...	...	...	...	...	...	...	1
Urinary abnormalities	...	...	...	...	...	...	...	6
Fibroids	...	...	...	...	...	...	...	20
Ovarian cysts	...	...	...	...	...	...	...	2
Menstrual Irregularities	...	...	...	...	...	...	...	36
Thyroid enlargement	...	...	...	...	...	...	...	2
Haemorrhoids	...	...	...	...	...	...	...	2
Post Menopausal Bleeding	...	...	...	...	...	...	...	6
Dual Pathology	...	...	...	...	...	...	...	3
Hypertension	...	...	...	...	...	...	...	11
Inflammatory Nuclear Change	...	...	...	...	...	...	...	40
Senile (atrophic) changes	...	...	...	...	...	...	...	4

HEALTH EDUCATION & HOME SAFETY

A Departmental Committee, comprising heads of each section of the Department, and a Working Party with representatives of Health Visitors, School and Home Nurses, Public Health Inspectors, Day Nursery Matrons, Dental Auxiliary and Play Group Organiser have met regularly throughout the year to decide general policies and activities.

The following basic programme of projects was formulated:—

January	Smoking, Fire & Winter safety	
February, March	Dental & Personal Hygiene	
April, May, June	Fire	
	Care of feet	Safety for Baby
	Food Hygiene	
	Pre-school immunisation	
July, August	Summer Health	Summer accident risks
	Leisure & Play	
	Preparation for school	
September	Scalds, Poisoning	
October to December	Winter family Health	Fire & Winter safety (including fireworks and Christmas accidents)

This programme was supplemented throughout the year by such subjects as Infectious Diseases, Immunisation, Nutrition, Diet, Maternal and Child Health and also by various special campaigns, all of which were supported by publicity posters and leaflets issued to all health clinics, school treatment centres, area health offices, day nurseries, general practitioners and group practice attachments, official notice boards and also offices of other departments of the Council, including the Public Libraries.

Several original posters and leaflets have been produced for local services such as the Mobile Health Clinic, Well Women's Clinic, Advisory and Preventive Clinics for "over sixties", and Family Planning clinics and articles on health and home safety have been written for the Council's "Civic News" magazine which has a circulation of approximately 200,000 copies.

Visual aids e.g. films and film strips, projection apparatus, flannelgraphs, teaching charts and equipment were provided for display and talks for clinics, mothers' clubs, schools and various other groups.

Smoking

Following a spate of evasive publicity that smoking was a wasteful expense and an untidy nuisance, the new Health Education Council embarked on a long term national campaign, reverting to an emphasis on the health risks of smoking. The Health Department co-operated fully with continuous local publicity and educational talks and films for adults and children.

Health authorities face two formidable problems on this subject: firstly to interpret to the growing ranks of juvenile smokers the risks of serious illness or death in later years which to early teenagers may seem too remote to worry about; and secondly to impress upon adults their responsibilities, by persuasion and example, to encourage children to heed this advice.

Venereal Disease

There has been a tendency in the past to relegate publicity on the subject to obscure corners of public conveniences. The increase in this disease has resulted in a much more open attitude, and it was decided to design and print a large poster prominently displaying the addresses and times of local treatment clinics. These posters were exhibited throughout the borough on public notice boards and in all Council offices, and a wide distribution of leaflets was maintained throughout the year.

Special attention has been given to the inclusion of venereal disease in talks and films on sex education for adult and adolescent groups.

Dental Hygiene

The Health Department and the School Dental Service of the Inner London Education Authority have co-operated closely in dental hygiene education for children. This subject remains one of the most important targets in health education and a number of projects were undertaken during the year. Through the kind co-operation of Colgate Palmolive Ltd., packs containing tooth paste, tooth brush and a beaker inscribed with the dental health rules in verse were distributed to young children in day nurseries and attending dental clinics. The Oral Hygiene Service also kindly gave permission for the illustration of their "Fuzzy Bunny" leaflets to be reproduced on a card as a painting competition with the best answer to the question "How do you keep your teeth clean?", which evoked an encouraging response.

An excellent I.L.E.A. puppet theatre with dolls representing the "goodies and baddies" of the dental scene visit 39 infant schools, and was also featured in special sessions during the school summer holidays referred to later.

Dental health education on more adult lines has also been undertaken continuously with talks at senior schools and mothers' clubs, for there is a serious danger that if children are allowed to eat too many sweet sticky foods—often as a substitute for a cooked breakfast—all the efforts and expense devoted to the dental education of children may be nullified.

Child Minding

This was the subject of another special campaign during the year, and was directed both to minders, as a warning of their obligations for registration and observance of the various requirements, and also to mothers to ensure that child minders having care of their children were properly registered. This publicity included another specially designed poster and leaflet.

Home Safety

Accidents in the home continue to impose upon the medical and nursing services a serious strain which, to some extent, must be regarded as potentially avoidable. Carelessness, ignorance and faulty manufacture of goods all contribute to accidents, and the need for sustained education in this field is a high priority which has been maintained by continuous publicity throughout the year on the numerous hazards which threaten all ages. The following information from the London Fire Brigade shows an increase in fire calls in the Borough compared with the previous year, although these figures do not indicate any degree of severity but an encouraging decrease in oil heater fires.

	1968	1969
Fires in premises (excluding following)	1,571	2,120
Chimney and grass fires	202	233
Oil heater fires	50	39

During 1969 the Department of Health and Social Security drew attention to the increasing extent of hospital treatment which was becoming necessary to deal with cases of acute poisoning. The accidental drug overdose is only part of this situation; many cases occur through medicines or poisonous domestic substances being easily accessible to young children, and to toxic liquids stored in wrongly labelled bottles or in cabinets together with medicines. Poisonous plants also present a risk to the town child who is unfamiliar with their properties.

Water safety

In a communication to local authorities the Secretary of State expressed concern at the many hundreds of people drowned each year. Seventy five per cent of those fatalities occur in inland waters and this aspect is of particular significance in Southwark which is intersected by the Surrey Canal. A publicity campaign was maintained throughout the summer to warn both mothers and children of the danger of playing near the Canal and stressing the importance of learning to swim.

The following table shows deaths of Southwark residents, registered up to the end of 1969, in which home or drowning accidents were either the primary or a contributory cause of death.

CAUSE	Injuries from falls (or pre- sumed falls)		Carbon Monox = (Gas fumes)		Asphyxia Fire fumes & other causes		Drug poisoning		Burns & Scalds		Electrocution		Drowning	
	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
Age Group														
76 + Male	3	2					1							
Female	7	11	1						2					
66-75 Male		1	1										1	
Female	3	1		1			1						1	
51-65 Male	3	2	1		2		2				1		2	2
Female	1	1							1					
36-50 Male			1		2		1						1	1
Female							1							
26-35 Male			1				1				1			
Female	1													
17-25 Male							1						1	
Female		1												
11-16 Male														
Female														
6-10 Male	1												1	
Female														
0- 5 Male	1	1	1		2		1		1					
Female	1		Age unknown		1									
Totals Male	8	6	4	1	4	2	5	2	1		1	1	4	4
Female	13	14	1	1	1		1	1	1	2			1	1

Summer School Vacation

The programmes arranged for children in past years during the August school holidays was repeated in 1969 and again proved extremely popular and successful. Previously, these have taken the form of a selection of films on health or safety interspersed with entertainment items shown at four of the health centres with a change of programme on each of the four weeks. This year, a special sub committee was formed to try to extend the scope of the educational content whilst avoiding direct formalised teaching.

Quiz contests and home exercises on poster drawing, scrap books, etc. were organised and small prizes awarded. About 1,100 children attended these sessions.

Mothers' Clubs

Mothers' clubs are now operating at Health Centres in the borough, and a great deal of excellent work is contributed by Health Visitors to encourage young mothers to attend these meetings with their children. Programmes of talks, films and demonstrations are arranged, often with special items for the benefit of the children. Whilst fundamentally educational, the aim is to provide programmes of general interest in a social atmosphere which will encourage mothers to remain in close contact with the centre and the Health Visitor.

In-service Training

A two-day course was arranged in co-operation with the Health Education Council at the end of October, covering a wide range of problems under the title of "Health and Marriage". Members of the staffs of the Health, Welfare and Children's Departments attended the course and presented several interesting reports from the useful group discussions.

A series of eight weekly training sessions for Home Helps was also arranged by the Chief Home Help Organiser between March and May. These courses included lectures by Health Visitors, District Nurses and Public Health Inspectors, designed to give a practical knowledge of fundamental food hygiene, diet and nutrition, accident prevention etc.

Displays

An open air display illustrating the functions of the Health Department was mounted at Belair, the Council's recreation ground at Dulwich, in connection with a summer festival in June. A large quantity of leaflets on health and safety was issued on this occasion and numerous interested enquiries were made by visitors, many of them young people.

Summary of activities:

Leaflets and booklets issued	...	...	9,487	dozen
Posters issued	...	...	6,617	
Films (No. of screenings)	...	...	306	
Projector equipment used	...	...	210	

Talks:		Adults	Children (sessions)
Maternal & Child Health	...	77	83
Housewifery	...	61	6
Venereal diseases, sex education, family planning, etc.	...	44	83
Nutrition, food hygiene...	...	14	4
Home safety	...	15	11
Dental hygiene	...	2	91
Smoking, drugs	...		38
Infectious diseases, immunisation	...	2	6
Environmental health, social services, etc.	...	54	16
Totals	...	269	338

MENTAL HEALTH SERVICE

Co-operation with all organisations concerned with mental health was fully maintained during the year. The Psychiatric Advisory Committee to the Medical Officer of Health met on three occasions. Matters discussed by the Committee, consisting of four consultants from hospitals with catchment areas in the Borough, included facilities in the community for the mentally subnormal, psychiatric hostel accommodation, provisions for seriously disturbed adolescents, clinic facilities for subnormal patients, the Council's Five-Year Plan for mental health establishments and the Grange Tannery Project mentioned later in this report.

Close liaison between hospital and local health authority after care services also continued and five mental welfare officers were employed on a joint appointment basis with psychiatric hospitals in the area. Two council nurses with psychiatric training continued to work within the catchment area of St. Olave's Hospital. In conjunction with the hospital these nurses attended case conferences, learned the patients' needs and were able to visit the patients' homes and ensure that the prescribed treatment was carried out. There was further co-operation with the hospital service in the continued joint appointment of an occupational therapist who made home visits and gave instructions in a number of activities; limited payments may be made to patients able to undertake light industrial work in their own homes.

Joint arrangements between the London Boroughs of Southwark, Lambeth, and Wandsworth for dealing on a shared basis with calls and emergencies outside normal office hours continued most satisfactorily (see APPENDIX C). The male mental health escort employed by Southwark continued to assist other Boroughs on a payment basis and a total of 221 escort duties were undertaken by him.

During the year, eight Medical Practitioners were approved by the Council under the Mental Health (Hospital and Guardianship) Regulations, 1960, for the purpose of Section 28 of the Mental Health Act, 1959.

The Greater London Council continued to maintain the central index of mentally disordered persons. Southwark, together with other Inner London Boroughs, utilized the index and shared the cost of its maintenance.

Departmental officers concerned with mental health attended appropriate conferences and meetings during the year. The Council continued its policy of encouraging mental welfare officers to become qualified; one mental welfare officer returned to duty during July having obtained the Certificate in Social Work and one commenced a one-year course in September. In addition, two mental welfare officers continued their period of secondment for the whole of the year.

The students detailed below were seconded to the Department for supervised practical training and they stayed for various periods ranging from 2 weeks to 7 months at different times during the year:

- 1 Bedford College
- 4 Croydon Technical College
- 1 Hillcroft College
- 1 Keele University
- 3 London School of Economics (Social Administration)
- 6 North West Polytechnic
- 1 Regent Street Polytechnic

Many visitors were welcomed from various parts of the British Isles and from abroad to see the different aspects of the mental health services and establishments. Some were short visits of inspection and others were longer and more detailed periods of observation. Included among the visitors were doctors, medical students, nurses and nursing students, social workers and students. In addition, talks about the mental health service were given by the Chief Mental Welfare Officer and some of her staff at schools in the Borough and to a variety of voluntary and statutory organisations.

Grange Tannery

A most important project in the field of mental health was completed during the year and brought into functional operation in June. This was the Grange Tannery project in the Bermondsey area of the Borough. The complex was officially opened on 8 October 1969, by the Rt. Hon. R. Mellish, P.C., M.P., K.S.G. Amongst those who attended the ceremony were the Worshipful the Mayor, The Mayoress, Mr. S. Silkin, M.P., Members of the Council, Chairmen of Health Committees from neighbouring Boroughs, Medical Officers of Health from other Inner London Boroughs, general practitioners, representatives from the Department of Health and Social Security, industrial firms who supply work to the Centres, and Mental Health Societies; and Council Chief Officers and other staff.

The area of the site, on which there had been a Tannery for over 200 years, was 1.36 acres. The only building remaining was a four-storey block constructed in 1941 the structure of which, although damaged by fire and vandalism, was sound.

The new development comprised three separate units or houses:

Crispin House

The remaining four-storey factory block was especially modified for use as a training centre for mentally subnormal adults. The Centre, known as Crispin House, can accommodate 180 trainees from about 16 years of age. The purpose of the centre is to stimulate social, manual and intellectual developments, training being organised into three groups to achieve this aim, namely:

Education and general social integration

Domestic science and its specific social problems

Workshop training and its specific social problems

One floor of the building has been allocated to each of these activities.

The first floor workroom is equipped with light industrial machinery and tools; industrial firms supply the work for which they pay an agreed rate. The competitive urge is fostered not only to increase production but also to stimulate the team spirit.

Trainees on the second floor attend Education Classes where they are given talks under the general heading of communication, independence, and social integration. The talks are illustrated with pictures, practical demonstrations and, where possible, visits to shops, cafes, municipal buildings and other suitable places of interest.

Domestic science training is undertaken on the third floor. Here a demonstration flat is incorporated where trainees can be taught laundering, cleaning, cooking, serving meals and table manners. A room equipped with sewing machines is used for instruction in "make-do and mend", knitting and sewing. Whilst most of these are practical lessons, the "Three R's" are involved in shopping for the cookery class, the weighing of ingredients and dress-making. ~~The mezzanine floor, which has been added to the original structure,~~

The mezzanine floor, which has been added to the original structure, incorporates the trainees' quiet and recreation room together with the medical room and staff room. The clerical and administrative staff for the group of buildings also have offices on this floor.

The main entrance hall is at ground floor level. The lower ground floor houses the dining room which is large enough to accommodate all the trainees at one sitting. The dining room is served direct from the central kitchen by way of the servery counter. The kitchen serves both this dining room and the one used by the elderly mentally infirm in Evelyn Coyle House.

Evelyn Coyle House

Evelyn Coyle House incorporates a day centre and hostel for elderly mentally infirm persons. Both wings of the building are at lower ground floor level in common with Crispin House. Up to 40 persons can be employed on light work in the large workroom of the day centre. Some of those attending the day centre are temporarily

unable to reside in their own homes for various reasons and the short-stay hostel provides 12 single bed-sitting rooms for these people. Both those attending the day centre and those housed in the hostel are able to relax in the sitting room and take their meals in the separate dining room. Also provided are bathrooms, showers, medical room and hair-dressing room. There is a two-bedroomed flat for the resident warden and a self-contained bed-sitting room which enables a staff member to act as temporary relief for the warden.

Gibson House

This building provides hostel accommodation for 12 mentally subnormal youths, each having his own bedroom. There is a communal sitting room, dining room, and recreation room. The young people living here either have outside employment or undergo daily training at Crispin House. As at Evelyn Coyle House, there is a two-bedroom flat for the resident warden and a bed-sitting room for the staff member on relief duty.

General

Morning, evening, and weekend meals are supplied to the two hostels from their own kitchens, all week day lunches being provided from the central kitchen in Crispin House. The central kitchen can also provide light refreshments for evening social activities held in the main dining room of Crispin House. Gardens between the Houses provide pleasant surroundings to the buildings and help to give each House its own identity.

Staff

A total of 31, including three administrative and clerical staff are on the establishment of the centre and hostels. The manager at Crispin House and the supervisor at Evelyn Coyle House Day Centre are responsible for ensuring that an adequate and continuous supply of work is available. They also advise on the organisation of the workshops, problems arising from the work, the selection of admissions for employment and their discharge. Each hostel has its own warden, deputy warden and assistant warden; the day centre at Evelyn Coyle House has a supervisor and assistants; Crispin House has a manager together with supervisors and assistant supervisors.

MENTALLY ILL

Day Centres

The Camberwell and Castle Day Centres continued to function for those mentally ill persons in need of rehabilitation. Work undertaken at these centres was mainly of a light industrial nature for various firms in the area. The Page's Walk Day Centre for the elderly mentally infirm was closed and the work and persons attending were transferred to the new purpose-built facilities provided at Evelyn Coyle House described earlier in this report.

MENTALLY SUBNORMAL

Special Clinics

Because of the greater availability of various forms of consultation, the special clinics held at welfare centres were discontinued so that from June onwards these special advisory clinics for subnormal children no longer formed a part of the Department's Mental Health Service.

Benhill Adult Training Centre

The adult training centre held in the Parish Hall, Benhill Road, S.E.5. continued to function for the first half of the year. At the end of June the trainees and staff were transferred to the new purpose-built adult training centre at Crispin House mentioned previously.

Out-Patient Clinic

An interesting development was the commencement of an out-patient clinic for subnormal adults. The clinic, staffed by two consultants from Darenth Park Hospital, is held at Crispin House on one afternoon at fortnightly intervals. Each consultant medically examines one subnormal adult whose parents and mental welfare officer may be present. After the examination the consultants discuss the cases with the staff concerned; health department medical officers, mental welfare officers and centre staff attend and participate in these discussions.

Girls' Hostel

The Dover Lodge Hostel for subnormal girls continued to function. Occupation of the twelve available places was not fully maintained throughout the whole of the year, however, despite the provision of places for other boroughs at agreed rates of payments.

Junior Training Schools

Kirkwood Junior Training School in Kirkwood Road, S.E.15. and Peckham Junior Training School held in the Congregational Church Hall, Studholme Street, S.E.15. continued to function throughout the year. Peckham Junior Training School closed permanently at the end of the Autumn Term, however, and arrangements were well in hand at the end of the year for the transfer of all equipment, staff and children to the new purpose-built Tuke Junior Training School and Special Care Unit in time for the commencement of the Spring Term, 1970. By arrangement with the Inner London Education Authority speech therapists continued to visit the junior training schools thus benefitting those subnormal children suffering from speech defects.

Special Care Unit

Derwent Special Care Unit situated in the Dulwich area of the Borough continued to provide a much needed service. However, the Unit closed on 17 December, 1969, in readiness for its transfer to Tuke Junior Training School and Special Care Unit in time for the commencement of the Spring Term, 1970.

Short Term (Residential) Care

During the year, short term care arrangements were made for a variety of reasons for subnormal and severely subnormal persons, children and adults. Ten places were provided in hospital and 124 places were provided at the Council's expense at Local Health Authority, voluntary and privately maintained establishments. In addition, 27 recuperative holidays on medical grounds following recovery from recent acute illness were provided for mentally ill persons.

Social Activities

The Borough participated again in the organised training centre holiday scheme organised by the London Borough of Hammersmith on behalf of the Inner London Boroughs. Nine Southwark children and adults enjoyed the two weeks holiday in May on the coast at Dymchurch, Kent.

In addition to social clubs run by voluntary organisations, a social club for subnormal persons continued to be held weekly throughout the year at the St. Giles' Church Hall, Benhill Road, S.E.5. A weekly club was also held at the Castle Day Centre for mentally ill persons attending that centre and the Camberwell Day Centre. Both clubs were organised by Council staff and sessional fees were paid to the club leaders by the Council.

Grants

Grants and payments were made to the other bodies and voluntary organisations listed below in respect of services provided for the mentally disordered:

- Blackfriars Settlement Work Centre
- Helping Hand Organisation
- St. Giles' Centre
- Talbot Settlement
- National Association for Mental Health
- National Society for Mentally Handicapped Children
- Cane Hill Hospital Management Committee--Havil Street Club.

Transport

Trainees attending the adult training centre and children attending the junior training schools continued to be transported daily from and to pick-up points near their homes by the use of contract hire coaches. The Council's own mini-buses continued to transport from and to their own homes children attending the special care unit and elderly mentally infirm persons attending the Evelyn Coyle Day Centre.

STATISTICS FOR YEAR ENDED 31 DECEMBER 1969

TABLE I
NUMBER OF REFERRALS DURING YEAR

Referred by	Mentally Ill				Subnormal				Severely Subnormal				
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		
	M	F	M	F	M	F	M	F	M	F	M	F	Total
General Practitioners	2	1	73	86	—	—	—	—	—	—	—	—	162
Hospitals	1	—	119	173	1	4	—	2	1	—	—	—	301
Local Education Authority	—	—	—	2	26	22	21	4	8	1	—	—	84
Police and Courts	—	—	24	22	—	2	1	—	—	—	—	—	49
Others*	—	1	169	219	17	6	7	11	9	1	—	—	440
Totals	3	2	335	502	44	34	29	17	18	2	—	—	1,036

*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	...	...	...	...	...	...	...	...	...	45
Compulsorily: M.H. Act, 1959, Section 25 (for observation)	...	...	...	...	...	...	...	...	...	74
Section 26 (for treatment)	...	...	...	...	...	...	...	...	...	13
Section 29 (emergency admission for observation)	...	...	...	...	...	...	...	...	...	81
Other...	...	...	...	...	...	...	...	...	...	12
Afforded community care	...	...	...	...	...	...	...	...	...	527
Given advice only	...	...	...	...	...	...	...	...	...	284
Total										1,036
Day centres	...	...	...	...	...	...	...	...	...	...
Hostels (Dover Lodge)	...	...	...	...	...	...	...	...	...	...
Glebe House	...	...	...	...	...	...	...	...	...	12
Evlyn Coyle	...	...	...	...	...	...	...	...	...	12
Totals	...	...	...	...	...	...	...	...	...	450

TABLE III

NUMBER OF PERSONS RECEIVING COMMUNITY CARE at 31st DECEMBER 1969

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	42	39	7	23	—	—	—	—	111†
Attendance at training centres	—	—	—	—	59	45	69	63	236*
Home training	9	16	—	—	—	—	8	5	38
Residence in homes, hostels, etc.									
Local authority (Dover Lodge)	—	—	—	—	—	—	8	7‡	15
Other	13	24	—	—	3	6	9	19**	74
Attendance at special units	—	—	—	—	24	12	—	—	36
Formal guardianship	—	—	—	—	—	—	—	3	3
S.W. visits (awaiting admission to hospital for long term res. care)	—	—	—	—	4	3	—	—	7
Totals	64	79	7	23	90	66	94	97	520

† Plus 11 patients from other Boroughs

* Plus 1 Junior patient from another Borough (and 1 Adult attending other Boroughs' centres).

‡ Plus 4 persons from other Boroughs

** Plus 2 persons included below under formal guardianship

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

	Under 16		Over 16		Totals
	M	F	M	F	
In N.H.S. Hospitals (arranged by mental health staff)	3	3	1		7
In homes, hostels, etc.	52	13	15	18	98
Totals	55	16	16	18	105

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	—	—	—	84	180	264
Special units (in day nurseries)	3	—	—	—	—	29	—	29
Day centres	—	3	—	80	40	—	—	120
Hostels (Dover Lodge)	—	1	—	—	—	—	13	13
Gibson House	—	1	—	—	—	—	12	12
Evelyn Coyle	—	1	—	—	—	—	12	12
Totals			—	80	40	113	217	450

ENVIRONMENTAL HEALTH SERVICES

Number of complaints received	...	...	...	...	...	...	...	...	7,859
Inspections:									
Nuisance inspections	...	...	...	...	...	...	...	...	8,504
Re-inspections	...	...	...	...	...	...	...	...	12,217
Overcrowding	...	...	...	...	...	...	...	...	150
Offensive trades	...	...	...	...	...	...	...	...	32
Factories and workplaces	...	...	...	...	...	...	...	...	512
Outworkers premises	...	...	...	...	...	...	...	...	290
Verminous premises and persons	...	...	...	...	...	...	...	...	972
Common lodging houses	...	...	...	...	...	...	...	...	97
Conveniences, public and private	...	...	...	...	...	...	...	...	806
Pet animal premises...	...	...	...	...	...	...	...	...	66
Hairdressers and barbers	...	...	...	...	...	...	...	...	149
Rent Act, 1957	...	...	...	...	...	...	...	...	19
Miscellaneous inspections...	...	...	...	...	...	...	...	...	8,204
Infectious diseases	...	...	...	...	...	...	...	...	1,812
Infectious diseases, visits to contacts and re-inspections	...	...	...	...	...	...	...	...	1,419
Drainage (new buildings)									
Inspections	...	...	...	...	...	...	...	...	4,107
Tests applied	...	...	...	...	...	...	...	...	1,915
Drains constructed	...	...	...	...	...	...	...	...	1,470
Drainage (existing buildings)									
Inspections	...	...	...	...	...	...	...	...	2,696
Tests applied	...	...	...	...	...	...	...	...	1,043
Drains found defective	...	...	...	...	...	...	...	...	259
Drains totally reconstructed	...	...	...	...	...	...	...	...	202
Drains repaired or partially reconstructed	...	...	...	...	...	...	...	...	490
Offensive Trades									
Type of Business									Number of Register
Fat extractors	...	...	...	...	...	...	...	...	2
Manure manufacturer	...	...	...	...	...	...	...	...	1
Skin dressers	...	...	...	...	...	...	...	...	5
Fellmongers	...	...	...	...	...	...	...	...	3
Glue and size manufacturer	...	...	...	...	...	...	...	...	1

Thirty-two inspections of these premises were made.

Common Lodging Houses

There are seven common lodging houses in the Borough, four for women and three for men. 97 inspections were made during the course of the year.

Hairdressers and Barbers

During the year 149 inspections were made to the 236 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 twelve sites in the Borough. The estimated total number of pigeons frequenting these sites was 2,845 and 2,296 were caught.

Pet Animals Act, 1951

Nineteen premises are registered under this Act and 66 inspections were made during the year.

Pharmacy and Poisons Act, 1933

There are 138 persons included in the Council's list of sellers of Part II poisons: 119 inspections were made.

Registration of Food Premises

Under the provisions of Section 16 of the Food and Drugs Act, 1955, 102 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 324 inspections of these premises were made.

Bakehouses

There are 39 bakehouses in use and 54 inspections were made during the year.

Sewerage and Sewage Disposal

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

Swimming Baths

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

Camberwell Front	...	...	...	...	...	...	118,000 gals.
Camberwell Rear	...	...	...	...	...	...	118,000 gals.
Dulwich Front	...	...	...	...	...	...	118,000 gals.
Dulwich Second Class	...	...	...	...	...	...	88,600 gals.
Bermondsey Central First Class	...	...	...	...	...	...	150,000 gals.

Bermondsey Central Second Class	...	...	...	...	...	73,125 gals.
Rotherhithe	...	...	...	...	...	220,000 gals.
Manor Place First Class	...	...	...	...	...	157,000 gals.
Manor Place Second Class	...	...	...	...	...	164,000 gals.
Manor Place Small	...	...	...	...	...	48,000 gals.

Fifty eight samples of bath water were submitted for bacteriological and chemical examinations and found to be satisfactory.

Cremation Certificates

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

During the year the number of cremation certificates signed was 2,595.

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 1969.
- (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 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, 1969, was 290,530.
- (ii) No house 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-derived, also small quantities of well water from Honor Oak and Merton Pumping stations.

No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets.

METROPOLITAN WATER BOARD—

AVERAGE RESULTS OF THE CHEMICAL THE LONDON BOROUGH

Milligrammes per litre

Description of the Sample	Number of Samples Day of the month	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from KMnO_4 4 hrs at 27°C .	B.O.D. 5 days at 20°C .	Hardness (total) CaCO_3	Hardness non carbonate CaCO_3	Magnesium as Mg.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Thames-derived	371	0.024	0.083	4.4	1.05		282	79	5
South of River†	4	0.045	0.021	0.2	0.10		292	43	—
Honor Oak	4	0.005	0.017	0.2	0.08		252	38	—

BACTERIOLOGICAL RESULTS

Water supplied to London

Source of supply	BEFORE TREATMENT				
	Number of samples	Agar plate count per ml.		Coliform count	
		20–24 hours at 37°C .	3 days at 22°C .	Per cent. samples negative in 100 ml.	Count per 100 ml.
Thames-derived, South of River†	8,196	66.5	—	39.79	19.0
Honor Oak	81	0.0	3	97.53	0.1
Merton	19	2.3	10	100.0	—

† Hampton, Surbiton & Walton

WATER EXAMINATION DEPARTMENT

EXAMINATION OF WATER SUPPLIED TO OF SOUTHWARK

(unless otherwise stated)

Sodium as Na	Potassium K	Chloride as Cl	Phosphate as PO ₄	Silicate as SiO ₂	Sulphate as SO ₄	Natural Fluoride as F	Surface active material as Manoxol OT		Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micromhos)
(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
24.0	5.4	32	2.1	9	58	0.25	0.02		0.1	11	7.9	550
		17				0.50			0.5	9	7.3	480
		73				0.50			0.4	4	7.4	430

— YEARLY AVERAGES

Borough of Southwark

AFTER TREATMENT

Escherichia coli count		Agar plate count per ml.			Coliform count	E. coli count
Per cent. samples negative in 100 ml.	Count per 100 ml.	Number of samples	20–24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
53.97	7.0	3,698	12.9	—	99.89	100.0
100.0	—	81	0.1	11	100.0	100.0
100.0	—	19	0.2	2	100.0	100.0

INFECTIOUS DISEASES

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

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

Notifications of Infectious Diseases

Disease	1967	1968	1969
Scarlet fever	156	112	125
Whooping cough	170	257	37
Acute poliomyelitis and acute polio encephalitis	—	2	—
Measles	2,881	556	2,115
Diphtheria	—	—	—
Dysentery	231	195	201
Meningococcal infection	—	6	13
Pneumonia (acute primary and acute influenzal)	37	29	—
Paratyphoid fevers	—	—	2
Erysipelas	8	5	—
Food poisoning	64	157	168
Tuberculosis			
Respiratory system	149	130	148
Other forms	19	12	14
Malaria	1	—	—
Puerperal pyrexia	122	69	—
Ophthalmia neonatorum	2	1	2
Acute gastro enteritis	1,064	2,031	1,755
Infective jaundice	—	13	43

NOTIFICATION OF INFECTIOUS DISEASES 1969

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	—	10	30	64	16	3	2	—	—	—	—	125
Whooping cough	4	9	12	11	—	—	—	1	—	—	—	37
Measles	130	571	636	699	49	15	13	2	—	—	—	2,115
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	11	38	46	53	9	10	15	8	4	4	3	201
Meningococcal infection	1	3	1	3	3	1	—	—	—	—	1	13
Acute encephalitis—infective	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	6	9	6	14	13	34	28	18	18	9	13	168
Tuberculosis—Respiratory	1	—	1	1	3	10	19	31	29	24	29	148
Other forms	—	2	—	1	1	1	4	2	—	1	2	14
Meninges & Cns.	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	2	—	—	—	—	—	—	—	—	—	—	2
Acute gastro enteritis	171	241	195	253	184	234	152	113	90	68	54	1,755
Infective jaundice	—	—	2	6	6	12	8	3	2	2	2	43
Paratyphoid	—	—	—	—	1	1	—	—	—	—	—	2
Total	326	883	929	1,105	285	321	241	178	143	108	104	4,623

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 ...	—	—	—	—	15	15	15
Cl. welchii	—	—	—	—	—	—	—
Staph. aureus	—	—	—	—	—	—	—
Other causes	—	—	—	—	—	—	—
Cause Unknown	—	—	—	—	151	151	151
TOTAL	—	—	—	—	168	168	168

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

Type of Salmonellae							
Stanley	—	—	—	—	1	1	1
Brandenbourg	—	—	—	—	2	2	2
Un-named	—	—	—	—	3	3	3
Virchol	—	—	—	—	1	1	1
Newport	—	—	—	—	7	7	7
Enteriditis	—	—	—	—	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	—	—	—	—	4	4	4
Other Salmonellae ...	—	—	—	—	13	13	13
TOTAL	—	—	—	—	17	17	17

DISINFECTING STATIONS

There are two disinfecting stations in the Borough situated at:

King James Street, S.E.1

The Neckinger, S.E.16

Summary of Work Scabies and Vermin

				<u>Vermin</u>		<u>Scabies</u>	
				<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Southwark cases ...	...	...	...	1,789	191	192	210
treatments ...	...	...	...	1,789	191	370	382
Lambeth cases ...	...	...	...	41	61	69	78
treatments ...	...	...	...	41	61	122	140
Schoolchildren (male and female) cases ...	...	...	...		729		363
treatments ...	...	...	...		729		613
Total treatments ...	...	...	...		2,559		1,627

Disinfection and Disinfestation of Premises

Domestic dwellings (rooms) ...	...	...	...	...	...	...	1,929
Public conveniences ...	...	...	...	...	...	...	27
Public buildings, Institutions ...	...	...	...	...	...	...	41
Articles treated ...	...	...	...	...	...	...	28,535

Disinfection following infectious disease

Rooms treated ...	...	...	...	...	...	...	44
Library books treated ...	...	...	...	...	...	...	115

Incontinent Laundry Service

Number of articles laundered	117,602
----------------------------------	-----	-----	-----	-----	-----	-----	---------

Bathing of Aged Persons (No. of Baths)

Baths at home ...	...	...	...	...	...	...	11,866
Baths at disinfecting stations ...	...	...	...	...	...	...	548

MORTUARY

Bodies brought to Southwark Mortuary:

From hospitals in Southwark ...	...	...	...	...	...	229	
From hospitals in Lambeth ...	...	...	...	...	...	448	
							677
From private addresses in Southwark ...	...	...	...	...	...	424	
From private addresses in Lambeth ...	...	...	...	...	...	448	
From private addresses in Greenwich ...	...	...	...	...	...	1	
							873
Recovered from River Thames ...	...	...	...	...	...	5	
							<u>1,555</u>

Bodies brought from hospitals and institutions:

Southwark

Guy's Hospital ...	52
Evelina Hospital ...	2
Newington Lodge ...	5
Catholic Nursing Institute ...	2
St. Giles' Hospital ...	64
St. Francis Hospital ...	52
Dulwich Hospital ...	32
St. Olaves Hospital ...	18
Royal Eye Hospital ...	1
Maudesley Hospital ...	1

Lambeth

Lambeth Hospital ...	124
South Western Hospital ...	61
St. Thomas' Hospital ...	15
Kings' College Hospital ...	229
South London Hospital for Women ...	14
Weir Hospital ...	1
Annie McCall Hospital ...	1
Brixton Prison ...	3
Post mortems without Inquest ...	1,349
with Inquest ...	206

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Introduction

The Borough covers an area of 7,115 acres and extends from the south side of the River Thames to the Crystal Palace. The estimated mid-year population was 290,530. The majority of commercial premises and a large number of office blocks are concentrated in the north of the Borough. Substantial redevelopment schemes are either in hand or in the planning stage.

Registrations and Inspections

Registrations

New registrations were made of 149 premises, 103 fewer than in the previous year and the total number of premises registered at the end of the year was 3,799. It was found that in a large proportion of new businesses, particularly shops, the occupier seemed unaware of his responsibilities under the Act. It may well be that periodical publicity directed to new businesses would be of advantage. The Public Health Inspectors are continually on the look out for new premises which may be subject to the provisions of the Act.

The number of persons employed in retail shops has decreased considerably which is probably due in some measure to the tendency for retail shops to change to self-service trading with a subsequent reduction in persons employed.

Inspections

All newly registered premises are given a general inspection as soon as possible after registration and all registered premises have had at least one general inspection. It is anticipated that it will be possible to ensure that all registered premises are given a general inspection every 18 months to 2 years. Re-inspections are carried out at periodical intervals particularly where requirements under the Act have been brought to the attention of the occupiers. Written notices are given where necessary but, as has been found in previous years, many improvements have been achieved following discussions with the occupiers. It is interesting to note that very few complaints were received from employees.

The total number of general inspections made during the year was 1,826 and the total number of visits to all registered premises 4,937 compared with 1,240 and 3,847 respectively for 1968.

The number of infringements found and remedied was 1,743 and 1,489 respectively compared with 1,025 and 735 for 1968. Details are given in Table D.

The statistical information required to be submitted annually to the Department of Employment and Productivity is shown in Tables A, B and C.

The inspection of premises is carried out by the Public Health Inspectors and Technical Assistants under the supervision of the Inspectors.

Operation of the General Provisions of the Act

Cleanliness (Section 4)

This continues to be one of the more common shortcomings and 307 instances were found warranting attention. Of those, 226 were satisfactorily resolved during the year.

Overcrowding (Section 5)

Four instances of overcrowding were encountered and two remedied. Most occupiers and employees seem to be well aware of the requirements of the Act in this respect.

Temperature and Ventilation (Sections 6 and 7)

There were comparatively few instances of inadequate heating and in most cases effective remedial measures were taken. The lack of thermometers continues to be a common failing and action was taken in respect of 186 premises. 44 cases of inadequate ventilation were found and some difficulty was experienced in achieving satisfactory remedies, particularly in retail shops.

Lighting (Section 8)

Lighting standards generally in registered premises are considered to be of a reasonable standard but in some cases there was difficulty in obtaining satisfactory standards.

Sanitary Accommodation and Washing Facilities (Sections 9 and 10)

When inspections were made, the emphasis continued to be placed on maintenance of fittings, cleanliness and the general state of repair of the sanitary accommodation and washing facilities. Only 17 cases of insufficient sanitary accommodation were found and in 15 of those additional facilities were provided and in 63 cases improvement of washing facilities was obtained.

Floors and Staircases (Section 16)

There was a marked increase in the number of instances where floors and staircases needed attention—156 compared with 52 the previous year. The majority of defects was due to worn floor coverings and in view of the likelihood of accidents, particular emphasis was placed on obtaining improvements.

Dangerous Machinery (Sections 17, 18 and 19)

In 34 cases it was found necessary to advise occupiers of inadequate fencing of machinery.

First Aid Materials (Section 24)

First aid materials were found to be inadequate or not provided in 268 premises and this continues to be a common cause for action.

Notification of Accidents (Section 48)

52 accidents were notified and 36 were considered to warrant investigation. It is pleasing to note that this is the lowest number reported since the formation of the London Borough of Southwark. The most common form of accident reported continues to be of falls of persons and, as mentioned earlier, particular regard is given to the need for the maintenance of floors and floor coverings. An analysis of reported accidents is given in Tables E and F.

Display of Abstract of the Act (Section 50)

This is yet another common failing in registered premises. 311 cases were found where the abstract was not displayed. However, verbal notice was usually sufficient to remedy omissions.

Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968

These regulations which came into operation in 1969, are welcomed. It became evident towards the end of the year when Examination Reports were received that manual hoists, particularly those in licensed premises, were frequently found to be in need of maintenance. Occupiers were advised during inspection, following receipt of Examination Reports of the general requirements of the Regulations particularly those

dealing with regular examination by competent persons.

As is the practice adopted by H.M. Factory Inspectorate, written communications were sent to all occupiers following receipt of an unsatisfactory report.

Conclusion

It is considered that steady progress continues to be made in obtaining higher standards in registered premises. It is pleasing to note that enforcement of the requirements of the Act has to a large extent been achieved by discussion with and advice given to occupiers and without recourse to legal proceedings and, in the majority of cases, to written notices.

The continued advice and assistance afforded by H.M. Factory Inspectorate is greatly appreciated.

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	62	1,304	473
Retail shops	56	1,794	1,052
Wholesale shops, warehouses	16	297	123
Catering establishments open to the public, canteens	15	396	178
Fuel storage depots	—	8	—
Totals	149	3,799	1,826

TABLE B

Number of visits of all kinds by Inspectors to Registered Premises ... 4,937

TABLE C

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

(1) Class of Workplace	(2) Number of Persons Employed
Offices	19,285
Retail shops	13,534
Wholesale departments, warehouses	2,585
Catering establishments open to the public	1,727
Canteens	340
Fuel storage depots	28
Total	37,499
Total males	20,862
Total females	16,637

TABLE D
ANALYSIS OF INFRINGEMENTS FOUND AND REMEDIED DURING
INSPECTIONS OF OFFICES AND SHOP PREMISES DURING 1969

	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	52	58	138	84	15	10	90	62	12	12	—	—	307	226
Overcrowding	2	1	1	1	1	—	—	—	—	—	—	—	4	2
Heating	2	2	14	14	2	2	11	7	—	—	—	—	29	25
Provision of Thermometer	46	50	102	98	29	4	8	11	—	—	—	—	186	163
Ventilation	3	—	22	18	4	1	13	7	2	2	—	—	44	28
Lighting	22	17	43	33	10	3	16	11	2	2	—	—	93	66
Insufficient sanitary accommodation	6	5	6	10	3	—	2	—	—	—	—	—	17	15
Deficient sanitary accommodation	19	18	69	93	7	7	16	11	—	—	—	—	111	129
Insufficient washing facilities	1	3	18	6	12	1	4	—	—	—	—	—	35	10
Hot water/warm water required	10	13	31	33	6	13	10	6	—	—	—	—	57	65
Other deficient washing accommodation	6	4	45	33	3	2	19	14	—	—	—	—	73	53
Drinking water	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Clothing accommodation	2	5	9	7	2	—	2	—	—	—	—	—	15	12
Seating facilities	—	—	1	2	1	—	—	—	—	—	—	—	2	2
Eating facilities	—	—	1	2	—	—	—	—	—	—	—	—	1	2
Dangerous machinery	2	1	25	18	2	—	5	1	—	—	—	—	34	20
Floors and staircases	34	31	86	99	19	21	17	12	—	—	—	—	156	163
First-aid	78	80	129	127	21	23	39	19	1	—	—	—	268	249
Abstract not displayed	87	84	170	143	19	13	33	17	2	2	—	—	311	259
TOTALS	372	372	910	821	156	100	285	178	20	18	—	—	1,743	1,489

There were 292 Informal Notices served and 171 were complied with during the year.

TABLE E
REPORTED ACCIDENTS ANALYSED—WORKPLACE AND ACTION TAKEN

Class of Workplace	Reported Non-fatal			Number Investigated			Formal Warning			Informal Advice			No Action		
	1969	1968	1967	1969	1968	1967	1969	1968	1967	1969	1968	1967	1969	1968	1967
Offices	6	15	13	4	3	—	—	—	—	2	2	—	2	1	—
Retail shops	25	33	37	19	9	14	—	—	—	8	7	5	11	2	9
Wholesale Depts./Warehouses	12	27	21	8	8	—	1	—	—	2	6	—	5	2	—
Catering Establishments/ canteens open to the public	9	6	18	5	1	4	—	—	—	—	1	2	5	—	2
Fuel Storage Depots	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	52	81	89	36	21	18	1	—	—	12	16	7	23	5	11

There were no fatal accidents reported and no prosecutions

TABLE F
REPORTED ACCIDENTS ANALYSED BY PRIMARY CAUSE

Primary Cause	Class of Workplace										Total	
	Offices		Retail Shops		Wholesale Depts./ Warehouses		Catering Establishments/ Canteens open to the public		Fuel Storage Depots		1969	A* B*
	1969	A* B*	1969	A* B*	1969	A* B*	1969	A* B*	1969	A* B*		
Machinery	—	1 3	1	1 5	—	8 1	1	— 2	—	— —	2	10 11
Transport	—	— 2	—	3 —	1	1 5	—	— —	—	— —	1	4 7
Falls of persons	4	10 5	11	14 12	5	6 3	2	— 8	—	— —	22	30 28
Stepping on or striking against object or person	1	— —	4	2 4	2	1 2	1	— 1	—	— —	8	3 7
Handling goods	—	4 2	7	4 7	4	7 5	2	3 2	—	— —	13	17 16
Struck by falling object	—	— 1	—	1 1	—	— 2	1	1 2	—	— —	1	3 6
Fires and explosions	—	— —	—	— —	—	— —	—	— —	—	— —	—	— —
Electricity	—	— —	—	— —	—	— —	—	— —	—	— —	—	— —
Use of hand tools	—	— —	2	5 7	—	1 —	1	— —	—	— —	3	7 7
Not otherwise specified	1	— —	—	2 1	—	3 3	1	2 3	—	— —	2	7 7
Total	6	15 13	25	32 37	12	27 21	9	6 18	—	— —	52	81 89

A* 1968 B* 1967

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	435	131	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	1,719	344	—	—
(iii) Other Premises in which Section 7 is enforced by the local authority. (excluding out-workers premises)	59	37	—	—
Total	2,213	512	—	—

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	6	4	—	2	—
Unsuitable or defective	41	32	—	6	—
Not separate for sexes	2	—	—	2	—
Other offences	—	—	—	—	—
(Not including offences relating to home work)	—	—	—	—	—
Total	49	36	—	10	—

OUTWORKERS

Nature of Work	Number of Outworkers in August lists as required by Section 133 (1) (c)
Cardboard boxes	42
Carding of buttons	15
Lampshades	27
Showcards	10
Wearing apparel	196
Total	290

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

HOUSING—INSPECTIONS, PROCEEDINGS, ETC.

Inspection of Dwelling-Houses during the Year:

- | | | |
|-----|--|--------|
| (1) | (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 13,710 |
| | (b) Number of Inspections made for the purpose | 28,029 |
| (2) | Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... | 304 |
| (3) | 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 | 3,186 |

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 ... | 1,532 |
|---|-------|

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

- | | | |
|-----|--|----|
| (a) | Number of houses made fit after service of formal notices (Sections 9, 16 and 18) | |
| | (i) By owners | 3 |
| | (ii) By local authority in default of owners | 1 |
| (b) | Houses demolished as a result of formal or informal procedure under Section 17 | 10 |
| (c) | Houses closed in pursuance of an undertaking given by the owners under Section 16 | 7 |
| (d) | Closing Orders on parts of buildings (Section 18) | 30 |
| (e) | Undertakings not to use parts of buildings for human habitation accepted | 3 |

(f) Closing Orders made under Section 17(3)	...	...	...	—
(g) Demolition Orders determined and Closing Orders substituted under Section 26	...	...	...	—
(h) Closing Orders made under Section 17(1)	...	...	...	37
(i) Closing Orders determined	...	...	...	4
(j) Closing Orders revoked and Demolition Orders made	...	...	...	—
(k) Number of houses included in representations (Section 42)	...	...	...	217
(2) <i>Houses in Multiple Occupations—Housing Acts, 1961–64:—</i>				
(a) No. of premises found to require action	...	...	...	144
(b) No. of premises at which conditions were remedied as a result of informal action	...	...	...	1
(c) No. of premises requiring formal action	...	...	...	140
(d) No. of Directions given	...	...	...	67
(e) No. of Directions revoked	...	...	...	1
(f) No. of Directions varied	...	...	...	—
(g) No. of Management Orders made	...	...	...	38
(h) No. of Management Orders revoked	...	...	...	—
(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	...	...	...	2,054
(b) Number of dwelling-houses in which defects were remedied after service of formal notices:				
(i) By owners	...	...	...	826
(ii) By local authority in default of owners	...	...	...	104

Housing Inspections

	No. of Inspections
Clearance areas	2,312
Individual unfit houses	
Section 9	594
Section 16	210
Parts of premises—Section 18	417
Houses in multiple occupation	609
Re-inspections (all sections)	3,086
Miscellaneous Inspections	3,173
Total inspections	10,401

Legal Proceedings—Public Health Act, 1936:—

Nuisance Orders made	...	...	...	...	...	19
Summonses withdrawn (work completed)	...	...	...	...	...	21

RENT ACT, 1957

Applications for Certificates of Disrepair

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

Applications for cancellation of Certificates of Disrepair

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

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 the year 3,144 visits were made to applicants' homes as well as 843 other visits of investigation (to hospitals, relatives, etc.) and 2,127 recommendations were made to the Housing Department.

CLEAN AIR ACTS 1956 and 1968

Smoke Control Areas

At the end of the year the total number of operative Smoke Control Orders was 25 covering 4,437 acres and 63,981 premises.

No new Smoke Control Orders were made during the year but the surveys for the proposed No.26 (Peckham Central) were completed with a view to the Order being made early in 1970. In addition, surveys commenced for two further Smoke Control Areas and the target for completion of the Borough is 1976.

Installation of Furnaces

Eight applications for prior approval to the installation of furnaces were approved. It is fitting to report that a high degree of co-operation was received from the applicants in connection with suggestions made to them regarding the use of oil of low viscosity and sulphur content.

Smoke Nuisances

Investigation into 512 complaints of smoke nuisance were made and of this number 198 related to industrial sources. It was not found necessary to institute any legal proceedings and where nuisances were substantiated, abatement was secured by informal action. Burning of refuse by demolition contractors was a frequent source of complaint.

Clean Air Act 1968

Additional responsibilities arose from the Clean Air Act 1968 relating mainly to the control of open incineration on trade and business premises, chimney heights, and the emission of grit, dust and fumes.

Eight applications were received in respect of chimney heights and in three cases alterations were required.

There were 16 cases of recorded grit and dust emissions which were resolved informally.

Health Education

As in previous years, the subject of atmospheric pollution has figured prominently in talks given by the Public Health Inspectors to schools and other organisations.

Summary of Inspections

Complaints investigated	...	...	...	...	...	...	512
Smoke Observations	...	...	...	...	...	...	275
Smoke Control Areas	...	...	...	...	...	...	11,473
Industrial Inspections	...	...	...	...	...	...	583
Miscellaneous Inspections	...	...	...	...	...	...	5,158

PREVENTION OF DAMAGE BY PESTS ACT, 1949

1. Total number of properties in district	...	...	...	...	...	...	122,747
2. (a) Total number of properties inspected following notification	...	...	...	...	...	...	4,367
(b) Number infested by (i) rats	...	...	...	...	...	...	2,163
(ii) mice	...	...	...	...	...	...	2,057
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	...	...	...	...	...	...	95
(b) Number infested by (i) rats	...	...	...	...	...	...	62
(ii) mice	...	...	...	...	...	...	33

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

	<u>Domestic Premises</u>		<u>Commercial Premises</u>	
	<u>Rats</u>	<u>Mice</u>	<u>Rats</u>	<u>Mice</u>
Complaints received	1,653	1,459	625	630
Visits by investigators	1 612	355	655	667
Visits by rodent operatives	10,924	11,877	3,284	3,294
Number of premises cleared	1,115	1,415	715	771

FOOD AND DRUGS ACT 1955

During the year, 245 formal and 1,924 informal samples were submitted for analysis. Details of unsatisfactory samples and action taken are as follows:

Sample	Formal or Informal	Result of Analysis	Action Taken
Chopped pork	Informal	Contaminated with lead	Taken up with manufacturers.
Cultured buttermilk	Informal(2)	Incorrectly labelled	Taken up with manufacturers.
Strawberry flavour syrup	Informal	Incorrectly labelled	Taken up with manufacturers. Labels re-printed.
Strawberry flavour syrup	Informal	Excess of sulphite preservative	Formal sample satisfactory.
Syrup of creosote	Informal	Incorrectly labelled	Taken up with manufacturers. Labels re-printed.
Ground nut oil	Informal	Incorrectly labelled	Taken up with manufacturers. Labels re-printed.
Canned goulash	Informal	Incorrectly labelled	Taken up with manufacturers. Labels re-printed.
Cooking butter	Informal (2) Formal (1)	Slightly rancid	Taken up with manufacturers.
Sausages, beef	Informal (1) Formal (1)	Preservatives not declared	Formal sample taken. Prosecution, fine £5.
chipolatas	Formal	8% deficient in meat	Taken up with manufacturers. Subsequent sample satisfactory
pork	Formal	13% deficient in meat content	Re-sampled, satisfactory
pork	Informal	Preservatives not declared	Formal sample satisfactory.
Corned beef	Informal	Contained 45% cereal filler	Product withdrawn from sale
Cherries, canned	Informal	Small hole in can	No further action. Contents sound.

Sample (continued...)	Formal or Informal	Result of Analysis	Action Taken
Blackcurrants, canned	Informal	Slight corrosion	No further action. Con- tents sound
Blackcurrant health drink	Informal	Contained pieces of wax	Formal sample satisfac- tory.
Olive oil	Informal	Excessive acidity	Formal sample satisfac- tory.
Apricot chutney	Informal	Incorrectly labelled and excessive preservatives	Consignment returned to Australia
Devon cheese	Informal	Incorrectly labelled	Re-labelled and subse- quent sample satisfac- tory.
Cooked meat pies	Informal	25% deficient in meat	Taken up with manu- facturers.
Almond drink	Informal	Contained no almond	Taken up with manu- facturers.
Carrots, canned	Informal	Contained fungus	Taken up with manu- facturers.
Pork luncheon meat	Informal	Incorrectly labelled	Taken up with manu- facturers. Labels re- printed.
Chopped pork and ham	Informal	Incorrectly labelled	Taken up with manu- facturers. Labels re- printed.
Fruit laced wine	Informal	Incorrectly labelled	Taken up with manu- facturers. Labels re- printed.
Strawberry cream soda	Informal (1) Formal (1)	Incorrectly labelled	Taken up with manu- facturers. Labels re- printed.
Curry powder	Informal	Incorrectly labelled	Taken up with manu- facturers. Labels re- printed.
Sangria alcoholic drink	Informal	Incorrectly labelled	Taken up with manu- facturers. Labels re- printed.
Compound codeine tablets	Informal	Incorrectly labelled	Taken up with manu- facturers. Labels re- printed.

Sample (continued...)	Formal or Informal	Result of Analysis	Action Taken
Rose syrup	Informal	Incorrectly labelled	Taken up with manu- facturers. Labels re- printed.
Kola champaign	Informal	Description likely to mislead	Taken up with manu- facturers. Labels re- printed.

It will be seen that the majority of the samples subject to adverse reports related to labelling requirements which were resolved with the manufacturers concerned.

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

Offence					Fine	Result	Costs
Crumpet containing metal shavings ...	...	...	...	...	Conditional Discharge		£5.5.0.
Mouldy beef pies ...	...	...	...	...	£10. 0.0.		£2.0.0.
Mouldy loaf ...	...	...	...	...	£25. 0.0.		£5.0.0.
Dirty bacon ...	...	...	...	...	£10. 0.0.		£2.0.0.
Loaf containing dirty dough ...	...	...	...	...	£15. 0.0.		£2.0.0.
Pork pie containing a piece of metal	...	...	...	...	£10. 0.0.		£2.0.0.
Carton of sour milk ...	...	...	...	...	£10. 0.0.		£2.0.0.
Mouldy loaf ...	...	...	...	...	£25. 0.0.		£3.3.0.
Loaf contaminated by oil ...	...	...	...	...	£30. 0.0.		£3.0.0.
Loaf contaminated by oil ...	...	...	...	...	£30. 0.0.		£6.6.0.
Jam containing wood shaving ...	...	...	...	...	£10. 0.0.		£3.0.0.
Pease pudding containing a piece of wire ...	...	...	...	...	£ 5. 0.0.		£2.0.0.
Beef roll containing live maggots ...	...	...	...	...	£15. 0.0.		£3.3.0.
Loaf containing a piece of cardboard	...	...	...	...	£ 5. 0.0.		£5.5.0.
Mouldy loaf of bread ...	...	...	...	...	£ 5. 0.0.		£5.0.0.
Mouldy fruit pie ...	...	...	...	...	£ 5. 0.0.		£5.0.0.
Mouldy meat pudding ...	...	...	...	...	£25. 0.0.		£5.0.0.
Ant infested chocolate ...	...	...	...	...	£ 5. 9.0.		<u>£2.0.0.</u>
Mouldy chicken pie ...	...	...	...	...	£20. 0.0.		£5.5.0.
Mouldy steak pie ...	...	...	...	...	£10. 0.0.		£2.0.0.
Mouldy meat pattie ...	...	...	...	...	£10. 0.0.		£5.0.0.

Offence	Fine	Result	Costs
Mouldy jam sandwich	£20. 0.0.		£5.0.0.
Loaf of bread containing a nail	£25. 0.0.		£5.0.0.
Nut ring containing larvae webbing.		Proceedings against retailer not pursued. Council awarded £15.15.0. costs against wholesaler.	

In addition, 30 warning letters were issued following complaints made by members of the public.

Milk distributors and sampling

There are 427 milk sellers in the Borough. Licences to expire on 31st December 1970, were issued as follows:

For sale of untreated milk	34
For sale of pasteurised milk	308
For sale of sterilised milk	313
For sale of ultra heat treated milk	84

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

	No. of samples	Satisfactory	Unsatisfactory
Chemical examination	64	64	—
Bacteriological examination	76	70	6

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

Ice cream

Fifty-six samples of ice cream were examined with the following results:

Methylene Blue Grading	Soft Ice Cream	Other Ice Cream
Grade 1 (satisfactory)	18	23
Grade 2 (sub-standard)	3	1
Grade 3 (unsatisfactory)	4	1
Grade 4 (unsatisfactory)	2	4

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

Twenty-five samples were submitted for examination and found satisfactory.

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 145 premises.

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

Bakehouses	...	...	...	...	...	54
Bakers and confectioners	...	...	...	...	...	389
Butchers...	...	...	...	...	...	664
Cooked and preserved meat shops	...	...	...	...	...	324
Dairies and milkshops	...	...	...	...	...	286
Fishmongers, friers and curers	...	...	...	...	...	430
Food factories...	...	...	...	...	...	882
Ice cream premises	...	...	...	...	...	374
Public houses	...	...	...	...	...	797
Restaurants, canteens, etc.	...	...	...	...	...	2,135
Street markets...	...	...	...	...	...	783
Street traders' food stores	...	...	...	...	...	247
Wholesale food dealers	...	...	...	...	...	417
Other food premises	...	...	...	...	...	1,679

Legal Proceedings

Nature of Business	Offence	Fine	Costs
Café	Regulation 14(2)		
	Convenience not suitably lighted or kept clean	£5.0.0.	£5.0.0.
	Regulation 14(5)		
	No notice requesting washing of hands after using the convenience	£3.0.0.	
	Regulation 16(1)		
	No wash basin for use of those engaged in handling food	£5.0.0.	
	Regulation 17		
	No sufficient first aid equipment available for those handling food	£3.0.0.	
	Regulation 19(1)		
	No adequate supply of hot water in sink for washing equipment	£5.0.0.	

Legal Proceedings

Nature of Business (contd...)

Café

Offence	Fine	Costs
Regulation 23(1) a Premises not kept in such good order as to enable them to be effectively cleaned	£3.0.0.	
Regulation 8 Failure to take steps to protect food from contamination	£40.0.0.	£10.0.0.
Regulation 23(1) a Premises not kept in such good order as to enable them to be effectively cleaned	£10.0.0.	
Regulation 24 Accumulation of refuse in food rooms	£10.0.0.	

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	5	2	2	21
Canned meat and meat products ...	51	14	0	4
Fish	—	—	3	28
Fruit and vegetables	216	10	3	6
Miscellaneous foodstuffs	132	14	0	8
Canned goods	113	4	3	3
Total	519	7	1	14

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966

All street markets in the Borough are regularly inspected by the Public Health Inspectors and 783 such inspections were made during the year, in the main at the weekend. In addition 247 inspections were made on street traders' food stores.

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

**IMPORTED FOOD CONTROL
THE IMPORTED FOOD REGULATIONS, 1968
FOOD AND DRUGS ACT, 1955**

The following samples were submitted for bacteriological examination during 1969:

Egg products	...	...	...	...	...	860
Frozen prawns and shellfish	...	...	...	...	...	1,167
Second grade cheese	...	...	...	...	...	295
Dessicated coconut	...	...	...	...	...	3
Total	...	...	...	...	...	<u>2,325</u>

The following samples were submitted for chemical examination:

Frozen liquid egg for alpha-amylase test	2,524
--	-----	-----	-------

Routine chemical examination:

Canned fruit and juice	...	...	...	...	...	445
Dried fruit	...	...	...	...	...	92
Canned meat	...	...	...	...	...	121
Canned vegetables	...	...	...	...	...	48
Canned fish...	...	...	...	...	...	91
Canned tomatoes	...	...	...	...	...	68
Tomato puree	...	...	...	...	...	16
Tea	...	...	...	...	...	266
Butter and fats	...	...	...	...	...	53
Lard	...	...	...	...	...	80
Nuts	...	...	...	...	...	41
Cheese	...	...	...	...	...	40
Miscellaneous	...	...	...	...	...	269
						<u>1,622</u>
Total number of chemical samples	...	...	...			<u>4,146</u>

The Liquid Egg (Pasteurisation) Regulations, 1963

There are two egg pasteurising plants operating in the borough both of which combine the process of egg pasteurisation with that of egg breaking and the freezing of liquid egg; the plants are high temperature short time with 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.

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

No particular difficulties were met with during the sixth year of the operation of the Regulations. The home production appeared to be quite satisfactory and only 0.84% of the imported frozen whole egg failed the alpha-amylase test.

SAMPLING OF FROZEN WHOLE EGG FOR ALPHA-AMYLASE TEST

Country of origin	Quantity imported				No. of samples taken	No. of samples failed test	Quantity of unsatisfactory egg			
	T	C	Q	L			T	C	Q	L
Australia	2,517	12	0	0	910	13	43	14	0	0
China	3,214	6	0	0	798	1	21	9	0	0
New Zealand	125	0	0	0	52	--	(Returned to Australia)			
Poland	15	5	0	0	5	--	(Repasteurised)			
Rumania	276	0	0	0	91	--				
South Africa	1,589	5	0	0	668	--				
Totals	7,737	8	0	0	2,524	14	65	3	0	0

In addition, 405 control samples were taken from the two pasteurisation plants in the Borough as follows:—

British Egg ...	...	...	...	...	...	...	338
Chinese Egg	...	...	...	...	...	...	58
Polish Egg ...	...	...	...	...	...	...	7
Spanish Egg	...	...	...	...	...	...	2
							<u>405</u>

All these samples were found to be satisfactory.

BACTERIOLOGICAL EXAMINATION OF EGG PRODUCTS

Country of origin	Type of egg product	Quantity examined				No. of samples taken	No. of samples positive	Quantity of contaminated egg			
		T	C	Q	L			T	C	Q	L
Australia	Frozen albumen	158	9	0	0	114	—				
	Frozen yolk	20	0	0	0	23	—				
	Dried whole egg	2	16	0	0	4	—				
China	Frozen albumen	378	0	0	0	246	—				
	Dried whole egg	11	0	0	0	15	—				
Denmark	Dried albumen	12	10	0	0	36	—				
Holland	Dried whole egg	16	0	0	0	42	—				
	Liquid whole egg (Sugar preserved)	81	5	0	0	100	—				
Poland	Frozen albumen	148	15	0	0	172	5	6	2	0	0
								(Re-exported)			
U.S.A.	Dried albumen	29	13	0	0	72	2	2	4	0	0
								(Re-pasteurised)			
Yugoslavia	Frozen albumen	34	0	0	0	17	—				
	Miscellaneous					19	—				
Totals		892	8	0	0	860	7	8	6	0	0

The following types of *Salmonellae* were isolated during routine sampling of egg products during 1969:—

Country of Origin	Organism	No. of samples
Poland	<i>Salmonella</i> worthington	4
	Arizona group	1
U.S.A.	<i>Salmonella</i> thompson	2
		<hr/> 7 <hr/>

New Zealand Second Grade Cheese

295 samples of New Zealand second grade cheese were submitted for bacteriological examination during 1969 with the following results:—

Coagulase-positive staphylococci	No. of samples
Not found	15
Less than 500 per gram	277
500—50,000 per gram	2
50,000—500,000 per gram	1
Over 500,000 per gram	NIL
	<u>295</u>

Other Imported Foodstuffs — Routine Chemical Examination

The following action was taken as the result of chemical analysis:—

Food Examined	Result of Examination	Action taken
Apricots (dried)	Label found to be incorrect.	Released with warning to importer.
Chopped beef (canned)	Contained only 80% meat instead of not less than 90%.	Released with warning regarding future consignments.
Cod Roe (smoked)	Label found to be incorrect.	Released with warning to importer.
Confectionery	Found to contain prohibited colouring matter.	Returned to country of origin.
Fruit cocktail	Found to contain little or no cherries.	Released with warning to importer.
Fruit juices (canned)	Fermentation and mould growth.	Returned to country of origin.
Glace fruits	Found to contain prohibited colouring matter.	Destroyed.
Haricots verts	Label found to be incorrect.	Released with warning to importer.
Macaroni	Label printed entirely in foreign language.	Released with warning to importer.

Food Examined	Result of Examination	Action taken
Mayonnaise	The oil (71% of contents) had completely separated from the other ingredients.	Destroyed.
Mustard spread	Label printed entirely in foreign language.	Released with warning to importer.
Soup (dehydrated)	Label found to be incorrect.	Released with warning to importer.
Spinach puree	Label found to be incorrect.	Released with warning to importer.
Tarragon leaves.	Label printed entirely in foreign language.	Released with warning to importer.
Tea	Found to contain excess lead.	Released for blending.
Tomato puree	Found to have excessive mould content.	Released for visual and chemical investigation only.

Consignment 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 advised that the shellfish should be destroyed or subjected to appropriate treatment to destroy the bacteria. In one consignment of Pakistani Raw Prawns, Raw Prawns were found to contain *Salmonella paratyphi* B. 121 cartons were destroyed and the remainder re-exported. Samples taken from other consignments were found to contain *Salmonella agona* (11 *Salmonella* known (11) and *Salmonella butantan* (2). All these prawns were re-exported.

BACTERIOLOGICAL EXAMINATION OF FROZEN SHELLFISH, 1969

Country of origin	Type	No. of Samples taken	Variable counts at 37°C		
			Less than 100,000	100,000-1,000,000	More than 1,000,000
Australia	Raw prawns	10			
	Cooked prawns	4	4		
Brazil	Raw prawns	4			
Canada	Cooked prawns	63	50	10	3
	Crab meat	4	4		
	Lobster meat	2	2		
	Canned lobster	7			
Chile	Cooked prawns	36	36		
China	Raw prawns	44			
	Cooked prawns	75	66	7	2
	Crab meat	2		2	
	Lobster meat	2			
Cuba	Raw prawns	76			
Cyprus	Cooked prawns	2	2		
Formosa	Cooked prawns	88	80	8	
	Lobster meat	1	1		
Hong Kong	Raw prawns	57			
	Cooked prawns	31	22	8	1
	Crab meat	2	2		
	Lobster meat	2	1	1	
Indonesia	Raw prawns	13			
	Lobster meat	2			
Japan	Cooked prawns	113	110	3	
	Crab meat	32	27	5	
Kenya	Raw prawns	1			
Korea	Raw prawns	2			
Malaysia	Raw prawns	120			
	Cooked prawns	13	6	5	2
New Zealand	Raw prawns	4			
Pakistan	Raw prawns	287	Salmonella organisms found in 5 samples		
Persia	Raw prawns	1			
Senegal	Raw prawns	3			
South Africa	Cooked prawns	3		3	
Thailand	Raw prawns	12			
Trinidad	Raw prawns	7			
U.S.A.	Cooked prawns	38	38		
	Crab meat	4	4		
Totals		1,167	455	52	8

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 one consignment of Pakistani Raw Prawns was found to contain *Salmonella paratyphi* B; 131 Cartons were destroyed and the remainder re-exported. Samples taken from other consignments were found to contain *Salmonella augustinborg* (1), *Salmonella v rchow* (1) and *Salmonella butantan* (2). All these prawns were re-exported.

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	2	3	0	0					11	19	0	0	19	2	0	
Beans					5	16	1	17	44	7	2	0				
Butter					67	7	1	5								
Casings									6	1	0					
Cheese					2	19	2	16					3	16	0	18
Cocoa						1	0	0								
Coffee					21	13	0	8					3	0	0	
Egg products					80	11	0	0	19	3	2	0			3	10
Fish (canned)													18	0	0	
Fruit													7	2	0	
Fruit (canned)													49	8	0	0
Fruit juice ... (canned)									5	0	0	0				
Kangaroo meat	33	18	0	24												
Meat	25	8	0	22												
Meat (canned)									18	6	2	12	69	16	1	17
Milk powder													1	16	0	0
Nuts	12	11	2	6	21	6	0	25	5	0	0	0				
Onions													18	0	0	
Peas	2	19	2	8												
Prawns									60	19	1	10	10	10	0	0
Rice	7	2	1	17												
Tapioca		17	0	0												
Tea	30	4	0	0					3	10	0	0	2	18	0	0
Tomato puree		18	0	0												
Vegetables ...													2	3	0	0
Vegetables (frozen) ...													12	17	0	0
Various													13	4	0	0
Totals	116	1	3	21	199	14	2	15	168	12	0	22	169	15	1	17

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

MISCELLANEOUS

ADOPTION AND BOARDING-OUT

The number of medical reports received from the Children's Officer in 1969 relating to prospective adopters increased, while those relating 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, 25 children were considered suitable for adoption and 29 for boarding-out. Similar recommendations were made on 32 prospective adopters. However, 1 child was considered medically unsuitable for adoption and 4 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

The number of general practitioners using the Centre has increased from 287 in 1968 to 304 and the volume of work carried out at the Centre has shown an upward trend especially in the area of investigations. From 1st March a routine screening service was instituted for every patient attending the Centre comprising of details of height and weight, blood pressure and urine tests. The observations which have proved most useful were made known to the general practitioners and are much appreciated by them. This service is being continued. The "Tine Test" for tuberculosis is now included on the list of investigations undertaken.

Visits

The interest in the functions of the Centre continued to attract visitors from this country and abroad. Among the visitors were groups of nurses from Guy's and King's Hospitals, architects and students, health visitors' study groups, and twelve Dutch general practitioners who attended a routine lunch time general practitioner session. In addition medical and nursing officers from the Department of Health and Social Security visited the Centre in connection with the preparation of a comprehensive report on health centres.

Meetings

There have been regular meetings of the House Committee and these are followed by interesting talks on the various aspects of their work by senior officers of the Health Department.

Lunch time meetings of general practitioners continued to be held during the year with very good attendances and afternoon film-strips were shown including one giving instruction on 'Home Dialysis'. It is interesting to note that these meetings are now recognised as one half session for general practitioner post-graduate payment.

Evening meetings have included those of the South East London Obstetric Society, the South London Faculty of the Royal College of General Practitioners and the "Psychiatric Club" which, under the auspices of the Inner London Education Authority, arranges seminars on child guidance topics for doctors and social workers.

In view of the retirement of Dr. G.S.R.Little, Chairman of the Medical Staff Committee a general meeting was held in November of the practitioners using the centre. Dr. H.O'Brien was elected as Chairman and Dr. I.W.Crown succeeded him as Secretary. The following general practitioners were also elected to serve on the Committee:

Dr. E.Almeida, Dr. C.Bhatt, Dr. J.Byles, Dr. S.M.F.Cure, Dr. D.Fletcher, Dr. G.Harris, Dr. C.Josephs, Dr. L.Kwasny, Dr. T.Madden, Dr. Z.Nowiak and Dr. S.D.Moss.

The volume of work carried out during the year in the various departments (excluding figures of the "Well Women" Clinics) was as follows:—

Period	Path. Lab.	X-ray	E.C.G.	Allergy	Nursing	Minor Ops.	Total Invest- igations	Total Attend- ances
Jan.—Mar.	1,644	1,332	324	32	676	5	4,013	2,777
Apr.—June	1,857	1,244	334	29	1,956	12	5,432	2,782
July—Sept.	1,488	1,050	276	18	1,332	13	4,177	2,429
Oct.—Dec.	1,583	1,030	281	79	1,273	13	4,259	2,292
Total	6,572	4,656	1,215	158	5,237	43	17,881	10,280

17,882 investigations compared with 14,052 in 1968 shows a substantial increase largely due to the routine screening tests now carried out at the Centre.

The approximate findings on routine screening tests for the last 6 months of the year were:—

Abnormal blood pressures	...	...	...	...	1.33%
Albumin in urines	...	...	...	...	1.7%
Sugar in urines	...	...	...	...	.33%

Social Medicine

The number of patients referred to health visitors continues to increase but the numbers dealt with are not included in the overall volume of work carried out.

Education

The response to postgraduate education has increased considerably this year due to the more frequent luncheons and the introduction of afternoon meetings.

Undergraduate Education

Regrettably the studentships offered to two students from Charing Cross Hospital under the Sir Halley Stewart Trust were not accepted because of difficulties involving grants from their own local authority.

It has become clear that it is difficult for students to fit a twelve week attachment to general practice into their very full curriculum and consideration is being given to revising the form of this type of undergraduate education in consultation with the Deans of the Medical Schools.

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>Officers</i>	<i>Manual Workers</i>
Medical questionnaires received and scrutinised	655	1,086
<i>Medicals of staff</i>		
after scrutiny of questionnaires	160	621
working with children	188	—
sewerman etc.	—	12
absent from duty owing to sickness	81	415
absent due to sickness (special survey)	41	541
called up for review	32	144

CHEST CLINICS

The three chest clinics in the Borough are situated at St. Giles' Hospital, Bemoondsey 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: 24 cases were assisted compared with 17 in 1968.

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 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 clinic registers at 31.12.69:												
Pulmonary	...	...	...	...	...	...	...	...	...	...	...	2,946
Non-Pulmonary	...	...	...	...	...	...	...	...	...	...	...	267
New cases notified:												
Pulmonary	...	...	...	...	...	...	...	...	...	...	...	146
Non-Pulmonary	...	...	...	...	...	...	...	...	...	...	...	15
Deaths from tuberculosis	...	...	...	...	...	...	...	...	...	...	...	16
Under special treatment at home	...	...	...	...	...	...	...	...	...	...	...	—
Contacts given B.C.G. vaccination	...	...	...	...	...	...	...	...	...	...	...	293
Cases having domiciliary help:												
(a) Home helps	...	...	...	...	...	...	...	...	...	...	...	13
(b) District nurses	...	...	...	...	...	...	...	...	...	...	...	8
Home visits by health visitors	...	...	...	...	...	...	...	...	...	...	...	4,860
Patients in receipt of extra nourishment	...	...	...	...	...	...	...	...	...	...	...	24
Patients assisted for the first time with:												
Bed or bedding	...	...	...	...	...	...	...	...	...	...	...	4
Clothing or footwear	...	...	...	...	...	...	...	...	...	...	...	44
Diversional therapy:												
Patients attending weekly classes	...	...	...	...	...	...	...	...	...	...	...	72
Patients instructed at home	...	...	...	...	...	...	...	...	...	...	...	—

DEVELOPMENT OF VOLUNTARY EFFORT

Every endeavour was made to use voluntary assistance during 1969, and during the year, grants were made to the following:

Maternity and Child Welfare Service

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

Chiropody

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

Centres for the Mentally Ill

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

St. Giles' Centre

Talbot Settlement—Wednesday Club

Prevention of break-up of families

Family Welfare Association

South London Family Service Unit

Various

Blackfriars Settlement Occupational Work Centre

British Red Cross Society

Catholic Nursing Institute

Central Council for Health Education

Chest and Heart Association

Invalid Children's Aid Association

National Association for Mental Health

National Association for Maternal and Child Welfare

National Society for Mentally Handicapped Children

FINANCE

Assessments and Charges

In June the London Boroughs Association revised their advice regarding the calculation of charges and their abatement in appropriate circumstances by means of assessment scales, and their detailed recommendations were later adopted by the Borough's Health Committee.

Expenditure

The approximate net revenue expenditure for 1969/70 was £1,521,540; the amount recovered in contributions and charges, including reimbursement of the cost of the school health service (£143,080) and the Government Grant of half the cost of the Port Health Administration (£15,950), was approximately £263,630.

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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PRINCIPAL SCHOOL DENTAL OFFICER

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 1969 there were 49,350 children in the roll of the 109 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

Despite the change in procedure in the previous year, the marked decrease noted in the number of children formally examined under the provisions of Sections 34 and 57 of the Education Act, 1944, was not maintained. The total rose almost to its former level. The largest increase was in those referred to E.S.N. schools, both boarding and day. Those remaining at ordinary school with special help also increased.

The figures for statutory examinations do not include 14 children referred to the Medical Adviser of the Inner London Education Authority for pre-school assessment.

Prophylaxis

1. *Measles Vaccination* Little progress was made with the measles vaccination programme as, in March 1969, the use of the vaccine was suspended by the Department of Health and Social Security.
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 against Poliomyelitis has remained steady although the Diphtheria figure has fallen very slightly. The average for the whole of Inner London has risen during the year.

	Diphtheria	Poliomyelitis
Southwark	89.0	86.3%
I.L.E.A. Area	88.1	87.6%

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 Principal 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, the Southwark College for Further Education and the Camberwell School of Arts and Crafts. The visiting medical officers work in close co-operation with the College staff.

National Child Development Study

The second follow-up of children involved in the original survey, that is those born between 3rd and 9th March 1958, was begun towards the end of the year on behalf of the Study group. Health Visitors interviewed parents and, where possible, completed home reports. Hearing tests were arranged at their schools for the children involved, audiology reports were obtained and medical examinations were conducted at special sessions. Preparation of reports on the completed cases was in hand at the end of the year, prior to their despatch to the Study group.

Health Education

A total of 338 talks were given by members of the staff on a wide range of subjects, including the following:—

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

Secondary schoolchildren were invited to observe the work at Day Nurseries,

Welfare Centres and Mothers' Clubs.

The Health & Home Safety programme arranged for groups of children was held this year at four health services centres throughout August with films, group participation exercises and competitions. As usual, the programme was changed each week. The number of children attending rose to approximately 1,100.

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.

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 two students on the Certificate in Social Work course to undertake a fieldwork placement in the department with two of the family caseworkers as supervisors. The Chief Social Worker has lectured to Health Visitor Instructors on courses at Chiswick Polytechnic and to students on courses run by the London Boroughs Training Committee. Family caseworkers have also given talks to voluntary workers at settlements and schools.

School Roll — (May)	...	...	...	...	...	...	...	...	49,350
<i>Medical Inspections</i>									
<i>Sessions attended by Medical Officer</i>									
Ordinary Schools	...	...	...	...	...	...	...	...	1,361
E.S.N. Schools	...	...	...	...	...	...	...	...	231
School Journey Medicals	...	...	...	...	...	...	...	...	73½
Further Education	...	...	...	...	...	...	...	...	75
National Child Development Survey	...	...	...	...	...	...	...	...	29
<i>Examinations</i>									
Routine examinations at ages 5, 7, 11 & during the last year at school									17,859
Non-routine examinations	...	...	...	...	...	...	...	...	12,308
Examinations to ascertain fitness for employment	...	...	...	...	...	...	...	...	374
<i>Statutory Examinations</i>									
Children examined under Sections 34 & 57 of the Education Act 1944									194
As a result of these examinations the following recommendations were made:—									
Admissions to Boarding E.S.N. Schools	...	...	...	...	...	...	...	...	10
Admissions to Day E.S.N. Schools	...	...	...	...	...	...	...	...	117
Admissions to Day Schools for the Physically Handicapped	...	...	...	...	...	...	...	...	1
Admissions to Junior Training Schools	...	...	...	...	...	...	...	...	4
Admissions to Open Air Day School	...	...	...	...	...	...	...	...	2
To remain at ordinary school with special educational help	...	...	...	...	...	...	...	...	59
Referred to The Medical Adviser I.L.E.A. for reassessment	...	...	...	...	...	...	...	...	1
Decision deferred	...	...	...	...	...	...	...	...	—
<i>Clinic Attendances</i>									
<i>Vision Clinics</i>									
Sessions	...	...	...	...	...	...	...	...	415
Total attendances	...	...	...	...	...	...	...	...	4,182
Number of new cases	...	...	...	...	...	...	...	...	1,031
Errors of refraction or squint	...	...	...	...	...	...	...	...	3,526
Other eye defects	...	...	...	...	...	...	...	...	16
Spectacles ordered	...	...	...	...	...	...	...	...	1,530
<i>Audiology Clinics</i>									
Sessions	...	...	...	...	...	...	...	...	78
Total attendances	...	...	...	...	...	...	...	...	799
Number of new cases	...	...	...	...	...	...	...	...	260
<i>Special Investigation Clinics</i>									
Sessions	...	...	...	...	...	...	...	...	377
Total attendances	...	...	...	...	...	...	...	...	2,294
Number of new cases	...	...	...	...	...	...	...	...	320

Minor Ailments

Sessions — Medical Officer	—
Nursing Sister	1,720
Total attendances	11,871
Number of new cases seen by medical officer	—
Number of new cases seen by nursing sister	2,430
Number of new cases per 1,000 school population	49
<i>Cases treated</i>	
Athletes foot, verrucae, skin diseases, eye & ear defects, bruises, lacerations etc.	2,430

Prophylaxis

Diphtheria — Primary Courses	153
— Booster Doses	327
Measles —	—
Poliomyelitis — Primary Courses	190
— Booster Doses	1,196
B.C.G. — Mantoux tested	5,810
— Vaccinated	5,036
— Mantoux positive	354

School Nursing

Health Surveys:—

Comprehensive — Total number examined	34,505
— Percentage found verminous	1.47%
Selective — Total number examined	13,526
— Percentage found verminous	2.91%

Audiometry

Number of children given sweep tests	9,587
Number of children given pure tone tests	585
Number of children referred to otologist	283

Report on the Principal School Dental Officer

Over the past five years the percentage of children at school dental inspections found to need treatment has shown a steady fall. This pattern has been observed not only in Southwark but throughout the Inner London area. Unfortunately this does not necessarily indicate a fall in the level of dental disease, but rather a greater awareness on the part of parents of the importance of dental care, and a more extensive use of the facilities for treatment.

More children are having regular dental treatment and are starting to attend at an earlier age. The amount of treatment for children has increased not only in the school dental service but also in the general dental service. Dental health education has no doubt contributed to this improved state of affairs but, in the long term, prevention is not only better but less costly than cure. The best way to deal with dental disease is as far as possible to prevent it happening. One of the most effective and positive means of

achieving this objective is to adjust the level of the fluoride in the public water supply to that which has been found to be of greatest benefit to children's teeth.

Orthodontics

A considerable number of children with irregular and unsightly teeth can benefit from orthodontic advice. In many cases treatment may be unnecessary or may be no more than the judicious extraction of overcrowded teeth. For the more complicated cases appliances are needed. Any orthodontic service however should be under the control and supervision of a qualified and experienced orthodontist.

The appointment of a sessional orthodontist early in 1969 was a step forward in the development of the service in the Borough. Sessions were held each week at Bermondsey Health Centre and children were referred from all other clinics for consultation and treatment. It was hoped to increase the number of sessions per week as the service expanded. Dental officers in the other clinics were enabled to treat the simpler cases under the supervision of the Orthodontist.

Inspection and Treatment

School inspections fell during the year to 43% of the school roll. This was because of the need to deal with the increased demand for treatment arising from the expansion of dental inspections during the previous two years. Until additional surgeries are available, thereby enabling more staff to deal with the demand for treatment, the target of an annual school dental inspection for all children will not be reached.

Visits for treatment were up by 5% over the previous year. More children were opting for school dental treatment and the number of broken appointments per session fell from 3.1 to 2.9. There was a considerable increase in the number of fillings in permanent teeth and for every permanent tooth extracted, fifteen were filled. Gas sessions were down by 30% and there was a continuing decrease in the percentage of those seen in school who required treatment.

Premises and Equipment

The modernisation of equipment in the existing dental clinics was completed during the year. The furnishings of waiting rooms and surgeries were also improved and as far as equipment and furniture are concerned, the standard of the Borough dental surgeries compares favourably with any in the school dental service. No new surgeries were opened during the year, as owing to unforeseen difficulties the provision of additional surgery accommodation at Bermondsey Health Centre was delayed.

Discussions continued during the year to bring into use the rooms in two of our largest secondary schools. These rooms had been intended for use as dental surgeries when the schools were first built but had since been used for other purposes. There are many advantages to having dental surgeries in large schools, particularly in the saving of pupil's time and the elimination of broken appointments. As well as this, the presence of dental staff in the school helps children to accept dental care as a natural procedure and they are more likely to continue to have regular dental attention after they leave school.

Staff

The staff situation remained good during 1969 and although one full time dental officer retired and one resigned the vacancies were filled by the appointment of sessional dental officers, a number of whom were recent graduates of Guy's Dental School. In December the post of Senior Dental Officer was filled with the appointment of Mr. A. Longden. The Chief Dental Officer completed the one year course and was successful in obtaining the diploma in Dental Public Health of the Royal College of Surgeons. Two members of the staff attended the annual conference of the British Dental Association at Bournemouth in June. One dental officer attended a Course on Child Dental Health at the London Hospital and other courses attended included one on organisation for Public Dental Officers in November and a Conference on Dental Health organised by the General Dental Council. Four dental surgery assistants attended a one day course on Dental Radiography.

Visitors to the Borough during the year included the Dental Adviser of the I.L.E.A. who in January visited all the Borough Clinics. In October four students on the Dental Public Health Course spent a full day in the Borough and observed the Dental Services in operation. Other visitors included Dr. Snyman, the Director of the Johannesburg Coronation Dental Infirmary.

Dental Health Education

In the early part of the year a painting competition was held in all the clinics in the Borough in connection with dental health. There was a most encouraging response and at the judging and prize giving which was held at the end of term at St. George's Health Services Centre, over 200 people attended including parents, children and others interested. The programme commenced with a puppet show on dental health followed by the prize giving by Pierre the Clown. In September and October the I.L.E.A. Health Educator and the Borough Dental Auxiliary combined in touring 40 infant schools with the I.L.E.A. Dental Health Puppet Show. The response from pupils was striking and in many cases schools followed up the puppet show by having either an essay or painting competition based on what they had seen and remembered. At the end of the year a Christmas project was held at St. George's Centre during which Santa Claus gave each child a tube of toothpaste and a packet of nuts and crisps.

As well as these activities, the usual visits to schools were made by the dental auxiliary and the total number of sessions given to dental health education rose by over a third compared with the previous year.

1969 ANNUAL STATISTICS SCHOOL DENTAL SERVICE
TOTAL SCHOOL ROLL 49,350

	1969	1968
<i>Number of sessions:</i>		
Inspection	180	208
Ordinary Treatment	2,877	2,839
General anaesthetic	54	85
Orthodontic	42	—
Health Education	325	234
Total sessions:	3,478	3,366

	1969	1968
<i>Inspection: number of children given:</i>		
First inspection at school	17,000	19,782
First inspection at clinic	4,106	4,952
Percentage found to require treatment	57.1	58.9
Reinspection at school clinic	1,958	2,240
Percentage found to require treatment	86.0	77.3
Percentage of school Roll inspected	43.0	50.0

<i>Visits for treatment:</i>		
Number of first visits	4,879	4,788
Number of subsequent visits	13,079	12,285
Total visits	17,958	17,073
Emergencies	477	427
Additional courses commenced	1,547	1,520
<i>Number did not attend</i>	8,502	9,155

<i>Treatment given:</i>		
Number of fillings:		
In permanent teeth	10,349	8,521
In temporary teeth	6,110	6,090
Number of extractions:		
of permanent teeth	551	497
of temporary teeth	2,428	2,381
Number of other operations (prophylaxis, X-rays, inlays, crowns, etc.)	7,391	5,388
Courses of treatment completed	4,188	4,836

	1969	1968
<i>Orthodontics:</i>		
Number of new cases	24	25
Number of removable appliances fitted	35	12
Number of fixed appliances fitted	1	1
Number of cases referred to Hospital Consultant ...	5	19
<i>Sessional averages:</i>		
First visits:	1.6	1.6
Subsequent visits	4.4	4.2
Emergencies	0.2	0.1
Did not attend... ..	2.9	3.1
<i>Fillings:</i>		
In permanent teeth	3.5	3.0
In temporary teeth	2.1	2.1
<i>Extractions:</i>		
of permanent teeth	0.2	0.2
of temporary teeth	0.8	0.8
Ratio of permanent teeth filled to permanent teeth extracted	15.5:1	14.9:1
Ratio of temporary teeth filled to temporary teeth extracted	2.2:1	2.2:1

RULES FOR ADMISSION TO THE COUNCIL'S DAY NURSERIES

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

HEALTH DEPARTMENT ESTABLISHMENTS

Maternity and Child Welfare Centres

Amott	Amott Road, S.E.15.
Bermondsey Health Centre	Grange Road, S.E.1.
Bird-in-Bush	Old Kent Road, S.E.15.
Consort	Consort Road, S.E.15.
Denmark Hill	Blanchdowne, S.E.5.
Health Services Dept.	Larcom Street, S.E.17.
John Dixon	6/8 Drummond Road, S.E.16.
Kingswood	Bowen Drive, S.E.21.
Lordship Lane	475 Lordship Lane, S.E.22.
Maynard House	Benhill Road, S.E.5.
Redriff	Redriff Road, S.E.16.
St. George's Health Services Centre	151/152 Blackfriars Road, S.E.1.
Salomon's	Guy's Hospital, S.E.1.
Silwood	Alpine Road, S.E.16.
Sumner Road	Basingstoke House, S.E.15.
Sutherland House	Sutherland Square, S.E.17.
Townley	Townley Road, S.E.22.
Villa Street	Villa Street, S.E.17.

School Treatment Centres

Camberwell	Addington Square, S.E.5.
Camberwell Sub-Centre	Comber Grove School, S.E.5.
Gordon Road	Gordon Road, S.E.15.
Redriff School	Redriff Road, S.E.16.
St. George's Health Services Centre	151/152 Blackfriars Road, S.E.1.
Bermondsey Health Centre	Grange Road, S.E.1.
Health Services Dept.	Larcom Street, S.E.17.
John Dixon	6/8 Drummond Road, S.E.16.
Lindley	163 Commercial Way, S.E.15.
Lordship Lane	475 Lordship Lane, S.E.22.

Day Nurseries

Bishops House	Kennington Park Place, S.E.11.
Dog Kennel Hill	Dog Kennel Hill, S.E.22.
Lympstone	Lympstone Gardens, S.E.15.
Merryfield	Sultan Street, S.E.5.
Queen's Road	St. Mary's Road, S.E.15.
Whitstable	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

Sancroft Street, S.E.11.
29 Peckham Road, S.E.5.
108 Grange Road, S.E.1.

Foot Clinics

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

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.
151/152 Blackfriars Road, S.E.1.

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

Crispin House (Adult)
Kirkwood (Junior)
Peckham (Junior)

49 Grange Walk, S.E.1.
Kirkwood Road, S.E.15.
Studholme Street, S.E.15.

Day Centres

Castle
Camberwell

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

Special Care Unit

Derwent

56 East Dulwich Grove, S.E.22.

Hostel

Dover Lodge
Evelyn Coyle
Gibson House

Mortuary

S.E. London G.P. Centre

Home Help Offices

Bermondsey Health Centre
Town Hall
Lordship Lane

Offices

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

Wood Vale, S.E.23.
49a Grange Walk, S.E.1.
12 The Grange S.E.1.

Tennis Street, S.E.1.

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

Grange Road, S.E.1.
Peckham Road, S.E.5.
20/22 Lordship Lane, S.E.22.

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

EMERGENCY ARRANGEMENTS FOR HEALTH DEPARTMENT SERVICES

During Office Hours All emergency calls, except those for the domiciliary midwifery service, are made to the headquarters offices, Castle House, 2 Walworth Road, S.E.1 (telephone number 703 6363).

Outside Office Hours (including weekends 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 weekends 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 weekends).

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