[Report of the Medical Officer of Health for London County Council].

LONDON COUNTY COUNCIL

Report of the County Medical Officer of Health and Principal School Medical Officer for the Year 1955

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LONDON COUNTY COUNCIL

Report of the County Medical Officer of Health and Principal School Medical Officer for the Year 1955

By J. A. SCOTT, O.B.E., M.D., M.R.C.P., Q.H.P.

COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

ERRATA

Page 2 (contents)

Appendices (B) page 164 not 179
(C) page 179 not 164

Page 19, last para., line 2, Table 13 is on page 189

Page 155, line 10, for '25 to 49' read '25 to 47'

Page 187, Table 10, note 2 should refer to Table 9

THE COUNTY HALL
WESTMINSTER BRIDGE, S.E.1

A*

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LONDON ADMINISTRATIVE COUNTY

VITAL STATISTICS, 1955

Figures in brackets are for 1954

Population :—

Males	1,540,000	3,295,000 (3,322,000)
Females ..	1,755,000	

Areal comparability factors :—

Births	0·87 (0·87)
Deaths	0·99 (0·99)

Live births :—

Legitimate ..	45,999 (47,130)	49,826 (50,745)
Illegitimate ..	3,827 (3,615)	

Still births :—

Legitimate ..	933 (920)	1,034 (1,029)
Illegitimate ..	101 (109)	

Live birth rate per 1,000 population :—15·1 (15·3) (adjusted rate 13·1 (13·3))

Still birth rate per 1,000 total births :—20·3 (19·9)

Deaths :—

Males	19,381 (18,359)	37,877 (35,469)
Females	18,496 (17,110)	

Death rate per 1,000 population :—11·5 (10·7) (adjusted rate 11·4 (10·6))

Deaths of infants :—

	Legitimate	*Illegitimate*	*Total*
Under 1 month	716 (685)	118 (81)	834 (766)
1 month to 1 year	294 (251)	29 (30)	323 (281)
Total under 1 year	1,010 (936)	147 (111)	1,157 (1,047)
Infant mortality rate :— (*per 1,000 live births*)	21·96 (19·86)	38·41 (30·71)	23·22 (20·63)
Neo-natal mortality rate :— (*per 1,000 live births*)	15·57 (14·53)	30·83 (22·41)	16·74 (15·10)

Number of marriages :— 34,248 (32,896)

Maternal mortality :—

	Post-abortion	*Other pregnancy and childbirth*	*Total*
Deaths from sepsis	5 (5)	3 (3)	8 (8)
Deaths from other causes ..	3 (1)	28 (25)	31 (26)
Total	8 (6)	31 (28)	39 (34)

INTRODUCTION

Vital statistics

THE HOME POPULATION of the County in the middle of 1955 was estimated by the Registrar General to be 3,295,000—a decrease of 27,000 as compared with the previous year. The average age of the population was 37·5 years and the percentage above the age of 65 years was again 11·6.

The live birth rate (15·1 per thousand population) was slightly lower than in the previous year. Of the total live births 7·7 per cent. were illegitimate, and this figure is the highest recorded since 1946. The still-birth rate which has remained relatively stable for some years was somewhat higher than in 1954 being 20·3 per 1,000 total births, the legitimate and illegitimate rates being 19·9 and 25·7 respectively.

The death rate was 11·5 per 1,000 of the population, a higher figure than the rate for 1954 which was the lowest recorded so far. The increase in mortality was mainly among the aged and in the diseases affecting old age. Heart disease was still the major cause of death and accounted for nearly one-third of the mortality, cancer remained the second cause of death with an increased death rate of 2·39 per 1,000 as against 2·31 per 1,000 in 1954. The degenerative diseases, namely heart disease, other circulatory diseases, cerebral vascular lesions, nephritis and bronchitis were again responsible for over half all deaths. The sixth cause of death was again violence which had also increased slightly. The number of deaths from road accidents was the highest recorded since the war.

The death rate of children under one year increased from 20·6 in 1954 to 23·2 per 1,000 live births in 1955, and the rate in the first four weeks of life was 16·7. The infant mortality rate among illegitimate infants was 30·8 per 1,000 illegitimate births. A review of mortality in this century appears at page 153.

Weather

A table summarising the weather experienced during the year appears at page 189. Although the weather generally was good, temperatures were consistently low during the first quarter.

Infectious diseases

There were 16 confirmed notifications of diphtheria during 1955. In two cases, each of young children, it proved fatal. In neither case, although repeated offers had been made to the parents, had immunisation been carried out.

There were 4,709 notifications of whooping cough with seven deaths. Each figure though somewhat high is of the same order as that for last year. The figure for scarlet fever notifications (2,070) was the lowest ever recorded. There were 49,110 notifications of measles with 15 resulting deaths, substantially higher than in the previous year and accounted for by the fact that it was the second and principal year of a biennial cycle.

A low figure for deaths from enteritis and diarrhoea in children under two years of age (27) was again recorded. Deaths attributable to influenza (164) although nearly twice as numerous as in 1954 were below the average for recent years. The number of notifications of poliomyelitis was the highest to date, although mortality was lower than in previous large epidemics. Whilst about a third of the notifications were in respect of the 0–5 years age group, there was a proportionate increase in the 5–14 years age group with a corresponding drop in the group aged 15 years and more.

The incidence of Sonne dysentery, although not so heavy as in 1954, was considerable (3,019 notifications as against 4,268).

Tuberculosis

In 1955 there were 561 deaths (mainly in older men) from all forms of tuberculosis in the county as compared with 658 in the previous year. This reduction in mortality was accompanied by a reduction in morbidity, 4,122 new cases having been notified during this year compared with 4,691.

Protective vaccination of thirteen year old school-children with B.C.G. has continued for those whose parents accepted. It is a great pity that 25 per cent. of this age group of London children are deprived of the protection afforded by this simple measure of proved value because parents remain indifferent or unconvinced.

Scientific branch

The work of this branch is summarised at page 54, whilst a fuller report is published separately.* However, the concern that was felt at the condition of the London atmos-

**Annual Report of the Scientific Adviser, 1955, Staples Press, Ltd., London.*

phere should be mentioned here. Careful observation was made by the Council's Scientific Adviser as part of a long-term investigation of the major pollutants and a special watch was kept upon the amount of sulphur compounds and smoke present. To this was added the estimation of some minor pollutants and also the examination of atmospheric dust for radio active constituents in order to obtain basic data for future comparison.

Building programme

The need for economy continued to limit building expenditure. A list of works completed appears at pages 65 and 66 and includes the Province of Natal Welfare Centre providing a wide range of maternity and child welfare and school health services which was opened in May 1955. The administration of this centre is the responsibility of a house committee of representatives of the Institute of Child Health, of the Council's Health Committee, of two of its Divisional Health Committees and of the Borough Councils of Holborn and St. Pancras, as well as of a voluntary association. It is an essay in co-operation.

Co-operation with other parts of the service

Progress made in co-operation with the general medical service of the London Executive Council is described at page 102. There are many references in the report to the very wide range of services which depend upon the close co-operation existing between the Hospital and Specialist services and the local health authority's services for their full effectiveness. The possibility of further developments in this field is always in mind, an example is the conference (referred to on page 96) called to consider closer contact between mental welfare officers and psychiatric social workers on the one side and the physician superintendents of mental hospitals on the other.

Care of mothers and young children

The proportion of children who attended at welfare centres during the first year of life was again 86 per cent.

Accommodation in day nurseries was slightly reduced (5,580 places in 99 day nurseries at the end of 1955 as against 5,850 at the end of 1954), whilst 1,500 were being cared for by child-minders under supervised arrangements.

A scheme of restricted expansion of occasional creches began to operate.

Attendance at ante-natal clinics dropped slightly and represented 43 per cent. of all women needing ante-natal care as against 45 per cent. in 1954. Attendances at educational activities at welfare centres were maintained.

Effect has been given to the main recommendations of the study group, reported in 1954, on mental health education in the maternity and child welfare service. Intensive training of a limited number of medical officers and health visitors began in six of the nine divisions under the leadership of psychiatrists attached to local child guidance units, whilst a departmental advisory committee has been set up to advise on general developments in this field.

A comprehensive inquiry was begun to ascertain the extent of the task presented by potential and hard-core problem families and the methods that should be used and the staff time required in preventive measures and assistance.

The demand for recuperative holidays has again evidenced the diminishing trend apparent, except for a slight increase in 1954, since 1950. 1955 saw a reduction in recommendations for all classes consistent with the earlier figures.

Domiciliary midwifery service

The number of confinements attended declined as compared to the number for 1954 (9,898 as against 10,546). In addition to gas and air analgesia, 'trilene' was used in 3 per cent. of cases during a period of six months and as a result apparatus will be issued to all midwives.

Home nursing

The home nursing service has continued to be provided on an agency basis by voluntary district nursing associations, reduced in number in November, 1955, from 27 to 26, through the Central Council for District Nursing. The total number of visits paid and of treatments given during the year (1,953,182 ; 64,256) both show an increase over the figures for the previous year.

Domestic help service

3,148 home helps (giving service equivalent to 2,029 whole-timers) were employed at the end of the year and no less than 80 per cent. of the persons for whom they

provided assistance were aged and chronic sick. Again efforts were made to provide service to prevent children having to be taken into care whilst preparation of a scheme began for the training and employment of selected home helps to work with health visitors in the homes of families in danger of breaking up.

Prophylaxis

The number of primary diphtheria immunisations and reinforcing doses, respectively 34,529 and 30,850, were considerably lower during 1955 than in the previous year because the service was interrupted owing to the incidence of poliomyelitis. The estimated percentage of children 0–4 years who had at any time been immunised was at the end of the year about 54 per cent.

Whooping cough immunisation also suffered a reduction as the result of a withdrawal of facilities during the poliomyelitis epidemic.

During 1955 the rate for children vaccinated during the first year of life was approximately 50 per cent. of the annual live births, the number of children vaccinated last year showed a decline for the first time for some years.

The importance both of diphtheria immunisation and of vaccination cannot be too strongly emphasised. There can be no doubt that these protective measures have played their part in reducing the toll of both diseases and so have contributed to the present situation in which parents who have had no experience of either disease at first hand and in most cases who have heard little about them from their own parents are apt to scout the danger or to be indifferent to it. There remains much to be done in this field and this is particularly true with regard to diphtheria immunisation.

The London Ambulance Service

The London Ambulance Service with its ancillary services removed considerably more than a million patients in journeys approaching in total 6¼ million miles. During the rail strike in May/June up to 3,000 patients a day were dealt with by the general section whilst the normal accident service was maintained.

Following discussion early in the year between the authorities concerned as to the responsibility for the payment of rail fares, the number of patients for whose fares the Council pays decreased notably. In 1954 free rail transport was provided for 5,867 patients, the corresponding number in 1955 was 3,466.

The second new ambulance station since the war became available and slightly relieved pressure upon the accident section, but the total number of accident calls showed an increase on the previous year. Street accidents alone at which an ambulance was required increased by 2,056 to 17,338.

On 10th October, 1956, the administrative and operation headquarters, hitherto separate, were housed under one roof; this should greatly facilitate the operation of the service, and was marked by the uninterrupted functioning of the central control room.

Mental health services

For the first time since 1948 the number of persons referred as allegedly of unsound mind showed a slight decline.

The number of mentally defective persons awaiting institutional care continued to increase and at one point during the year it reached 250. By 31st December, 1955, it had been reduced to 230; this, however, was still substantially greater than the 205 awaiting admission a year earlier.

A hostel for twelve mentally deficient girls from special schools for the educationally subnormal who have no suitable homes was opened in the autumn and by the end of the year six girls were accommodated there under guardianship. A scheme was introduced for placing mentally deficient boys for practical training under guardianship at Wallingford Farm training colony.

As part of the provision made for the occupation and training of mental defectives an industrial training centre, the first in London, was opened in September for 20 male adult mental defectives.

School health service

The percentage of the school population found on inspection to be 'verminous' has again declined. For 1955 it was 2·2 per cent. as against 8 per cent. in 1948.

During the year pure tone sweep hearing testing began in two divisions as a pilot scheme, and a teacher of the deaf was employed and commenced work at two centres, north and south of the Thames, for the auditory training of very young deaf children.

An increasing demand upon the services of the child guidance units was still apparent and, notwithstanding some increases of staff, waiting lists were longer than desirable.

Dental services

The position remained similar to that in 1954. The ratio of one full-time dental officer for each 3,000 children on the school roll which is the Council's policy was no nearer achievement. The ratio for the county was only 1:6,400 (as against 1:5,600 in 1954). Systematic revisional treatment was impracticable but a further improvement was effected in the ratio of permanent teeth restored to permanent teeth extracted in school children.

All applications for treatment from expectant and nursing mothers and children under five years were met and an increase in the number of sessions available for these patients was obtained, much of it by the working of voluntary additional sessions.

As I said in my report for 1954 much remains still to be done before a fully comprehensive service as intended by the National Health Service Act, 1946, can be achieved.

Training of student nurses from hospitals

Hospital student nurses, as part of the revised syllabus of the General Nursing Council, again spent some time observing and being instructed in the Council's health services. Their number (3,627) increased considerably as compared with the number for whom facilities were provided in 1954 (about 3,000).

Staff

During the year the work and staffing of the department was reviewed by a team with experience in organisation and methods procedures. Their findings are reported at page 125.

Throughout the year Dr. G. D. Pirrie, Principal Medical Officer engaged on school health, and Miss B. Thom, Divisional Nursing Officer for Division 8, were absent on secondment to the World Health Organisation, whilst Miss E. Beattie, Divisional Nursing Officer for Division 2, was absent on study leave.

During the year Mr. L. Welsh and Mr. L. Wilkes, respectively Divisional Administrative Officers of Divisions 1 and 3, retired from the service.

I regret to record the deaths of three valued officers of the public health department. Dr. E. B. Argles, M.R.C.S., L.R.C.P., an assistant principal medical officer whose wide experience and knowledge of housing conditions in London were of great value in the work of slum clearance under the Housing Acts upon which latterly he was principally engaged, died on 19th May, 1955, after a long illness. Dr. Evelyn C. M. McGregor, M.B., B.CH., D.P.H., the deputy divisional medical officer for Division 4, where her long experience in and enthusiasm for the maternity and child welfare and day nursery services were highly valued, died on 26th August, 1955, after a brief illness. On 15th December, 1955, Mr. F. E. Willson, the Divisional Administrative Officer of Division 9 who had given long and valuable service to London, much of it in the health field, died suddenly.

VITAL STATISTICS

Population

THE TOTAL home population of the County in the middle of 1955 according to the Registrar-General was 3,295,000 compared with 3,322,000 in mid 1954—a decline of 27,000.

Corresponding estimates for metropolitan boroughs are shown in Table 3 on page 181 and the rates given in this annual report are calculated on these figures.

Table 1 (page 179) shows the age distribution of the population as at the date of the respective censuses for 1901, 1911 and 1921, and the mid-year population as estimated by the Registrar-General for 1931 and for each year from 1938 onwards.

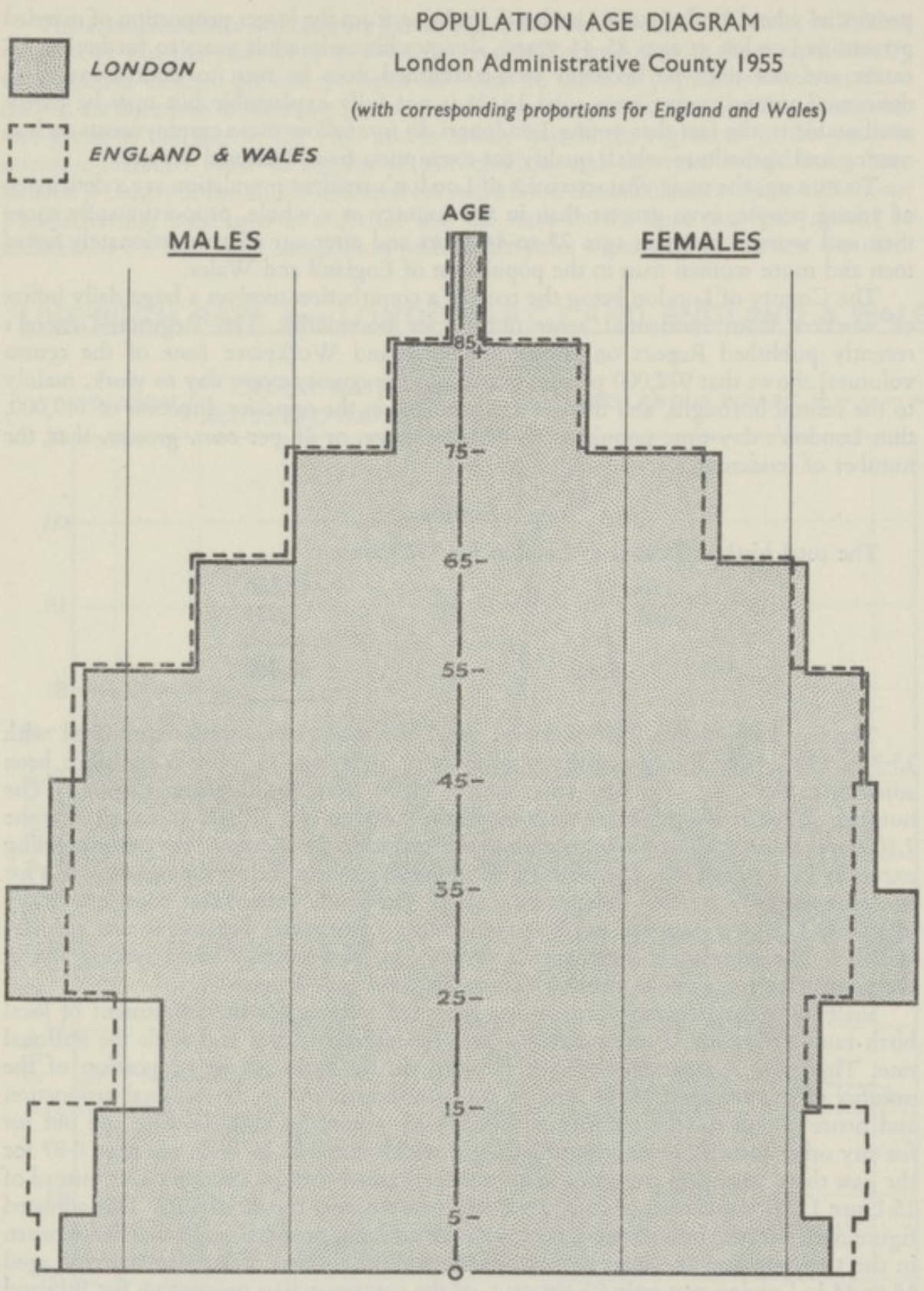
The net fall in the population from the middle of 1954 is made up of a loss of 30,000 in ages under 45 (19,000 between ages 25 to 44) slightly offset by a gain of 3,000 in the older age groups. As the birth rate has fallen from 15·8 in 1950 to 15·1 in 1955 the child population in the age range 0–4 years should decline because the numbers coming into the age group are fewer than the ones leaving it—the actual fall of 4,000 is, however, greater than would have been expected on a purely arithmetical basis. Conversely, on a similar basis the child population in the age group 5–14 years should have risen with more school entrants than school leavers because of the birth rate of 15·8 in 1950 compared with 14·2 in 1940—in fact the population of this group also fell by 4,000.

Although assumptions based on birth rates alone are not wholly valid because of changes in the total population over the years, the features set out above combined with the fall of 19,000 between ages 25 and 44 (the age of parenthood) can only be explained by net migration out of the county. Some 7,000 of the migrants were rehoused on the Council's own out-county estates and about another 3,000 are known to have gone to new and expanded towns—the greater part of the movement (17,000 approximately) was thus due to individual effort.

To some extent this movement of young families results in an 'unbalanced' population. If each succeeding generation were reproducing itself a diagram of the age structure of a population would be pyramidal in shape, with the child population largest at the base and, because of successive losses by death, a gradation to the apex of old people : if the average family is large the base of the pyramid will be broad. This question of the reproduction rate, and hence population structure, is a complex of mortality, age and rate of marriage and fertility, of which the latter is perhaps the most important. Changes in the reproduction rate in Great Britain (and elsewhere) over the past two or three generations have affected the age structure of the population and have given rise to enquiry, e.g., the Royal Commission on Population.

In the diagram of age structure on page 9. London's population is seen to be even more 'out of balance' than is the population of England and Wales, also shown in the same diagram. The age groups used for the diagram are determined by the figures available from the Registrar-General who gives the population estimates in this form. The London proportions aged 85 years and over, which are not quoted officially, are estimated on the assumption that age distribution at this extreme end of the age range is approximately the same in London as elsewhere in the country.

For both London and England and Wales there will be noted a preponderance of women in the older age groups—much of that for the 55–64, and to a lesser extent, that of the 65–74 age groups is due to the higher mortality among men in the first world war—above these ages it is merely a reflection of the greater toughness of womankind. 1,755,000 of London's total population of 3,295,000 are women, an excess of 215,000 (6·5 per cent.) of which nearly half (101,000) comprises women aged 65 or more ; corresponding figures for England and Wales are 23,052,000 women out of a total population of 44,441,000, an excess of 1,663,000 (3·7 per cent.) of which nearly two thirds (1,042,000) comprises women aged 65 or more. At the other end of



The size (area) of the block for each age group represents the proportion of the total population in that group.

the pyramid the loss of shape below 25 years of age is most marked—a reflection of the low birth rates in the nineteen-thirties. Here London is even more deficient than the country as a whole, especially in children of compulsory school age. These deficiencies are even more noticeable in the face of the proportionate surplus in London of persons in the age group 25–34 years and to a lesser extent 35–44 years—the imbalance presumably arises from the attractions of London as a place of employment for the aspiring

provincial who, like the native Londoner (judging from the lower proportion of married persons in London at ages 25–44 years), devotes his early adult years to furthering his career and not until he becomes well-established does he turn to matrimony. The deficiency among young men aged 15–24 is not fully explainable but may be partly attributable to the fact that young Londoners do not follow those employments such as mining and agriculture which qualify for exemption from National Service.

To sum up, the main characteristics of London's resident population are a deficiency of young people, even greater than in the country as a whole, proportionately more men and women between ages 25 to 44 years and after age 45 proportionately fewer men and more women than in the population of England and Wales.

The County of London being the core of a conurbation receives a large daily influx of workers from residential areas outside its boundaries. The Registrar-General's recently published Report on Usual Residence and Workplace (one of the census volumes) shows that 972,000 persons come into the county every day to work, mainly to the central boroughs, and there is a movement in the opposite direction of 149,000, thus London's day-time population is 823,000 more, or 25 per cent. greater, than the number of residents.

Fertility

The total births allocated to London for 1955 were :

Live	49,826
Still	1,034
Total	50,860

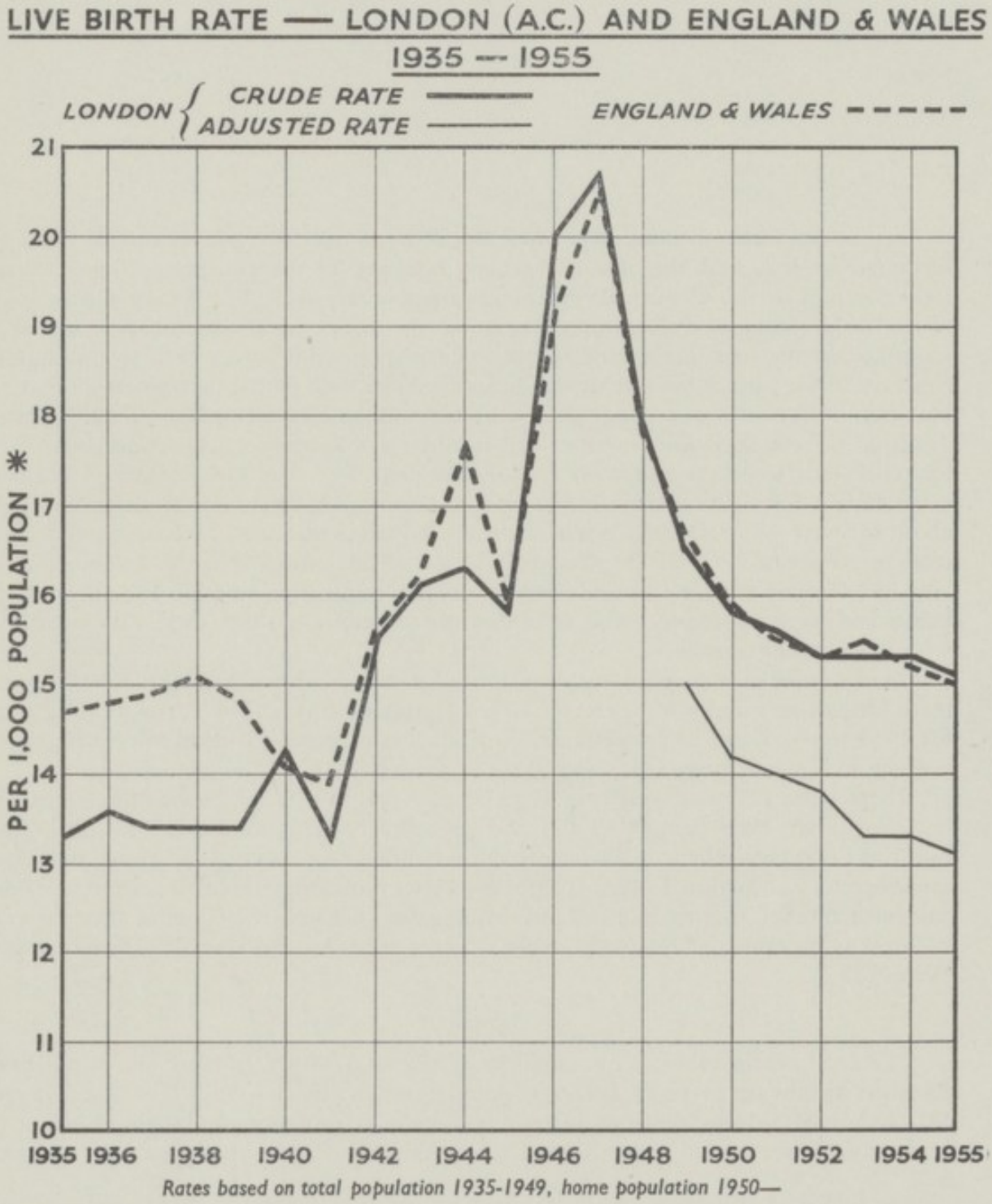
Live births

The live birth-rate in 1955 was 15·1 per 1,000 total population as compared with 15·3 in 1954. (The figure actually published for 1954 was 15·2 but it has since been adjusted in the light of a later allocation of births from the Registrar-General.) The number of live births registered as occurring in London was 57,312, an excess of some 7,500 over those attributable to mothers residing within the County ; the corresponding excess in 1954 was 7,700. The birth-rate in London tends to follow the same trend as for the country as a whole—indeed, since 1947 the crude rates have been practically identical. The two rates are not however strictly comparable because as was demonstrated in the population diagram, the proportion of women of child-bearing age in the population is greater in London than in England and Wales.

Since 1949 the Registrar-General has provided a factor for the adjustment of local birth rates to permit of comparability between different areas and with the national rate. This areal comparability factor is based on the ratio of the proportion of the number of women aged 18–44 years in the local population to the national proportion and hence allows for the varying proportion of women of child bearing age but *not* for any other factor. For London this factor, which was 0·91 in 1949, has been 0·87 for the past three years and the crude birth rate multiplied thereby becomes 13·1 instead of 15·1 per 1,000 population as compared with the national figure of 15·0. This adjusted figure does not take into account, however, the differing proportions of married women in the two populations under consideration—the proportion of women married aged 15 to 44 in London was only 95 per cent. of the corresponding proportion for England and Wales at the census in 1951. Assuming no radical change in the pattern of marriage the 13 per cent. difference between the adjusted birth rate for London and the national figure can be accounted for as to 5 per cent. by the proportionately fewer married women in London and as to 8 per cent. by a real difference in the fertility of London marriages.

The crude birth rate for the past 21 years is shown in the diagram (page 11) together with the national rate and, since 1949, the adjusted birth rate : the true comparative fertility of London lies somewhere between the lines for the crude rate and the adjusted rate.

The actual numbers and rates are given, together with those for still-births, in Table 2 (page 180). For the years 1940 to 1949, the rates will not agree with those published by the Registrar-General because the latter are based on the civil population whereas those quoted are based on an estimated total population—the justification for this divergence was given in the Report for 1947 and is briefly that births registered in the years in question included those in respect of non-civilians and the rates would have been inflated if fathers in the Forces had been excluded from the calculations. Since 1950 home population has been used as a divisor and the rates shown since that year should be reduced by 0·1 for a strict comparison with earlier years when total population was used.



The number of marriages registered in London in 1955, was 34,248 or 20·8 persons married per 1,000 of the total population—the corresponding rates for 1954 and 1953 were 19·8 and 19·7 respectively. Marriages

Illegitimacy

There were 3,827 illegitimate live births (7·7 per cent. of the total live births). The figures in recent years are :

Year	Illegitimate live births	Illegitimate live births as a percentage of total live births	
		London A.C.	England and Wales
1938–42	14,910	6·6	4·7
1943	3,707	8·2	6·3
1944	4,237	9·4	7·2
1945	5,190	11·3	9·4
1946	5,218	7·9	6·7
1947	4,724	6·7	5·3
1948	4,207	6·9	5·4
1949	3,899	6·9	5·1
1950	3,752	7·0	5·1
1951	3,597	6·9	4·7
1952	3,607	7·0	4·8
1953	3,645	7·1	4·7
1954	3,615	7·1	4·7
1955	3,827	7·7	4·6

Illegitimate births in London reached a peak figure in 1946, but because of the high birth rate in that year this was not wholly reflected in the percentage figure. Since 1949 the number of illegitimate births has been fairly stable but with a fall in total births the percentage of illegitimate births has increased. Such evidence as is available suggests that the true illegitimate fertility rate in London is lower than would appear from the crude figures because of the understandable wish of the unmarried mother to bear her child in the anonymity of a large city and to take advantage of the facilities available therein. It is known from the records of voluntary organisations who care for unmarried mothers and their babies (see page 74) that 418 unmarried women came to London to have their babies in 1955 ; some 200 of these were Irish girls and about 60 were West Indians. Such births are however allocated to London and consequently increase both its illegitimate and total fertility rates. It is also known that at least 142 unmarried West Indian women already resident in London had illegitimate babies and were assisted by these voluntary organisations in 1955 (there may be others who did not seek assistance).

Deaths under one year among illegitimate infants amounted to 38 per 1,000 illegitimate births compared with a rate of 22 for legitimate births. The corresponding rates for 1954 were 31 and 20 respectively. A detailed comparison of deaths in both groups is given in Table 6 (page 184).

Still-births

There were 1,034 still-births in 1955 or 20·3 per 1,000 total births—the legitimate and illegitimate rates being 19·9 and 25·7 respectively. The number of still-births and rate per 1,000 total births in each year since 1946 and for each of the three preceding quinquennia is shown in Table 2 (page 180). After remaining stable for several years the still-birth rate fell sharply in 1943 and continued to fall until 1948 ; since then the rate in London has remained relatively stable and somewhat lower than that of England and Wales (23·2).

*Mortality**

The total deaths in 1955 amounted to 37,877 or 11·5 per 1,000 of the population. Detailed figures are given in Tables 3 (population, etc. by boroughs†), 4 and 5 (pages 181, 182, 183). Mortality from infectious diseases is discussed under the heading of ' Infectious Diseases ' on page 20, and tuberculosis is dealt with separately (see page 26).

The trend of the death rate in London, together with the corresponding rate for England and Wales, is indicated by the diagram on page 14. The areal comparability

**A review of mortality in this century appears as Appendix A (page 153).*

† *A further commentary on the vital statistics of London by boroughs appears as Appendix B (page 164).*

factor for the London death rate (which allows for the differing sex and age structure in the local population to enable comparison to be made with the national rate) was 0·99 for 1955 and has never been far from unity ever since its introduction in 1934. The two rates therefore, unlike the birth rates, are reasonably comparable without further adjustment.

The death-rate from all causes, which, with the increasing age of the population, had been slowly rising before the war, rose sharply in 1940. This increase was partly due to the exclusion of the young and healthy section of the population from the statistics but the heavy toll of air raids was also a contributory factor. Between 1944 and 1950 there was generally a decline followed by a rise in 1951 attributable largely to an increase in respiratory and heart disease ; since that year and until 1954, there was a steady decline to the lowest figure ever recorded, but in 1955 the rate has risen again to 11·5 per 1,000 population. The winter rise in mortality continued longer than is usual in the first three months of 1955 ; the temperature was consistently low in these months. The increase in mortality over 1954 was mainly among the aged and in the diseases affecting old age—pneumonia, bronchitis and diseases of the heart : the increase in the deaths of infants (110 over 1954) has only a slight effect on the general death rate but its effect is more pronounced in the infant mortality rate (discussed later).

The leading causes of death in London in 1955 were as follows : Leading causes of death

	Deaths	*Rate per 1,000 population*
Diseases of the heart	11,118	3·37
Cancer	7,861	2·39
*Pneumonia, bronchitis	4,980	1·51
Vascular lesions of the central nervous system	4,113	1·25
Other circulatory	2,024	0·61
Violent causes	1,499	0·45
Digestive diseases	1,430	0·43
Diseases of early infancy (immaturity, injury at birth, congenital malformation, etc.)	834	0·25
Tuberculosis (all forms)	561	0·17
Nephritis	259	0·08
Hyperplasia of prostate	275	0·08
All other causes	2,923	0·89
Total	37,877	11·50

* *Excluding pneumonia of the new born (under 4 weeks) which is included in ' Diseases of early infancy '.*

The only change in the order of magnitude compared with 1954 is that pneumonia and bronchitis, in which there was a considerable rise, has resumed third place in the order of ranking.

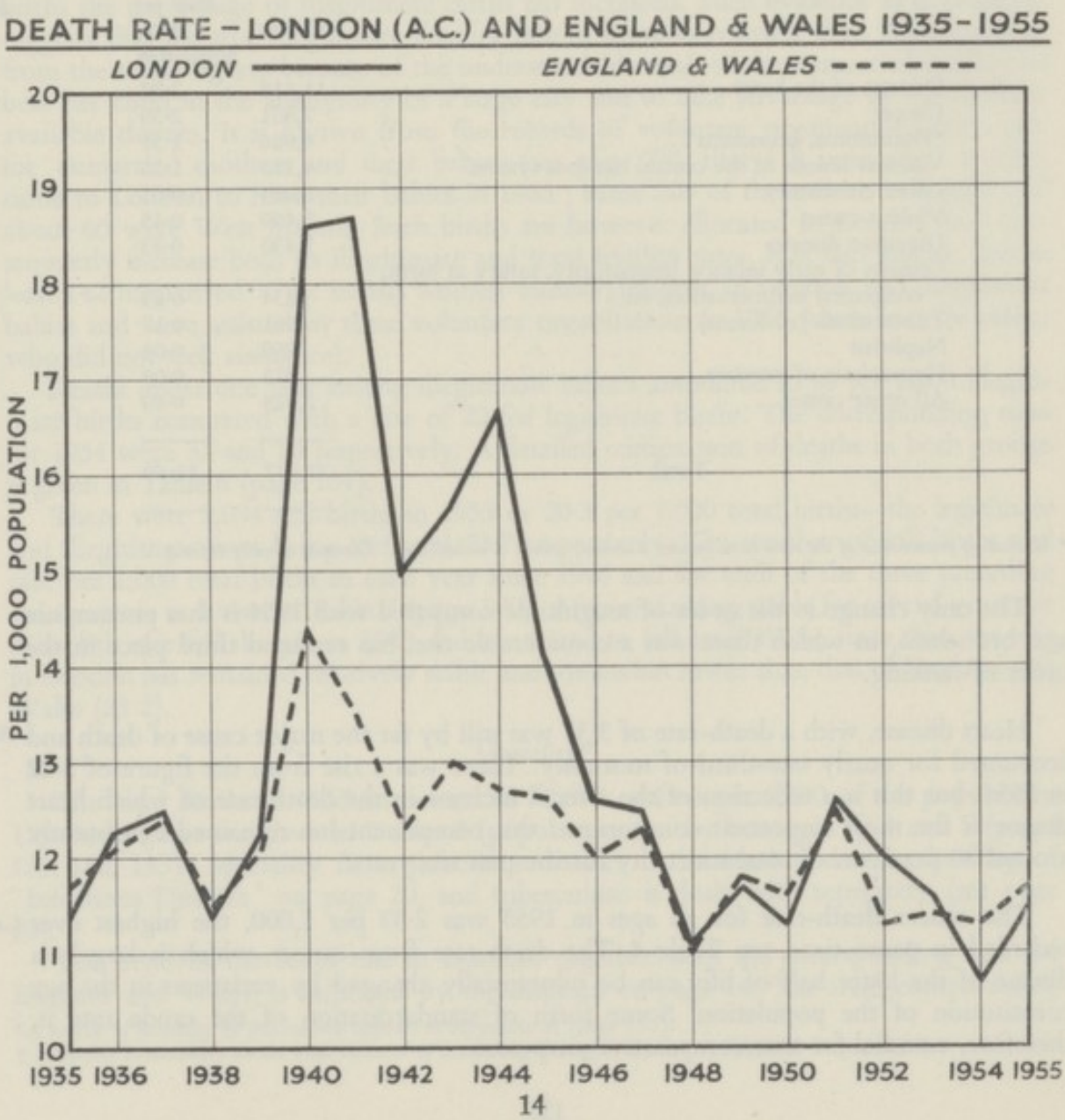
Heart disease, with a death-rate of 3·37 was still by far the major cause of death and accounted for nearly one-third of mortality. There was a rise from the figure of 3·22 in 1954, but this is a reflection of the overall increase in the death rate of which heart disease is the most important component : this component has remained consistently around 30 per cent. of total mortality for the past ten years. Heart disease

The cancer death-rate for all ages in 1955 was 2·39 per 1,000, the highest ever recorded in peace time, see Table 4. The death-rate from cancer, which is largely a disease of the latter half of life, can be substantially changed by variations in the age constitution of the population. Some form of standardisation of the crude rate is, therefore, essential for true comparative purposes. Cancer

Rates for specified age groups since 1948 are shown below :

London A.C. : Cancer Mortality Rates per 1,000 *living*

Age and Sex	*1948*	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*
Males :								
0–14	0·03	0·06	0·11	0·10	0·11	0·12	0·11	0·10
15–44	0·30	0·29	0·38	0·35	0·37	0·39	0·34	0·33
45–64	4·05	4·09	4·45	4·28	4·19	4·28	4·31	4·50
65+	12·54	12·75	13·25	15·64	15·50	15·69	15·29	15·73
All Males ..	2·21	2·27	2·45	2·60	2·61	2·68	2·64	2·73
Females :								
0–14	0·03	0·05	0·07	0·09	0·08	0·07	0·06	0·08
15–44	0·36	0·33	0·37	0·35	0·35	0·38	0·32	0·33
45–64	2·96	2·68	2·84	2·80	2·85	2·85	2·85	2·93
65+	9·08	9·08	8·95	8·79	8·77	8·73	8·39	8·43
All Females ..	1·95	1·93	1·98	1·99	2·02	2·04	2·02	2·08
All Persons ..	2·08	2·09	2·20	2·27	2·30	2·34	2·31	2·39



The improvement noted in the cancer death rate in 1954 has not been maintained ; seen now in perspective it can only be regarded as a chance fluctuation in a continuing upward trend. The increase over 1954 has occurred mainly in cancer of the stomach and the lung for males and in cancer of the breast and uterus for females : over the eight years shown in the table above the cancer death-rate has increased by 24 per cent. in males and by 7 per cent. in females ; the corresponding percentage increases for England and Wales are, males 13 per cent. and females 4 per cent. Most of the increase in males is due to cancer of the lung which now accounts for approximately one-third of all cancer in both London and England and Wales.

The long term trend in London for both sexes combined can be seen from Table 4 (page 182). The increase there shown is due partly to the increasing age of the population and partly to improved diagnosis, but some part is undoubtedly attributable to increased incidence.

The big differences in death-rates between the sexes at ages 45–64 and at 65 years and over, should be viewed in the light of the contribution cancer makes to total mortality at these ages. The total death-rate at ages 45–64 is for males, 14·7, and for females 7·4, and the contribution of cancer to these rates is 30 per cent. for males and 40 per cent. for females : at age 65 and over the corresponding contributions are, for males 19 per cent., and for females 15 per cent. (the total death-rates at this age are, males 83·2, and females 56·2).

Cerebral haemorrhage, etc.

The death-rate from vascular lesions of the central nervous system in 1955 was 1·25 per 1,000, slightly higher than the figure of 1·20 in 1954. It would appear that the rate, which had steadily increased from 1·01 in 1948 to 1·27 in 1952, has stabilised at around the latter figure.

Bronchitis and Pneumonia

The death-rate for the bronchitis and pneumonia group was 1·51 in 1955 compared with 1·14 in 1954. These are essentially diseases affecting the aged more than any other age group and hence the rise in mortality from these causes is a reflection of the rise in mortality of old people in 1955.

Degenerative diseases

If, as an indication of mortality from degenerative diseases, death from heart disease, other circulatory diseases, cerebral vascular lesions, nephritis and bronchitis are combined, the following figures emerge :

Mortality (per 1,000) from cardiovascular, renal disease and bronchitis

1946	6·11
1947	6·27
1948	5·47
1949	6·11
1950	5·99
1951	6·82
1952	6·64
1953	6·21
1954	5·75
1955	6·19

The rates in post-war years still appear to be running higher than pre-war, but degenerative diseases appear to be a reflection of movements in the total death-rate and continue to be responsible for over half of it—doubtless a reflection of the increasing longevity of the population.

Digestive diseases

Mortality from digestive diseases (other than cancer) in 1955 was 0·43 per 1,000 (0·42 in 1954). Within this group the death-rate from ulcer of the stomach or duodenum was 0·16 per 1,000, the same as in 1953 and 1954.

Diabetes

Diabetes mortality fell steadily between 1939 and 1948 and as will be seen from Table 4 (page 182) the current figure of 0·07 is lower than that for any quinquennium

in the present century. At ages under 55, where treatment is more effective, the number of deaths in 1955 was 21 which compares as follows with figures for previous years :

1939–41 (mean annual deaths)	71
1942–44 („ „ „)	42
1945–47 („ „ „)	31
1948	27
1949	26
1950	39
1951	34
1952	34
1953	20
1954	22
1955	21

At all age levels mortality from this cause in females is twice that in males.

Violence

As the sixth most numerous cause of death, violence, under the sub-headings of suicide, road accidents and other forms, has been shown chronologically in Table 4 (page 182) (certain other items no longer of much importance have been omitted).

The suicide rate fell slightly in 1955 but it has remained at about the same level since 1953, higher than during the war, and immediate post-war years : the suicide rate is lowest in times of war (both 1914–18 and 1939–45) and was highest in the nineteen-thirties. Sainsbury* has shown that poverty, *per se*, is not a cause of suicide but that sudden change from affluence to comparative poverty is a predisposing factor.

Deaths from road accidents in 1955 were the highest since the war ; comparison with pre-war years should take into account that from 1911 to 1940 the deaths are estimated and are least reliable for the period 1921–1930. It is noteworthy that the death-rate in the quinquennium 1906–10 from accidents involving vehicles and horses was almost as great as the current rate which, for the most part, arises from accidents involving motor vehicles. The accident rate in London may be much higher than is indicated by these figures because of the involvement of non-Londoners whose deaths are assigned to their place of residence.

Other violence was lower in the last five years than at any time in this century ; the high war-time figures are due to the inclusion therein of civilian casualties from enemy action.

Infant mortality

The infant mortality rate in 1955 was 23·2 per 1,000 live births which compares with rates of 20·6 in 1954 and 23·8 in 1953. The movements of the death-rates from the principal diseases at ages below one year since the years 1936–40 are shown in Table 7 (page 185), The diagram on page 17 illustrates the movements in the more important current causes of death.

The increase in deaths assigned to congenital malformations and injury at birth between 1936–40 and 1941–45 is partly attributable to changes in classification following the adoption of the fifth revision of the International Causes of Death in 1938.

The increase in 1955 over 1954 has occurred mainly in deaths from bronchitis and pneumonia and in deaths from immaturity : in the former case 1954 was an exceptional year and the rate of 3·57 per 1,000 live births for deaths from respiratory causes in 1955 is lower than in 1953. Deaths from immaturity, however, are higher than in any year since 1951 and the current rate for this cause is a reversal of the downward trend which has hitherto continued without any check since 1936 ; immaturity is almost wholly the concern of early infancy (the first four weeks of life) and is dealt with in more detail below.

Neo-natal mortality

Deaths in various periods of the first year of life during 1955 are shown in detail in Table 6 (page 184). Deaths under four weeks numbered 834 or 16·7 per 1,000 live births. Comparative rates for London and England and Wales in past years are :

* *Sainsbury P. (1955) ' Suicide in London ', Chapman and Hall, Ltd., London.*

Year(s)	*London*	*England and Wales*
1931–35	25·1	31·4
1936–40	22·9	29·0
1941–45	23·4	25·9
1946–50	18·4	20·9
1951	17·3	18·9
1952	15·8	18·3
1953	16·1	17·7
1954	15·1	17·8
1955	16·7	17·3

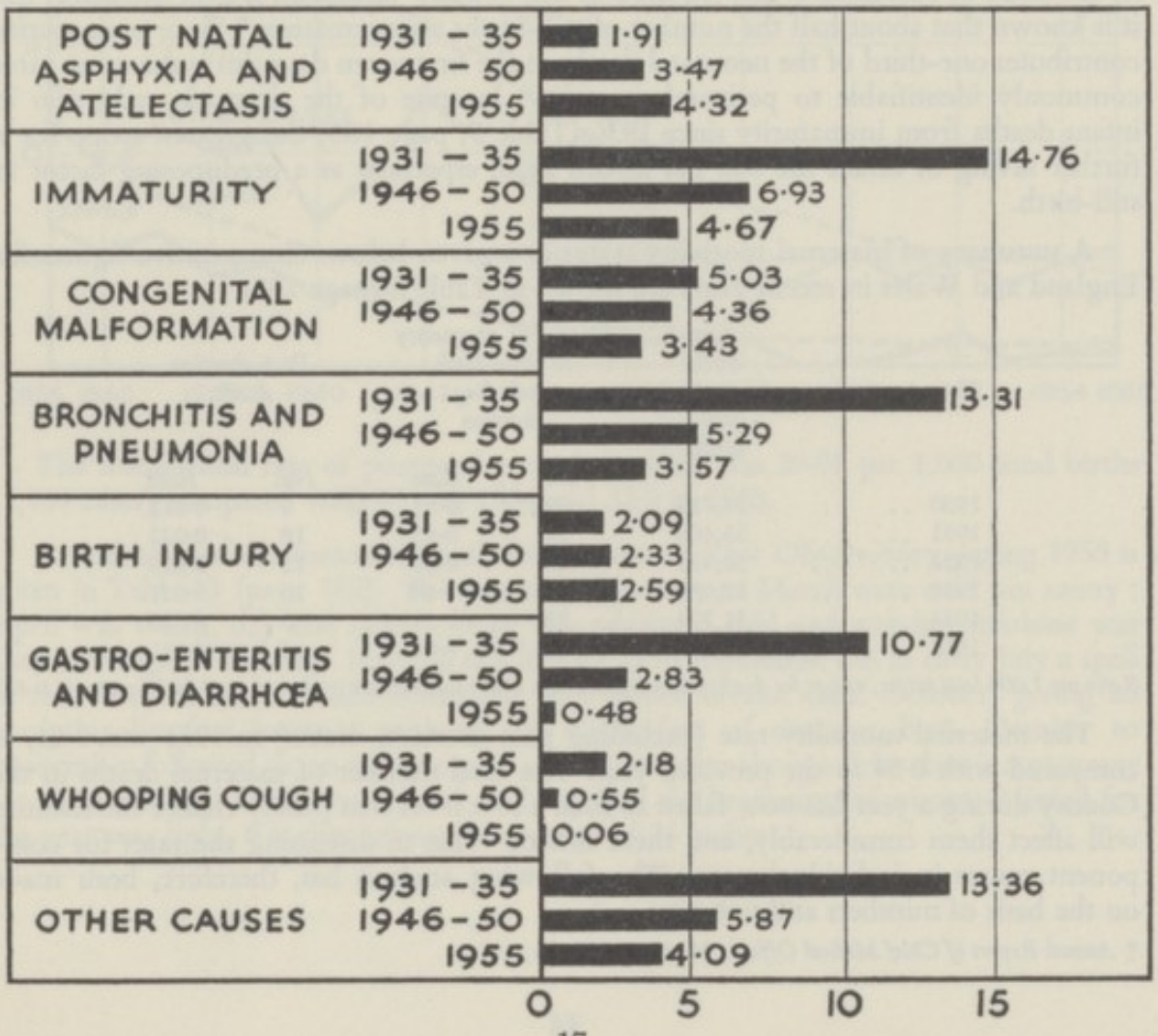
Thus, of the increase of 2·6 in the infant mortality rate for infants up to 1 year of age, 1·6, or 62 per cent. of it is attributable to deaths of infants within twenty-eight days of birth.

The distribution of causes of death in the first four weeks of life in descending order of magnitude in 1954 and 1955 was as follows :

Cause	*No. of deaths*		*Per cent. of total*	
	1954	*1955*	*1954*	*1955*
Immaturity	184	231	24·1	27·7
Post-natal asphyxia and atelectasis..	203	212	26·5	25·4
Injury at birth	118	128	15·4	15·3
Congenital malformations ..	121	104	15·8	12·5
Pneumonia of newborn	39	44	5·1	5·3
Gastro-enteritis and diarrhoea ..	1	1	0·1	0·1
All other causes	100	114	13·0	13·7
Total	766	834	100·0	100·0

INFANT MORTALITY

MORTALITY PER 1,000 LIVE BIRTHS



There are two changes in order of ranking between 1954 and 1955 in the above table—immaturity moves up to first place, displacing post-natal asphyxia and atelectasis, and injury at birth moves up from fourth to third place displacing congenital malformations : this is a reversion to the 1953 order in the first four causes which together account for 81 per cent. of neo-natal deaths.

Perinatal mortality

Nearly all the neo-natal deaths in the first three causes listed above occur in the first seven days of life and of these about half occur in the first day. Thus the distinction between still-birth and live birth in such cases is very narrow and the term ' perinatal ' mortality is being increasingly used to describe the total loss of life before, during and shortly after birth. There is no generally accepted definition of the term but in the report of the Chief Medical Officer to the Ministry of Health for 1954 the most useful definition is suggested as including still-births and deaths in the first week of life.

A consideration of these two groups together allows for a better assessment of the problems of causation common to both. Comparative rates for perinatal mortality per 1,000 *total* births are given below for London and England and Wales.

Year(s)	*London*	*England and Wales*
1931–35	49·9	62·5
1936–40	47·7	58·8
1941–45	43·9	48·3
1946–50	35·5	39·8
1951	34·6	38·2
1952	32·6	37·5
1953	34·7	36·9
1954	32·8	38·0
1955	34·8	37·6

The medical conditions causing still-birth cannot be determined since certification of the cause of still-birth is not required in this country (although it is in Scotland) but it is known that about half the number of still-births are premature.* Since prematurity contributes one-third of the neo-natal deaths in the first seven days this is the cause most commonly identifiable to perinatal mortality. In spite of the dramatic reduction in infant deaths from immaturity since 1936 (Table 7, page 185) the greatest scope for a further saving of infant life still lies in this field, especially as a predisposing factor in still-birth.

Maternal mortality

A summary of maternal mortality statistics is given below. Comparative figures for England and Wales in recent years are shown in Table 8 (page 185).

Year	*Live births and still-births*	*Deaths in pregnancy or child-birth excluding abortion*		*Post-abortion deaths*	
		No.	*Rate*	*No.*	*Rate*
1950	54,715	29	0·53	9	0·011
1951	53,460	24	0·45	18	0·023
1952	52,433	35	0·66	15	0·019
1953	52,080	21	0·40	16	0·021
1954	51,774	28	0·54	6	0·008
1955	50,860	31	0·61	8	0·011

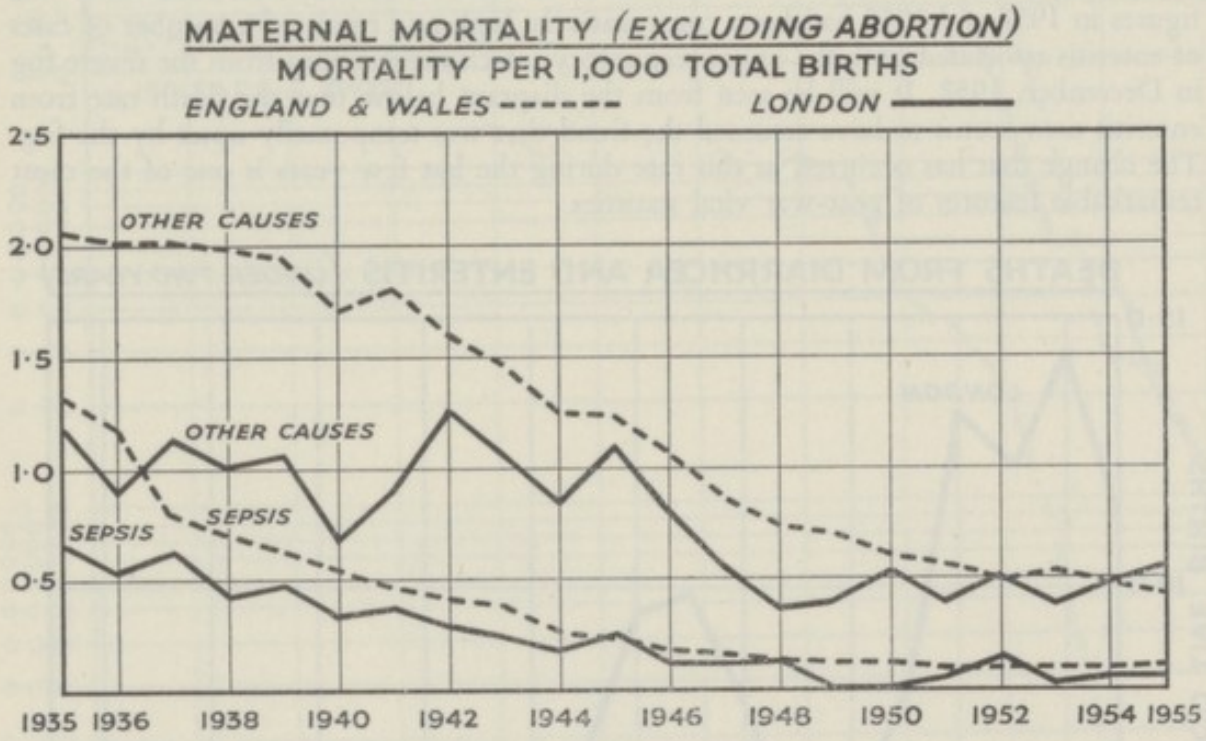
Rates per 1,000 total births, except for deaths following abortion where the rates are expressed per 1,000 females (15–44).

The maternal mortality rate (excluding post-abortion deaths) in 1955 was 0·61, as compared with 0·54 in the previous year. The total number of maternal deaths in the County during a year has now fallen to such a low level that purely chance fluctuations will affect them considerably, and there is little value in discussing the rates for component causes in individual years. The following analysis has, therefore, been made on the basis of numbers and not rates.

* *Annual Report of Chief Medical Officer, Ministry of Health, 1954.*

Cause of death	Post-abortion				Other pregnancy and child birth				Total			
	1952	1953	1954	1955	1952	1953	1954	1955	1952	1953	1954	1955
Sepsis ..	10	8	5	5	8	1	3	3	18	9	8	8
Other causes	5	8	1	3	27	20	25	28	32	28	26	31
Total maternal deaths ..	15	16	6	8	35	21	28	31	50	37	34	39

The trend of maternal mortality in London since 1906 is shown in Table 4 (page 182) : it fell slowly and somewhat irregularly—with an upswing during the first world war—until the introduction of sulphonamides in the middle of the 30's ; from then on puerperal sepsis has dwindled rapidly away but the fall in ' other causes ' was interrupted by the second world war. The course of maternal mortality since 1935 for both London and England and Wales is shown by the following diagram, which illustrates clearly the effect of war conditions in arresting temporarily the decline in maternal mortality in London. The sharp rise in London in 1941 and 1944–45 was not shared by the country as a whole, and this can be attributed to the effect of the air bombardment.



The notification rate of puerperal pyrexia in 1955 was 39·01 per 1,000 total births (1,984 cases) compared with 37·4 in 1954 and 32·9 in 1953.

The weather

A summary of the meteorological observations at Kew Observatory during 1955 is given in Table 13 (page 182). The months of January to March were cold but sunny ; April was warm, dry and sunny ; May was relatively cold and wet but sunshine was above average ; ' flaming ' June did not live up to its reputation but in early July a spell of fine weather set in which continued with minor breaks, until October, giving an exceptionally fine summer without the discomfort of extreme heat. October to November followed the usual pattern of autumn weather though drier than is customary for these months. There was no early cold spell at the beginning of winter. Rainfall for the year was light, 6 inches below the average of 24 inches.

INFECTIOUS DISEASES

THE NOTIFICATION rates and death-rates of the principal infectious diseases in London are shown in Tables 3, 4 and 9 (pages 181, 182, 186) : Table 3 shows both rates for the constituent Metropolitan Boroughs in 1955 ; Table 4 shows death rates since 1906 for the County as a whole ; and Table 9, notification rates for the County since 1934. In order to preserve uniformity with national statistics the notification figures used in this section of the report have been corrected as far as possible to take account of changes of diagnosis made after the original notifications had been received (see footnote to Table 9). Table 10 (page 187) shows, in age groups, the distribution over the year of the notifications of the following—dysentery, measles, meningococcal infection, pneumonia, poliomyelitis, scarlet fever and whooping cough. It should be noted that the total in this Table, being for 52 weekly periods and not adjusted for final late corrections of diagnosis, will not correspond with the yearly corrected totals in Table 9.

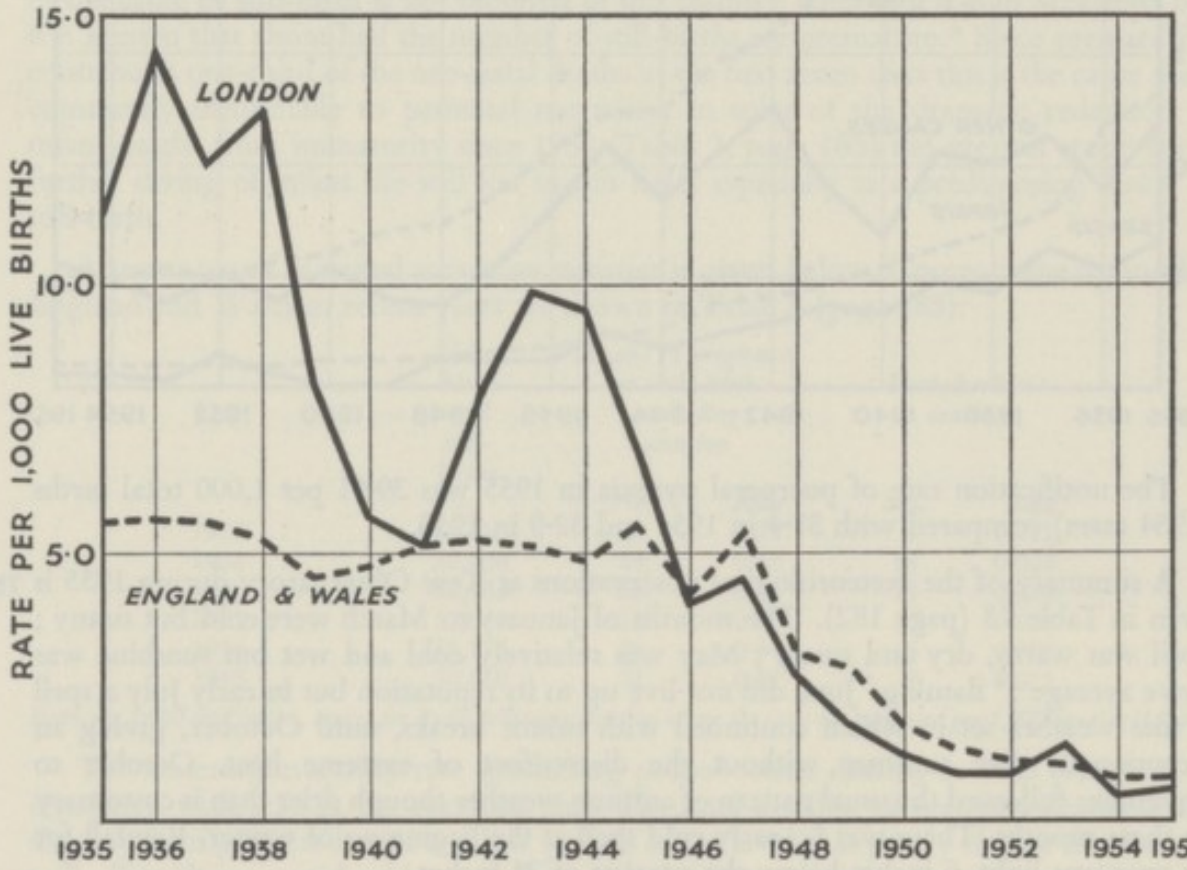
Anthrax

There were no notifications of anthrax during 1955.

Diarrhoea and Enteritis

There were 27 deaths from diarrhoea and enteritis under the age of 2 years. The number of deaths from this cause had been 43 in 1952, 72 in 1953 and 24 in 1954. The figures in 1952 and 1953 had been comparatively high as a result of a number of cases of enteritis associated with the upper respiratory infections resulting from the severe fog in December, 1952. It will be seen from the diagram below that the death rate from enteritis now seems to have resumed the trend that was temporarily upset by the fog. The change that has occurred in this rate during the last few years is one of the most remarkable features of post-war vital statistics.

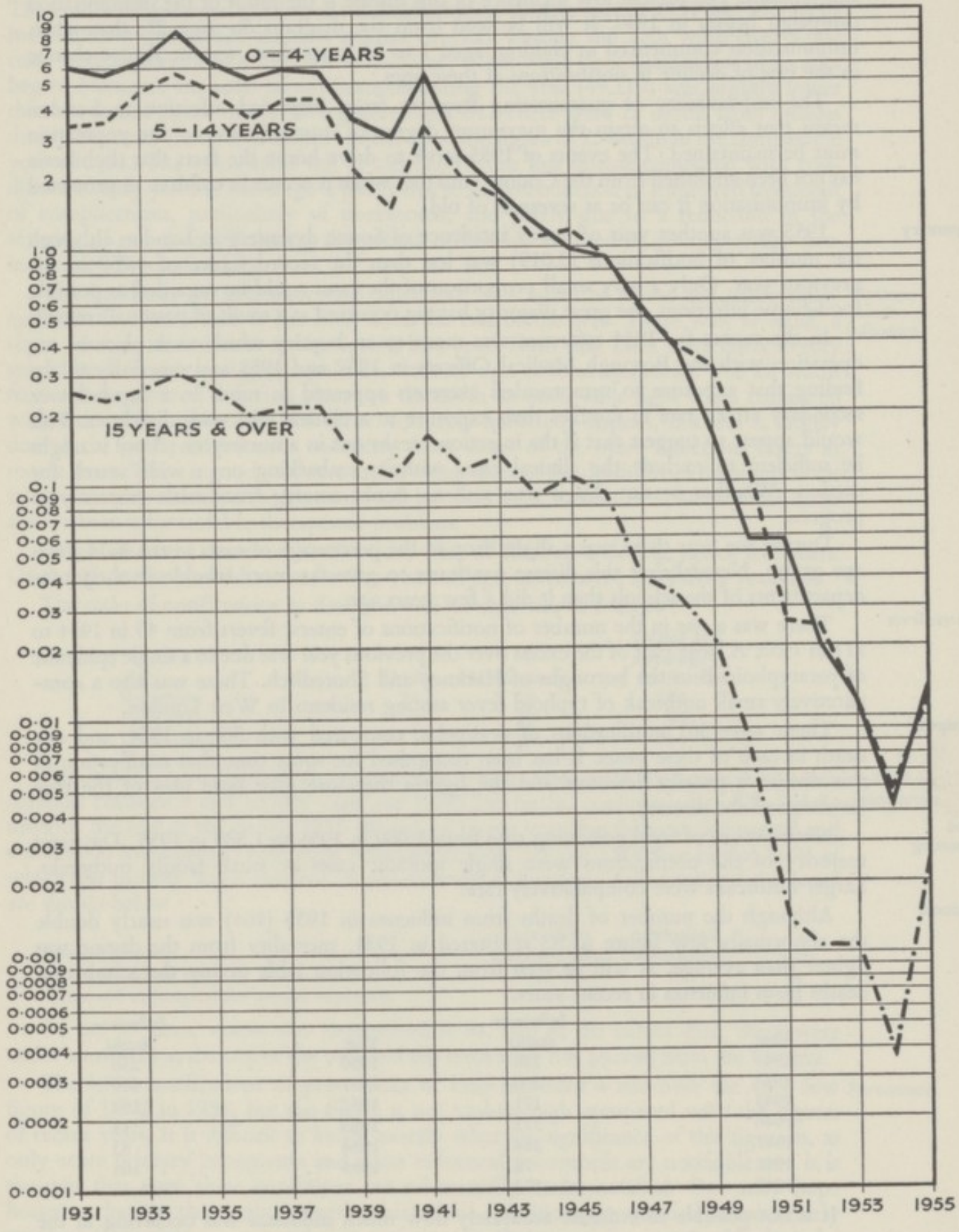
DEATHS FROM DIARRHŒA AND ENTERITIS *(UNDER TWO YEARS)*



Diphtheria

After a period of two years without a death from diphtheria there were two deaths from this disease during 1955. One was a boy aged four years and the other an eight year old girl. The parents of both these children had repeatedly refused the offer of

DIPHTHERIA — AGE INCIDENCE
NOTIFICATIONS PER 1,000 LIVING IN AGE GROUPS



immunisation. There was also a rise in the number of notifications from four in 1954 to 16 in 1955, the largest single focus being a family outbreak in Shoreditch involving one of the fatal cases. These events are a further reminder that the battle against diphtheria is not yet won, and that the danger to children who have not been immunised still remains. The present low incidence of this disease is the result of the immunisation campaign begun in 1940. It will be seen from the diagram on page 21, that when immunisation commenced in children aged 1 to 14 years there was an abrupt change in the rate of decline in notifications at these ages.

The impossibility of guaranteeing freedom from imported infection in London means that efforts to attain the maximum degree of immunisation in the population must be maintained. The events of 1955 serve to drive home the facts that diphtheria has not been abolished from the County, and that when it occurs in children unprotected by immunisation it can be as severe as of old.

Dysentery

1955 was another year of heavy incidence of Sonne dysentery in London although the number of notifications (3,019) was less than the record figure of 4,268 in the previous year. Only a very small proportion of the cases could be regarded as possible food-borne infections, the great majority having occurred as a result of personal contact.

In the report for 1954 reference was made to an inquiry which took place in co-operation with the Borough Medical Officers in 1952 and 1953 and especially to the finding that exposure to symptomless excreters appeared to result in a much lower secondary attack rate in families than exposure to a clinical case with diarrhoea. This would appear to suggest that if the infection breaks out in a nursery or school it might be sufficient to exclude the clinical cases without embarking on a wide search for carriers. Whether or not this is true will no doubt emerge from trials currently in progress.

During the year there was a slight drop in the percentage of cases in the 5–14 years age group. Nevertheless this disease continues to give far more trouble in the junior departments of the schools than it did a few years ago.

Enteric fever

There was a rise in the number of notifications of enteric fevers from 49 in 1954 to 111 in 1955. A large part of the excess over the previous year was due to a single epidemic of paratyphoid B in the boroughs of Hackney and Shoreditch. There was also a comparatively small outbreak of typhoid fever among residents in West London.

Erysipelas

There were 361 notifications of erysipelas, compared with 368 in 1954, and one death in each of these years. It has been recognised for some time that notification of this disease is grossly defective and the figures therefore give little idea of the true incidence of the disease.

Food poisoning

Notifications of food poisoning rose from 1,060 in 1954 to 1,530 in 1955. The great majority of the notifications were single sporadic cases or small family outbreaks. Larger outbreaks were comparatively rare.

Influenza

Although the number of deaths from influenza in 1955 (164) was nearly double the abnormally low figure of 83 registered in 1954, mortality from the disease was lighter than average, as will be seen from the following table giving the number of deaths from influenza in recent years.

Year	*Influenza deaths*	*Year*	*Influenza deaths*
1943	726	1950	256
1944	206	1951	809
1945	171	1952	162
1946	371	1953	514
1947	284	1954	83
1948	78	1955	164
1949	372		

It is not possible to estimate accurately how much influenza was occurring in the population as the disease is not notifiable. Such indirect evidence as is available however suggests that the influenza epidemic of 1955 was of very modest proportions.

Leptospirosis

The precautions taken against leptospirosis by the sewer workers in the Chief Engineer's department continued to work smoothly. One case occurred during the year.

Measles

The year 1955 was the second and principal year of a biennial cycle of measles. The epidemic had been gaining momentum during the last part of 1954 and rose to its maximum at the end of the first quarter of 1955. During the 13th week over 4,000 cases were notified, this being more than in any other week since notification of measles began. However the total of notifications during the year (49,110) was slightly lower than the record figure of 49,148 registered in 1951. There were 15 deaths from measles during the year, which is an improvement upon the figure of 25 deaths in the comparable year of 1951. The remarkable fall in mortality from this disease compared with conditions twenty years or more ago is partly due to the introduction of improved treatment of complications, particularly of pneumonia, and partly due to a reduction in the severity of measles itself during the period, which has resulted in comparatively low incidence of complications.

Meningococcal infections

The incidence of meningococcal infections was again at about the usual inter-epidemic level at which it has been since the end of the war. There was, as usual, a slight increase in incidence in the Spring but, apart from this, cases were fairly evenly spread both in time and geographically, with no sign of local epidemics. The 22 deaths from meningococcal infection place this disease in an unenviable light when compared with the smaller figures for the other notifiable infectious diseases, but this is largely due to the great reduction in mortality from some of the other infectious fevers in recent years. There is good evidence to show that most of the deaths from meningococcal infection are the result of septicaemic and haemorrhagic attacks in infancy which have always been a formidable therapeutic problem.

Fifty-nine of the corrected notifications were of children under the age of five years. Of the 14 deaths in children under five years of age, seven were less than a year old.

The ratio of notifications to deaths at various ages was as follows :

Age	*Deaths*	*Notifications*	*Deaths as percentage of notifications*
0–4 years	14	59	23·7
5–14 years	1	19	5·2
Over 14 years	7	20	35·0

Ophthalmia neonatorum

The incidence of ophthalmia neonatorum which, since 1921, had remained fairly constant between 8 and 10 new cases per 1,000 live births, commenced to fall slightly towards the end of the period 1931–40 and, in recent years has fallen to between 2 and 4 per 1,000 live births. There were 106 cases in 1955 (2·1 per 1,000 live births) in 94 of which the mother was a resident of the County of London ; full details of the latter are shown below :

Number of cases	*Domiciliary confinements*	*Institutional confinements*	*Total*
Notified during the year	32	62	94
Removed to hospital for special treatment	4	17	21

Of the 94 cases, vision was unimpaired in 84, two of the babies died, three were under treatment at the end of the year and the remaining five moved from the County.

Pneumonia

The 1,903 notifications of pneumonia in 1955 represent a rise over the very low figure of 1,502 in 1954, but the figure is not unduly high compared with the figures of recent years. It is difficult to know exactly what the significance of this figure is, as only acute primary pneumonia and acute influenzal pneumonia are notifiable and it is thought that even these conditions are substantially under-notified. One may hope however that the thoroughness with which these conditions are notified remains fairly constant from year to year and that variations in the annual figures may disclose the existence, if not the actual magnitude, of variations in the incidence of severe respiratory infections.

Poliomyelitis

Following a year of unusually low incidence in 1954 the number of notifications in 1955 (960) was the highest to date. In other respects however the 1955 epidemic was less severe than those of 1947, 1949 and 1950. The first epidemic focus appeared early in the summer in Stepney and Poplar. Later the heaviest incidence was in South-East London. A study of the age distribution of the notifications shows that whereas the percentage in the 0–5 years age group remained roughly at the level of previous years there was an increase in the percentage at school ages at the expense of the over 15 years age group. During the year instances of multiple cases in schools were more frequently reported than in previous years, particularly in the areas of high incidence.

Towards the end of the year a survey of all notified cases was made with a view to estimating the number of children who would require special educational facilities as a result of residual paralysis. This revealed that although the proportion of paralytic cases was less than in previous large epidemics the percentage of paralytic cases which were assessed as mild, moderate or severe were roughly similar to those in previous epidemics. The number of deaths from poliomyelitis was 26 compared with figures of 49, 50, and 36 in 1947, 1949 and 1950. The reasons for this apparent mildness are uncertain. As stated earlier the ratio of non-paralytic to paralytic notifications was higher than usual. It is not known whether this was due to the possible existence of an epidemic of a mild neurological infection of unknown origin running concurrently with the poliomyelitis epidemic, or to an increased thoroughness in the diagnosis of non-paralytic poliomyelitis. There is evidence that the latter suggestion at least was operative in 1955. The Medical Officer of Health of Lewisham has drawn attention to the fact that the notifications in his Borough are unfairly loaded by the large number of cases admitted from other Boroughs to an infectious diseases hospital in Lewisham and first notified from that hospital. That such notifications are not finally registered in the area of residence is an anomaly in the notification system which it is hoped can be rectified. Until that time it should be known that the use of notification figures in the different Boroughs may lead to erroneous conclusions.

The number of notifications in the three main age groups was as follows :

Notifications by age

Year	*0–4*	*5–14*	*15+*	*Total*
1947	196	257	249	702
1948	47	43	51	141
1949	356	173	139	668
1950	150	149	131	430
1951	27	45	40	112
1952	95	105	109	309
1953	116	104	112	332
1954	42	41	42	125
1955	334	391	235	960

The variations in the proportion of notifications falling in the 0–4 age group in recent years are seen in the following table :

Percentage of notifications in age groups

Year	*0–4*	*5–14*	*15+*	*Total*
1947	27·9	36·6	35·5	100·0
1948	33·3	30·5	36·2	100·0
1949	53·3	25·9	20·8	100·0
1950	34·9	34·6	30·5	100·0
1951	24·1	40·2	35·7	100·0
1952	30·7	34·0	35·3	100·0
1953	35·0	31·3	33·7	100·0
1954	33·6	32·8	33·6	100·0
1955	34·8	40·7	24·5	100·0

By the time that this report is published the British poliomyelitis vaccine will have been in use, but no vaccine was given during 1955.

Deaths in London from rheumatic fever in 1955 were 17, of which three were children under 15. Account must also be taken of all deaths under 45 years assigned to heart disease since apart from deaths due to congenital heart disease, the vast majority of these deaths are rheumatic in origin. The following Table shows the distribution of heart disease deaths of persons under 45 years, according to age, in recent years : Rheumatic fever

	Deaths from heart disease under 45 years				*Rate per 1,000 living*
Year	*0–4*	*5–14*	*15–44*	*Total*	*(0–44)*
1947	1	11	398	410	0·197
1948	1	9	338	348	0·167
1949	5	3	350	358	0·172
1950	—	4	379	383	0·184
1951	1	1	338	340	0·156
1952	2	4	316	322	0·149
1953	2	4	273	279	0·130
1954	2	3	275	280	0·133
1955	2	2	272	276	0·133

Under the age of 15 the number of deaths is so small that considerable random fluctuations must be expected.

Scabies became notifiable in London in August, 1943. Notifications in 1955 numbered 660, as compared with 699 in 1954. Scabies

Notifications of scarlet fever during the year numbered 2,070, the lowest figure ever recorded. Incidence of the disease has been low during the last year or two but it may also be that as a result of the prevailing mildness of the disease notification is less complete than formerly. The most striking feature of scarlet fever at present, compared with 30 or more years ago, is its mildness. Low mortality and lack of serious complications are due in part to improved modern treatment, but a change in the nature of the disease towards a milder form of illness has also contributed. It would be a mistake to assume that this change is permanent, for scarlet fever has fluctuated between great severity and mildness several times in the last 300 years. Scarlet fever

There were no notifications of smallpox during the year. Smallpox

Details relating to tuberculosis appear in the section which follows. Tuberculosis

There were 4,709 notifications of whooping cough during the year. There were only seven deaths, six of them of children under five years of age giving a fatality ratio of 0·149 per cent. Whooping cough

The number of cases of certain infectious diseases involving exclusion or absence reported from schools in 1955 and previous years is shown on page 114, Infectious diseases in schools

TUBERCULOSIS

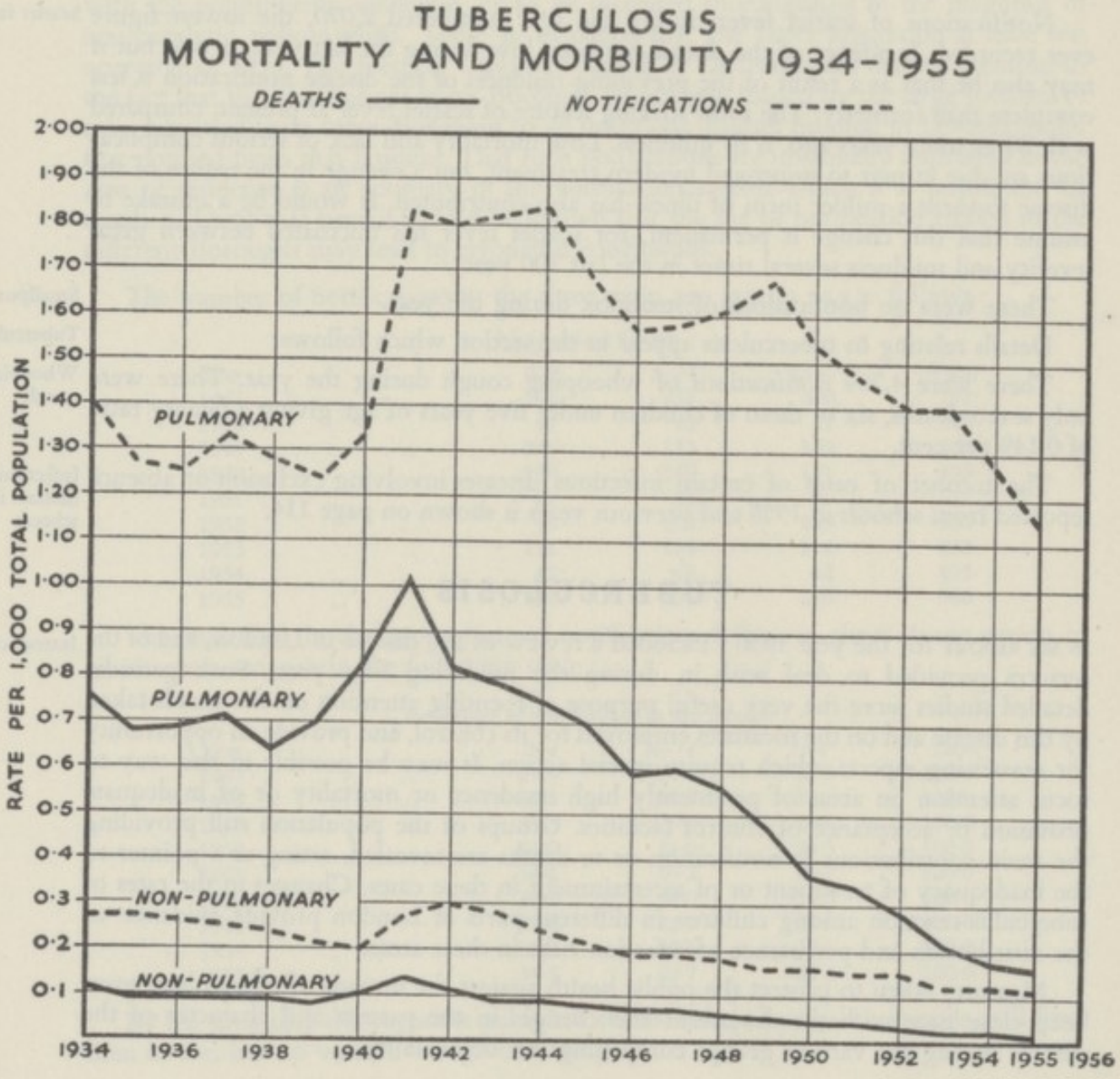
IN MY REPORT for the year 1950 I included a review of the disease in London, and of the services provided to deal with it, during the preceding fifty years. Such periodic detailed studies serve the very useful purpose of focusing attention on the trends taken by this disease and on the measures employed for its control, and provide an opportunity for reassessing aspects which require special action. It may be possible in this way to focus attention on areas of persistently high incidence or mortality or of inadequate provision or acceptance of control facilities. Groups of the population still providing the main contributions to notification or to deaths are revealed, acting as a pointer to the inadequacy of treatment or of ascertainment in these cases. Changes in the rates of tuberculin reaction among children in different parts of London provide evidence of the distribution and persistence of infection risks in these areas. Introductory

Measures taken to protect the public health against the inroads of tuberculosis must keep close pace with the deviations and changes in the pattern and character of the disease among the various groups comprising our community.

Changes in the social pattern of tuberculosis and in the type of disease in the individual patient have been observed in recent years. There has been a marked change in the place which tuberculosis occupies as a contributor to mortality in the population.

Fifty years ago, tuberculosis accounted for 12 per cent. of all deaths in London, thirty years ago it provided 8 per cent. of the mortality, ten years ago 5 per cent. and in 1955 2 per cent. Nevertheless the deaths from tuberculosis in Londoners in 1955 were twice as many as road accident fatalities. When we come a little closer and examine the contribution which this disease has made to the deaths in different age groups we observe marked variation at different times of life. During the past five years tuberculosis has been responsible for 1 per cent. of all deaths in children under the age of 5 years, for 4 per cent. of deaths in schoolchildren, for 10 per cent. of the deaths among those aged 15–44 years and for 4 per cent. of persons from 45–65 years old. It is clear therefore that in the most productive and reproductive years of life, tuberculosis still takes serious toll.

In 1955 there were 517 deaths in the County attributed to pulmonary tuberculosis and 392 of these occurred in men. Eighty-seven per cent. of these male deaths were in the age group 45 years and older. A marked predominance of *male* deaths among the older consumptives has been a feature of London tuberculosis mortality for many years.



Pulmonary tuberculosis in the middle aged and elderly male is clearly still a disease to be reckoned with.

Public health measures vigorously pursued have reduced the risks of infection for children and young adults but they have had less effect in present circumstances in preventing progressive disease in older men.

Therapeutic measures too are far more successful in the first half of life than later.

At the end of this report I have set out statistical tables as measures of the various aspects of infection, survival, etc., and these help to clarify the general picture as well as serving for a comparative secular record. But it must be remembered in studying these that they suffer certain shortcomings. Most tuberculosis statistics are calculated from information provided by others and this is not always complete or absolutely accurate. Enthusiasm for notification and even criteria for notification vary from district to district. The figures given for various groups of people or districts may represent a variable sample of the persons or areas. Too high a proportion (26 per cent. in 1955) of fatal cases were certified as having died of tuberculosis but had not been notified during life. Tuberculosis recorded as discovered among contacts and among persons submitting to mass X-ray does not include cases that must exist among the contacts not examined and the public not accepting X-ray examination. Not all known cases are notified or figure on chest clinic registers. Fatal cases are not representative of tuberculous persons as a whole—they are derived predominantly from those with less natural resistance and are likely to include more of those who do not co-operate with their physicians in treatment.

All the tables and graphs provided should be carefully studied in the light of the appropriate paragraphs of the report to which they relate, when they will be found to serve as very valuable guides.

Epidemiology of tuberculosis in London

Epidemiology

In the natural history of tuberculosis nowadays infection from a *human* source is by far the commonest cause. Even a recent outbreak of tuberculosis among monkeys at the London Zoo was attributed to such a source. Pasteurisation of milk has made bovine type tuberculosis uncommon. Nine out of ten newly notified cases are pulmonary. One of every three of these is found to be excreting tubercle bacilli and this represents a measure of the degree of infectivity of unrecognised cases existing in the population. Within a few months of treatment the majority of new cases become much less infective or even non-infective, so that the unrecognised case is individually a more serious public health menace than the case known and under treatment.

Searching out undiscovered lung cases is therefore the keystone in tuberculosis control.

There is evidence that once infected, many patients are unable completely to heal the diseased areas in the body and that these may persist as foci in which subsequent relapse can occur even many years after *apparent* healing of the disease has occurred. There is also some evidence that among adults, renewed exposure to intense infection may act as a stimulus to breakdown of an old arrested lung lesion. Other precipitant causes of relapse include inadequate nutrition, continued excessive physical exertion and prolonged or deep emotional disturbances.

As infection and disease in children and young adults diminishes, so in due course of time, there should be fewer older persons with lesions in a state of liability to breakdown.

Only a small proportion of the persons who are infected with tubercle bacilli show signs of ill health. Tuberculin skin tests reveal the persons who have been infected, while annual notifications and clinic registers provide a measure of those in whom infection has progressed to disease. The highest pulmonary *notification rate* (1·82 per

thousand) in men occurred in the age group over 45 while in women (at 1·48 per thousand) it was in the 15–44 years old group. The lowest incidence rates occurred in the males aged 5–14 years and in females after 45.

Geographically the highest notification rates were in Deptford, Holborn, Camberwell and Stepney, the lowest in Stoke Newington, Hackney, Hampstead and Chelsea.

Using a standard sensitivity test on groups of 13 year old children (not in contact with known cases) highest positive tuberculin rates were found in those attending schools in Shoreditch, Westminster, St. Marylebone and Hampstead, while schools with lowest rates were in Hackney, Holborn, Lewisham and Fulham.

Tuberculosis *death rates* for all ages were highest in the City of London, Finsbury, Holborn and Shoreditch. Lowest mortality rates occurred in Stoke Newington, Greenwich, Hackney and Kensington. During 1955 no female under the age of 15 and only three of that age among males died of tuberculosis of the lungs.

The highest rate of mortality in both sexes was in the over 45 years old, but the male rate in this age group at 0·66 per thousand was six times as high as the female rate.

Among the various occupations pursued by London *men* newly notified, the highest rates occurred in those classified as unskilled workers of all kinds, those engaged in agriculture and horticulture and among retired persons (see Table T.9).

The largest total number of new cases (418) came from unemployed men followed by 235 cases among transport workers.

New cases among defined groups of employed women showed highest *rates* of notification in textile workers, wood and cane workers and unskilled workers. The largest total number of female cases occurred among housewives (692 cases) followed by clerks and typists (212 cases).

Nearly half the newly notified adult male lung cases were infective and exhaling tubercle bacilli at the time of diagnosis.

Some fifteen thousand contacts of the 3,624 newly diagnosed cases during the year were investigated and yielded a further 271 cases of tuberculosis.

The rate of discovery (1·9 per cent.) of new cases among contacts of recently notified cases is more than 10 times that (0·11 per cent.) in the population as a whole.

Young children are usually infected from within the family circle while young adults are infected mainly at work or among companions in recreation.

Principles in the control of tuberculous infection

Control

It is clear from what has already been stated that certain principles can be expressed as the basis for applying measures designed to reduce the number of persons infected by tuberculosis from developing disease after infection, transmitting such disease to others or succumbing to the disease.

(i) *To reduce infection in the community*

Pasteurisation of all milk sold in London is now a compulsory practice but this does not prevent unpasteurised infected milk from being drunk in places where such a statutory regulation is not in force.

Since most infection is acquired from infectious human beings it is manifestly necessary to keep uninfected persons who are the susceptible group of the population from contact with known and unknown infective cases. This however in a densely populated urban area is not really entirely practicable. Crowded housing conditions are still far commoner than is healthy.

The children of known cases can be segregated from the infective household only for a limited period. In practice most children of an infective new case are already infected (though not yet necessarily diseased) by the time the index case is diagnosed.

Nevertheless it is sometimes practicable and helpful to segregate uninfected contacts so as to vaccinate them with B.C.G. or until the index case has been treated sufficiently to render his or her infectivity much less menacing. These measures can be of particular value in newborn contacts of cases under treatment. It is however necessary, particularly in the case of young infants, to balance the possible benefits of boarding at a nursery or temporary foster home against the physical dangers of intestinal infection and the psychological damage of estrangement from parents and home.

Public ignorance of the mode of spread of tuberculosis is still too widespread and calls for continued health education. There are unsuccessfully treated patients who are still infectious and therefore of some danger to the community who are discharged from hospital simply because treatment has not been successful. Provision of hospital beds for active infectious lung cases solely for the purpose of segregation is not sufficiently made by hospital authorities.

Although over a third of newly diagnosed cases are infectious, only 5 per cent. of *all* the known cases on London chest clinic registers are infectious. This reduction is attributable to successful modern drug and surgical treatment. Clearly therefore, early and intensive treatment of diagnosed cases makes the most important contribution to reducing infection.

Contact of susceptible members of the population with unknown infective cases can only be prevented when these cases are diagnosed. To wait till such cases develop symptoms which lead them to doctor or hospital is to court late discovery. It is a better public health measure to make available—and for the adult public to accept—a periodic X-ray examination especially for those age-sex groups and occupations with the higher prevalence rates. At present less than one-tenth of the adult London population submits itself for X-ray investigation in any year. This is far too little to have any appreciable effect on the rate of discovery of unknown infectors, particularly those among middle aged and older men.

School teachers and child minders of all kinds should because of their special contact with groups of children submit to regular chest X-ray examination.

Vaccination of uninfected persons (that is negative tuberculin reactors) with B.C.G. vaccine has been shown to give substantial protection against human infection. Since most serious first infection occurs in infancy and in adolescence, these are the two groups who will most benefit by its application, and of these adolescents and young adults are the more urgent. Details are given later of the Council's activities in this field.

(ii) *To reduce the development of disease after infection*

The factors which decide whether or not an infected individual will develop tuberculous disease are compounded of hereditary disposition, nutritional state, special occupational or other exposure (e.g., in nurses and doctors), physical fatigue, emotional stress, predisposing disease, e.g., diabetes or stomach excision and other factors as yet unrecognised.

To prevent the tuberculin reactor from becoming a patient with tuberculosis requires avoidance of the factors mentioned, together with periodic X-ray examination to reveal disease in its early manifestation.

(iii) *To reduce mortality from tuberculosis* is a matter of early diagnosis and adequate treatment. Improvements in treatment in recent years have been remarkably successful and further improvements are likely. In some patients however treatment for a variety of reasons is unsuccessful and this is particularly so in the older male patient. Here the disease is not new but in almost all cases is the relapse of an old lesion, and in most of these cases the relapse is slow and 'silent' so that by the time diagnosis of breakdown has been made the disease process is well advanced. Here again repeated periodic X-ray examination would be likely to reveal active disease at an earlier stage than is usually seen.

All those already mentioned social, nutritional, occupational and psychogenic conditions which contribute to breakdown of health are the conditions which must be mitigated or avoided so that natural resistance to spread of disease in the individual is enhanced.

Tuberculosis services in London

1. *Provided by hospital authorities*

Services

Diagnostic and treatment facilities for pulmonary and non-pulmonary cases of tuberculosis are provided at practically all the hospitals in London of the four Metropolitan Regional Hospital Boards, the University ' Teaching ' Hospitals and the special hospitals and clinics for chest diseases, children, eye diseases, skin diseases, orthopaedics, gynaecology, genito-urinary diseases, etc.

The pathology laboratories of these hospitals and of the Medical Research Council (which also operates a Tuberculosis Research Unit at Hampstead) make a special and valuable contribution to the services provided for dealing with tuberculosis. The X-ray departments of these hospitals and the static and mobile mass X-ray units of the Metropolitan Regional Hospital Boards provide the main diagnostic armament.

A special report on the operations and findings of mass X-ray services available to Londoners follows on page 35.

Hospital treatment made available by these authorities for tuberculous Londoners is now—apart from facilities simply for segregation of the infectious consumptive—ample. Long waiting periods for admission to hospital now affect only cases for surgical treatment of lung disease. An increasing tendency has been manifest in recent years for cases to be treated in bed at home under the supervision of specialist chest physicians and at their request nursing and other facilities—described in detail later—are provided by the London County Council for such cases.

2. *Provided by the London Executive Council*

The general practitioners in the London area provide valuable and valued service in general medical supervision and supportive guidance to patients, as well as being the first usually to initiate diagnostic investigation in patients suspected of having chest or other forms of tuberculosis. Their contribution is widespread, influential and unostentatious. In the preventive field they are valued allies in encouraging families to accept the services offered by the London County Council.

3. *Provided by the London County Council*

Services for the adult patient

Home care

The Council, as local health authority, has the duty of providing for the ' care and after-care ' of London tuberculous patients after hospital treatment and during treatment at home or chest clinic.

The Council's *specialist tuberculosis health visitors*, in addition to working as chest clinic nurses, visit patients in their homes to advise on matters of hygiene, to ascertain home conditions and needs, and to persuade contacts to attend the clinic. Its domiciliary nursing service provides *home nurses* who give nursing attention under the direction of the family doctor or clinic chest physician. *Nursing equipment*, such as back rests, surgical mattresses, bedpans, sputum flasks, etc., is made available on loan to patients in need. Patients unable to make their own way to the local chest clinic for consultation, X-ray, pneumothorax treatment, etc., may be conveyed by *ambulance* or sitting-case car provided through the Council's ambulance service. Where garden space permits, the Council supplies on loan and erects wooden ' chalets ' for infective patients at home so as to provide a separate ' room ' and reduce close contact with young members of the household. The Council employs *home helps* to undertake domestic duties in the homes of bed-fast patients and to care in the home for the children of mothers undergoing treatment.

The Council provides extra nourishment (milk, butter, eggs), to necessitous patients, within a prescribed scale of maximum quantities, when recommended by the chest physician.

The provisions made to occupy the patients' minds and talents during their enforced leisure are described under ' diversional therapy '.

Diversional therapy

During the year handicraft classes for tuberculous patients able to attend the chest clinic have continued to be held at several clinics. A few classes have had to be closed because the small attendance did not justify the employment of the instructors provided by the Council's Education Department. The diversional therapy service for home-bound patients, which started experimentally in 1953 in North West London, has proved useful and popular and was extended during the year to all parts of London where the need for such a service was apparent. This service is organised by the local voluntary tuberculosis care committees, some of which were already running schemes financed from their own funds. The Council appoints trained handicraft instructors for this work and gives financial assistance towards the cost of tools and materials. Instruction is given in a variety of arts and crafts, e.g., basketry, dressmaking, leather-work, painting, rug and toy making, weaving, etc. Patients wishing to continue crafts they were taught while in sanatoria are able to do so through the visits of the handicraft instructors. Patients are allowed, on payment of the cost of materials used, to retain articles they make at classes or at home, or, at the discretion of the care committee, receive the profit from the disposal of the articles on their behalf at sales of work arranged by the committee. The articles are, of course, disinfected before display for sale.

This is a service which helps patients to overcome their enforced idleness and provides cheerful and useful meetings with other patients in a club-like atmosphere while also giving the clinic social worker an opportunity of talking to patients in a more relaxed atmosphere.

Industrial rehabilitation

As the patient progresses towards recovery the question of returning to work becomes a matter of increasing importance. Many patients nowadays are able to return to their former occupations without danger to themselves or infective risk to others. In some cases, however, especially where the work was strenuous, an alternative mode of earning a living has to be envisaged. The Disablement Resettlement Officers of the Ministry of Labour have a special duty to try to place such patients in employment suited to their physical condition and capacity. In this they are on the whole very successful. Where necessary, training is arranged at a Government or other recognised training centre sometimes after preliminary assessment at a Ministry of Labour industrial rehabilitation unit. The Council also arranges for the maintenance of London patients during training at three private village settlements ; the British Legion Village near Maidstone, Enham Alamein Village Centre near Andover and Papworth Village Settlement near Cambridge. Such patients must be fit to do at least five hours work a day. Occasionally these patients become ' settlers ' at these establishments. Others after training and improvement in working capacity return to London.

Mention should also be made of the correspondence courses in shorthand, book-keeping, general educational subjects, light engineering, etc., arranged by the British Council for Rehabilitation for patients undergoing prolonged treatment at home. The cost of these courses is borne by the County Council, who also make a grant towards administration expenses.

Apart from the Government-owned Remploy Ltd. special factory in Bermondsey, group working facilities are not yet available in London for tuberculous patients who, on account of infectivity or severe disablement, need part or whole-time employment under ' sheltered ' conditions.

Recuperative holidays

Holidays for London tuberculous patients who have recently been ill or in whom breakdown threatens, are arranged through the Spero Holiday Scheme of the National Association for the Prevention of Tuberculosis or direct by the Council. During the year, 340 patients had holidays under these arrangements.

Care committees

In connection with most of the chest clinics in London a *voluntary tuberculosis care committee* operates under a constitution prescribed by the Council and includes representatives of the Borough Councils and other bodies interested in the welfare of tuberculous persons and their families. The Council provides a local *tuberculosis care organiser* who is a social worker at each chest clinic and her duties include acting as secretary to the care committee.

The care committees help patients with money or other benefits not available to them from official sources. Their funds are obtained from voluntary contributions, sales of work, sales of Christmas Seals of the National Association for the Prevention of Tuberculosis, Council grants from Sunday Cinema profits, etc.

Hostels for homeless infective men

There are a number of patients with advanced disease who have reached their maximum degree of improvement under hospital treatment but who cannot be discharged because they are homeless. Many homeless patients in this category find accommodation in London lodging houses where they may be an infective risk.

In 1950 the Council decided to provide special residential accommodation for such patients and early in 1951 the first group were accommodated in a privately-run hostel near St. Albans, Herts, the Council paying an agreed charge for their maintenance. In September 1952 some of these residents were transferred to the hostel which the Council had maintained since October, 1951, in Highbury Quadrant, Islington, in a large house adapted for the purpose. The remaining men were transferred to special temporary accommodation made available at the British Legion Village, Preston Hall, Maidstone, Kent, on payment by the Council of the cost of their maintenance.

A second hostel was opened by the Council in July, 1953, at Hurlingham Lodge, Fulham, and, after alteration and redecoration, came into full use for 28 men a year later. The hostel at Highbury Quadrant was replaced by better premises at Cromwell Lodge, Hornsey, on 30th September, 1954. This will eventually accommodate 31 men.

Each hostel contains ample lounge and dining rooms and a series of bedrooms, W.C.s, bathrooms, ablution rooms and a sputum disposal sluice room. A suite of rooms is allocated to the warden and his family, and an equipped consulting room is provided for visiting doctors. Television, wireless, books, newspapers and games are provided and there are facilities for billiards and other recreations. Residents who are fit to work are helped to find employment through the Disablement Resettlement Officer of the local office of the Ministry of Labour.

Most of the residents are unfit to work and are encouraged to undertake diversional handicrafts in the hostel or at classes at the nearest chest clinic. These hostels are run on pleasant, homely lines without 'institutional' atmosphere. Only the minimum disciplinary requirements are imposed, the residents being free to occupy their time as they wish. They are encouraged to lead sensible, careful lives and to keep under surveillance by the local chest clinic. Residents are also on the list of a local general practitioner, who visits the hostel regularly and is also available in emergency. He also maintains health surveillance of the staff.

The charge for residence is at present £3 3s. a week, but this charge is subject to abatement on a scale of assessment of means, and in practice the full rate is rarely charged. Residents receive full board, lodging and laundry ; clothing and footwear are provided by the Council for those in need.

Responsibility for day to day administration of the hostels devolves on the divisional staff under the general supervision of the appropriate divisional health committee.

Recommendations for admission are submitted by the chest physician having the patient under treatment or by a hospital physician if the man is about to leave hospital but has no home or suitable lodgings to which to return. No limit is imposed on the length of residence at the hostel, and a man stays until his health has improved sufficiently for him to live outside without infective risk to the community, or until he decides of his own volition to leave. Occasionally a man is asked to find other lodgings if his

conduct has become a source of serious annoyance to other hostel residents or to the staff, or if he persistently and unreasonably refuses to pay the charges assessed.

These hostels provide the residents with the comfort and security of a home, with regular good meals, laundry and sympathetic companionship and constant medical care. The community derives advantage from segregating, as far as practicable, these infective tuberculous patients from the dangers of close and frequent contact with susceptible individuals.

Photographs of the accommodation at the Hurlingham Lodge hostel, Fulham, are reproduced following page 34.

Services for children

Open-air schools

For the convalescent tuberculous child of school age not yet fit enough to return to normal school life, the Council provides day and residential open-air schools where educational activities are continued at a gentle pace in good surroundings with special emphasis on rest periods, medical supervision and nutritious dietary. Most children stay at the residential type of school for about a year.

Tuberculosis contact scheme

The occurrence of tuberculosis in a household where there are children brings the special problem of protecting them from the risk of infection and where the mother is the patient, of their care during her treatment at home or in hospital. When satisfactory private arrangements cannot be made to meet the conditions, use of the Council's day nursery, child minder or home help services is first considered. Where these alternatives do not cover the needs of the case the Council arranges, through the agency of the Invalid Children's Aid Association, for such children to be boarded-out in approved private nurseries or foster homes situated usually outside London. While boarded-out the children remain under the surveillance of the local chest clinic physician.

Boarding-out is also arranged under this scheme when it is thought advisable to segregate children from known cases of tuberculosis during the process of B.C.G. vaccination.

B.C.G. vaccination

(i) B.C.G. vaccination has been provided under the Council's auspices since 1950 at chest clinics in London for the susceptible (tuberculin negative) contacts of known tuberculous patients when parental consent is given. Only about a third of the contacts seen at chest clinics at the time of diagnosis of the 'index' cases are still tuberculin negative. Some 4,000 contact children were vaccinated at the chest clinics in London under the Council's scheme during the year.

During the five years in which this service has been available only very rarely has a vaccinated child remaining in contact with the tuberculous relative developed disease—far, far less often than in the unprotected tuberculin positive contacts.

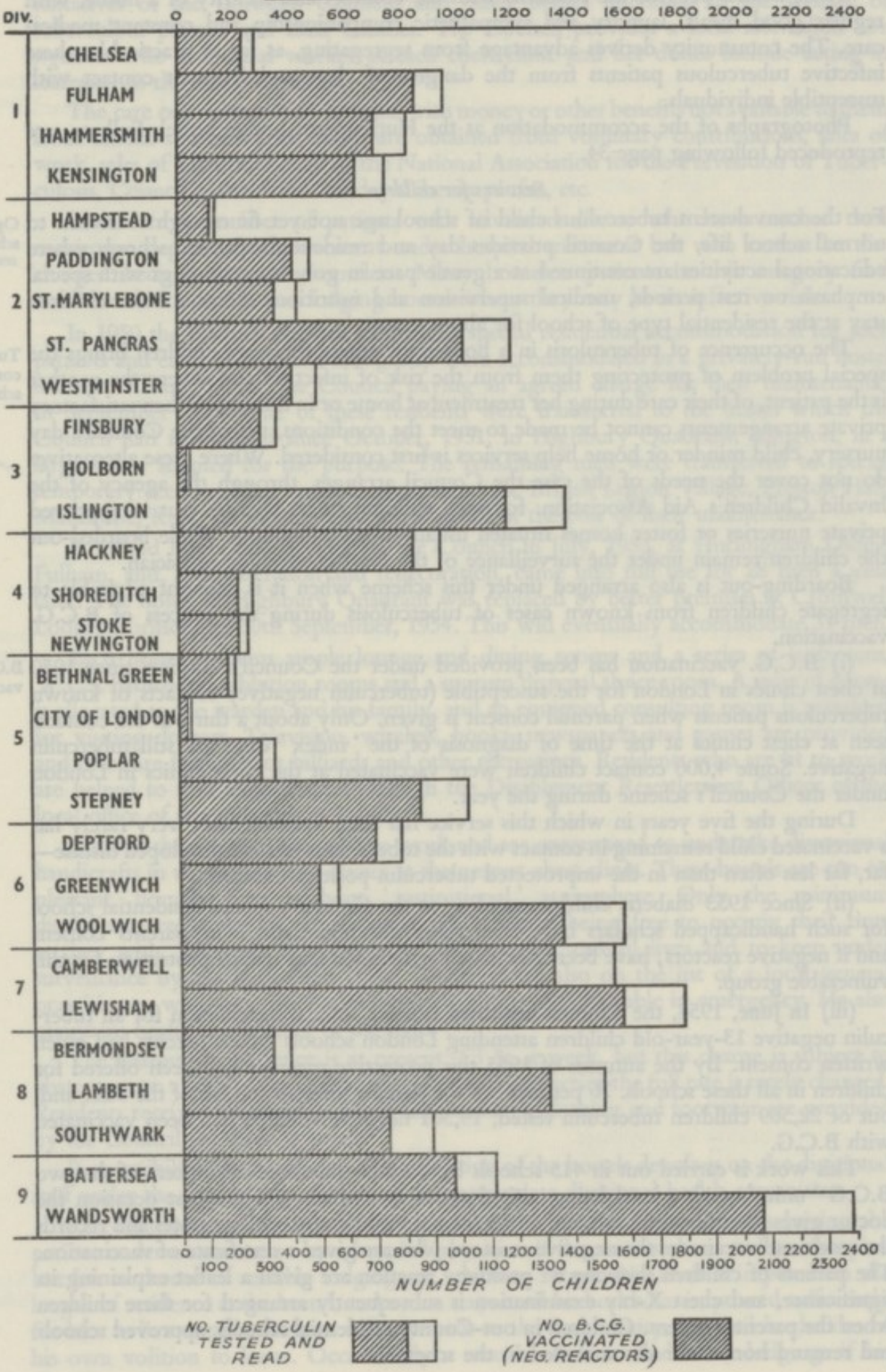
(ii) Since 1953 diabetic children residing at the Council's special residential school for such handicapped scholars have been tuberculin tested and, with parents' consent and if negative reactors, have been vaccinated with B.C.G. as special protection for this vulnerable group.

(iii) In June, 1954, the Council instituted routine B.C.G. vaccination for all tuberculin negative 13-year-old children attending London schools whose parents had given written consent. By the autumn of 1955 this protective measure had been offered for children in all these schools. 76 per cent. of the parents took advantage of the offer and, out of 22,569 children tuberculin tested, 19,301 negative reactors had been vaccinated with B.C.G.

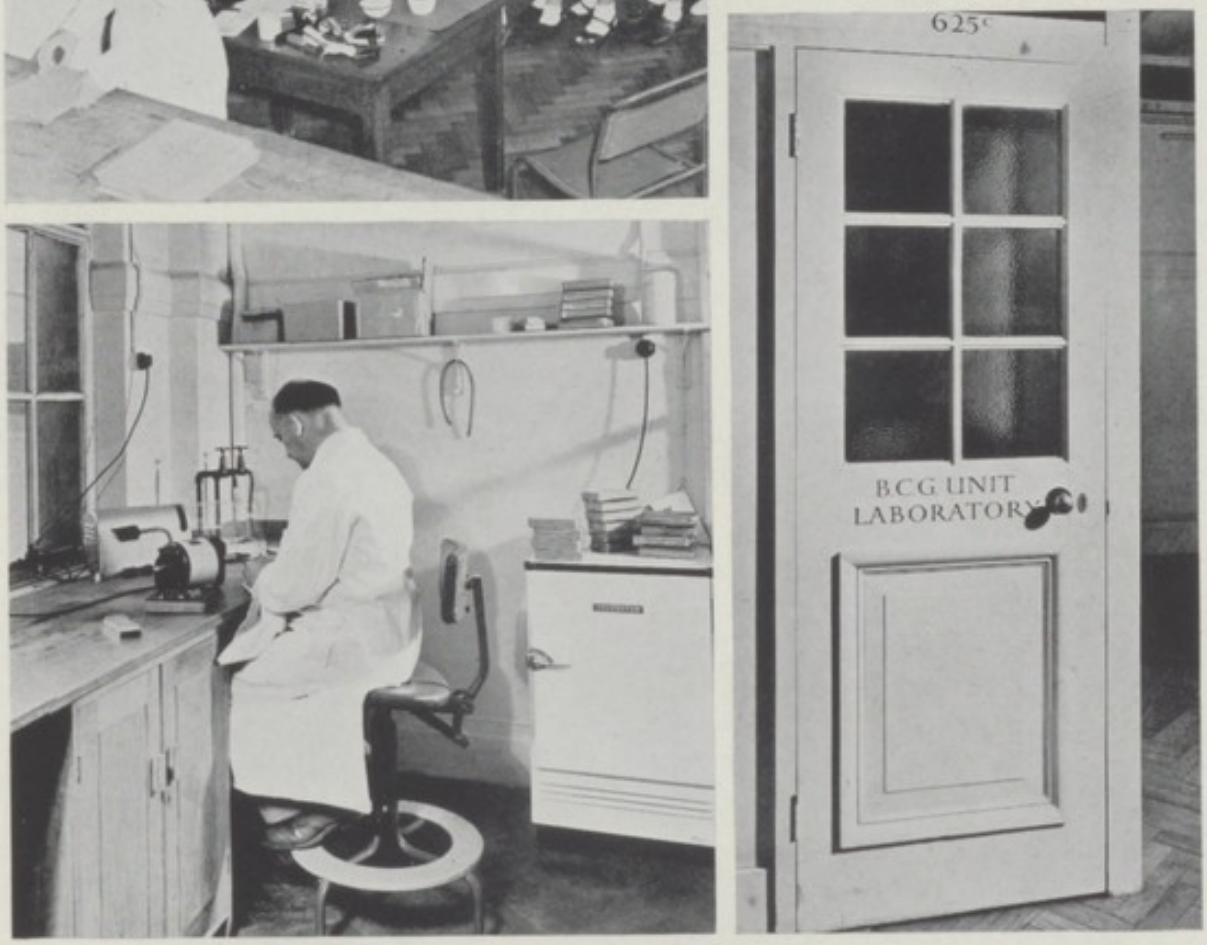
This work is carried out in 415 schools by the full-time medical officers of the two B.C.G 'units', each school being visited twice in a week. On the first occasion the doctor gives the tuberculin test and at the second visit three days later notes and records the result and vaccinates the negative reactors, who are given a certificate of vaccination. The parents of children showing a 'positive' reaction are given a leaflet explaining its significance, and chest X-ray examination is subsequently arranged for these children when the parents consent. Children in out-County residential schools, approved schools and remand homes are also included in the scheme.

TUBERCULIN TESTING & B.C.G. VACCINATION 1955

13 YEAR OLD SCHOLARS



A session at a girls' Secondary School



Laboratory at County Hall for preparation of equipment

At a Secondary School for boys

B.C.G. vaccination in London

Hurlingham Lodge L.C.C. Hostel
for homeless tuberculous men

Annual X-ray of students at a London Technical College

Almoner interviewing a patient at St. Thomas' Hospital Chest Clinic

Health visitor with a patient and her family

Patients working in a Remploy Ltd. factory

Photographs are reproduced facing page 34 of the B.C.G. teams in operation at schools and of the specially designed laboratory at County Hall used for equipment preparation.

Tuberculin solution and vaccine are provided by the Ministry of Health. Co-operation by head teachers and the Education Department has made this important preventive measure smoothly adaptable. No untoward incidents or reactions have occurred attributable to B.C.G. vaccination. Statistics of the year's B.C.G. work are set out on page 46.

Preventive measures

General

X-ray examinations—Among the important preventive measures adopted by the Council are the arrangements made usually through the mass radiography services, for the chest X-ray of (i) newly-appointed groups of its staff who are likely to come into close or frequent contact with children during the course of their work ;

(ii) staff and senior pupils at the Council's occupation centres for mentally deficient persons ;

(iii) new residents over 15 years of age entering the Council's homeless families' units ;

(iv) positive reactors discovered among thirteen-year-old school-children tuberculin tested with a view to B.C.G. vaccination.

In addition, upon the report of tuberculosis in any member of the Council's staff, tuberculin testing and X-ray examination is undertaken of children and young adults thought to have been at risk in contact with the case.

A summary of the findings of such incidents is given in Table T.8, page 40. Chest X-ray examination is arranged through the Council's maternity centres for all expectant mothers. The Health Department advises the Children's Officer of the suitability of prospective adopters of children when they (the prospective parents) give a history of past tuberculosis. The department advises the Housing Department on the justification or need for rehousing crowded tuberculous families.

Mass radiography

X-ray surveys

In past reports I have recorded the findings of X-ray examinations at mass X-ray units situated or operating in London but examining persons living anywhere. Those figures did not relate to London populations and could not reliably be compared with county statistics.

This year, for the first time, through the co-operation of the Registrar-General it has been possible to obtain statistics of the findings of *London residents* examined during the year at mass X-ray units throughout the country.

Because some X-ray units had not sent in their year's figures to the Registrar-General for this report, the statistics tend to be slightly on the low side.

However, from figures available it is manifest that over a quarter of a million Londoners of all ages submitted to examination at these units during 1955.

Among these, 1,391 cases of active pulmonary tuberculosis were discovered and confirmed during subsequent observation and assessment. 27 cases of active lung tuberculosis were discovered in children under 15 years of age, 11 of the cases being in 13-year-old pupils referred after tuberculin testing.

Among adults examined there were 22,660 male metal workers among whom 99 cases (4·4 per thousand) of active disease were discovered. In 22,660 housewives X-rayed by mass radiography units 144 (6·4 per thousand) were found to have active tuberculosis. 16 active cases of lung disease were found among 6,100 school teachers (2·6 per thousand) and 220 (3·9 per thousand) out of 56,940 clerks were similarly affected. Among the 14,770 transport workers X-rayed, 120 active cases (8 per thousand)

were found and the rate of infection was in male workers thrice as heavy as among women in the industry. Male hotel workers showed a remarkably high rate of 14·7 cases per thousand examined. For women engaged in this work the rate was 5·8.

Nearly 32,000 men aged 45 years or more were X-rayed and produced 384 confirmed cases of lung tuberculosis, an incidence rate of 12 cases per thousand compared with a corresponding rate in women of 4·5 cases per thousand women in this age group.

22 per cent. of the male cases discovered in this age group were infective compared with 18 per cent. among the women.

As I have indicated earlier, this is work of the first importance in controlling tuberculosis in the population. Detailed statistics of mass radiography will be found in Tables T.9, T.10 and T.12.

TABLE T.1—*Tuberculosis—Statutory notifications and deaths—Administrative County of London, 1921–55 (a)*

Year(s)	*Pulmonary tuberculosis*				*Non-pulmonary tuberculosis*			
	Statutory notifications		*Deaths*		*Statutory notifications*		*Deaths*	
	No.	*Annual rate per 1,000 living*	*No.*	*Annual rate per 1,000 living*	*No.*	*Annual rate per 1,000 living*	*No.*	*Annual rate per 1,000 living*
1921–25 ..	38,807	1·71	22,980	1·01	10,881	0·48	4,383	0·19
1926–30 ..	34,353	1·53	20,247	0·90	8,971	0·40	3,080	0·14
1931–35 ..	29,569	1·38	17,075	0·79	6,322	0·29	2,354	0·11
1936–40 ..	24,848	1·29	13,664	0·71	4,510	0·23	1,861	0·09
1941 ..	4,577	1·83	2,552	1·02	675	0·27	343	0·14
1942 ..	4,734	1·80	2,164	0·82	796	0·30	283	0·11
1943 ..	5,066	1·82	2,204	0·79	782	0·28	256	0·09
1944 ..	5,056	1·84	2,073	0·75	673	0·24	237	0·09
1945 ..	4,893	1·68	2,033	0·70	614	0·21	224	0·08
1946 ..	5,137	1·57	1,940	0·59	611	0·19	243	0·07
1947 ..	5,421	1·59	2,044	0·60	662	0·19	252	0·07
1948 ..	5,473	1·61	1,900	0·56	600	0·18	202	0·06
1949 ..	5,699	1·68	1,585	0·47	553	0·16	156	0·05
1950 ..	5,189	1·53	1,225	0·36	529	0·16	122	0·04
1951 ..	4,897	1·46	1,154	0·34	507	0·15	125	0·04
1952 ..	4,713	1·40	933	0·28	518	0·15	86	0·03
1953 ..	4,668	1·40	690	0·21	410	0·12	73	0·02
1954 ..	4,231	1·27	596	0·18	410	0·12	62	0·02
1955 ..	3,757	1·14	517	0·16	365	0·11	44	0·01

(a) Excluding posthumous notifications.

TABLE T.2—*Pulmonary Tuberculosis—Statutory notifications and deaths by age and sex—Administrative County of London, 1946–55*

Rates per 1,000 living

(i) *Notifications*

Sex	Age	1946		1947		1948		1949		1950	
		No.	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*
Males ..	0—4	105	0·80	108	0·81	149	1·08	153	1·08	162	1·15
	5—14	175	0·92	187	1·01	158	0·87	153	0·82	141	0·75
	15—44	1,787	2·78	1,809	2·56	1,873	2·66	1.886	2·70	1,711	2·46
	45+	849	1·71	973	1·61	957	1·60	1,093	1·84	945	1·59
	All males ..	2,916	2·00	3,077	1·89	3,137	1·93	3,285	2·03	2,959	1·83
Females ..	0—4	81	0·70	96	0·76	124	0·94	126	0·94	116	0·86
	5—14	177	1·07	174	0·96	171	0·96	188	1·04	140	0·77
	15—44	1,682	2·17	1,811	2·41	1,797	2·40	1,821	2·45	1,740	2·34
	45+	281	0·47	263	0·36	244	0·34	279	0·39	234	0·33
	All females ..	2,221	1·35	2,344	1·32	2,336	1·32	2,414	1·36	2,230	1·26
Total ..		5,137	1·65	5,421	1·59	5,473	1·61	5,699	1·68	5,189	1·53

Sex	Age	1951		1952		1953		1954		1955	
		No.	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*
Males ..	0—4	137	0·98	85	0·65	105	0·84	77	0·64	66	0·56
	5—14	143	0·74	109	0·53	144	0·69	104	0·48	83	0·39
	15—44	1,574	2·18	1,549	2·16	1,417	2·01	1,246	1·79	1,132	1·65
	45+	969	1·91	970	1·88	1,083	2·09	1,049	2·02	948	1·82
	All males ..	2,823	1·80	2,713	1·73	2,749	1·76	2,476	1·60	2,229	1·45
Females ..	0—4	123	0·92	88	0·70	101	0·85	63	0·55	47	0·42
	5—14	127	0·68	119	0·61	131	0·65	115	0·55	100	0·48
	15—44	1,582	1·98	1,501	1·90	1,399	1·80	1,291	1·71	1,099	1·48
	45+	242	0·36	292	0·43	288	0·42	286	0·41	282	0·41
	All females ..	2,074	1·16	2,000	1·11	1,919	1·08	1,755	0·99	1,528	0·86
Total ..		4,897	1·46	4,713	1·40	4,668	1·40	4,231	1·27	3,757	1·14

(ii) *Deaths*

Sex	Age	1946		1947		1948		1949		1950	
		No.	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*
Males ..	0—4	16	0·12	12	0·09	8	0·06	3	0·02	7	0·05
	5—14	7	0·04	9	0·05	2	0·01	1	0·01	1	0·01
	15—44	484	0·75	495	0·70	463	0·66	323	0·46	236	0·34
	45+	731	1·47	748	1·24	762	1·27	719	1·21	585	0·99
	All males ..	1,238	0·85	1,264	0·78	1,235	0·76	1,046	0·65	829	0·51
Females ..	0—4	9	0·08	13	0·10	7	0·05	4	0·03	—	—
	5—14	5	0·03	8	0·04	6	0·03	4	0·02	2	0·01
	15—44	498	0·64	527	0·70	487	0·65	342	0·46	238	0·32
	45+	190	0·32	232	0·32	165	0·23	189	0·26	156	0·22
	All females ..	702	0·43	780	0·44	665	0·37	539	0·30	396	0·22
Total ..		1,940	0·62	2,044	0·60	1,900	0·56	1,585	0·47	1,225	0·36

Sex	Age	1951		1952		1953		1954		1955	
		No.	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*
Males ..	0—4	3	0·02	—	—	2	0.02	—	—	2	0·02
	5—14	—	—	—	—	1	0·00	—	—	1	0·00
	15—44	196	0·27	127	0·18	86	0·12	46	0·07	48	0·07
	45+	627	1·23	557	1·08	421	0·81	383	0·74	341	0·66
	All males ..	826	0·53	684	0·44	510	0·33	429	0·28	392	0·25
Females ..	0—4	3	0·02	—	—	3	0·03	3	0·03	—	—
	5—14	3	0·02	—	—	1	0·00	2	0·01	—	—
	15—44	171	0·21	125	0·16	85	0·11	77	0·10	48	0·06
	45+	151	0·22	124	0·18	91	0·13	85	0·12	77	0·11
	All females ..	328	0·18	249	0·14	180	0·10	167	0·09	125	0·07
Total ..		1,154	0·34	933	0·28	690	0·21	596	0·18	517	0·16

TABLE T.3—*Non-pulmonary tuberculosis—Statutory notifications and deaths by age and sex—Administrative County of London, 1946–55*

Rates per 1,000 living

(i) *Notifications*

Sex	Age	1946		1947		1948		1949		1950	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Males ..	0—4	43	0·328	69	0·520	55	0·398	39	0·275	34	0·241
	5—14	89	0·468	87	0·472	87	0·479	75	0·404	50	0·265
	15—44	143	0·222	118	0·167	116	0·165	109	0·156	114	0·164
	45+	24	0·048	36	0·060	29	0·048	32	0·054	29	0·049
	All males ..	299	0·205	310	0·190	287	0·177	255	0·157	227	0·140
Females ..	0—4	44	0·383	56	0·444	38	0·289	42	0·312	40	0·296
	5—14	96	0·582	71	0·394	69	0·388	68	0·375	49	0·271
	15—44	144	0·186	190	0·253	171	0·229	159	0·214	183	0·247
	45+	28	0·047	35	0·048	35	0·049	29	0·041	30	0·042
	All females ..	312	0·189	352	0·198	313	0·176	298	0·168	302	0·171
Total ..		611	0·197	662	0·194	600	0·177	553	0·163	529	0·156

Sex	Age	1951		1952		1953		1954		1955	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Males ..	0—4	29	0·207	26	0·198	18	0·144	17	0·142	13	0·110
	5—14	57	0·294	56	0·275	32	0·152	30	0·139	30	0·140
	15—44	103	0·143	103	0·144	97	0·138	89	0·128	96	0·140
	45+	27	0·053	36	0·070	23	0·044	36	0·069	22	0·042
	All males ..	216	0·138	221	0·141	170	0·109	172	0·111	161	0·105
Females ..	0—4	36	0·269	21	0·168	19	0·160	17	0·149	13	0·116
	5—14	48	0·257	34	0·173	37	0·182	39	0·187	25	0·121
	15—44	178	0·223	184	0·233	136	0·175	133	0·176	140	0·189
	45+	29	0·043	58	0·085	48	0·070	49	0·071	26	0·037
	All females ..	291	0·162	297	0·165	240	0·135	238	0·134	204	0·116
Total ..		507	0·150	518	0·154	410	0·123	410	0·123	365	0·111

(ii) *Deaths*

Sex	Age	1946		1947		1948		1949		1950	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Males ..	0—4	31	0·237	30	0·226	26	0·188	13	0·092	6	0·043
	5—14	25	0·132	20	0·109	10	0·055	12	0·065	6	0·032
	15—44	38	0·059	44	0·062	38	0·054	36	0·052	25	0·036
	45+	22	0·044	38	0·063	29	0·048	34	0·057	25	0·042
	All males ..	116	0·079	132	0·081	103	0·063	95	0·059	62	0·038
Females ..	0—4	33	0·287	19	0·151	23	0·175	16	0·119	10	0·074
	5—14	20	0·121	16	0·089	11	0·062	7	0·039	7	0·039
	15—44	44	0·057	48	0·064	35	0·047	20	0·027	16	0·022
	45+	30	0·051	37	0·051	30	0·042	18	0·025	27	0·038
	All females ..	127	0·077	120	0·067	99	0·056	61	0·034	60	0·034
Total ..		243	0·078	252	0·074	202	0·059	156	0·046	122	0·036

Sex	Ag.	1951		1952		1953		1954		1955	
		No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Males ..	0—4	10	0·071	7	0·053	3	0·024	3	0·025	1	0·008
	5—14	6	0·031	2	0·010	1	0·005	1	0·005	2	0·009
	15—44	29	0·040	19	0·027	12	0·017	11	0·016	8	0·012
	45+	21	0·041	17	0·033	13	0·025	18	0·035	11	0·021
	All males ..	66	0·042	45	0·029	29	0·019	33	0·021	22	0·014
Females ..	0—4	9	0·067	5	0·040	9	0·076	2	0·018	1	0·009
	5—14	9	0·048	2	0·010	2	0·010	—	—	1	0·005
	15—44	15	0·019	14	0·018	13	0·017	7	0·009	3	0·004
	45+	26	0·039	20	0·029	20	0·029	20	0·029	17	0·024
	All females ..	59	0·033	41	0·023	44	0·025	29	0·016	22	0·013
Total ..		125	0·037	86	0·026	73	0·022	62	0·019	44	0·013

TABLE T.4—*Tuberculosis—Statutory notifications by age groups—Administrative County of London, 1955*

Form of tuberculosis notified	*Sex*	*Number of notifications of new cases of tuberculosis by age*											*Total all ages*
		0–	*1–*	*5–*	*10–*	*15–*	*20–*	*25–*	*35–*	*45–*	*55–*	*65+*	
Pulmonary tuberculosis ..	M.	8	58	47	36	153	199	457	323	391	326	231	2,229
	F.	7	40	52	48	171	275	434	219	156	59	67	1,528
Other forms of tuberculosis..	M.	—	13	14	16	18	19	38	21	11	4	7	161
	F.	—	13	15	10	21	26	66	27	14	6	6	204
All forms of tuberculosis ..	M.	8	71	61	52	171	218	495	344	402	330	238	2,390
	F.	7	53	67	58	192	301	500	246	170	65	73	1,732

TABLE T.5—*Statutory notification of non-pulmonary tuberculosis—Distribution according to site and age, 1955*

Site of tuberculous lesion	*Numbers of notifications of new cases of non-pulmonary tuberculosis by age*				*Total all ages*
	0–4	*5–14*	*15–24*	*25+*	
Bones and joints	8	22	29	69	128
Abdomen	1	3	9	20	33
Peripheral glands	5	13	25	43	86
Meninges	6	8	3	6	23
Skin and erythema nodosum.. ..	2	5	1	2	10
Genito-urinary..	—	1	15	60	76
Other sites	1	2	1	5	9
All sites	23	54	83	205	365

TABLE T.6—*Patients on the registers*—Administrative County of London, 1946–55*

	1946	*1947*	*1948*	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*
Cases on the register at the end of the year:										
Pulmonary—										
Males	15,695	16,374	17,224	18,203	19,090	19,119	17,336	18,475	18,897	19,300
Females	12,262	12,862	13,549	14,223	15,031	15,556	14,672	14,930	15,576	15,846
Other forms :										
Males	2,821	2,699	2,889	2,752	2,591	2,520	1,530	1,508	1,442	1,371
Females	3,099	3,142	3,147	3,015	3,068	2,954	1,850	1,820	1,709	1,704
Total	33,877	35,077	36,809	38,193	39,780	40,149	35,388	36,733	37,624	38,221
No. per 1,000 of population	10·9	10·6	11·0	11·3	11·7	12·0	10·5	10·9	11·3	11·6

**Since 1952 figures are taken from Chest Clinic registers; for earlier years they represent Borough M.O.H. register*

TABLE T.7—*Condition of new cases and their contacts*

	Men	*Women*	*Children*	*Total*
Number of new cases diagnosed as tuberculous at chest clinics during the year	2,094	1,474	337	3,905
Percentage of these new cases found to be 'T.B. plus' (i.e. Infective)	43·5	30·7	5·0	35·3
Number of those who attended as contacts and who were :				
(*a*) Diagnosed as tuberculous*	80 (2·7)	104 (2·4)	87 (1·1)	271 (1·8)
(*b*) Not tuberculous	2,757	4,107	7,240	14,104
(*c*) Not determined (as at 31.12.55) ..	181	195	347	723

**Figures in brackets are percentages of the total contacts examined*

TABLE T.8—*Summary of investigations into tuberculosis 'incidents' at Council establishments in* 1955

Establishment	*Notified case*	*Children*				*Adults*	
		Tuber-culin tested	*Positive reaction*	*X-rayed*	*Abnormal*	*X-rayed*	*Abnormal*
Day schools	Teacher	—	—	200	—	17	—
	Laboratory technician ..	—	—	521	2	21	—
	Teacher	25	2	2	—	—	—
	Pupil	—	—	260	—	6	—
	Teacher	345	79	79	2	21	—
	Teacher	56	4	4	—	9	—
	Teacher	52	8	8	—	27	—
	Pupil	—	—	999	—	70	—
	Teacher	—	—	28	—	11	—
	Kitchen helper ..	252	25	20	—	20	—
	Teacher	—	—	28	—	4	—
	Pupil	—	—	407	2	22	—
	Teacher	273	6	6	—	9	—
	Teacher	—	—	31	—	7	—
	Pupils (3)	27	16	125	—	5	—
	Pupil	—	—	32	1	7	—
	Teacher	240	24	16	—	20	—
	Pupil	—	—	291	2	17	—
	Pupil	414	141	139	1	35	1
	School secretary ..	—	—	—	—	3	—
	Teacher	—	—	349	—	39	—
	Pupil	161	31	31	—	13	—
	Pupil	19	2	2	—	—	—
Technical college	Student	—	—	—	—	325	—
Totals (24) ..		1,864	338	3,578	10	708	1
Education officer's department students' hostel (1)	Domestic assistant	—	—	—	—	92	—
Children's department residential establishments (2)	Domestic assistant	1	—	—	—	17	—
	Pupil	22	17	17	—	—	—
Day nurseries (2)	Nursery assistant ..	47	—	—	—	16	—
	Child	62	2	2	—	23	—
Grand Totals (29)		1,996	357	3,597	10	856	1

TABLE T.9—*Tuberculosis notifications and mass radiography details, 1955, by occupations*

Registrar-General's Short Classification of Employment	*Population mid 1951*		*Tuberculosis Notifications*				*Mass Radiography—1955*							
							Number examined				*Cases of tuberculosis found*			
			Males		*Females*		*Males*		*Females*		*Males*		*Females*	
	Males	*Females*	*Number*	*Rate* per 1,000*	*Number*	*Rate* per 1,000*	*Number*	*Rate* per 1,000*	*Number*	*Rate* per 1,000*	*Number*	*Rate† per 1,000*	*Number*	*Rate† per 1,000*
1. Fishermen	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Agriculture, horticulture, etc.	4,500	400	11 (3)	2·4	—	—	300	67	20	50	2	6·7	—	—
3. Mining, quarrying occupations	—	—	1	..	—	..	30	—	—	—	3	100·0	—	—
4. Non-metalliferous mining products	3,700	1,700	5	1·4	—	—	580	157	330	194	6	10·3	—	—
5. Coal, gas, coke, chemical workers	6,300	600	7	1·1	—	—	680	108	150	250	3	4·4	—	—
6. Metalwork, engineering	131,800	15,000	179 (12)	1·4	8 (1)	0·5	22,660	172	2,130	142	99	4·4	14	6·6
7. Textile workers	1,000	1,600	2	2·0	3 (1)	1·9	70	70	240	150	—	—	2	8·3
8. Tanners, leatherworkers, etc.	6,700	5,000	11	1·6	4 (1)	0·8	570	85	440	88	3	5·3	2	4·5
9. Textile goods and dressmakers	26,500	70,600	37 (2)	1·4	68 (9)	1·0	1,640	62	4,310	61	11	6·7	22	5·1
10. Food, drinks, tobacco makers	11,200	8,200	10 (1)	0·9	5	0·6	2,320	207	1,550	189	13	5·6	6	3·9
11. Wood, cane, corkworkers	36,100	1,100	33 (3)	0·9	2	1·8	3,650	101	130	118	19	5·2	—	—
12. Papermakers, bookbinders, printers	24,500	13,700	26	1·1	7 (1)	0·5	3,540	144	1,350	99	26	7·3	4	3·0
13. Other products (plastics, etc.)	7,200	5,700	8	1·1	4 (2)	0·7	810	113	510	89	2	2·5	1	2·0
14. Builders and contractors	66,700	—	48 (2)	0·7	1	..	3,170	48	—	—	23	7·3	—	—
15. Painters and decorators	35,500	1,300	37 (1)	1·0	—	—	2,150	61	150	115	18	8·4	2	13·3
16. Administrators, directors, managers	32,200	7,700	7	0·2	2	0·3	2,210	69	750	97	9	4·1	1	1·3
17. Transport and communications	162,400	16,500	235 (9)	1·4	12 (3)	0·7	11,320	70	3,450	209	109	9·6	11	3·2
18. Finance, insurance, commerce	107,700	60,600	119 (9)	1·1	76 (5)	1·3	6,420	60	3,840	63	44	6·9	27	7·0
19. Professional and technical	61,200	54,700	61 (1)	1·0	60 (9)	1·1	9,680	158	10,360	189	31‡	3·2	26‡‡	2·5
20. Defence services	40,300	1,200	57 (2)	1·4	1	0·8	1,940	48	60	50	10	5·2	—	—
21. Entertainment and sport	12,300	5,600	11	0·9	3	0·5	820	67	310	55	3	3·7	1	3·2
22. Personal services (hotels, etc.)	75,700	193,500	137 (7)	1·8	141 (15)	0·7	3,810	50	12,000	62	56	14·7	70	5·8
23. Clerks, typists, etc.	94,900	167,300	174 (3)	1·8	212 (15)	1·3	22,960	242	33,980	203	98	4·3	122	3·6
24. Packers, warehousemen, etc.	41,100	22,200	62 (4)	1·5	19 (1)	0·9	5,360	130	2,590	117	39	7·3	16	6·2
25. Stationary engine drivers, stokers	10,700	—	19 (1)	1·8	1	..	1,360	127	10	—	14	10·3	—	—
26. Unskilled workers (not elsewhere specified)	74,500	28,800	228 (18)	3·1	46 (5)	1·6	11,630	156	6,470	225	116	10·0	37	5·7
27. Other and undefined workers	11,400	2,200	24 (2)	2·1	13 (1)	5·9	1,450	127	320	145	14	9·7	3	9·4
Total (1–27)	1,086,100	685,200	1,549 (80)	1·4	688 (69)	1·0	121,130	112	85,450	125	771	6·4	367	4·3
28. Housewives	..	..	..	..	692 (77)	..	..	..	22,660	..	..	..	144	6·4
28. Unemployed	..	..	418 (24)	..	103 (11)	..	..	..	..	—	—	—	—	—
28. Retired	83,000	32,300	201 (7)	2·4	40 (5)	1·2	—	—	—	—	—	—	—	—
28. Students	..	..	41 (5)	..	16	..	9,610	—	8,110	..	29	3·0	19	2·3
28. Children under 15	338,200	323,200	208 (38)	0·6	212 (41)	0·7	6,240	18	5,340	17	10	1·6	17	3·2

NOTE.—*Numbers in brackets are non-pulmonary cases included in the total.*

* *Rates based on 1951 population census distribution.*

† *Rates per 1,000 examined.*

Notifications are based on weekly (uncorrected) notifications and therefore differ by 46 from the Reg. Gen. Total (Table T.1).

‡ *Includes 8 cases of teachers out of 2,500 examined.*

‡‡ *Includes 8 cases of teachers out of 3,800 examined.*

TABLE T.10—*Mass radiography findings in London residents*

Age	*Sex*	*Number examined*	*Active Tuberculosis confirmed in*	*Case rate per 1,000 examined*	*Positive sputum found in*	*Infective case rate per cent*
0–14	M	6,240	10	1·6	1	10·0
	F	*5,340*	*17*	*3·2*	—	—
15–24	M	40,200	92	2·3	20	21·7
	F	*40,940*	*146*	*3·6*	*38*	*26·0*
25–44	M	60,820	352	5·8	68	19·3
	F	*51,800*	*271*	*5·2*	*52*	*19·2*
45–64	M	28,570	320	11·2	68	21·3
	F	*23,060*	*102*	*4·4*	*16*	*15·7*
65–	M	3,320	64	19·3	17	26·6
	F	*2,770*	*16*	*5·8*	*5*	*31·3*
Not stated	M	30	1	33·3	—	—
	F	*30*	—	—	—	—
All ages	M	139,180	839	6·0	174	20·7
	F	*123,940*	*552*	*4·5*	*111*	*20·1*
13 year olds ..	M	1,560	4	2·6	1	25·0
	F	*1,100*	*7*	*6·4*	—	—

TABLE T.11—*Summary of services provided for tuberculous patients, 1952–55*

	1952	1953	1954	1955
Clinic registers				
Total on registers at the end of the year	35,388	36,733	37,624	38,221
Work of local tuberculosis care organisers				
Patients assisted for the first time with :—				
Beds and bedding	541	431	435	291
Clothing or footwear	961	1,089	1,334	1,014
Patients at the end of the year receiving :—				
Extra nourishment	2,234	2,451	2,391	2,285
Home help service	673	618	729	660
Home care and treatment				
At the end of the year, patients :—				
Awaiting admission to hospital	738	494	209	71
Under treatment in their own homes	808	804	930	1,050
Receiving attention by home nurses	367	466	530	498
Rehabilitation				
At the end of the year the Council was financially responsible for rehabilitants at :—				
British Legion Village, Maidstone	25	25	33	36
Papworth Village Settlement, Cambridge	17	17	23	22
Enham-Alamein Village Centre, Andover	18	21	22	15
Barrowmore Hall, Chester	2	2	2	2
Correspondence courses arranged through the British Council for Rehabilitation for patients undergoing prolonged treatment at home	65	113	80	77
At boarding open-air schools				
Children convalescent from tuberculosis :—				
At the beginning of the year	33	29	34	22
Admitted during the year	47	27	23	2
At the end of the year	29	34	22	12
Awaiting admission at end of year	11	7	1	—
Boarding-out of child contacts				
Children in nurseries and foster homes at the beginning of the year	419	440	450	365
Placed during the year	490	562	411	398
Boarded-out at the end of the year	440	450	365	279
Average number boarded-out at any one time	442	486	417	310
Boarding-out of child contacts for segregation during B.C.G. vaccination				
Children in nurseries and foster homes at the beginning of the year	15	24	6	11
Placed during the year	67	38	39	40
Boarded-out at the end of the year	24	6	11	7
Average number boarded-out at any one time	18	14	10	19
B.C.G. vaccination schemes				
Child contacts vaccinated by chest physicians in London	3,034	3,141	3,851	4,113
Boarded-out child contacts vaccinated by out-county chest physicians	139	161	48	43
Child contacts (mainly new-born babies) vaccinated in London hospitals prior to boarding-out	73	77	64	50
13-year-old school children	—	—	4,037	19,507
Diabetic children in the Council's care	—	—	26	12
Hostels for tuberculous men				
In residence at the beginning of the year	54	44	59	63
Recommendations approved during the year	61	84	57	49
In residence at the end of the year	44	59	63	58

TABLE T.12—*Principal tuberculosis statistics—Metropolitan Boroughs and the Administrative County of London, 1955*

Metropolitan Boroughs	*Estimated home population mid 1955*	*New notifications*				*New notifications per 1,000 population*	*Deaths from tuberculosis*			*Tuberculosis deaths per 1,000 population*	*Pulmonary tuberculosis deaths per 1,000 population aged 15 and over*	*Number of tuberculosis cases on clinic registers at 31.12.55*		*Cases on register per 1,000 population*	*Mass X-ray findings*
		Pulmonary	*Tuberculosis of Meninges and C.N.S.*	*Other non-pulmonary tuberculosis*	*Total*		*Pulmonary*	*Non-pulmonary tuberculosis*	*Total deaths*			*Total*	*Percentage sputum positive during 1955*		*Number of pulmonary cases found per 1,000 adults examined*
Division 1															
Chelsea	51,450	40	1	6	47	0·91	8	1	9	0·17	0·19	425	3·8	8·3	5·3
Fulham	118,600	101	1	11	113	0·95	27	—	27	0·23	0·28	1,357	3·5	11·4	4·3
Hammersmith	114,700	135	—	15	150	1·31	16	—	16	0·14	0·17	1,528	3·3	13·3	4·3
Kensington	169,400	193	—	25	218	1·29	12	5	17	0·10	0·08	1,649	4·7	9·7	4·2
Division 2															
Hampstead	97,710	84	—	4	88	0·90	13	2	15	0·15	0·16	875	6·1	9·0	4·0
Paddington	121,500	177	2	16	195	1·60	15	2	17	0·14	0·15	1,347	8·8	11·1	4·0
St. Marylebone	73,440	75	—	2	77	1·05	9	—	9	0·12	0·14	819	3·2	11·2	3·0
St. Pancras	134,500	209	2	19	230	1·71	31	3	34	0·25	0·28	1,202	11·5	8·9	7·2
Westminster, City of	97,630	110	1	14	125	1·28	22	3	25	0·26	0·26	890	4·3	9·1	5·5
Division 3															
Finsbury	35,100	41	1	5	47	1·34	15	—	15	0·43	0·54	242	5·8	6·9	3·3
Holborn	23,060	41	—	4	45	1·95	8	—	8	0·35	0·40	244	7·4	10·6	2·6
Islington	228,800	306	4	38	348	1·52	45	2	47	0·21	0·25	2,751	5·3	12·0	6·9
Division 4															
Hackney	167,200	111	2	16	129	0·77	15	2	17	0·10	0·11	2,036	2·9	12·2	4·2
Shoreditch	45,480	36	1	5	42	0·92	15	—	15	0·33	0·43	477	6·7	10·5	5·3
Stoke Newington	50,470	32	—	4	36	0·71	4	—	4	0·08	0·10	757	2·5	15·0	5·9
Division 5															
Bethnal Green	53,860	46	—	5	51	0·95	8	—	8	0·15	0·19	813	2·1	15·1	4·8
City of London	5,180	6	—	1	7	1·35	2	1	3	0·58	0·42	60	8·3	11·6	—
Poplar	70,260	59	1	9	69	0·98	16	—	16	0·23	0·30	574	4·2	8·2	3·4
Stepney	98,180	149	1	22	172	1·75	17	3	20	0·20	0·22	1,240	7·3	12·6	6·0
Division 6															
Deptford	72,890	164	—	4	168	2·30	14	—	14	0·19	0·25	1,134	2·5	15·6	7·6
Greenwich	89,490	89	—	7	96	1·07	7	1	8	0·09	0·10	1,003	3·2	11·2	6·0
Woolwich	148,500	141	1	9	151	1·02	22	1	23	0·15	0·19	1,973	1·6	13·3	4·9
Division 7															
Camberwell	178,400	303	1	14	318	1·78	28	2	30	0·17	0·20	2,002	0·6	11·2	6·7
Lewisham	223,400	255	1	14	270	1·21	22	4	26	0·12	0·13	2,771	10·1	12·4	3·9
Division 8															
Bermondsey	57,580	54	—	6	60	1·04	8	1	9	0·16	0·18	588	5·8	10·2	3·8
Lambeth	224,200	232	—	21	253	1·13	32	4	36	0·16	0·18	3,039	1·4	13·6	6·5
Southwark	93,820	146	2	7	155	1·65	23	3	26	0·28	0·31	1,394	3·7	14·9	2·8
Division 9															
Battersea	113,700	115	1	13	129	1·13	14	—	14	0·12	0·16	1,165	2·0	10·2	5·0
Wandsworth	336,500	307	—	26	333	0·99	49	4	53	0·16	0·18	3,866	3·7	11·5	6·2
LONDON	3,295,000	3,757	23	342	4,122	1·25	517	44	561	0·17	0·20	38,221	4·5	11·6	5·4

TABLE T.13—*Tuberculosis—Contact examinations at Chest Clinics*

Chest clinics	*Estimated population served*	*Total new cases of tuberculosis (all forms)*	*New contacts seen*	*New contacts not determined*	*New contacts diagnosed*	*New contacts found tuberculous*	*Per cent. new contacts found tuberculous among diagnosed contacts*	*Calculated rate of new contacts seen per 100 new cases*
		(1)	(2)	(3)	(4)	(5)	(6)	(7)
Chelsea	51,450	51	220	—	220	1	0·5	431
Fulham	118,600	109	133	28	105	2	1·9	82
Hammersmith	114,700	137	734	—	734	4	0·5	536
Hampstead	97,710	89	372	—	372	—	—	418
Paddington and Kensington	290,900	406	1,627	272	1,355	21	1·6	401
St. Marylebone	73,440	74	221	—	221	5	2·3	307
St. Pancras	134,500	154	388	20	368	2	0·5	252
City of Westminster	97,630	111	235	—	235	10	4·3	220
Finsbury	35,100	29	84	12	72	4	5·6	290
Holborn	23,060	46	443	4	439	8	1·8	963
Islington	228,800	356	620	48	572	26	4·5	174
Shoreditch	45,480	35	163	2	161	2	1·2	466
Stoke Newington and Hackney North	138,140	120	545	5	540	7	1·3	454
Hackney South and Bethnal Green	133,390	118	446	33	413	6	1·5	379
City of London	5,180	5	60	4	56	2	3·6	1,200
Poplar	70,260	64	311	87	224	1	0·4	486
Stepney	98,180	173	286	—	286	14	4·9	165
Deptford	72,890	170	358	12	346	14	4·0	210
Greenwich	89,490	91	470	24	446	16	3·6	516
Woolwich (both clinics)	148,500	153	378	83	295	6	2·0	247
Camberwell	178,400	334	1,093	—	1,093	19	1·7	327
Lewisham	223,400	259	2,015	—	2,015	19	0·9	778
Bermondsey	57,580	59	198	4	194	5	5·3	336
Lambeth North	103,800	126	509	—	509	5	1·0	404
Lambeth South	120,400	90	604	2	602	9	1·2	671
Southwark	93,820	164	526	—	526	5	1·0	321
Battersea	113,700	97	488	42	446	21	4·7	503
Wandsworth Town Hall clinic	181,660	185	257	2	255	18	13·6	139
Balham	154,840	100	493	39	454	10	2·2	493
TOTAL	3,295,000	3,905	14,277	723	13,554	262	1·9	366

Figures are taken from chest clinic returns T.145 to Ministry of Health. 'New contacts seen' may include local work contacts not resident in the County of London.

TABLE T.14—*Tuberculosis—Annual chest X-ray examination of mental defectives at senior occupation centres*, 1955

Division	*Occupation centre* E.B.—elder boys E.G.—elder girls	*Average roll at time of examination*	*Date of examination*	*No. X-rayed*		*No. of cases of T.B. discovered*
				Under 15	*Over 15*	
1	Hammersmith (E.B.) ..	32	15.6.55	1	27	1
	do. ..		Aug., 1955	—	2	—
	North Kensington (E.G.)	25	16. 6.55	3	21	—
3	Archway (E.B.).. ..	32	6. 9.55	—	26	—
	Islington (E.G.)	34	7. 9.55	4	21	—
4	Dalston (E.B.)	48	23. 9.55	9	25	—
	Hackney (E.G.) ..	32	29. 6.55	3	24	—
6	Greenwich (E.G.) ..	12	9.11.55	—	12	—
	Brockley (E.G.) ..	57	9.11.55	1	45	—
7	Peckham (E.B.).. ..	60	15.11.55	3	50	—
9	Battersea (E.B.) ..	32	8. 7.55	1	22	—
	do.		1. 9.55	—	4	—
	Earlsfield (E.G.) ..	42	15. 7.55	—	25	—
	Totals	406		25	304	1

Annual X-ray examination of staff at occupation centres, 1955

No. of staff X-rayed on appointment	9	
No. of existing staff X-rayed	76	
Total	85	All satisfactory.

TABLE T.15—*B.C.G. vaccination under L.C.C. schemes in* 1955

1. *Day schools—*

1955

No. of schools visited	415
No. of 13-year-old children at school	32,679
No. of consents	24,344
No. Mantoux tested..	22,533
No. of positive reactors	3,149=13·9 per cent.
No. given B.C.G.	19,375
No. vaccinated June, 1954, to December, 1955	23,645
Retests in 1955—	
No. of consents to retest	2,808
No. of retests	2,595
No. found negative	199=7·7 per cent.
No. re-vaccinated	199

2. *Residential establishments—*

No. of establishments visited in 1955	16 (includes 3 in-county establishments *now* covered by Divisional arrangements)
No. of children tested	166
No. of positive reactors	36=21·7 per cent.
No. given B.C.G.	132 (includes 2 without tests)

3. *Notifications of Tuberculosis (all forms) in 14-and 15-year-old children in*

1953	70
1954	82
1955 (first full year after B.C.G.)	45

4. *Tuberculosis contacts—*

No. of contacts examined at chest clinics in 1955 ..	14,975
No. of contacts given B.C.G. vaccination in London ..	4,113
No. of contacts given B.C.G. vaccination in London since inception of scheme in 1950	16,659

5. *Diabetics—*

No. tuberculin tested	No figures available.
No. given B.C.G. in 1955	12
No. given B.C.G. since inception of scheme	25

TABLE T.16—*B.C.G. vaccination of school children in 1955—Divisional figures*

Division	*No. of 13 years' old school children*	*Total No. of consents*	*Alleged contacts of known cases*	*No. of children tested and read by B.C.G. units*	*Children not dealt with because of refusal of consent or absence*		*Positive reactors (among (4))*		*No. of negative reactors vaccinated by B.C.G. units*	
			Consents included in (2)		*No.*	*Per cent. of (i)*	*No.*	*Per cent.*		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
1	4,208	2,917	18	2,720	1,470	35·0	369	13·6	2,350	(1 negative not vaccinated)
2	3,691	2,855	60	2,712	919	25·0	414	15·3	2,295	(3 negatives not vaccinated)
3	2,796	1,933	16	1,773	1,007	36·0	280	15·8	1,493	
4	2,561	1,609	14	1,447	1,100	43·0	178	12·3	1,269	
5	2,178	1,668	4	1,367	807	37·0	218	15·9	1,148	(1 negative not vaccinated)
6	3,942	3,188	60	2,903	979	24·8	381	13·1	2,519	(3 negatives not vaccinated)
7	4,483	3,486	73	3,332	1,078	24·0	436	13·1	2,896	
8	3,906	2,978	84	2,782	1,040	26·6	417	15·0	2,365	
9	4,914	3,710	49	3,497	1,368	28·0	456	13·1	3,040	(1 negative not vaccinated)
Totals ..	32,679	24,344	378	22,533	9,768	29·9	3,149	13·9	19,375	

Housing

DURING THE YEAR, 12,773 houses and flats were erected by the Council and the Metropolitan Borough Councils. Of these, 10,727 were in London (4,225 erected by the Council and 6,502 by the Borough Councils) and the remainder (2,046) were erected by the Council outside the County. At the end of the year, the total number of permanent dwellings erected or acquired by the Council for housing purposes was 171,262 (an increase in the year of 6,156) of which 84,181 were situated in London, and 87,081 outside the County. In addition, there were 7,563 temporary pre-fabricated bungalows erected by the Ministry of Works but managed by the Council.

The number of applications registered on the Council's waiting list at the end of the year was 165,571, compared with 164,559 in 1954. New applications registered during the year totalled 24,553. The housing waiting list is divided into three categories in accordance with urgency on the basis of the total number of points awarded under the Council's points scheme : (*a*) urgent cases, (*b*) cases with some housing need but not of an urgent character, and (*c*) no basic housing need.

Preferential housing

During the year, 26,362 (6,370 fewer than in 1954) requests for preference in re-housing on health grounds were considered and suitable recommendations made to the Director of Housing. The number of applications on health grounds, although fewer than in the previous year, again exceeded the total number of applicants added to the Council's waiting list. This is mainly because applications which had been considered in previous years were reviewed in the light of changed medical or domestic conditions. Applicants living in unsatisfactory conditions are, of course, only too anxious to advance any possible claims in support of their applications for other accommodation and in very many instances they put forward ill-health as a reason. All such applications are considered carefully, and to enable a fair decision to be reached, many inquiries are made of the Medical Officers of Health of the Metropolitan Boroughs and out-County authorities, of family doctors, or of the staffs of hospitals. The assistance given by these authorities in providing reports is gratefully acknowledged. Of the applications considered, 3 per cent. were recommended for special preference because rehousing was urgently necessary to reduce the danger of infection arising from active pulmonary tuberculosis, 16 per cent. were classified as ' most urgent ' on other health grounds, and 39 per cent. as less urgent but justifying preference for health reasons. In the remaining 42 per cent. it was decided that the degree of medical urgency disclosed by doctors' certificates did not warrant additional preference.

Slum clearance

Work on the survey of areas included in the slum clearance programme adopted by the Council in 1951 continued throughout the year. Representations under section 25 of the Housing Act, 1936, were made in respect of 45 areas containing 2,356 unfit houses and preliminary surveys were completed in respect of a further 46 areas containing 2,292 unfit houses.

In addition, seven areas containing 286 unfit houses were the subject of Declaration of Unfitness Orders made by the Council under the Town and Country Planning Act, 1947.

The Minister of Housing and Local Government arranged 20 public local inquiries into Orders made by the Council and, by the end of the year, 12 of the Orders had been confirmed, two were confirmed in part and decisions in respect of six Orders were awaited. No objections were made in respect of four Orders, which the Minister confirmed, without holding a public local inquiry.

The Housing Repairs and Rents Act, 1954, required all local authorities to submit to the Minister within twelve months, their proposals for dealing with those houses within their areas which were, on 31st August, 1955, so unfit for habitation as to justify action under Part III of the Housing Act, 1936. The Act also required the proposals in respect of the Administrative County of London to be submitted jointly by the Council and the Metropolitan Borough Councils.

As in the preparation of previous programmes of slum clearance the Metropolitan Borough Councils, following surveys of their areas, prepared their proposals and discussions on these took place with the borough medical officers of health. In spite of the size of the task and the short time available, the majority of the agreed proposals were in the hands of the Minister by the appointed day and all were submitted by the end of September, 1955. The estimated total number of houses in the County as revealed by the survey to be so unfit for habitation as to justify immediate demolition was 7,218 ; of this figure the Council has undertaken to secure the demolition of 4,094 unfit houses within the next five years.

Improvement grants

Surveys were made in respect of 71 applications to the Council for improvement grants under section 20 of the Housing Act, 1949 (as amended by the Housing Repairs and Rents Act, 1954). In addition, 261 investigations were made in connection with applications for such grants made to Metropolitan Borough Councils.

Dangerous structures

During the year 1,613 searches were made in connection with inquiries concerning premises scheduled as dangerous structures.

Public health laboratory

Full use was made of the facilities available at the Medical Research Council Public Health Laboratory at the County Hall and the close liaison which is possible with the staff of the laboratory has proved of great value.

Milk sampling

Milk arriving in London

Since 1908 it has been the practice of the Council to take samples of liquid milk arriving by road or rail from the provinces and submit them to biological examination to ascertain the extent to which the milk on its arrival in London is infected with tuberculosis. In 1934 it was decided that no useful purpose would be served by sampling milk brought into the county in large tankers as it was impossible to trace the farm of origin ; since then sampling has been restricted to supplies arriving in churns. Any samples showing signs of infection by tuberculosis are reported to the medical officer of health of the district in which the farm of origin is situated so that, in conjunction with the district veterinary officer of the Ministry of Agriculture, Fisheries and Food, an inspection of the herd may be made with a view to the removal of infected cows.

During 1955 samples of milk taken for this purpose numbered 201 and the results of the biological examinations were as follows :

Designation	*Samples examined*	*Results of examination*			
		T.B. bacillus isolated	*T.B. bacillus NOT isolated*	*Test not completed**	*Percentage positive of completed tests*
Ordinary	158	5	138	15	3·5
Tuberculin tested ..	43	—	41	2	—
Total	201	5	179	17	3·5

* *Guinea pigs died before completion of test or the milk curdled.*

As a result of the investigations into the origin of the five positive samples, information has been received that one cow was slaughtered in each of three herds and that in another herd several cows were slaughtered. In the fifth herd investigated no tuberculous animals were detected.

All the raw milk from which the positive samples were obtained was pasteurised before sale to the public.

At Council establishments

The sampling of milk purchased for use in the Council's establishments is arranged in conjunction with borough and county medical officers of health. Details will be found on page 55.

Dried milk

Twenty-two samples of dried milk powder were taken from supplies purchased by the Council and were submitted to bacteriological examination. One sample only contained more than 100,000 organisms per gram and in two samples *staphylococcus aureus* was isolated.

Sanitary inspection

Disinfestation

Reports of 133 instances of infestation involving 300 visits and re-inspections were received from establishments controlled by the Council, e.g., school meals centres, schools, welfare establishments and parks. Infestations by a variety of pests including rats, mice, pigeons, cockroaches, bugs, ants, silver fish, flour and clothes moths, furniture beetles, clover mites, plaster beetles, wasps, hornets, crickets and flies were investigated and the control measures carried out proved effective.

School meals

More than 600 visits of inspection were made to school meals centres and 34 reports of illness following consumption of school meals were investigated.

Welfare establishments

Regular inspections relating to hygienic conditions were made at least once a quarter of 75 homes, hostels and other welfare establishments.

Complaints

A large number of complaints of insanitary conditions were received from residents in London and referred to the health department of the appropriate metropolitan borough council.

Exhumation of human remains

Two disused burial grounds were cleared of human remains during the year. The first was a burial ground in Finsbury in respect of which the Council obtained the necessary powers in the London County Council (General Powers) Act, 1953. The operation took over 5 months to complete and during that time the remains of over 9,600 persons were exhumed, placed in 491 new coffins and re-interred at Brookwood Cemetery, Woking. The second burial ground was situated in Hammersmith and powers were obtained in the London and Middlesex (Improvements, etc.,) Act, 1936. Over a period of seven weeks the remains of 98 persons were placed in 43 new coffins and re-interred at Hammersmith Old Cemetery. In both schemes the work was done in accordance with conditions imposed by the Secretary of State and Regulations made by the medical officer of health ; the examinations and re-interments were carried out under the supervision of the Inspectorate of the department.

Advisory and research work

Advice was given to other departments of the Council on problems relating to sanitation, drainage, food hygiene and other public health matters in connection with the preparation of plans for new buildings and the adaptation of existing premises.

The plumbing experiments referred to in the Report for 1952 were continued in association with the Architect's department and the Plumbing Research Committee of the Department of Scientific and Industrial Research. The installation of ' single stack ' systems of plumbing was extended during the year and it is satisfactory to record that complete installations are functioning without complaint.

The Chief Inspector continued to represent the Council on a number of Committees of the British Standards Institution appointed to consider standards in relation to sanitary appliances, traps, pitch-fibre drain pipes, refuse chutes and metal sinks and lavatory basins.

Blind and partially-sighted persons

During the year, 1,899 examinations were made in connection with certification under the National Assistance Act, 1948, of blind and partially-sighted persons. In addition, 276 certificates were accepted from other local authorities, hospitals and private ophthalmologists.

The results of examinations of persons newly registered during the year, and of the re-examination of those previously recommended to obtain treatment are given in tables (i) and (ii) below. On examination 76 persons were found to be neither blind nor partially-sighted. Re-examinations to confirm certificates given in previous years and certificates relating to persons already registered by other authorities who have moved into London are omitted from the tables.

TABLE (i)

Number of new registrations during the year with percentage recommended to obtain treatment

New registrations

Age	Principal cause of defective vision				Total
	Cataract	*Glaucoma*	*Retrolental fibroplasia*	*Other conditions*	
0–4 years	—	—	3	19	22
5–15 years	—	—	—	9*	9*
16–64 years	38	16	—	184	238
65–74 years	87	45	—	190	322
75 years and over	286	50	—	323	659
Age not known	—	—	—	3	3
(*a*) Total No. of persons	411	111	3	728	1,253
(*b*) No. recommended to obtain treatment	243	69	1	241	554
(*b*) as percentage of (*a*)	59·1	62·2	33·3	33·1	44·2

* *Includes six schoolchildren examined under the Education Acts.*

The principal cause of defective vision was frequently associated with a secondary condition, e.g., cataract with glaucoma. Recommendations for treatment are generally made where some improvement of vision may be expected, though improvement may be insufficient to lead to removal from the register of blind and partially-sighted persons.

The treatments recommended most frequently were surgical treatment for cataract (153 instances or 37 per cent. of those found with cataract as the principal cause of their defective vision) and medical treatment or hospital supervision for glaucoma (60 or 54 per cent.). That blindness is principally a problem associated with old age is demonstrated by the age distribution in table (i).

Persons recommended to obtain treatment are re-examined at intervals after the initial registration. The number of persons re-examined for this reason in 1955 is shown in table (ii).

Re-examinations

TABLE (ii)

Re-examination of persons recommended to obtain treatment

	Principal cause of defective vision				Total
	Cataract	*Glaucoma*	*Retrolental fibroplasia*	*Other conditions*	
No. of persons re-examined	168	40	—	136	344
No. found to have had treatment	106	33	—	78	217
Percentage treated	63·0	82·5	—	57·4	63·1

These figures are a measure of the extent to which treatment was obtained. Since most of the blind and partially-sighted are elderly or old people, many of whom are reluctant to accept treatment, a treatment rate of 63 per cent. can on the whole be regarded as satisfactory.

As a consequence of successful treatment, 52 persons previously registered as blind were found, on re-examination, to be partially-sighted, and 41 persons previously certified as blind or partially-sighted were found to be improved to such an extent as no longer to be registerable.

Figures for ophthalmia neonatorum are given on page 23.

Registration of nursing homes

At the end of the year there were 41 nursing homes on the register, one fewer than in 1954. In the 41 homes there were 828 beds distributed as follows :

Number of beds in home	*Number of homes*	*Patients accommodated*		
		Maternity†	*Others**	*Total*
25 or over	9	209	224	433
20 to 24	6	25	103	128
15 to 19	5	15	69	84
10 to 14	10	45	69	114
5 to 9	8	27	35	62
Under 5	3	2	5	7
Total	41	323	505	828

† *Each bed is registered for a maternity, medical or surgical case.*

* *Numbers include beds for medical and surgical patients which cannot be used if a maternity patient is accommodated in the same room.*

Close supervision of the homes was maintained and visits of inspection were made at regular intervals by medical officers (53 inspections) and public health inspectors (93 inspections). The shortage of qualified nursing staff continued to present a variety of problems and underlined the need for maintaining a close scrutiny of the staff provided at all homes. Exemptions from the operation of part XI of the Public Health (London) Act, 1936, granted during the year numbered 39.

Nursing homes and the National Health Service

The following report was prepared before his death on 19th May, 1955, by Dr. E. B. Argles, who for many years had been responsible for the inspection of nursing homes in London :—

Figures given in the annual reports of the county medical officer show that the second world war and the National Health Service Act caused great changes among the nursing homes of London. At the end of 1937 170 nursing homes were registered in the County. Evacuation, damage by enemy action, shortage of staff, and other difficulties reduced the number of active homes to 108 in 1945, and the homes which survived the war had great difficulty in maintaining their standards. The replacement of equipment (particularly linen), rationing, and the shortage of skilled staff had to be surmounted during the difficult war years, and most nursing homes were then faced with heavy expenditure on repairs and redecoration in the immediate post-war years. This alone was often enough to discourage the owners of the smaller type of home from continuing. In addition the pre-war nurse's salary of £60 to £90 a year, all found, had by 1953 become £350 plus a living-out allowance. It was not surprising, therefore, that between 1947 and 1953 there was a further drop in the number of nursing homes from 63 to 48. This drop of 24 per cent. in the number of homes in London since the National Health Service began, when measured in number of beds available, shows a decrease of 9.4 per cent. During this same period 19 new homes were registered, but 34 were closed.

Rising costs have alarmed the users as well as the owners of nursing homes. Accommodation which before the war cost 5 to 8 guineas a week, with a maximum of about 12 guineas, to-day costs from 11 to 25 guineas a week—not a disproportionate increase when compared with rises in costs. Fees of this magnitude which may be borne for a short period by the acutely ill are an impossible burden on patients of advanced age with small fixed incomes ; in many cases the expense is met for a time out of capital or by relatives or friends. This is one of the main reasons why the number of empty beds has increased in nursing homes. There are still some small homes with from 6 to 10 beds charging about 6 guineas upwards, but at such a figure and with present-day prices no more than the bare minimum of nursing staff can be provided, and the

food could hardly be expected to be of the highest quality. Homes of this type appear to be on the border of solvency, and it may well be that few can survive. On the other side of the picture are a few homes charging fees as high as 30 to 35 guineas a week. These homes are in constant use by physicians and surgeons of high standing, and the professional skill and care are matched by a service similar to that of a luxury hotel.

The introduction of the National Health Service came at a time when the falling birth-rate was reducing the admissions to maternity beds in nursing homes, and coincided with a period when maternity wards were being expanded in the hospitals. The number of confinements taking place in nursing homes in London was 3,167 in 1947 : in 1952 this had fallen to 1,091. This large drop cannot be wholly accounted for by the fall in the birth-rate from the exceptionally high figure of 20.9 per 1,000 of the population in 1947 to 15.3 in 1952. Recent annual reports of the medical officers of health of other large cities show the same trend. Most homes found that in the post-war years less use was being made of their operating theatres and more beds were being used for medical cases, particularly for the treatment of the chronic sick or senile patients : in 1948 30 per cent. of the beds in nursing homes were occupied by patients in those two categories. By 1953 this figure had risen to 44 per cent., and in the same period the proportion of beds occupied by maternity cases fell from 10 per cent. to 5 per cent., and of all beds occupied from 75 per cent. to 71 per cent.

State-registered nurses are not as a rule keen to work in private nursing homes, and the comparatively uneventful nursing of the chronic sick does not greatly attract them. It is the State-enrolled assistant nurses, or the older women, trained but without State registration, who nurse such cases. The organization of comprehensive home nursing and home help services under the local health authority, and the establishment of old people's homes under welfare provisions, while in no sense a replacement of the private nursing home, have added to the facilities available and undoubtedly had some effect in reducing the numbers of those who might have gone into a private home. The borderline between what constitutes nursing of the sick and caring for the old and enfeebled is very ill-defined. Establishments which provide care for the aged by ordinary unskilled staff fill a real need, and there are good reasons why some of the smaller nursing homes should turn their attention to this type of elderly person who so often fails to find the accommodation for which he or she is seeking.

Welfare Committee establishments

The Medical Officer of Health is responsible for the medical arrangements in all types of establishments under the control of the Welfare Committee. These include large and small homes for the aged and infirm, mother and baby homes, hostels for mothers in work, reception centres for persons without a settled way of life and homes for the blind. Medical officers and inspectors on the central staff visit periodically to supervise the medical arrangements and hygiene.

Homeless families units

During the year two of the homeless families units were closed and at the end of the year 158 mothers and 300 children (of whom approximately 66 per cent. were under five years of age and 21 per cent. under one year of age) were accommodated in the remaining three units. Particular attention was given to the control of infection which in communities of this type demands constant vigilance. Weekly visits were made by health visitors to advise mothers on the care of their children and to give talks on mothercraft. Mothers were encouraged to attend sessions at neighbouring maternity and child welfare centres and a weekly child welfare session was held at one of the units. Nursery classes under the direction of the Education Officer for children aged between three and five years were conducted at two units.

Hostels for mothers in work

Medical officers on the central staff gave medical supervision to the two hostels for mothers in work. In one of the hostels the children were cared for during the day by the hostel staff and routine visits were made as to a day nursery by a medical officer on the divisional staff. Mothers in the other hostel took their children to day nurseries in the area.

Care of the chronic sick

Despite the exchange of some chronic sick persons for infirm persons in hospital who could not be discharged to their own homes, the number of chronic sick remaining in the Council's homes at the end of the year was 533 (149 men, 384 women) a decrease of only 26 compared with the previous year. In some homes sick bays were provided for the care of the aged suffering from temporary acute illness for whom hospital beds were not available.

Invalid Meals of London

Invalid Meals of London provided (year ended 30th September, 1955) 182,399 meals for invalids and sick people compared with 166,165 in the previous year ; 152,884 of the meals were delivered to houses and 29,515 were served in the dining centres belonging to the organisation. The Council made a grant in aid of £8,000 during the year.

Welfare of handicapped persons

Medical advice as to eligibility for registration under the Council's scheme for the welfare of handicapped persons other than the blind and partially-sighted was given in eight cases during the year.

SCIENTIFIC BRANCH

THE SCIENTIFIC BRANCH undertakes analytical and consultative work in chemistry and allied sciences, and its services are available to all departments of the Council.

The work of the branch is carried out in three groups of laboratories. At the County Hall headquarters work is undertaken on foods, meals, trade effluents, atmospheric pollution, detergents, laundries, paints and decorative materials, statutory work on many Acts and Orders, fuels and all types of oils, building materials, waters of many kinds, etc. The Northern and Southern Outfall laboratories, situated at Beckton and Crossness respectively, are concerned with obtaining scientific data for the control of the sewage treatment processes and ancillary plant and, in addition, at all laboratories research on important 'domestic' matters is undertaken. The Scientific Adviser submits the following summary of his annual report :

The ever-increasing demand for scientific advice resulting from the growing appreciation of the financial advantages to be gained has its repercussions in local government and officers of the Council consult the branch more frequently than in the past in an increasing range of subjects. Although a wide range of experience is available in the branch, it could not be claimed that advice on any question can always be given immediately but generally the senior officers have means whereby in a relatively short time authoritative information can be obtained, if necessary, from sources outside the service by utilising the government and other research associations, consulting specialists in the particular field and disentangling claims and facts. Research work on a domestic problem is pursued when the financial aspects warrant it and a strict watch is maintained to utilise the available scientific manpower in the service to the very best advantage. The research projects pursued in all the laboratories, the advice given on processes and methods and the watch maintained on deliveries and materials used on sites, constitute a considerable financial asset to the Council whilst figuratively providing an insurance premium against low standard products and claims against the Council and, furthermore, the branch provides the evidence to ensure the compliance with the requirements of the many Acts and Orders which the Council has to administer.

Synopsis of work done

The total number of samples examined was 30,335, which exceeds by 3,873 that of the previous year. This number does not indicate the full extent of the work because it takes no account of the advisory and consultative work undertaken by the senior officers which may not require the examination of samples, nor are details of the research projects numbered. This advisory service has developed rapidly in the last few years and, serving as it does to give an opinion, frequently informally, on materials to be used,

must tend to reduce maintenance costs appreciably. It is important that this liaison with user departments should be encouraged for the use of unsuitable materials can cause, in the future, considerable replacement costs and frequently only by scientific appraisal can they be known to be unsuitable.

The following sections of this report deal in greater detail with many aspects of the work done and the following table summarises the number of samples examined.

Air—tunnels	260
Air—miscellaneous	3
Bacteriological, miscellaneous	75
Building materials	483
Chemicals, drugs and medical supplies	74
Clay, sub-soils and borehole waters	1,763
Detergents and soaps	127
Disinfectants	8
Fertilisers and Feeding Stuffs	99
Fire extinguishers	3
Floor oils	64
Fuel (coal and coke)	41
Foods	466
Gases :—	
Degreasing and rubber spreading works	8
Flue	48
Sludge digestion plant	416
Grit (from Power Stations)	4
Insecticides	7
Instrument sets (ambulance) for sterilisation	31
Insulating materials for hot water systems	18
Lamps, gas detector	376
Laundry tests	31
Liquor (effluent from Beckton Gas Works)	358
Meals	76
Metals (various)	47
Milk, liquid	53
Milk, condensed and powdered	13
Miscellaneous	100
Oils, lubricating and fuel, etc.	75
Paints, varnishes and distempers	1,608
Petroleum and allied samples	69
Plastics	75
Rain-water (atmospheric pollution deposit gauges)	84
Rubber and rubber substitutes	11
Scale from boilers, etc.	1
Scouring powders and lavatory cleaners	13
Sewage and effluent	1,783
Sludge, primary and digested	2,595
Sludge, activated	1,927
Smoke in air, determinations	3,364
Sulphur gases in air, determinations :—	
Lead peroxide cylinder method	128
Volumetric method	3,378
Water, etc., from steam raising plants	1,320
Water, drinking, chemical	59
Water, drinking, free chlorine tests	516
Water, drinking, bacteriological	571
Water, swimming bath, chemical	324
Water, swimming bath, free chlorine tests	369
Water, swimming bath, bacteriological	473
Water, river, chemical	3,293
Water, river, bacteriological	311
Water, miscellaneous	40
Trade effluents	1,238
Research and investigation samples at Northern and Southern Outfall Works	1,658
	30,335

The following paragraphs give a general indication of the source of origin of these samples and of the consultative and advisory duties carried out for the various services and departments of the Council.

River Thames

The condition of the river flowing as it does through the County of London, is a matter of great importance to the Council. In addition to effluents from the Council's own sewage treatment plants, there are sources of pollution from other sewage works, impure tributaries, trade discharges, and contamination from shipping. To assess the condition of the water under varying conditions of fresh water and tidal flow, and to compare the state between seasons of the year and over periods of years, regular weekly examinations are made, involving chemical analysis of water taken from 26 points over a distance of 80 miles. The area examined extends from the upper limit of the tidal reaches of the Thames at Teddington to the outer estuary sludge dumping area at Black Deep.

The condition of the river is worst in the summer because of higher air temperature and normally reduced fresh water flow, the most critical period being July to September. In 1955 the average daily fresh water flow over Teddington was only 301 million gallons as compared with 502 million gallons daily in the previous year. The warm weather coupled with the heated discharges from power stations resulted in the highest average water temperatures yet recorded from Kew to Gravesend. Sulphide was present extensively but, although higher concentrations were found than in the previous year, the number of occasions when daily samples contained sulphide was approximately the same.

In view of the weather conditions, the low fresh flow and the water temperature, it would have been expected that the condition of the water would have been worse than found. New sedimentation tanks were put into service at the Northern Outfall Works during the year and there is evidence that the consequent reduced loading on the river prevented more serious deterioration.

The Scientific Adviser continued to be a member of the Thames Survey Committee of the Department of Scientific and Industrial Research, and also of the Heated and Other Effluents Committee of the Ministry of Housing and Local Government. Both committees deal with aspects of the condition of the water of the river and are to report in due course their recommendations for its improvement.

Sewage treatment

The treatment of sewage at both Outfall Works is the joint responsibility of the Chief Engineer and the Medical Officer, and as a result of the happy collaboration which exists between their staffs, the Scientific work is carried out in the closest co-operation with the staff of the Chief Engineer. In addition to daily consultations on the works, the analytical results and research progress are discussed at a weekly meeting at the County Hall between the Divisional Engineer (Main Drainage) and the Scientific Adviser to suggest policy of operation, and to discuss methods of improving efficiency or overcoming difficulties.

The analytical work includes examination of the following samples :—incoming sewages, effluents from different sections of the plant, sludges sent to sea, sludges entering and leaving digestion tanks, activated sludges, waters from the steam raising plant and effluent liquors from Beckton Gas Works (North Thames Gas Board). Routine observations of atmospheric pollution are also made daily.

In July the new sedimentation plant designed by the Chief Engineer was officially opened and this necessitated an increase in the amount of laboratory work. With the advent of the new plant it is anticipated that the automatic sampling apparatus also designed by the Chief Engineer, and which is now in experimental use, will prove a great asset.

A considerable amount of research work and several special investigations were undertaken during the year, some items being :—

The methane gas production of a temporary converted reservoir used for sludge digestion at the Northern Outfall had fallen below the expected amount and radio-active phosphorus (P.32) in the form of ammonium dihydrogen phosphate was used to trace the flow of sludge through the plant. It was found that the capacity of the plant had been reduced by spent sludge residues remaining on the floor of the tank but no channelling was occurring. The sludge leaving the plant was found to contain more sulphide than that entering the plant and examination of the dense bottom layer showed a concentration of calcium sulphate and sulphides. It was concluded that this sulphide production inhibited the growth of methane producing organisms. The numbers of sulphate reducing organisms in various types of sludge have been determined but the interpretation of the figures obtained has proved to be very complex.

The incoming sewage was found to contain 8–10 parts per million of synthetic detergent and the effluent from the activated sludge plant about 7 p.p.m. A few tests made on the use of silicones to reduce foam formation in the effluent channel indicated that their use would be uneconomic on any scale which would give satisfactory results.

During the year, assistance has been given on questions relating to the use of the sludge freezing process and to sewage treatment problems at the Atomic Energy Research Establishment at Harwell and officers from Harwell have advised the Scientific Branch on matters connected with tracer techniques.

An exhibition was held at County Hall to mark the centenary of London's main drainage system and many aspects of scientific work relating to sewage treatment were on view to the public. A working model of an activated sludge plant capable of purifying 120 gallons of domestic sewage a day was constructed and displayed by officers of the Branch. Not only did this plant demonstrate the principles involved, but it has since proved most valuable in the laboratory as a means of assessing the amount of treatment required by certain gas liquors and trade wastes.

Trade waste discharges

This report covers the first full year's working under the provisions of the London County Council (General Powers) Act, 1953. Industrial discharges have increased in volume and complexity over the past few years in view of the many new processes using a wider range of chemicals than formerly, and the new Act enables the Council to exercise a close control over the discharge of trade wastes into the London sewerage system.

The samples taken during the year, including those submitted for examination by four Borough Councils, numbered 950 ; of these 193 were considered to contravene the Act. Objectionable matter contained in quantity in various wastes included strong acids and caustic alkalis ; petroleum spirit, oils, tar ; tannery wastes containing excessive amounts of sulphide ; and solid matters such as fats, vegetable fibres and stone grindings. In some cases the wastes rendered the atmosphere of the sewer unbreathable. Waste heat contained in process and cooling waters was also a source of nuisance and possible danger ; 40 cases of discharges above the temperature limit of 110°F. laid down in the Act were investigated. It would indeed make for efficiency and economy if manufacturers considered more carefully the means of recovering such waste heat.

The usual procedure, following the examination of samples which contravene the Act, is for officers of the Scientific Branch and of the Chief Engineer's Department to visit the premises to discuss with the occupiers the problems involved in treating the discharges. A similar procedure is followed when consideration is given to applications for permission to make new discharges where standards may have to be prescribed.

Safety in sewers

Regular examination of inflammable gas detector lamps of the expanding metal spiral type and those based on selective diffusion is made to ensure that all lamps are in good order and advice is given as required on the use of self-contained oxygen respirators. Experiments have continued on methods of improving sewer ventilation.

Housing

The work done by the branch for this service covers a wide field and is of considerable economic importance. Thus, in the particular case of paint and surface coatings for houses, flats, schools, bridges, etc., the annual expenditure of the Council on materials and the labour charge for their application amounts to approximately £4 million. By ensuring that materials of suitable quality are used, the savings in maintenance must greatly exceed the cost of an advisory service. The work in this section is reviewed regularly by an inter-departmental paint committee, on which all the departments using or concerned with paint are represented.

Approved lists of manufacturers' brands of paint are maintained, and during the year 88 new brands were approved after test while a further 88 were found not to be of the quality required. Some of the more frequent causes of rejection were :—low opacity, poor surface finish or hardness, and presence in exterior paints of lithopone or excessive amounts of chalk.

In addition to the laboratory examination of materials, visits were made to sites to investigate defects arising from such causes as unsatisfactory preparation of surfaces or manner of application of paint. Advice on many aspects of decorating has been made available to all user departments. This has included assistance in questions of colour matching and the establishment of standards, and the recommendations for the painting of a wide variety of materials under various adverse conditions.

Increased demands are being made on the facilities provided by the branch for the examination of building materials. The range of materials received for assessment of quality or investigation of possible faults included floorings, floor sealers and polishes, plasters, light alloys and plastic building materials, fire retardents, concrete, slates, asphalte and bitumen felts. In addition to laboratory tests, small scale practical trials under normal conditions of use are frequently made, and sometimes accelerated weathering tests are employed to assess the value of articles intended for external use. Wherever applicable reference is made to British Standard Specifications in assessing the quality of a product. Officers of the branch visited many sites to examine and advise on problems at first hand and have thus maintained close contact with the practical difficulties sometimes involved in the adoption of new methods and materials.

Examination was made of clays and ground waters from building sites. The importance of tests on these samples has increased with the frequent use of high blocks of flats in housing schemes. The deep concrete foundations of these flats may be in contact with moist soil or ground water where sulphates normally present in London clay can weaken Portland cement concrete. Estimation of the sulphate content in the soil enables recommendations to be given as to the appropriate cement to use to resist aggressive attack by sulphate in excessive concentrations.

Air pollution

The Council has for many years co-operated with the Department of Scientific and Industrial Research in investigating the incidence of air pollution. Regular observations are made at 20 sites, which include seven of the parks, five sites near hospitals, both Council sewage outfall works, Kew Observatory, and the grounds of King George V Hospital at Godalming. Standard types of instrument are used and at a few of the sites comparative records are available for a period of 35 years.

The instruments in use throughout 1955 were :

Seven deposit gauges for collection of matter settling from the atmosphere or washed down by rain ; these deposits are analysed monthly.

Ten lead peroxide ' candles ' for the comparative measurement of the amount of sulphur dioxide in the air ; the amount of peroxide converted to sulphate is found by analysis each month.

Three sets of volumetric apparatus for the dual measurement of smoke and sulphur dioxide ; this equipment normally requires daily attention.

Seven multiple-circuit sets of volumetric apparatus with which up to six consecutive samples can be taken before the filters and solutions need to be examined and renewed. This automatic sampler, recently devised in the laboratory, facilitates the study of peak concentrations of pollutants, and enables detailed observations to be made without manual attention during night and weekend periods. Air flow through the separate circuits is controlled by magnetic valves activated in sequence by a time switch, the duration of each test being varied according to weather conditions.

The observations made during the year again showed a marked difference between rural and urban conditions, as did those in different localities within the County due to the varying amount of pollution from local sources. Seasonal fluctuations were clearly marked at all sites, the generally higher level of pollution in winter being due to the combined effect of increased coal consumption and the occurrence of meteorological conditions unfavourable to the dispersion of chimney gases. When the results are examined over a period of years the main change is a trend towards a slight reduction in the amounts of tarry matter and smoke ; this can be accounted for by the replacement of many domestic fires by the more efficient combustion units of blocks of flats.

In the central area of London where the fuel consumption in office blocks and other centrally-heated buildings exceeds that of local fireplaces, the ratio of smoke (black suspended matter) to sulphur dioxide is less than that found in more residential areas. This is attributable to the better combustion conditions obtainable in large furnaces as compared with small grates burning coal. Use of the new time-controlled sampler enabled a more detailed analysis to be made of fluctuations of pollution during the daily cycle. Again a distinction could be drawn between the effects of domestic and industrial combustion. For example, on weekdays the smoke to sulphur ratio is at a minimum during the night, when most domestic fires die down whilst some industry keeps running. At weekends, when a greater proportion of industry is closed down, and domestic fires are burning for longer periods, this ratio is found to be higher than for comparable periods during the week.

The long-term investigation of the common major pollutants of the atmosphere was supplemented by a special investigation directed towards the detection of various minor pollutants. In addition dust separated from large volumes of air was examined for radioactive constituents. The atmosphere has a small content of radioactive matter arising from natural causes, and the amount of this varies from day-to-day with changing meteorological conditions. There is also a very small proportion of such matter produced by nuclear explosions. The order of magnitude of both of these sources of radioactivity is being measured to provide a basis for future comparisons.

On three occasions during the year apparatus and specimens were provided for public exhibitions.

By a standing agreement with the Ministries concerned, the Scientific Adviser or his deputy accompanied the Chief Alkali Inspector of the Ministry of Housing and Local Government on visits of inspection to test the efficiency of the flue gas working plants at Battersea and Bankside Power Stations.

Public health

During the year, the water supplies to 24 establishments served by wells were regularly examined and visits were made to other premises to check the suitability of water from various sources and to give advice. The 571 bacteriological samples, 59 chemical and 516 free chlorine tests ensured that the water was efficiently chlorinated and at all times in satisfactory condition.

The air in the Council's vehicular tunnels under the River Thames was regularly examined in order to ensure that carbon monoxide, nitrous fumes, lead and soot contents remained within safe and desirable limits. The volume of motor traffic was the greatest yet recorded but the forced ventilation was efficiently adjusted to remove carbon monoxide and, of 205 samples taken, only seven were above the specified limit of 250 parts per million. The highest individual figure being 460 parts per million. There was, some increase in the amount of black suspended matter, which is considered to be related to the increase in diesel-engined vehicles which produce less carbon monoxide than their petrol counterparts.

Other work included the examination of disinfectants, and advice was given on the methods for sterilising such various articles as children's chambers, plastic tableware, soft toys and firemen's breathing apparatus, also on the steps needed to maintain children's sand pits in hygienic condition. Powder colours and modelling clay to be used by children were examined to ensure that toxic pigments were absent. Other matters in which advice was given to avoid possible dangers and safeguard health included the use of maleic hydrazide (known as MH) to stunt the growth of grass, and the use within the Council's educational services of lead glazing for pottery making.

Public control

Under the Fertiliser and Feeding Stuffs Act, 1926, for which the Scientific Adviser is the Official Agricultural Analyst to the County, of the 99 samples examined, 57 varied, in some way, from the Statutory Statements or Voluntary Warranties given by the vendors, but only in three cases were the variations to the disadvantage of the purchaser. Many samples were examined under the Petroleum (Consolidation) Act, 1928, the provisions of which govern licences for storage and safety precautions regarding petroleum spirit and petroleum mixtures. Of these, 43 samples were found to come within the provisions of the Act. Visits of inspection were made to premises using inflammable solvent in licenced processes to ensure that the content of petroleum vapour did not exceed the limit prescribed for safety. Advice was sought in several instances on premises and processes employed to which the London Building Acts, 1930–39, applied. The means of escape clause and the danger of fire and/or explosion are matters frequently requiring scientific consideration. The officers of the branch were also concerned with the Bread Order, S.I. 1283/1953, the Prepacked Food Order, 1950, the London County Council (Celluloid, etc.) Act, 1915, etc.

Parks

Although some work was done for this department on fertilisers, soils and other matters of horticultural interest, the major item related to the open-air swimming baths provided for public use. The Council has under its control 15 open-air swimming baths and 20 indoor baths situated at various institutions. In conjunction with the officers of the Chief Engineer's department, considerable research on the subject of control has been done in the branch to ensure efficient water treatment and pleasant bathing. A careful check is kept on the condition of the water by means of daily tests performed by bath attendants and periodic visits by officers of the branch. The favourable weather during much of 1955 led to increased attendances at the baths, and generally the new installations and methods adopted proved effective for the loading.

School meals, education and children's departments

The work done in co-operation with the School Meals and Catering Department was continued and 72 meals were analysed for fat, protein, carbohydrate, mineral contents and calorific value in order to ascertain that the standards aimed at were being provided by the kitchens. The results showed a good approximation to the requirements of the various nutritional factors for the age groups concerned. Visits to the laboratories of kitchen supervisors were organised in order to demonstrate how the work in the kitchen and the analytical results obtained in the laboratory are related.

Swimming bath waters and drinking waters at residential schools were examined and the improvised treatment of the former worked well and will be continued until authorisation by the appropriate Ministry for the expenditure for installing automatic treatment plants is obtained.

Instructional visits of school parties to the County Hall continued and the application of many branches of science directly to human needs and problems was demonstrated.

Supplies

More than 2,000 samples were examined, either directly or indirectly, for this department, and their wide range is shown by the fact that in the list of samples given in this report they fall into about 16 groups. Particularly close liaison was maintained with officers of all branches of the Supplies Department which facilitated discussions on matters on which a scientific aspect could be helpful.

The foodstuffs, which are divided into 17 classes, were generally of a high standard of quality and a careful watch on contamination from the container, preservatives and general adulteration was maintained. All complaints on these and other purchases are carefully investigated, new preparations assessed for potential value to the Council and tenders assessed to ensure that the cheapest satisfactory material is recommended. Careful attention is given to the development of synthetic detergents and new types are examined when they become commercially available.

The field of work for this department includes paints, fuels, lubricating oils, foods, soaps, plastics, solders, chemicals, drugs and general medical supplies.

Fire brigade

Much of the work in this field was of a consultative and advisory nature. An officer of the branch serves on British Standards Institution Technical Committees on fire resistance and incombustibility and the inflammability of cinematograph films.

Investigations were made of cases in which spontaneous ignition was suspected as the cause of fire and where particular materials had caused a fire to spread rapidly. In co-operation with Fire Brigade officers, detailed consideration has been given to special measures needed in combating fires involving dangerous chemicals, for example, alloys of sodium and potassium.

The fire resistance of samples of fabrics and building materials were tested and also the fireproofing qualities of proprietory solutions applied to such materials. The use of certain phosphonium and also titanium derivatives is being examined with interest since the treated fabrics maintain their texture. A number of materials were tested for suitability in the fire service ; these included chemical extinguishers, foam producing compounds, and hoses made of woven nylon and terylene lined with polyvinyl chloride.

Steam raising, heating, etc., plants, laundries

In collaboration with the Chief Engineer's or Architect's Departments many plants under this heading were examined. Twenty-eight steam raising plants were regularly visited and a further 21 are to be included in the list. Six softener plants and 14 hot water systems are tested periodically and 10 others from time to time. One of the particular problems investigated during the year was the growth of sulphate-reducing bacteria in hot water installations. Experiment with bactericides showed that bacteristatic conditions could be achieved by dosing with acriflavine at a concentration of 15 parts per million. Experiments in this field are being continued.

The Council maintains 19 large laundries with commercial type equipment and numerous small ones with domestic appliances. With the scientific staff available every effort is made to visit these establishments, determine the efficiency of the processes and advise on difficulties arising. Economically, this is a very important branch of the work, in view of the value of the goods involved and the damage that can be done by incorrect washing procedures. Special methods are often recommended, taking into account the circumstances, equipment available, financial considerations and staff.

Miscellaneous

Advice was given on a variety of other matters not falling under the preceding sections of this report, and some examples of these are given below :—

(*a*) With a view to providing guidance on the construction of new athletic grounds, surfacing materials from several running tracks were examined, the grading of the different sized particles being of particular interest.

(*b*) Fly ash, from the combustion of pulverised fuel at power stations, was examined and it was considered that it could be used for filling disused chalk workings without adversely affecting any local water supplies.

(*c*) An investigation was begun on the effects of drying wool, cotton and synthetic fabrics in gas heated and electric drying cabinets.

(*d*) A number of recommendations was made on such varied subjects as the use of insecticides and fungicides, the cleaning of glasshouses, imitation marble and fireman's gloves, the staining of wood for architectural purposes, court marking paint for a drill yard, the deterioration of electric cable, the sterilisation of sand in a play pit for children, thermal insulating material for boiler installations, anti-freeze solution, creosote, tar and glue.

Both the Scientific Adviser and his deputy served on a wide variety of committees and welcomed many distinguished visitors to the laboratories.

The staff numbered 59 which included 26 science graduates, 28 ancillary staff and five in the clerical section.

HEALTH SERVICE PREMISES

Building programme

Submission of annual building programmes

IN ACCORDANCE WITH the revised procedure introduced in 1954 particulars of schemes costing more than £10,000 included in the capital building programme for the year 1956–57, and of similar schemes proposed for the year 1957–58, were submitted to the Minister of Health.

The programme for 1956–57 included three new schemes and three other projects brought forward from earlier programmes. In addition, it was proposed to carry out during 1956–57 three schemes which no longer required individual approval by the Minister. Five schemes requiring his sanction were proposed for the year 1957–58, including one previously included among projects proposed for 1956–57.

Particulars of outstanding schemes and of projects in the programmes for the years 1956–57 and 1957–58 are given below :—

Scheme abandoned

Grafton Hall, Camberwell—Adaptations of existing building to provide a new occupation centre. It was decided not to proceed with this project owing to the high cost of acquisition and maintenance of the building.

Division	*Premises*	*Service*	*Work involved*	
1	Walmer Road, Kensington ..	Day nursery ..	New building	Schemes deferred until later in five year programme
3	Muriel Street, Islington	Day nursery ..	New building	
5	Greenwood welfare centre, Peel Grove, Bethnal Green	Maternity and child welfare centre	New building	Works completed
9	193, Mitcham Road, Wandsworth	School treatment centre	Adaptations	
–	Cromwell Lodge, 55, Cholmeley Park, Hornsey	Hostel for tuberculous men	Adaptations to premises (Stage II)	
–	'Dover Lodge', Wood Vale, Camberwell	Hostel for mentally defective girls	Adaptations on acquisition	
–	London ambulance service Headquarters, Waterloo Road, Lambeth	Ambulance service..	Conversion of former fire station	
–	Pear Place, Lambeth	Headquarters ambulance station	Additional accommodation	
–	Brook ambulance station, Greenwich	General ambulance station	Reinstatement of war damage	
–	Mottingham ambulance station, Woolwich	Accident ambulance station	New building	
–	52/54 Ashfield Street, Stepney ..	Occupation centre..	Adaptation as boys' industrial training centre	
2	86 Carlton Hill, St. Marylebone ..	Day nursery ..	Repairs on acquisition	Works in hand at end of year
5	1A Wellington Way, Stepney ..	Maternity and child welfare centre	Reinstatement of war damaged block as offices and residential accommodation for staff	
–	Upper Richmond Road ambulance station, Wandsworth	Accident ambulance station	New building	
8	West Norwood welfare centre, Lambeth	Maternity and child welfare and school treatment centre	Adaptation to accommodate school treatment centre	
5	Rochelle Street school, Bethnal Green	Maternity and child welfare centre	Adaptation of existing building	Schemes approved but not commenced at end of year
7	Queen's Road centre, Camberwell	Maternity and child welfare centre, day nursery and Peckham general institute (Education service)	Completion of works of adaptation, including provision of hot water and heating systems	
9	Stormont Road, Battersea ..	Maternity and child welfare centre	New building	
9	67 Victoria Drive, Wandsworth..	Maternity and child welfare and school treatment centre	Completion and adaptation of existing building	

	Division	Premises	Service	Work involved
	–	Cornwall Avenue, Bethnal Green	Occupation centre	Adaptation of premises
	–	Shoreditch ambulance station	Accident ambulance station	Improvements
	–	North-Western ambulance station	General ambulance station	Reinstatement of war damage
	–	Margaret day nursery, St. Pancras	District nursing	Adaptation of vacant rooms for residential accommodation for nurses
Schemes awaiting approval at end of year	2	Dalehan Gardens, Hampstead	Maternity and child welfare and school treatment centre	New building
	2	283A Harrow Road, Paddington	Maternity and child welfare centre	Extension of premises to provide additional maternity and child welfare facilities, school treatment centre, and office accommodation
	5	Galbraith Street, Poplar	Maternity and child welfare and school treatment centre	Adaptation of existing building
Scheme plans in advanced stage at end of year	2	Hampstead health institute, Dynham Road, Hampstead	Maternity and child welfare centre	Adaptation of existing premises

Programme for 1956–57

The programme submitted to the Minister of Health for the year 1956–57 included the following projects :

Division	Premises	Work involved
3	Basire Street (Coleman Fields), Islington	Erection of day nursery
9	Roehampton Lane, Wandsworth	Erection of maternity and child welfare and school treatment centre to serve new housing estates
9	'Southlands', Shuttleworth Road, Battersea	Erection of maternity and child welfare and school treatment centre on site of premises at present accommodating maternity and child welfare centre and offices
–	67 Perry Rise, Lewisham	Erection of occupation centre to replace unsatisfactory temporary accommodation and provide additional places
–	South-Eastern ambulance station	Extension of existing premises to provide additional accommodation for vehicles and other improvements
–	Foxley Road, Lambeth	Conversion of former fire station to provide new accident ambulance station

Arrangements were also made for the undermentioned schemes, which no longer require individual approval by the Minister, to be dealt with in the year 1956–57 :

Premises	Work involved
Former Balham day nursery, Old Devonshire Road, Wandsworth	Conversion to form new occupation centre to replace unsatisfactory temporary accommodation and provide additional places
Knight's Hill day nursery, Lambeth	Conversion after closure to form a hostel for tuberculous men
Eastern ambulance station, Hackney	Provision of additional covered space for vehicles

Projects for 1957–58

The following projects requiring the approval of the Minister were proposed for inclusion in the building programme for the year 1957–58 :

Division	Premises	Work involved
5	Old Church Road, Stepney	Erection of day nursery
6	Abbey Wood, Woolwich	Erection of maternity and child welfare and school treatment centre to serve new housing estates
6	William Barefoot Drive, Woolwich	do.
–	Highlever Road, Kensington	Erection of occupation centre to replace unsatisfactory temporary accommodation and provide additional places
–	Iceni Sports Ground, Ickburgh Road, Hackney	do.

Day nurseries

Progress was made in securing the continued availability of requisitioned nurseries and other premises held on insecure tenure. Long-term leases were obtained in respect of five nurseries and negotiations for the lease or acquisition of eleven other nurseries were proceeding at the end of the year. Five nurseries were closed, two because of diminished demand and the remainder because the sites or the buildings were required for other purposes.

Closure of day nurseries

Division 1—*St. Charles' day nursery, Kensington*—This nursery was closed to enable the premises to be demolished to make way for the erection of school premises. No replacement was available but children were accommodated in neighbouring nurseries.

Division 3—*King Square day nursery, Finsbury*—These requisitioned premises were closed without replacement as a first step towards the reorganisation of the day nursery service within the division.

Division 4—*Kingsmead day nursery, Hackney*—This nursery was closed to enable the site to revert to use as open space. The children displaced were transferred to other nurseries in the locality.

Division 5—*Columbia Market day nursery, Bethnal Green*—These premises were relinquished so that they might be brought into use as a nursery school. No replacement was available but accommodation for the children displaced was made available elsewhere in the area.

Division 9—*Battersea Park day nursery, Battersea*—This nursery was closed because of diminished demand in the locality. The premises were subsequently brought into use for maternity and child welfare purposes.

Maternity and child welfare centres

Works completed

Division 5—*Greenwood welfare centre, Peel Grove, Bethnal Green*—This purpose designed building was completed and the centre opened in April. The Bethnal Green welfare centre, Cornwall Avenue, was closed and the premises released for adaptation as an occupation centre.

Division 8—*Rose McAndrew welfare centre, Beale House, Lingham Street, Lambeth*—New purpose designed accommodation was provided in flats on the Stockwell Gardens housing estate to replace the unsatisfactory centre at 146 Stockwell Road, which was closed.

Replacements

Division 3—*John Street welfare centre, John Street, Holborn*—The tenancy of these premises was terminated and the centre transferred on 13th June to new purpose designed accommodation at the Province of Natal centre, Guilford Place. Further reference to this centre is made on page 139.

Division 5—*Will Crooks welfare centre, Wigram House, Poplar High Street*—This centre in flats was opened in May to replace premises at 154 Poplar High Street, the site of which was required for housing development.

Division 8—*West Norwood sub-centre, Baptist Hall, Gipsy Road, Lambeth*—This centre was closed in September because of the inadequacy and poor condition of the premises. Arrangements were made for the clinic session to be transferred to the Gipsy Hill day nursery.

Division 9—*Ackroydon welfare centre, Tenants' Clubroom, Ackroydon Estate, Wandsworth*—This temporary centre was opened in July when accommodation at ' Woodlands ', West Hill, ceased to be available for clinic purposes. The needs of new housing estates will be met from this centre pending the provision of a purpose designed maternity and child welfare and school treatment centre at 67 Victoria Drive.

Division 9—*Battersea Park welfare centre, Prince of Wales Drive, Battersea*—These premises became available on the closure of the former Battersea Park day nursery and the accommodation was brought into use for clinic purposes to replace unsatisfactory premises at All Saints' Parish Hall, Prince of Wales Drive.

Provision of additional centre — *Division 9—Eastwood welfare centre, Eastwood estate, Wandsworth*—This temporary centre was opened in April to meet the needs of new housing development pending the erection of a purpose designed maternity and child welfare and school treatment centre at Roehampton Lane.

Centre closed — *Division 2—South Highgate welfare centre, 1 St. Albans Road, St. Pancras*—This centre, which was held in unsatisfactory accommodation, was closed on 17th October. The clinic sessions were transferred to the Kentish Town welfare centre, Raglan Street, and to the Highgate New Town clinic, Chester Road.

Accommodation for tuberculous men

Works completed — *Cromwell Lodge, Cholmeley Park, Hornsey*—Second stage works of adaptation were completed to bring the hostel into full occupation by 31 men. Further reference to this hostel is made on page 32.

Occupation centres for the mentally defective

Details regarding premises used as occupation centres for the mentally defective will be found on page 100.

Additional centre — 52–54 *Ashfield Street, Stepney*—These premises, formerly used for maternity and child welfare purposes, were adapted and brought into use in September as an industrial training centre for elder boys.

Centre enlarged — *Cecil Rooms, Woolwich Road*—Additional accommodation was rented at these premises to provide an additional classroom for elder girls.

Replacement centre — *Clifton Congregational church hall, Studholme Street, Camberwell*—These premises were rented in June to replace the centre for elder girls at St. Chrysostom's Hall, Goldsmith Road. Later in the year this elder girl's centre and the junior centre at St. Peter's Hall, Cranfield Road, Brockley, exchanged accommodation to permit a better sub-division of the junior classes.

Hostel for mentally defective girls under guardianship

Works completed — *'Dover Lodge'. Wood Vale, Camberwell*—Adaptation of this building for use as hostel for girls placed under guardianship on leaving special schools for the educationally sub-normal was completed and the hostel opened in September.

School health service

Works completed — *Division 9*—193 *Mitcham Road, Wandsworth*—Adaptation of these premises for use as a school treatment centre, speech therapy centre and health visitor's office was completed and the centre opened in January. The treatment centre replaced one formerly at 1071 Garratt Lane.

Replacement centres — *Division 2—Soho school treatment centre, 9 Gerrard Street, Westminster*—These premises were vacated in July and the centre transferred to purpose designed accommodation at the Province of Natal centre, Guilford Place.

Division 3—North Islington school treatment centre, Rupert Road mission hall, Yerbury Road, Islington—As it was not possible to renew the lease of these premises the centre was transferred to rented accommodation at 6–9 Manor Road.

Division 8—Norwood school treatment centre, Chestnut Road, Lambeth—These premises were relinquished on the expiry of the lease and the centre transferred to the West Norwood welfare centre, Hannen Road, where vacant accommodation was adapted for this purpose.

Centre closed — *Division 5—Lefevre Road bathing centre, Poplar*—Diminished demand permitted the closure of these premises in July, the work of the centre being transferred to other centres in the area.

Division 8—Dockhead school treatment centre, St. Joseph's School, George Road, Bermondsey

The work of this centre was transferred to the Bermondsey school treatment centre, Farncombe Street, and the accommodation, which was in school premises, was vacated.

Acquisitions and leases

Opportunities were taken whenever possible to acquire suitable properties and sites for health service purposes or to secure long-term leasehold tenancies. The following leasehold tenancies and acquisition were completed during the year :

Division	*Property*	*Interest obtained*	*Service*
1	Latymer day nursery, Blechynden Street, Hammersmith	Leasehold	Day nursery
2	Regents Park day nursery, 4 Prince Albert Road, St. Pancras	Leasehold	Day nursery
	Dibdin House, Maida Vale, Paddington	Leasehold	Maternity and child welfare centre
3	37 Thornhill Road, Islington ..	Leasehold	School treatment centre
4	96 Dalston Lane, Hackney ..	Leasehold	Day nursery
	29 Cadogan Terrace, Hackney ..	Leasehold	Maternity and child welfare and school treatment centre
9	37 Sister's Avenue, Battersea ..	Leasehold	Day nursery
	67 Victoria Drive, Wandsworth..	Freehold	Maternity and child welfare and school treatment centre

CARE OF MOTHERS AND YOUNG CHILDREN

Administration

DAY TO DAY administration of the services was continued by the nine divisional health committees. In each division, the divisional medical officer is responsible, through his administrative staff, for the co-ordination of the personal health services in his area. During the year, members of the committees regularly visited health establishments in their divisions.

Maternity and Child Welfare Centres

Details of changes in centres during the year will be found in the section on health service premises, page 65.

Expectant and nursing mothers

First attendances at ante-natal clinics represented 43 per cent. of all women needing ante-natal care compared with 45 per cent. in 1954. There has been a fall in the number of attendances at post-natal clinics. The duty has now been laid on midwives to initiate post-natal examination of all mothers having a home confinement. Midwives are present at post-natal examinations at the centres and pay follow-up visits to those who do not attend. Educational activities at welfare centres (see page 68) were continued and increased attendances reported in the previous year were maintained. The following tables give comparative statistics.

Year	*Ante-natal*				
	Clinics at end of year (including combined ante-natal and post-natal)	*Sessions per month*	*Attendances*		*Percentage of pregnant women making at least one attendance at ante-natal clinic*
			First	*Total*	
1951.. ..	112	905	24,819	162,667	45
1952.. ..	113	895	21,959	145,088	41
1953.. ..	114	976	22,713	129,451	44
1954.. ..	116	911	23,204	126,270	45
1955.. ..	115	838	22,231	116,042	43

Year	Post-natal					
			Attendances			
			First		Total	
	Clinics at end of year	Sessions per month	At post-natal clinics	At combined ante- and post-natal clinics	At post-natal clinics	At combined ante- and post-natal clinics
1950	6	31	2,534	3,400	3,335	3,920
1951	6	17	1,669	3,993	2,218	4,642
1952	5	11	530	3,888	1,031	4,479
1953	5	10	486	3,228	910	4,311
1954	4	9	612	3,717	912	4,629
1955	3	8	415	3,635	520	4,373

Year	Special breast feeding		Educational	
	Sessions per month	Total attendances	Sessions per month	Total attendances
1950	41	1,436	138	22,681
1951	33	1,303	196	30,414
1952	22	1,119	216	33,596
1953	24	1,388	243	34,977
1954	25	1,596	328	45,322
1955	24	1,237	354	46,018

Tests

All expectant mothers attending the ante-natal centres are given blood tests. Blood specimens are examined for Wasserman and Kahn reactions. Haemoglobin level is estimated at the first visit and follow-up tests are arranged for any mother with a low haemoglobin level.

Rhesus factor testing and blood grouping are also done early in pregnancy and every mother is provided with a card showing the results of her blood tests.

Tests for antibodies are made about 32nd–34th week for all mothers who are Rh negative. Arrangements are made in several divisions for cord blood tests to be taken by midwives.

These tests are done either by the Blood Transfusion Service or by hospital laboratories in the area.

Pregnancy diagnosis etc.

These blood tests, carried out at Shrodells Hospital, Watford, are also arranged at ante-natal centres at the request of general practitioners for their patients who attend doctors' surgeries for ante-natal care.

Chest X-rays

X-ray examination of the chest is offered to all expectant mothers attending the ante-natal centres, and there has been a high acceptance rate.

Mothercraft training

The residential unit at the Violet Melchett infant welfare centre, a voluntary organisation providing services on behalf of the Council under Section 22 of the National Health Service Act, 1946, continued to provide treatment for mothers and babies

experiencing breast feeding difficulties and for babies with dietetic upsets. Comparative figures are :

	Mothers	*Accompanied infants*	*Unaccompanied infants*
1954	62	66	72
1955	56	59	75

Similar non-residential facilities were continued at the North Islington infant welfare centre, another voluntary organisation providing services on behalf of the Council under Section 22. Attendances totalled 1,019 compared with 837 in 1954.

Clinics

The tables on pages 67 and 68 show attendances at sessions of various types held at maternity and child welfare centres. An average of 341 sessions a week were being conducted at the end of the year by sessional medical officers.

Voluntary organisations

Maternity and child welfare services were provided by 17 voluntary organisations under agreement with the Council in accordance with Section 22 of the National Health Service Act, 1946. In addition, child welfare centres were maintained on behalf of the Council by the medical schools of four teaching hospitals acting as voluntary organisations and grant-aided by the Council.

Family planning

Seven family planning sessions were provided by the Council for expectant and nursing mothers for whom further pregnancy would be detrimental to health. In areas where such sessions were not held, mothers were referred to the Family Planning Association, a *per capita* payment being made by the Council to the association. 797 women were referred to the association during 1955 compared with 877 during 1954. At the end of the year thirty-three weekly sessions were being conducted by the association, some in the Council's centres where accommodation was made available free of charge.

Child welfare

As will be seen from the table below, attendances at child welfare centres in the first year of life reached 86 per cent. Attendances in the first year averaged about 14, but thereafter attendances tended to fall off rapidly. Cards were sent to parents on their children's birthday anniversaries to invite them to toddlers' sessions where they might discuss the care of their children and obtain a full medical examination.

Year	*Clinics at end of year (including toddlers')*	*Sessions per month*	*Attendances*					*Percentage of infants attending a centre at least once in the first year of life*
			Under 1 year		*Over 1 year*		*Special toddlers*	
			First	*Total*	*First*	*Total*		
1949 ..	165	1,784	48,489	683,089	6,641	282,202	35,500	84
1950 ..	169	1,815	43,916	649,983	5,496	245,484	41,817	79
1951 ..	169	1,893	45,534	626,164	4,540	235,942	43,145	82
1952 ..	169	1,925	44,452	653,759	4,147	229,134	43,976	84
1953 ..	174	1,901	43,969	615,530	4,671	213,976	42,576	85
1954 ..	175	1,927	44,061	614,369	4,653	211,634	42,683	86
1955 ..	176	1,939	43,068	587,143	4,541	193,273	41,268	86

Walworth Road Health Centre, Southwark—Solarium

Since the solarium at the Walworth Road Health Centre was transferred to the Council in 1948 physiotherapy had been provided, as a continuance of the previous practice of the Southwark Metropolitan Borough Council, not only for children referred by the Council's school health and maternity and child welfare services but also for adult patients referred by local practitioners. The Council had no power itself as a local health authority to provide a physiotherapy service for adults but had done so as the agents of the hospital authorities.

In July, 1954, the Ministry of Health notified the Council that, in view of adequate resources of properly prescribed and supervised physiotherapy at local hospitals, there were no longer grounds for continuing the service but an extension was obtained while further negotiations took place. In the outcome, however, the Council had no alternative but to close the premises after 30th June, 1955, to patients over school age referred by general practitioners.

Co-operation with hospitals —Discharge reports

During the year efforts have been made to ensure that when a patient who was likely to need the Council's health or other services was discharged from hospital, all necessary information was given by the hospital authorities to the divisional medical officer, including a report on the patient's condition on discharge.

Mental health education in the maternity and child welfare service

During the year progress was made in giving effect to the main recommendations of the study group set up by the Council, whose report appeared in Appendix B of the report for 1954. With the co-operation of hospital authorities intensive training of a number of the Council's medical officers and health visitors was started in six of the nine health divisions through case conferences attended by the psychiatrist and psychiatric social worker from the local child guidance clinic. In addition, group discussions were started, led by the staff of the child guidance clinics, which aimed at the orientation of all available divisional professional staff towards the development of mental health education in the maternity and child welfare service. A departmental committee on mental health education was set up in April to advise on general developments in this field, including divisional training arrangements. Plans for the general scheme of intensive training depend considerably on the progress of the groups so far established and the work of the advisory committee during the year included a meeting with members of one of the divisional training groups, when the group's activities and experiences were discussed.

Reference is made in the section dealing with the mental health services (page 100) to the provision of special child welfare services for backward children.

Problem families and children neglected and ill-treated in their own homes

A comprehensive enquiry was begun to ascertain the numbers of potential and hard-core problem families in London, the factors giving rise to problem families and the methods by which preventive work should be developed and the amount of time at present spent by health visitors on these families and an assessment of the time required to give effective assistance. The results of this enquiry will be available in 1956 and it is anticipated that the survey will point to ways in which additional effort can be concentrated on this difficult problem.

Drugs, medicaments, welfare foods, etc.

The Council, in company with other local health authorities, took over in the middle of 1954 the local distribution of welfare foods, i.e., national dried milk, orange juice, cod liver oil compound and vitamin A and D tablets, provided by the Ministry of Food. During 1955 the process in London of integrating this task with the maternity and child welfare service as a whole was materially advanced without inconvenience to the public. An average of 929 sessions a week were provided at 196 distributing points. Help continued to be given by the Women's Voluntary Services. At the request of the Ministry of Health, local health authorities conducted a special enquiry into the reasons for the falling off in the consumption, since 1st July, 1954, of all classes of welfare foods. The following table brings out the trend in consumption in London :

Welfare food	*Average weekly consumption— Six months ended 1.1.55*	*Average weekly consumption— Six months ended 2.7.55*	*Percentage increase or decrease in consumption (+ or −)*
National dried milk (tins)	28,141	26,271	−6·6%
Cod liver oil (bottles)	7,156	7,225	+0·96%
Vitamin tablets (packets)	2,406	2,859	+18·8%
Orange juice (bottles)	40,565	43,408	+7·01%

Figures for the health divisions individually showed a marked consistency with the trend for the County as a whole.

In addition to the welfare foods distributed on behalf of the Ministry of Food, other welfare foods continued to be made available for children on the approval of a medical officer, at fixed charges, subject to abatement where necessary. Drugs and medicaments according to an approved list were provided free of charge when recommended by the clinic medical officer.

Sunday cinema grants

The Council continued to receive contributions from Sunday cinematograph entertainments out of which an allocation was made to each of the nine health divisions for the purpose of providing additional amenities for mothers and children attending welfare centres and day nurseries. These amenity funds were administered by small voluntary committees.

Marriage guidance

The report in 1947 of the Committee of Procedure in Matrimonial Causes (the Denning Committee) led to the setting up of the Departmental Committee on Grants for the Development of Marriage Guidance (the Harris Committee) whose recommendations in 1948 gave rise to the existing arrangements for grant aid from public funds to the three marriage guidance organisations. These arrangements provide for contributions by the Home Office towards the training and central administration expenses and by local authorities towards the case-work activities of the local marriage guidance councils. The final year of the present experimental term of financial aid by the Council to each of the three marriage guidance organisations operating in London, began on 1st April, 1955, and the total grants approved for that year to the London Marriage Guidance Council, the London Centre of the Catholic Marriage Advisory Council and the Family Discussion Bureau of the Family Welfare Association amounted to £5,200. The three organisations have developed on independent lines and a brief indication of the extent of their work may be of general interest.

(*a*) *London Marriage Guidance Council*—Sessions totalling 875 in 1951 rose to nearly 1,500 in 1955. During the same period the number of voluntary counsellors increased from sixteen to twenty-nine and during 1955, 3,222 interviews were conducted. An average of twenty-nine counselling sessions were held each week during the year, fourteen at local centres (including twelve at L.C.C. clinics) and the remainder at the organisation's headquarters in Duke Street, W.1. Since 1951 the organisation have held a monthly series of talks for groups of engaged and newly-married couples on the practical, physical and emotional relationship in marriage and hundreds of couples have attended these talks.

(*b*) *Catholic Marriage Advisory Council* (*London centre*)—During 1955, sixteen voluntary counsellors conducted 2,070 interviews. An average of twenty-nine counselling sessions was held each week during the year, the greater part of the work being carried out at the organisation's headquarters in Parliament Street, S.W.1. Three local centres were maintained. Training courses on pre-marriage work were arranged for doctors, social workers, priests etc.

(*c*) *Family Discussion Bureau*—The number of persons interviewed during 1955 was 386, involving 4,251 appointment hours. References from doctors and hospital almoners, which were negligible in 1949, rose to almost 30 per cent. of all cases in 1954 and increased still further during 1955. Results of the research work into the value of the methods applied by the organisation were published in 1955 and the Bureau hope to investigate further many questions relating to marriage breakdown, family relationships etc.

Special investigations

The investigation being conducted by Dr. W. F. Dunham, of the Department of Physical Medicine at Charing Cross Hospital, into the early detection of infantile cerebral palsy was extended during the year to all nine health divisions.

Follow-up continued of registered rubella cases for the Ministry of Health enquiry into virus infections during pregnancy.

Maternity and child welfare and school health records

When the National Health Service Act came into operation in July, 1948, a series of forms was introduced for use by clinic medical officers and health visitors and, subject to small amendments, they have continued in use. The forms were reviewed in the light of experience and certain changes were introduced in 1955. Three major departtures were decided upon—firstly, to combine the child welfare and school medical records, so that the essential information of the pre-school period of a child's life may be transferred to the school and assimilated to the school medical record ; secondly, to combine the pre-school prophylaxis records with the child welfare record and to transfer this information to the school medical record ; thirdly, to institute new forms appropriate to the wider responsibilities of the health visitor towards the family as a whole. One of the main objects of the review in planning new forms and revising existing forms was to do away with overlapping between forms, which results in repetition of the same information on two or more forms, with a consequent increase of work for the health visitor.

Residential establishments for young children

Medical supervision

The health of the children in the Council's residential nurseries is supervised by medical officers of the Public Health Department. Children admitted to these homes are medically examined by the visiting medical officer who also does routine medical examinations at intervals according to the age of the child. Where appropriate, children are immunised against diphtheria, whooping cough and smallpox.

Dental inspections are made at the nurseries, usually by local dentists, and treatment is given at the dentists' surgeries.

A psychiatrist makes monthly visits to the larger nurseries and bi-monthly visits to the smaller ones, to advise the child care staff on the management and care of children who are emotionally disturbed. Primarily these visits are made for the education of the staff, and children who are sufficiently disturbed to require psychiatric treatment are referred to the local child guidance clinic.

Minor outbreaks of gastro-enteritis and Sonne dysentery occurred, particularly in the two admission nurseries for children under three years of age where the high turnover and size of the nurseries increase the risk. A major epidemic of Sonne dysentery occurred in one of them. All contacts, children and staff, were swabbed and 5 staff and 34 children were found to be carriers and were treated in the nursery.

There was an outbreak of ringworm of the scalp in a large nursery, introduced by a missed case among the admissions. Repeated investigations with Wood's Lamp were made, and all cases were transferred to Goldie Leigh Hospital, Abbey Wood, for treatment.

Central medical staff visited a number of private residential nurseries offering vacancies to the Children's Committee for residential care of children under five years of age, to advise the Children's Officer on suitability of the nurseries. Plans of property likely to be adapted as residential nurseries were scrutinised and exploratory visits made together with officers of the Children's Department.

Adoption and boarding-out

The Medical Officer of Health advises the Children's Officer on the suitability on medical grounds of children for adoption and boarding-out in accordance with the duties placed upon the Council by the Children Act, 1948.

All children offered for adoption or boarding-out are medically examined either by the visiting medical officer of a residential establishment or by a family doctor, and blood reports are obtained. Their prospective adopters may be interviewed by a medical officer where the family background or the medical history may require special consideration before a child can be placed satisfactorily. Advice is also given, if requested, on the suitability on medical grounds of prospective adopters to adopt a child.

566 (642) children were referred by the Children's Officer for opinion as to their suitability on medical grounds for adoption and boarding-out. 2 (3) children were considered unfit and the remainder were grouped as follows :

(1) *Referred for adoption :*		185 (203)
(*a*) Fit for adoption	158 (178)	
(*b*) Fit for adoption subject to certain provisions	7 (7)	
(*c*) Unfit for adoption but fit for boarding-out	14 (17)	
(*d*) Case still under consideration ..	4 (1)	
(*e*) Withdrawn by Children's Officer	2	
(2) *Referred for boarding-out :*		379 (436)
(*a*) Fit for boarding-out	375 (434)	
(*b*) Withdrawn by Children's Officer	4 (2)	

The figures in brackets are those for 1954.

Child life protection

By arrangement with the Children's Officer responsibility has been continued for duties under Part XIII of the Public Health (London) Act, 1936, as amended by Part V of the Children Act, 1948. The visiting of foster children and the inspection of premises in which the children are living is undertaken by health visitors designated as ' child protection visitors '.

As at the end of 1954, 647 children were being supervised under these arrangements at the end of the year, 734 receptions and 734 removals being notified during 1955.

Day nurseries and occasional creches

Day nurseries

Since 1951 it has been the Council's general policy to maintain day nursery provision substantially at the level then obtaining, subject to constant review of the actual need for places for children coming within the limits of the scheme of priorities laid down for admission. Where possible, in the course of this review, any redundancy of accommodation has been met by the amalgamation of nurseries.

The number of maintained and grant-aided day nurseries and the total number of places provided at 31st December, 1955, and a comparison with the previous year are given in the following tables :

Number of day nurseries at 31st December.

	Maintained	*Grant-aided*	*Total*
1954	100	5	105
1955	94	5	99

Number of places provided at 31st December.

Age-group	*Maintained*		*Grant-aided*		*Total*	
	1954	*1955*	*1954*	*1955*	*1954*	*1955*
0–2 years ..	1,956	1,853	50	50	2,006	1,903
2–5 years ..	3,690	3,523	154	154	3,844	3,677
	5,646	5,376	204	204	5,850	5,580

The loss of places due to the closure of six maintained day nurseries during 1955 was partly offset by the accommodation at two others being increased by 51 places. The net loss was 270 places.

The number of training day nurseries at the end of the year was 56 (54 maintained and 2 grant-aided).

Occasional creches

During the year it was possible to implement a scheme of restricted expansion of occasional creches. A programme was prepared to establish 27 additional creches providing 53 sessions a week making the total for the County 35 creches providing 77 sessions a week. As yet not all of the additional creches have been opened and at 31st December, 1955, the total number of creches was 18 providing 49 weekly sessions. The creches are held in health service premises and provide for the occasional care for two or three hours during the day of children under five years of age whilst their mothers visit hospitals or clinics, or attend to shopping, laundering and other domestic duties. The majority of the creches accommodate 20 children each and are open for two three-hourly sessions a week. A sessional charge of 1s. 3d. a child is made but this can be waived or reduced in necessitous cases and no charge is made when a child is left in a creche while the mother is attending a class or clinic held by the Council in the same premises.

Nurseries and Child-Minders Regulation Act, 1948

Child-minders

In addition to the statutory registered child-minders, the Council has a scheme of voluntary registration whereby child-minders who are not required to register under the Act, e.g., those who mind only one or two children, receive a small weekly payment, in return for which they accept supervision by the Council and allow their homes to be inspected.

The following table shows the numbers of minders and children cared for at 31.12.55:

Child-minders statutorily registered	106
Children minded	649
Child-minders voluntarily registered	743
Children minded	851

Private day nurseries

The number of private day nurseries registered under the Nurseries and Child-Minders Regulation Act, 1948, and the number of places provided at 31.12.55 were :

Private day nurseries statutorily registered	56
Places provided	1,640

Care of the unmarried mother and her child

General arrangements

The care of unmarried mothers and their babies is discharged mainly through voluntary organisations, as recommended by the Ministry of Health in Circular 2866/43 and endorsed by the Council in its proposals under the National Health Service Act, 1946. Some unmarried mothers are admitted to homes under the management of the Welfare Committee. Young unmarried expectant mothers who are unable to pay for their own maintenance are paid for by the Welfare Committee under the National Assistance Act, 1948.

Voluntary mother and baby homes

Grants in aid for the maintenance and upkeep of voluntary mother and baby homes are paid annually by the Council under Section 22 of the National Health Service Act, 1946. In 1955, 20 homes were supported in this way, the total payments amounting to £11,048. Each of these homes was visited by medical officers of the Council at least twice during the year. The Medical Officer of Health is represented on the committees of these voluntary homes in London by the appropriate divisional medical officer who ensures that local health services are regularly available to the unmarried mother. Health visitors call regularly at mother and baby homes and follow-up the baby on discharge from the home. Mothers are encouraged to attend child welfare centres while they are resident in the homes. During 1955 the expectant or nursing mothers admitted to these 20 homes totalled 1,171, about 85 per cent. of whom were referred by moral welfare workers. Confinements take place in local hospitals except in two of the out-county homes grant aided by the Council. Management of the mother and baby homes is left to the voluntary committees who are, however, encouraged to provide educational facilities for young mothers resident there. Teachers are sent in by the Education Department on the request of the local committee if there are more than 10 mothers who require them.

In 1955 the Council, also under Section 22 of the National Health Service Act, 1946, paid grants totalling £9,525 to the five large moral welfare associations working in London, that is, two Church of England, two Roman Catholic and one Jewish body. These five associations employ between them a total of approximately 35 paid full-time moral welfare workers, most of whom are engaged solely on outdoor visiting, and they also receive considerable assistance from voluntary workers. The headquarters of these associations are visited periodically by the Council's officers to review the service provided and to discuss matters of mutual interest. The Council's punched card system provides statistics of the work done by each association and during 1955 a total of 2,429 expectant or nursing mothers applied for assistance to the welfare workers of these associations. At the age of three months, 55 per cent. of the illegitimate babies were still with their mothers and only 18 per cent. had been placed for adoption. Moral welfare associations

A conference is held at the County Hall annually of representatives of the grant-aided moral welfare associations and other voluntary bodies controlling mother and baby homes in London when the work of the previous year is reviewed. Problems discussed at the 1955 conference included : Annual moral welfare conference

(*a*) The lack of accommodation for 'difficult' cases—associations controlling voluntary homes were urged to be less selective in the types they admitted.

(*b*) The many unmarried immigrants arriving pregnant in London—the number of those coming from Jamaica and Eire had nearly doubled during 1955.

(*c*) The need for hostel accommodation for unmarried working mothers—the accommodation at Welfare Department hostels was increased by about 85 per cent. during 1955.

(*d*) The need for co-operation between the matron of the mother and baby home, the moral welfare worker and the health visitor to ensure that the unmarried mother knew of and benefited from the maternity and child welfare services available locally and that she had regular ante-natal care as early as possible in pregnancy.

DOMICILIARY MIDWIFERY SERVICE

THE DUTY to secure provision of an adequate domiciliary midwifery service under Section 23 (2) of the National Health Service Act, 1946, is discharged through the Council's own full-time salaried midwives (96), midwives employed by district nursing associations (34, including supervisory staff) and district midwives employed by hospitals. Thirteen hospitals, employing 44 midwives (including supervisory and part-time staff), have areas of practice. These areas are not in all cases adjacent to the hospital and hospitals carry out the work from their own district homes. General and staffing

Before 1st November, 1955, district midwifery and home nursing services in North Woolwich were provided on behalf of the Council by the Silvertown and North Woolwich District Nursing Association. The work of the Association was done mainly for the West Ham Corporation who decided during the year to provide its own direct service in Silvertown. The work in the remaining area was insufficient to justify continuation of the Association, which ceased to work on 1st November, 1955. The West Ham Corporation now provide midwifery staff to carry out domiciliary confinements (about 10 a year) in North Woolwich and payment is made to them for each case. North Woolwich

The service is centrally administered and supervised by four non-medical supervisors. All the Council's midwives and the midwives of most of the district nursing associations give the ante-natal care of mothers at the local health authority centres, and work in close association with health visitors who are responsible for mothercraft and health Service organisation

education. Some of the midwives also share in this work and apparatus for inhalational analgesia is supplied to centres on request for demonstration to mothers. Classes for relaxation exercises are held by health visitors or midwives and in some centres by a physiotherapist. An increasing number of midwives now attend the surgeries of general practitioners and, through the interchange of records and by personal contact, the fullest co-operation is maintained with general practitioners giving maternity medical services.

Midwives attend mothers for 14 days after confinement or longer when there are special reasons for doing so. In these instances the health visitor is notified to prevent duplication of visiting. Midwives' duties have been extended in the last year to include responsibility to see that mothers accept post-natal examinations either at the centres or at the general practitioner obstetricians' surgeries. Follow-up visits are paid when mothers fail to attend. In some parts of the county midwives undertake home visits to determine whether a hospital bed is necessary on social grounds.

Accommodation for midwives

During the year, the Nurses' and Midwives' Whitley Council reached an agreement (published in N.M.C. Circular No. 50), introducing, with effect from 1st April, 1955, revised charges for accommodation provided by the employing authorities for domiciliary midwives. The charge for unfurnished accommodation, inclusive of rates, was to be an amount not exceeding £52 a year provided that, in any case where the full economic rent, including rates, was less than £52, the charge should not exceed that rent. Subject to that proviso, the charge to be made up to the maximum should be at the discretion of the employing authority. London weighting (maximum £30 a year) should continue to be withheld from persons paying such a charge.

It was further provided that a midwife occupying service accommodation who had dependent relatives or a housekeeper living with her should be treated as if she were living alone. Where the relatives living with the midwife were not dependent, a higher charge could be made up to the maximum of the full economic rent, including rates. Employing authorities could, at their discretion, treat as dependent relatives persons of other degrees of relationship.

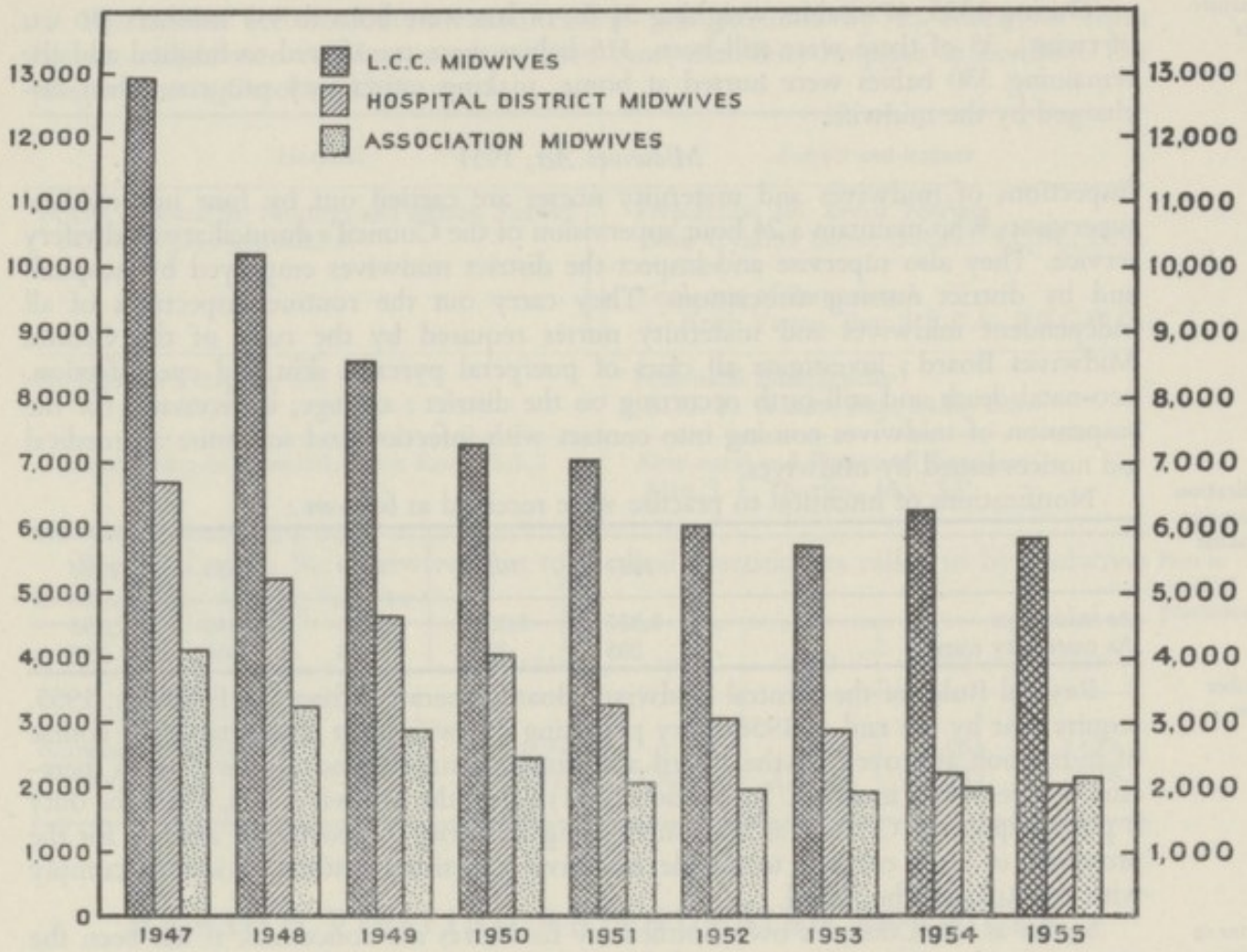
The Council accepted generally the recommendations of the Whitley Council but decided that the charge for unfurnished accommodation should not exceed £48 a year. A maximum charge of £25 a year was fixed for each person other than dependent relatives or persons treated as dependent relatives living with the midwife.

Analgesia

Apparatus for the administration of ' Trilene ' was supplied to 10 midwives who had cars. ' Minnitt ' apparatus for the administration of gas and air was also available to all midwives and was delivered to patients' homes by the ambulance service. The use of ' Trilene ' in 3 per cent. of cases during six months has proved satisfactory and apparatus will be issued to all midwives in the near future so that the selection of inhalational analgesia will be based on the suitability of the case rather than on availability of apparatus.

Total number of domiciliary confinements attended by London County Council, Hospital and Nursing Association midwives—1953–1955

Year	Number of confinements: Doctor not booked						Number of confinements: Doctor booked						Grand Total
	L.C.C.		District Nursing Association		Hospital		L.C.C.		District Nursing Association		Hospital		
	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present	
1953 ..	226	4,241	55	1,591	85	2,595	504	719	86	155	114	87	10,458
1954 ..	247	4,537	72	1,635	44	2,019	667	837	104	160	93	131	10,546
1955 ..	245	3,729	54	1,745	22	1,776	759	1,042	138	157	98	133	9,898



Peri-natal deaths

9,898 mothers were confined at home ; of these 801 were primiparae and 9,097 multiparae. Of 10,057 babies born, there were 88 still-births and 52 neo-natal deaths in the first week of life, i.e., a still-birth rate of 8·8 and a peri-natal death rate of 13·9 per 1,000 live and still births. The figure for neo-natal deaths is not necessarily complete as the deaths of all babies transferred to hospital are not included. The still-birth and peri-natal rates for *all* London births are 20·3 and 34·8 respectively (see pages 12 and 18). In this respect the domiciliary service compares very favourably but it must be borne in mind that cases with forseeable complications and those developing complications during pregnancy or labour are more likely to be found in hospital confinements.

Still-births

Macerated	35
Fresh	53
	88

Prematurity was a cause in 33 cases ; congenital defects were recorded in 17 cases ; intrapartum causes were present in 24 cases. Of the neo-natal deaths in the first week, 26 were of premature babies. It will be seen that prematurity was a cause in about one-third of the peri-natal deaths, which is the same as the national experience (see page 12).

Emergency obstetric unit

The emergency obstetric unit was called out 141 times. Most of the calls were for maternal causes, mainly post-partum haemorrhage, but 14 calls were made on behalf of the baby. In 61 per cent. of cases the unit reached the home in under 30 minutes.

Premature babies

During 1955, 479 babies weighing 5½ lb. or less were born to 447 mothers (46 sets of twins). 33 of these were still-born, 116 babies were transferred to hospital and the remaining 330 babies were nursed at home, making satisfactory progress when discharged by the midwife.

Midwives Act, 1951

Inspections of midwives and maternity nurses are carried out by four non-medical supervisors who maintain a 24 hour supervision of the Council's domiciliary midwifery service. They also supervise and inspect the district midwives employed by hospitals and by district nursing associations. They carry out the routine inspections of all independent midwives and maternity nurses required by the rules of the Central Midwives Board ; investigate all cases of puerperal pyrexia, skin and eye infection, neo-natal death and still-birth occurring on the district ; arrange, if necessary, for the suspension of midwives coming into contact with infection and scrutinise all medical aid notices issued by midwives.

Notification of intention to practise

Notifications of intention to practise were received as follows :

	1951	*1952*	*1953*	*1954*	*1955*
As midwives	1,337	1,331	1,171	1,142	1,193
As maternity nurses	205	232	175	168	150

Refresher courses

Revised Rules of the Central Midwives Board, operative from 1st February, 1955, require that by the end of 1958 every practising midwife must have attended a course of instruction approved by the Board and, further, must attend similar courses thereafter at five-yearly intervals. By Section 17 (1) (*g*) of the Midwives Act, 1951, the duty is placed upon the Council as local supervising authority to provide or arrange for the provision of such courses, to enable midwives practising within its area to comply with the Rules of the Board.

Lectures to midwives

So far as the Council's own domiciliary midwives are concerned, it has been the practice for the past ten years to send them every five years to the one-week residential summer schools organised by the Royal College of Midwives which are approved by the Board. The Council has, however, drawn the attention of all other midwives practising in London to their new liability to undergo refresher courses at least once every five years if they wish to be allowed to continue to practise in London after 1958.

Two courses of six lectures each were given at the County Hall in January and February, 1955, to midwives working in London, Middlesex and Surrey. These courses were open to all who had notified their intention to practise in those areas and were attended by 395 midwives. The lecture programme was :

Lecturer	*Subject*
1. Bernard E. Schlesinger, Esq., O.B.E., M.A., M.D., F.R.C.P.	'Care and Management of the Premature Baby'
2. Dr. Hilda Roberts, M.R.C.S., L.R.C.P., D.C.H.	'Administration of Trilene during Labour'
3. E. Robert Rees, Esq., M.D., M.R.C.S., M.R.C.O.G.	'Uterine Inertia, Causes and Management'
4. C. W. F. Burnett, Esq., M.D., F.R.C.S., F.R.C.O.G.	'Obstetric Emergencies in Post-Partum Period'
5. Dr. Mary D. Sheridan, M.A., M.D., D.C.H.	'The Neglectful Mother and Problem Families'
6. Ian Taylor, Esq., M.D., M.R.C.P., D.P.H.	'Poliomyelitis'
FILM—following lecture	'The British Midwife'

The annual lecture-demonstration course was attended by 45 midwives from London, Middlesex and Surrey who visited three maternity hospitals in London. The programme in October, 1955, was :

Hospital	*Subject and lecturer*
British Hospital for Mothers and Babies, Samuel Street, Woolwich, S.E.18	'Preparation for Breast Feeding' Miss Cynthia Grose, S.R.N., S.C.M., H.V. Cert. 'Toxaemia of Pregnancy' C. Keith Vartan, Esq., F.R.C.S., F.R.C.O.G.
St. Thomas' Hospital, S.E.1	'Neo-natal Emergencies' B. D. R. Wilson, Esq., M.B., B.S.
General Lying-in Hospital, York Road, S.E.1 ..	'Ante-natal and Post-natal Exercises' Miss S. J. Thorlby, M.C.S.P.

Fees to medical practitioners

Fees paid under the Midwives Act to medical practitioners called in by midwives in emergency were as follows :

	1951	*1952*	*1953*	*1954*	*1955*
Number of Claims	3,932	3,135	3,044	3,003	2,682
Amount	£12,042	£9,491	£8,662	£8,935	£7,948

HEALTH VISITING AND NURSING SERVICES

THE AVERAGE STRENGTH of health visitors available during the year for health visiting duties apart from the tuberculosis and school health services was the equivalent of 375 full-time units. In addition to their clinic and other duties these health visitors made 816,483 home visits.

Home visits	*1952*	*1953*	*1954*	*1955*
Expectant mothers—				
First	25,226	24,608	24,739	22,999
Revisit	18,708	19,223	19,428	19,436
Per cent. of notified live-and still-births ..	47	47	47	45
Premature babies—				
First	1,834	1,894	1,624	1,315
Revisit	5,509	4,476	4,033	3,647
Still-births—				
First	930	921	887	744
Revisit	349	335	366	288
Per cent. of still-births	90	87	89	72
Children under 1—				
First	48,755	46,487	47,337	48,066
Revisit	183,816	168,833	178,262	173,413
Per cent. of live-births	91	90	94	96
Children 1 to 5—				
First	4,572	7,485	7,182	8,946
Revisit	377,986	368,668	369,948	353,818
Infectious diseases	13,396	13,774	5,320	14,841
Miscellaneous	51,278	51,676	58,864	58,821
Unsuccessful	131,748	124,124	118,155	110,149
TOTAL	864,107	832,504	836,045	816,483

Home visiting and medical follow-up of children attending the Council's schools has for nearly fifty years been the duty of voluntary children's care committee workers, trained and organised by salaried staff employed by the Council. Progress continued to be made towards integrating the health visiting service with the school nursing service and towards a closer association of health visitors with voluntary workers in the medical care of school children.

Tuberculosis visitors

Details of the duties and work of the Council's tuberculosis health visitors are described in the report on Tuberculosis on page 30.

Training of student health visitors

Details of the Council's scheme for the training of student health visitors are given on page 129.

HOME NURSING

THE HOME NURSING service was provided, as hitherto, by 27 voluntary district nursing associations (26 from 1.11.55) acting as agents for the Council, liaison being maintained through the Central Council for District Nursing in London. These associations (with one exception where a block grant is paid) were grant aided to the extent of 90 per cent. in 1952–53, 92 per cent. in 1953–54 and 93 per cent. in 1954–55 and 1955–56.

The number of whole-time and part-time nurses employed at the end of 1955 was 572 (whole-time equivalent 512). This compares with 558 (508 whole-time equivalent) at the end of 1954. Of the staff other than superintendents, assistant superintendents and senior nurses, 321 were trained district nurses and 36 were State enrolled assistant nurses. Male nurses employed at the end of the year numbered 49. Twelve of the district nursing associations undertake district nurse training.

The total number of visits paid was 1,953,182 compared with 1,873,881 in 1954, giving an average of 13 visits daily for each nurse (13 in 1954). The average case load of a nurse at any one time was 24 (23 in 1954). Treatments completed totalled 64,256 (61,352 in 1954), and there were 12,535 patients being nursed at the end of the year (11,792 in 1954). The completed treatments related to the following conditions :

	Number	*Percentage of total*
Respiratory disease	17,086	26·59
Heart and arteries	7,941	12·36
Skin	6,226	9·69
Digestive diseases	4,975	7·74
Genito-urinary	3,703	5·76
Ear, eye and other sense organs	3,340	5·20
Cancer	2,417	3·76
Tuberculosis	2,040	3·17
Cerebral lesions of vascular origin	1,690	2·63
Diabetes	1,580	2·46
Injuries	1,503	2·34
Bones and joints	1,377	2·14
Veins and other circulatory diseases	1,252	1·95
Infections and parasitic diseases	993	1·55
Mental and other nervous diseases	804	1·25
Pregnancy	750	1·17
Other diseases or ill-defined	6,579	10·24

These patients were referred to the nursing associations by :

	Number	*Percentage of total*
General practitioners	51,269	79·8
Hospitals	10,588	16·5
Direct application	1,041	1·6
Chest clinics	964	1·5
Public health authorities	394	0·6

Taking both sexes together, 41 per cent. of all patients whose treatment was completed were 65 years of age and over. Children under the age of 5 years accounted for 6 per cent. of the total.

The increased use of the service is shown in the graph on page 82. The number of visits paid and of treatments commenced rose to the customary peak in the March quarter. Although there was again no serious epidemic during that quarter, the number of completed treatments reached 20,042. This compares with 18,102 in the corresponding quarter of 1954, and 21,570 in 1953 when there was an influenza epidemic.

The Council provided cars on loan to those district nursing associations who needed them but were unable to purchase them from their own resources. The Council licensed, insured and periodically overhauled the vehicles, but running costs were borne by the associations and ranked for grant. At the end of the year 21 cars were in use by district nursing associations under this arrangement.

The Council's direct concern in running a home nursing service in the county made it appropriate to appoint a supervisor with special duties in connection with the home nursing service, who took up her duties on 1st January, 1955, for an experimental period of one year. This experiment proved of mutual benefit to the Council, the Central Council for District Nursing in London, and the voluntary nursing associations. The appointment is being continued on a permanent basis. During the year the supervisor visited all the associations' homes at least once, and where necessary advised on day to day problems. Reports on the visits provided fruitful topics for discussion at the periodic meetings with the Central Council for District Nursing.

Refresher courses

Another experiment during the year was the holding by the Council of two non-resident refresher courses for district nurses, each of two days' duration. Hitherto such courses had been provided only by the Queen's Institute, the Royal College of Nursing and the Ranyard Nurses. This experiment also was successful, and similar courses, but of five days' duration, are being planned for the future. The longer period will allow for a wider range of subjects to be covered, and for more visits of observation to be made.

Special efforts were made during the year, with noticeable success, to effect closer liaison between home nurses and their field colleagues in other parts of the personal health services. Informal meetings, discussions, talks and demonstrations were held in the divisions and have been welcomed by all who participated in them.

The district nursing associations played their part in giving student nurses from hospitals an insight into the home nursing aspect of public health nursing.

One voluntary association (Silvertown & North Woolwich District Nursing Association) ceased its activities on 1st November, 1955, home nursing for the Council's area concerned being carried out from that date by Woolwich and Plumstead District Nursing Association.

Loan of home nursing equipment

The supply of small articles of equipment on loan to patients being nursed at home was undertaken on the Council's behalf by the medical loan depots maintained by the British Red Cross Society who receive a block grant from the Council, and by the district nursing associations (for their own patients) whose expenditure on this account ranks for grant in the normal way.

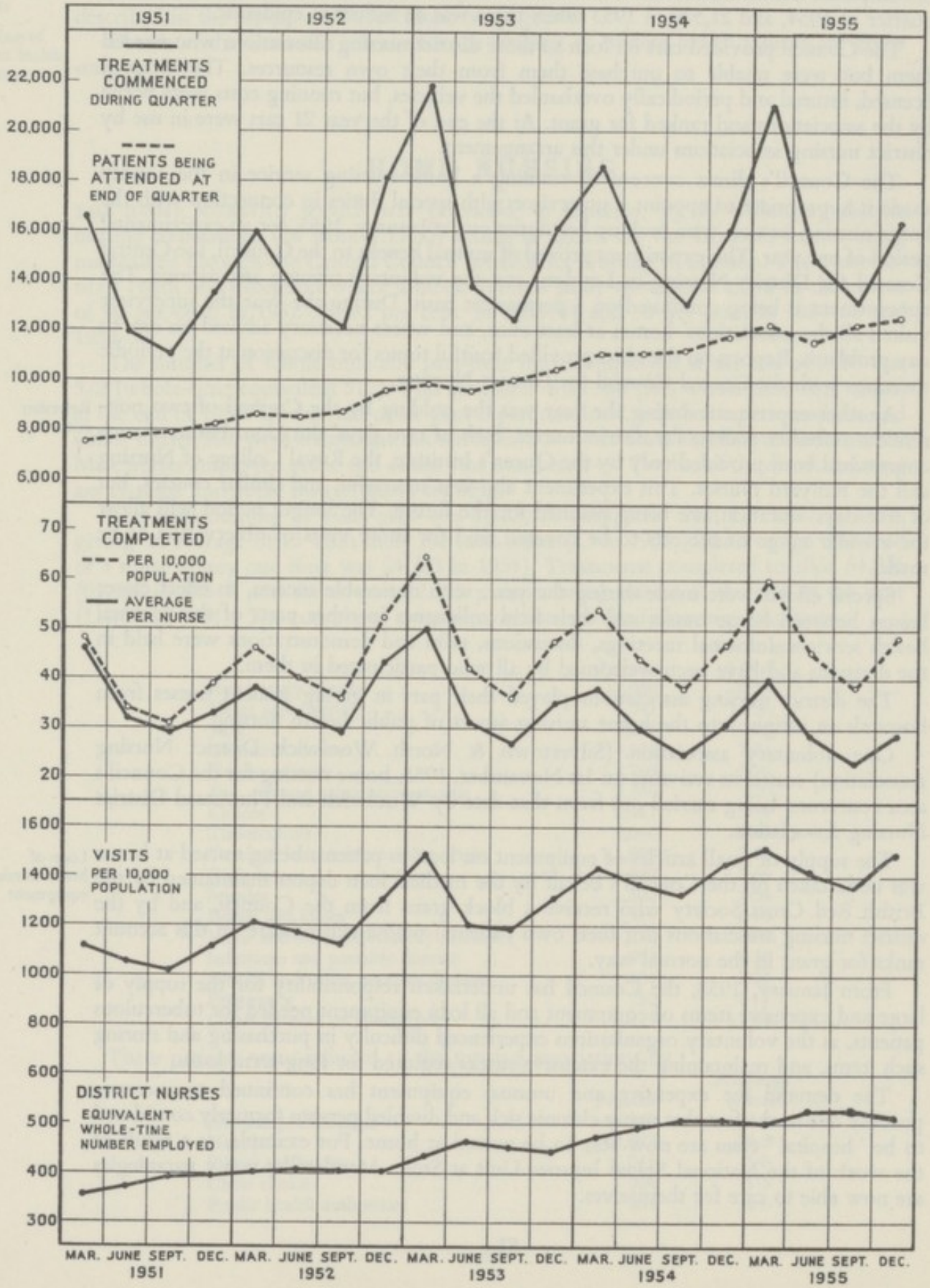
From January, 1953, the Council has undertaken responsibility for the supply of large and expensive items of equipment and all loan equipment needed for tuberculous patients, as the voluntary organisations experienced difficulty in purchasing and storing such items, and maintaining the extensive stocks required for long-term loans.

The demand for expensive and unusual equipment has continued to increase, possibly due to the fact that many chronic sick and disabled persons formerly considered to be 'hospital' cases are now able to be nursed at home. For example, as a result of the work of the National Spinal Injuries Unit at Stoke Mandeville, many paraplegics are now able to care for themselves.

A deposit and a small charge, varying from 3d. to 1s. a week, is required from those who can afford to pay, except that a deposit only is required from tuberculous patients.

Hospital authorities, general practitioners and the Council's Welfare Department are also empowered to provide various types of equipment and appliances. The dividing line between the various responsibilities is not always easy to determine, and close liaison with all three and the Ministry of Health is maintained to ensure that the patient obtains the necessary equipment from the correct source with the least possible delay.

HOME NURSING IN THE ADMINISTRATIVE COUNTY OF LONDON



DOMESTIC HELP SERVICE

THE DOMESTIC help service (provided under Section 29 of the National Health Service Act, 1946, to those requiring it because of the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child under school age) has continued to grow. The following figures illustrate the extent of the increase over the last three years :

	1953	*1954*	*1955*
Cases assisted	30,335	32,503	34,785
Hours worked	4,269,408	4,601,168	4,660,600
Home helps employed at end of year	2,996	3,124	3,148
Equivalent of whole-time staff	1,866	1,992	2,029

The consistent pattern of cases assisted is shown by the percentage figures for the last three years :

	1953 *Per cent.*	*1954* *Per cent.*	*1955* *Per cent.*
Aged and chronic sick ..	75	77	80
Maternity	6	5	4
Tuberculous	4	4	3
Other reasons	15	14	13

The continuing high proportion of aged and chronic sick requiring service is in itself an outstanding commentary on the need for such a service for those old and sick persons and, with a growing proportion of aged people in the community, it seems inevitable that the demand will increase.

The policy has continued that some service should be supplied to all in need and this year only 61 applications had to be deferred or refused owing to inability to supply, as compared with 161 in 1954.

Night helps

Night helps are provided to sit with chronic sick patients in their own homes to enable the relatives to get one or two nights' sleep a week. Night helps attend from 11 p.m. to 7 a.m. and carry out duties, other than nursing, which would normally be undertaken by the patient's family. The demand for this service was not heavy during the year, 48 new applications having been met.

Child helps

The health services continued to be used wherever possible during the year to prevent children from being received into care.

The child help scheme, originally experimental, is now an integral part of the domestic help service, and has been extended so that help can be given where only one child is concerned (formerly there had to be at least two children needing care). Under the scheme resident help can be provided in the children's own homes to look after children temporarily deprived of the care of both parents (e.g. where the mother is in hospital and the father does night-work) and having no other adult staying in the home at night. In exceptional circumstances, and where paid employment has been given up for the purpose of undertaking the work, relatives of children to be cared for may be employed as child helps for those children. In other appropriate cases, neighbours or friends nominated by the parents may be employed for specific assignments. The employment of relatives and friends or neighbours is subject to the Council's normal conditions of service for child helps. During the first experimental year of the service ending November, 1954, 12 families (34 children) were helped. Contrary to expectations the demand in 1955 fell, and child helps were provided for only 5 families (16 children).

Early morning and evening help

Where children had to be cared for during the day-time only, specially suitable home helps were supplied and the hours of duty were arranged to fit in with parents' hours of work and day nursery and school hours. Help was supplied for the care of children outside normal working hours, i.e. between 7 and 9 a.m. and 5 and 7 p.m. to 205 new families in 1955, as compared with 85 families in 1954.

Prevention of break-up of families

Arising from a suggestion in Ministry of Health Circular 27/54, a scheme was in preparation at the end of the year for the training and employment of selected home helps to work with health visitors in the homes of families in danger of break-up. The aim is that trained home helps should teach the rudiments of housecraft to mothers of such families in an endeavour to keep the home together and so prevent the children from having to be received into care.

IMMUNISATION AND VACCINATION

Diphtheria immunisation

FACILITIES for the immunisation of children against diphtheria are provided at the Council's child welfare centres, special immunisation clinics, day nurseries, schools and residential establishments in London. Parents may, if they prefer, have their children immunised by the family doctor, who receives a fee of 5s. for each completed record of immunisation sent to the Council. Prophylactic material approved for national free issue is provided by the Council to general medical practitioners on request.

The total number of children immunised against diphtheria for the first time in 1955 was 34,529. The figures for the last seven years are shown below :

(All ages)	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*
Primary immunisations ..	57,929	47,605	40,339	42,958	36,004	47,621	34,529
Reinforcing doses	38,312	27,579	22,908	27,820	33,172	45,802	30,850
Estimated per cent. at end of year of children 0–4 years who had at any time been immunised against diphtheria	54·7	55·4	53·7	53·7	51·5	54·9	54·1

The main reason for the reduced figures in 1955 was the poliomyelitis epidemic, which was unusually widespread and which continued for a considerable time. Immunisation was discontinued where and when the local incidence of poliomyelitis appeared to warrant it. This aspect of diphtheria immunisation is deserving of further study. Whilst the wisdom of postponing immunisation locally in the presence of a poliomyelitis epidemic cannot be questioned, it is not a simple matter to pick up at a later stage all those children who would have been immunised if the poliomyelitis epidemic had not occurred, but some effective method of doing this must be devised if a continued drop in immunisation is to be avoided.

The warning given in my report for 1954 that the modern generation of mothers has not seen diphtheria and therefore has not learned to fear it was reinforced in that in 1955 there were two deaths from this disease, the first since 1952, when there were two. In neither instance had the children, one aged 4, and the other 8 years, been immunised against diphtheria. It cannot be repeated too often that the only effective method of preventing diphtheria, either in the individual or the community, is immunisation.

Whooping cough immunisation

There is no scheme in London for immunisation against whooping cough corresponding to that for diphtheria. Children may be immunised at the request of their parents by arrangement at the Council's child welfare centres, and the Council pays the standard fee of 5s. for records of such immunisation received from general medical practitioners. Children may, if parents desire it, be immunised against both diphtheria and whooping cough at the same time, by the use of a combined prophylactic. Although no publicity is given to whooping cough immunisation there is an established demand for it from

parents, undoubtedly due to their familiarity with whooping cough and to their appreciation of its potential danger. The number of children immunised against whooping cough fell as compared with 1954 but here, as with diphtheria immunisation, the effect of the withdrawal of facilities in the Council's immunisation clinics during the poliomyelitis epidemic is shown significantly in the table below as contrasted with the number of children immunised in both years by general practitioners where a slight increase is shown for 1955. The following figures show the number of children immunised against whooping cough in the past four years, including those receiving the combined antigen which protected them against both diphtheria and whooping cough.

	1952	*1953*	*1954*	*1955*
No. of children immunised against whooping cough :				
(*a*) under Council arrangements ..	19,447	19,292	31,985	22,367
(*b*) by general practitioners	2,786	3,427	5,449	5,574
Total	22,233	22,719	37,434	27,941

Vaccination

Facilities provided for the vaccination of infants against smallpox are similar to those for diphtheria immunisation. The percentage of vaccinations of children under one year of age compared with the annual number of live births has increased steadily over the past seven years :

Vaccination of children under 1

	Number vaccinated	*Percentage of annual live births*
1949	13,896	25
1950	16,836	32
1951	19,700	38
1952	23,106	45
1953	24,434	48
1954	24,995	49
1955	24,649	50 (based on provisional birth figure)

There were no cases of generalised vaccinia or of post-vaccinal encephalomyelitis during the year.

Re-vaccination of older children is undertaken under the Council's scheme. The numbers of school children re-vaccinated during the past three years are shown below :

Re-vaccination of children aged 5 *to* 14 *years*

1953	1,501
1954	2,944
1955	2,923

7,346 vaccinations and 5,799 re-vaccinations were carried out by general practitioners during the year as compared with figures of 7,914 and 5,707 in the previous year.

As a consequence of the Ministry of Health circular 6/55 on measures advocated to stimulate routine infant vaccination and the re-vaccination of school children and certain adults, the co-operation of general practitioners is being sought, through the London Executive Council, in displaying in their surgeries posters advising mothers to have their children vaccinated against smallpox.

LONDON AMBULANCE SERVICE

SINCE THE INCEPTION of the National Health Service, the pressure of work has increased annually and resources are being taxed to the fullest extent to cope with the heavy demands. A full statistical analysisis shown on page 91 but the following comments underline the main trends.

In 1955, the percentage increases in the number of patients carried and mileage covered by the general section of the Service, as compared with the previous year, were 6·5 per cent. and 1·4 per cent. respectively. Whilst efforts are continually being made to achieve the most efficient use of the Service, by the combination of orders and reduction of mileage per patient, there are limits to such possibilities. It was not found economical to extend much further the decentralization arrangements mentioned in the 1954 Report, although those in operation continued to relieve the strain on the control room at Headquarters and fostered close contact between certain hospitals and their appropriate ambulance stations. In some cases the periods during which vehicles were stationed at various hospitals were extended by agreement with the hospital transport officers.

From 12th August, responsibility was undertaken for providing transport, outside normal office hours and on Saturdays and Sundays, for mentally deficient adults and children to be taken to various hospitals and homes.

Rail rtansport

The responsibility for the payment of rail fares formed the subject of correspondence and discussion at the beginning of the year between the Council, the County Councils' Association, and the Ministry of Health, as a result of which the number of patients for whom the Council now pays rail fares has decreased. Thus, whilst the number of patients eligible for free rail transport was 5,867 during 1954, it fell to 3,466 in 1955. The total number of persons for whom ambulance-train-ambulance arrangements were made (including those persons who were not eligible for free rail transport) was of course considerably higher and there is no doubt that hospital authorities are now more appreciative of the advantages of rail transport over long distances. Since London has many specialist hospitals a considerable number of orders are received from other local health authorities for patients to be met at railway termini, conveyed to hospital, and returned to the station later the same day. In view of the limitation of resources of men and vehicles, particularly at peak periods, these journeys, which involve precise timing, have to be given a disproportionate degree of preference as compared with others which would, otherwise, be considered to have a higher priority. During the year the continual efforts made to limit the number of ' lost ' journeys resulted in a reduction in ' wasted ' mileage from 1·56 per cent. of total mileage covered by the general section in 1954 to 1·33 per cent. in 1955.

Emergency calls

Pressure on the accident section has been slightly relieved by the addition of the second new ambulance station to be established since the war, but the total number of calls showed another increase over the previous year. On December 23rd a record number of 481 calls was received during the 24 hours. On that day the peak period occurred between 3 p.m. and 8 p.m. during which time 191 calls were received, and another ' peak ' was experienced during the first hour of Christmas Day when 55 calls were recorded.

During the year, 2,369 calls were received at the Headquarters control room describing emergencies in which it was clear that medical assistance rather than ambulance transport was required. In these cases, the caller was advised to summon the patient's general practitioner or was given particulars of other local medical practitioners who might be called upon.

Ancillary services

The ever-increasing demand for ambulance transport was reflected not only in the statistics showing the work undertaken by the directly-provided Service but also in those relating to the ancillary services. During 1955, the measure of relief afforded by these latter services was particularly significant at a time when the London Ambulance Service was experiencing recruiting difficulties and was particularly hard pressed in

carrying out its obligations. Grateful thanks are, therefore, extended to the Director of the Ambulance Department of the Joint Committee of the Order of St. John of Jerusalem and British Red Cross Society and his staff, and to the County Organizer of the Hospital Car Service and her staff for their great assistance and willing co-operation throughout the year. Both services showed increases in the number of patients carried and miles covered as indicated in the table on page 91.

There is a considerable difference in the mileage run per patient by the two services because the Ambulance Department of the Joint Committee undertakes the majority of the long-distance removals necessitated by the patient's medical or psychological condition, instead of ambulance-train-ambulance journeys, whilst the Hospital Car Service rarely undertakes a journey exceeding 40 miles.

The arrangements whereby the West Ham County Borough Council undertakes, on behalf of the Council, the provision of ambulance services in the two parts of Woolwich lying north of the River Thames, continued throughout 1955.

Visits of inspection by the Chairman of the Health Committee

During the summer recess the Chairman of the Health Committee, inspected each of the general section ambulance stations, twelve of the accident section ambulance stations and the new ambulance Headquarters. She presented Safe Driving awards to many of the drivers and showed a very keen interest in the welfare of the staff upon whose smart bearing and alertness she expressed her satisfaction. She also commented upon the good care taken of the vehicles and equipment and the clean and tidy appearance of the premises.

Railway Strike—29th May/14th June

The main problems with which the Service was faced during the railway strike were road traffic congestion and the conveyance over long distances of patients who normally would have travelled by train.

On 31st May, the day after Whit Monday, when the excellent measures taken by the police for the control of road traffic were still in an experimental state, the number of calls on the accident section was 332, the highest for any day during the strike, yet the average time taken to reach the scene of an emergency was only eight minutes.

Up to 3,000 patients a day were dealt with by the general section and the number of abnormal delays was very few ; no undue delay occurred in the removal of any urgent case. A very commendable spirit was shown by the operative staff in overcoming the difficulties of getting to and from their stations and very little special transport had to be provided for them.

The conveyance of patients to distant destinations imposed a considerable strain on the resources of the Service, though this was partially offset by the cessation of requests from other authorities to meet patients at London railway termini. Many hospital authorities appreciated the difficulties and showed much consideration by exercising restraint in their demands. They were also very co-operative in deferring or varying the dates of patients' journeys to enable long-distance runs to be avoided or combined with those of other patients.

Long distance removals entailed a great deal of additional work for the control room staff at Headquarters and several members of the staff voluntarily worked additional shifts.

Much additional help in carrying out long-distance removals was given by the Ambulance Department of the Joint Committee of St. John of Jerusalem and British Red Cross Society and by the Hospital Car Service.

An emergency system was established under which the control room maintained close liaison with ambulance services in the Home Counties so that any authority might use spare seats or stretchers in a vehicle of another, including vehicles of more distant authorities which had occasion to come into the London area. Under these arrangements, about 11,870 miles were run by vehicles of the London Ambulance Service and its auxiliary services and about 4,620 miles by those of other authorities.

Major accidents

The receipt of Ministry of Health Circulars 13/54 and HM(54)51 on the subject of major accidents led, during the year, to consultations with the Metropolitan Regional Hospital Boards and Hospital Management Committees as well as with the Police

and Fire Services, to assist in formulating schemes for dealing with disasters. It was decided that in London it would be appropriate for the London Ambulance Service to initiate the calling out of the nearest available mobile medical team from designated hospitals in cases where large numbers of trapped or seriously injured casualties were involved. When necessary, it was also agreed that the Ambulance Service would provide transport for medical teams.

On no occasion during 1955 were the special arrangements described above put into operation. There were, nevertheless, a number of accidents involving injury to several persons as the following list, which is not comprehensive, shows :—

2nd January	..	Outbreak of fire in Wilkes Street, Stepney ; nine casualties removed, three of whom had been fatally injured. At this incident, use was made of an ambulance bus as a temporary rest centre for persons rendered homeless by the fire.
26th January	..	A coach crashed into a shop at the junction of Old Kent Road and Trafalgar Avenue ; 11 casualties removed to hospital.
18th February	..	Railway accident at Stepney East Station ; seven casualties removed to hospital.
14th April	..	A train hit the buffers at Euston Station ; six casualties taken to hospital.
12th June ..	..	Outbreak of fire at Shepherd's Bush Green ; seven casualties taken to hospital.
3rd August..	..	Railway collision at Aldwych Station ; five casualties taken to hospital.
20th August	..	Collision of trolley buses at the junction of Parkhurst Road and Chambers Road, Holloway ; five casualties removed to hospital.
8th October	..	Outbreak of fire at Dufferin Street, Finsbury ; five casualties, three of whom were found to be dead, taken to hospital.
2nd November	..	Outbreak of fire in Brighton Terrace, Brixton ; seven casualties taken to hospital.
1st December	..	Railway accident at Bromley-by-Bow Station ; 17 casualties taken to hospital and five casualties treated for minor injuries.

In addition to attending the more serious accidents detailed above, assistance was rendered at the rail collision which occurred near Barnes Railway Station on 2nd December. At the request of Surrey Ambulance Service, two accident ambulances and an emergency vehicle were despatched to the scene and five patients were removed. In the meantime, ambulances from the general section conveyed seven casualties home from hospital, transferred casualties between hospitals, and carried out one ordinary urgent general removal on behalf of Surrey Ambulance Service.

Visitors

During 1955 more than 150 visitors, several of whom came from abroad, were shown over the Headquarters control room, and many took the opportunity of looking at a fully-equipped accident ambulance and of inspecting an ambulance station. Among the parties for whom special arrangements were made, including a short lecture on the organization and operation of the Service, were students from the Royal College of Nursing, St. John Ambulance Brigade cadets, and first-aiders attached to the London Electricity Board.

Premises

Mottingham Accident Ambulance Station—This was the second ambulance station to be opened since the war and came into operation on 10th October. It accommodates three ambulances, one of which is engaged continuously on emergency work, and covers the extreme south east of London leaving the ambulances stationed at Lee

more readily available to deal with emergencies occurring in the area to the west of this station.

Upper Richmond Road Accident Ambulance Station—Work upon the new accident ambulance station in Wandsworth was proceeding at the end of the year and was expected to be completed by April, 1956.

Administrative and Operational Headquarters—The outstanding event of the year under review was, undoubtedly, the merging of the administrative and operational headquarters under one roof at 150, Waterloo Road, London, S.E.1. The transfer of those hitherto separate branches from County Hall and from premises in Southwark, respectively, to premises adapted for the purpose was carried out on 10th October, without a break in the continuity of the service, an achievement for which a special tribute is due to the G.P.O. whose problem it was to maintain telephonic communication between the headquarters control room and the 25 outlying ambulance stations during the change-over. The new headquarters is equipped with up-to-date garage facilities and a control room which embodies many improvements.

Vehicles

Vehicle strength at the end of 1955 was as follows :

Ambulances	230
Single-stretcher, sitting case ambulances ..	45
Sitting-case cars	47
Ambulance buses	10
Tenders	2
	334

Staff

Staff numbers

The establishment was increased during the year by one station officer and 16 men in order to man the new accident ambulance station at Mottingham, bringing the total of uniformed supervisory staff and ambulance station officers to 40 and the permanent authorised establishment of ambulance drivers to 700, with 70 authorised relief positions. During the greater part of the year great difficulty was experienced in recruiting an adequate number of staff to maintain the efficiency of the service, and in August, 1955, women drivers were once again recruited on a temporary basis. At the end of the year the number of ambulance drivers employed had increased to 743, including 53 women, of whom 15 were recruited during the latter part of the year.

Following a comprehensive review of the work of the Ambulance Service which was undertaken by the Organisation and Methods Section of the Department of the Clerk of the Council, the authorised establishment of the control room at Headquarters was increased by one position (temporary) of ambulance control clerk in order to provide a relief for duty at any of the stations or at Headquarters in the event of sickness, holiday, etc.

Safe driving and first-aid

A very large percentage of the drivers continue to qualify for awards in the National ' Safe Driving ' Competition held by the Royal Society for the Prevention of Accidents, which, in view of the increasing pressure of traffic, is a matter for some congratulation. The interest of the staff in securing further qualifications in first-aid to the injured has been maintained.

Civil Defence

General

The advent of thermo-nuclear weapons has necessitated a complete review of the operational training of the Civil Defence Corps. Meanwhile the training of the volunteers has necessarily continued on the old basis. The interest and enthusiasm of volunteers has, however, been maintained in somewhat difficult circumstances.

Publicity

Efforts to recruit volunteers into the Ambulance and Casualty Collecting Section have continued throughout the year and a special effort was made in October to interest the voluntary aid societies in the formation of the Casualty Collecting Section. Representatives of the St. John Ambulance Brigade and of the British Red Cross Society

in London were invited to attend a conference on this subject and, the duties of the new section having been explained to them, they were urged to encourage their members to enrol, if possible as complete units. The results of this meeting have so far proved to be somewhat disappointing, although the Council has throughout had the co-operation and encouragement of the headquarters of both the great voluntary aid societies.

Co-operation with other authorities and organisations

The Ambulance and Casualty Collecting Section of the Civil Defence Corps has taken part in exercises, processions, recruiting displays, etc., organised by ten of the metropolitan boroughs on no fewer than thirty-four occasions. It has co-operated with units of the Industrial Civil Defence Section on six occasions, with the Casualties Union on one occasion and with the Welfare Section on four occasions. The Section also provided a detachment which took part in the ceremonial parade of Civil Defence Services held at the Horse Guards in July, and in the Guard of Honour which was provided on the occasion of the visit by the Home Secretary to the South Bank to inaugurate the first flight of the helicopter which has been allocated to the Civil Defence service.

Instructors

Five members of the instructional team have attended the Home Office Civil Defence School at Falfield. Two secured special certificates and three full certificates.

Training

During the year 16 Ambulance Section courses, Part I, were held, 21 Ambulance Section courses, Part II, 16 First-aid courses, and 12 driving and maintenance courses.

Operative staff in the London Ambulance Service received training in the duties of the Civil Defence Ambulance Section in wartime.

Statistics

Statistics for the directly provided service are divided into two sections—the Accident Section and the General Section—and are shown in the Table on page 91 for 1938 (the last full year before the war), 1947 (the last full year before the inception of the National Health Service) and 1950–55 inclusive. The table also includes annual statistics of the work performed by the agency and supplementary services on behalf of the London Ambulance Service during the period 1950–1955.

The Accident Section statistics for 1954 and 1955 are analysed below to show the types of calls received.

Analysis of Accident Section work

(*a*) Numbers of patients :

	1954	*1955*
Street accidents	15,282	17,338
Other accidents	19,450	20,345
Assaults	1,783	2,024
Attempted suicide	1,167	1,369
Mental	526	492
Epilepsy	1,348	1,329
Other sudden illness	17,278	18,458
Maternity	25,772	25,486
Special journeys with patients	244	323
	82,850	87,164

(*b*) Non-patient carrying journeys :

Delivery of analgesia apparatus	5,517	5,150
Special journeys without patients	289	270
Ambulance not required	6,004	6,747
	11,810	12,167

The average time taken to reach a street accident in 1955 was 6·7 minutes.

Work performed by the directly provided service

Year	Accident Section				General Section			Total		
	Patients	Non-patient carrying journeys	Total journeys (calls)	Mileage	Patients	Journeys	Mileage	Patients	Journeys	Mileage
1938 ..	54,070	4,126	56,318	293,166	217,908	171,000 (est.)	1,930,172	271,978	227,000 (est.)	2,223,338
1947 ..	61,136	5,007	64,560	362,880	182,206	155,122	1,768,550	243,342	219,682	2,131,430
1950 ..	73,853	11,523	83,791	437,416	480,048	340,876	3,041,569	553,901	424,667	3,478,985
1951 ..	77,661	11,488	87,012	443,683	550,621	361,664	3,092,902	628,282	448,676	3,536,585
1952 ..	78,692	10,851	87,691	442,268	660,206	410,469	3,470,442	738,898	498,160	3,912,710
1953 ..	81,800	11,387	90,896	458,602	721,334	428,755	3,625,430	803,134	519,651	4,084,032
1954 ..	82,850	11,810	92,401	466,415	797,937	448,004	3,804,544	880,787	540,405	4,270,959
1955 ..	87,164	12,167	96,661	488,292	851,997	462,615	3,856,850	939,161	559,276	4,345,142

Work performed by the agency and supplementary services

Year	Ambulance Dept.—Joint Committee Order of St. John & British Red Cross Society		Hospital Car Service		West Ham C.B.C.		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1950 ..	7,966	281,223	144,669	1,787,434	246	4,373	152,881	2,073,030
1951 ..	10,111	263,087	149,046	1,740,930	208	3,338	159,365	2,007,355
1952 ..	13,682	285,075	135,523	1,504,138	591	7,806	149,796	1,797,019
1953 ..	15,272	319,869	131,763	1,424,788	457	5,358	147,492	1,750,015
1954 ..	17,493	371,372	125,352	1,320,582	434	5,008	143,279	1,696,962
1955 ..	21,539	429,980	127,938	1,425,624	416	4,621	149,893	1,860,225

Work performed by both sections of the directly provided service and by the agency and supplementary services

Year	Total Emergency Work		Total General Section Work		Grand Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage
1938 ..	54,070	293,166	217,908	1,930,172	271,978	2,223,338
1947 ..	61,136	362,880	182,206	1,768,550	243,342	2,131,430
1950 ..	73,853	437,416	632,929	5,114,599	706,782	5,552,015
1951 ..	77,661	443,683	709,986	5,100,257	787,647	5,543,940
1952 ..	78,692	442,268	810,002	5,267,461	888,694	5,709,729
1953 ..	81,800	458,602	868,826	5,375,445	950,626	5,834,047
1954 ..	82,850	466,415	941,216	5,501,506	1,024,066	5,967,921
1955 ..	87,164	488,292	1,001,890	5,717,075	1,089,054	6,205,367

*NOTES :—*1. *The figures are based on the Council's definitions of 'patient' and 'journey' which differ from those adopted by the Ministry of Health.*

2. *The agreements with the agency and supplementary services have been in operation only since 5th July,* 1948, *the 'appointed day' under the National Health Service Act,* 1946.

3. *The work carried out by the agency and supplementary services is almost entirely analogous to the 'General Section' work of the directly provided service and has been included in the table for 'Total General Section Work.'*

Foot clinics

As reported in previous years, the chiropody service is generally inadequate to meet the demands upon it and is very unevenly distributed. In 1952 and 1954 the Council sought the approval of the Minister of Health to an expansion of the service but he was unable to agree to the Council's proposals. In December, 1955, however, the Council decided to make further representations and arrangements were made to send a deputation to the Minister early in 1956.

The following are particulars of new cases and attendances :

Year	New cases	Attendances	Staff at the end of the year (in terms of whole units)
1949	9,446	129,682	35
1950	10,165	153,687	44
1951	10,348	162,163	43·5
1952	10,828	169,598	43·2
1953	11,374	180,588	43·5
1954	10,143	185,614	44·8
1955	9,089	184,628	43·8

The majority of treatments provided at the clinics were for superficial excrescences (corns, callosities, etc.), and malformed nails. Advice was given on shoe fitting, foot hygiene and exercises.

Recuperative holidays

With the exception of 1954, when there was an increase in recommendations for schoolchildren and a slight increase in respect of expectant and nursing mothers, the demand for recuperative holidays has declined since 1950. The admission figures for 1955 as compared with the previous three years were :

Admissions to recuperative holiday homes

Year	Unaccompanied children		Accompanied children	Expectant and nursing mothers	Other adults	Total
	Under 5 years	School children				
1952 ..	686	3,507	352	190	3,308	8,043
1953 ..	550	2,840	446	194	3,120	7,150
1954 ..	486	3,404	424	197	2,954	7,465
1955 ..	403	2,803	405	153	2,784	6,548

Although there was a fall in recommendations for unaccompanied children, it was possible to maintain a high level of admissions throughout the year at the Council's recuperative holiday home at Littlehampton (accommodation for 36 children 3–8 years); at a seaside hotel used under the Council's Private Hotel Scheme (accommodation for 30 children 7–15 years) and at the Women's Voluntary Service's Home at Aldeburgh (accommodation for 24 children 3–11 years). In respect of the last named the Council contributed 90 per cent. of approved expenditure.

The placing of mothers who are accompanied by their babies and sometimes also by toddlers, in small private homes rather than in the larger type of recuperative holiday

establishment, has proved satisfactory but there is a shortage of suitable accommodation and search continues to be made for homes offering facilities of the standard required.

In most cases all the arrangements for recuperative holidays were made directly by the Council but the services of the Jewish Board of Guardians, the Wandsworth Peace Memorial and the St. Henry Convalescent Fund were also used and considerable assistance was received from the National Association for the Prevention of Tuberculosis (Spero Fund) in respect of tuberculous persons.

Venereal disease

Venereal disease

A summary of the work done in 1955 at the London V.D. out-patient clinics will be found in Table 12, page 189. Approximately 77 per cent. of the patient swere resident in the County of London and a large number of persons who were found not to be suffering from venereal disease attended the clinics.

The table below gives the number of patients completing treatment and of defaulters as shown by analysis of the returns from the clinics :

	Syphilis		*Gonorrhoea*	
	Male	*Female*	*Male*	*Female*
Number of patients completing treatment	595	678	3,042	715
Number of patients not completing treatment ..	718	348	2,555	692

The Council's male and female welfare officers continued to undertake the tracing of contacts of patients, details of whom had been provided by hospitals, by medical services of the British, Commonwealth and United States Armed Forces, and by local health authorities. Information of 418 contacts was received but in 338 instances there was insufficient information for following-up. Of the remaining 80 cases 40 were traced of whom 30 were successfully brought to treatment. The welfare officers were also available to assist clinics in case of difficulty in following-up patients who defaulted.

The arrangements whereby the services of a full-time welfare officer are made available for attendance at clinics at Holloway Prison and for following-up contacts and prisoners on discharge, were continued during the year.

Health education

Health education activities following the comprehensive review of this field, (Annual Report, 1952) continued to expand in 1955. Health visitors whether in the home or at the infant welfare centre were the principal contact with the public and lost no opportunity of furthering the cause of good health. In this they were helped very greatly by the medical staff whose opportunities of direct contact are, however, fewer. Evening public lectures by medical and nursing staff on health topics also continued to be given.

The panel of senior medical, nursing and administrative officers formed to advise generally on health education activities considered a wide range of related problems and possibilities, and amongst the decisions implemented was the production of a series of slides relating to B.C.G. vaccination ; the purchase of two tape recording machines for group instruction at welfare centres ; the holding of a competition open to all of the Council's staff for the design and execution of visual aids for health education, and the approval of a range of demonstration material for use at infant welfare centres.

Visual aids

Greater use than ever was made of the department's library of films and film-strips, as well as of the films available on hire from other sources.

Posters and leaflets on a wide range of health educational subjects were again displayed and distributed widely at the discretion of Divisional Medical Officers, who are

in a position to judge where their use is likely to be of maximum advantage and value. The topics on health subjects, loaned by the Central Council for Health Education, were displayed during the year at welfare centres and other premises of the department throughout the county and were frequently changed, so that during the year something approaching the full range of topics available could be seen at each centre making use of this method of publicity.

Diphtheria immunisation campaign

Diphtheria immunisation publicity was carried out widely, and reached its peak in February when a two weeks' intensive campaign was held, supported by illustrated advertisements in about 40 local newspapers, special film and film-strip shows, and the distribution of about 50,000 leaflets on the subject, together with the display of about 600 posters. A special feature of this campaign was the display of cinema slides, urging the need for diphtheria immunisation, at nearly 100 cinemas throughout the county.

Accidents in the home campaign

The intensive campaign against accidents in the home held in November took as its subject for emphasis the dangers from burns and scalds. It was by far the most extensive undertaken so far. In addition to using the more usual channels for the distribution of literature and for the display of posters, special efforts were made to reach a wider section of the population by inviting the co-operation of the Metropolitan Borough Councils, London hospitals, general practitioners, schools, midwives, district nurses and moral welfare associations, as well as other departments of the Council. The extent of this co-operation can be judged from the fact that no fewer than 11,500 posters were displayed and almost half-a-million leaflets were distributed to the people of London by these agencies. Special mention should be made of the agencies outside the health department which distributed some 246,000 of these, no less than 209,000 being distributed to school children by the head teachers of over 500 schools. This form of distribution would, it was considered, ensure that a high proportion of the leaflets would find their way into homes where they would be seen and their message noted by parents and other adult members of the family.

The four-minute film 'Dangerous Ages', produced by the Royal Society for the Prevention of Accidents, was shown at 15 cinemas in the county, 10 other films were hired for film shows arranged for mothers at welfare centres, and film-strips were used on 16 occasions at these centres to support talks given by staff of the department. Special advertisements drawing attention to the hazards encountered in the home were inserted in three London evening newspapers and in 54 local newspapers circulating in and around London. Press releases giving background notes about the home safety problem in general and the campaign in particular elicited a generous response and many newspapers gave valuable editorial and news space to the campaign and its implications. Articles were written for other periodicals and a special front page article was included in the Council's own Education Bulletin for the week previous to the campaign seeking the co-operation of all teachers. A small exhibition, stressing the dangers of accidents resulting from scalds and burns, was held during the week of the campaign in the main entrance of the County Hall and was well attended.

It would be unwise to be too dogmatic about the results of the campaign as not enough is known about the various factors which influence the incidence of home accidents. It is a fact, however, as the figures set out below of weekly removals by the London Ambulance Service of home accident cases during October and November, 1955, show, that a noticeable drop occured during the week of the campaign and in the two weeks following. Compared with the average for the five weeks immediately preceding the campaign the number of home accident cases removed to hospital during the week of the campaign and the two weeks following showed reductions of 23 per cent., 23 per cent., and 17 per cent. respectively. The effects on minor accidents, not coming within the ambit of the London Ambulance Service, is unknown, but they could reasonably be assumed to follow the same pattern.

October, 1955		*November*, 1955	
Week commencing ..	2.10.55—134	Week commencing ..	30.10.55—165
,, ,, ..	9.10.55—149	,, ,, ..	7.11.55—150
,, ,, ..	16.10.55—146	,, ,, ..	14.11.55—120*
,, ,, ..	23.10.55—166	,, ,, ..	21.11.55—120
		,, ,, ..	28.11.55—128

* *Campaign week.*

MENTAL HEALTH SERVICES

Lunacy and Mental Treatment Acts

Provision of care and treatment for the mentally ill

DURING THE YEAR, 8,346 cases of persons‡ alleged to be suffering from mental illness were referred to the mental welfare officers, compared with 8,690 in 1954.

The following table shows how they were dealt with :

	1955			*1954*
	Male	*Female*	*Total*	
Admitted for observation to hospitals designated under section 20 of the Lunacy Act, 1890 ..	2,003	2,204	4,207	4,622
Dealt with in their own homes, etc., under sections 14 and 16 of the Lunacy Act, 1890	433	1,161	1,594*	1,681†
Admitted direct to mental hospitals under section 11 of the Lunacy Act, 1890	16	26	42	34
No action under the Lunacy Acts found necessary ..	1,060	1,443	2,503	2,353
Total	3,512	4,834	8,346	8,690

‡ *It should be noted that a number of these patients were dealt with on more than one occasion although it is not possible to state from the records the extent to which this has occurred. An alteration has been made in the method of statistical recording and it is hoped to include this and other information in future annual reports.*

* *Of these 197 male and 541 female patients were certified and removed to mental hospitals.*

† *Of these 281 male and 649 female patients were certified and removed to mental hospitals.*

The ultimate disposal of the patients admitted to observation wards (including 129 patients in wards on 1st January, 1955) is shown below :

	1955			*1954*
	Male	*Female*	*Total*	
Certified and sent to mental hospitals	494	653	1,147	1,416
Admitted as voluntary patients to mental hospitals	719	865	1,584	1,501
Admitted as temporary patients to mental hospitals	20	37	57	36
Discharged to care of relatives (Section 22) ..	3	12	15	27
No order made by Justice and patient discharged ..	12	6	18	19
Transferred to general wards	59	42	101	90
Transferred to Tooting Bec Hospital without certification	39	40	79	162
Transferred to Abbots Langley Hospital without certification	2	2	4	1
Transferred to Mental After-Care Association homes	2	1	3	4
Died	50	25	75	83
Discharged by medical officer	599	495	1,094	1,285
Dealt with privately	—	1	1	18
Dealt with under Mental Deficiency Acts	2	3	5	7
In ward at end of year	63	90	153	129
Total	2,064	2,272	4,336	4,778

Although, for the first time since 1948, the number of persons referred showed a slight decline, the number of persons dealt with in their own homes or otherwise than in an observation ward under sections 14 and 16 of the Lunacy Act, 1890, or under section 11 of the Act, was almost as great as in 1954, whilst the number admitted to observation wards showed a disproportionate decrease. Owing to the extra work caused by the large number of direct admissions to mental hospitals, an additional position of assistant mental welfare officer was authorised from 1st April, 1955.

Organisation of work of duly authorised officers

The Council's approved proposals under section 51 of the National Health Service Act, 1946, provide that the work of securing that persons of unsound mind are placed under control and subsequently of obtaining reception orders for their detention, should be decentralised. Because of various problems, including the shortage of beds in observation units, however, the service was started on a centralised basis in 1948 and although the position has been reviewed year by year, on each occasion decentralisation has been considered impracticable and the centralised arrangements have been continued. During the year the matter was again fully investigated and it was decided that the Minister of Health should be asked to approve an amendment of the proposals to enable the service to be organised permanently on a centralised basis.

Liaison with hospitals

A meeting was held on 25th October, 1955, at the County Hall to which the physician-superintendents of all the mental hospitals receiving London patients were invited to discuss matters of common interest, including the establishing of closer contact between the mental welfare officers and the mental hospitals, and the integration of after-care services. It is hoped to hold further meetings of this kind in future.

Domiciliary care and after-care

Four psychiatric social workers were employed full-time to interview and advise persons suffering from psychiatric illness needing help with their personal problems. During the year 268 new cases were referred from the following sources :

	1955	*1954*
General practitioners	26	15
Mental hospitals	50	58
Observation wards	2	11
General hospitals	4	9
Psychiatric clinics	25	34
Patients—Personal applications	13	23
Relatives or friends	15	13
Ministry of Labour	5	5
National Assistance Board	11	19
National Association for Mental Health / Mental After-Care Association	11	16
Health visitors, housing welfare officers, etc.	57	45
Institute of Social Psychiatry	3	1
Citizens Advice Bureaux	16	12
Army (discharged personnel)	12	19
Other agencies	18	50
Total	268	330

The arrangements for patients to be interviewed either privately at the County Hall or at home were continued and it was possible from November to make arrangements for an additional session (making a total of two) to be held each week at Woodberry Down Health Centre by the psychiatric social worker responsible for interviewing patients living in North-East London. It is hoped to make similar arrangements at health service premises for the other psychiatric social workers in their respective areas.

Social clubs and rehabilitation centre

The Council continued to make a grant of 90 per cent. of the cost in respect of the attendance of London patients at the social clubs and the rehabilitation centre run by the Institute of Social Psychiatry for persons suffering from mental illness.

National Association for Mental Health

It was decided, during the year, to renew for three years the annual grant of £200 made to the National Association for Mental Health in recognition of their general services to the community and to local health authorities in the field of mental health.

Long-term care

The weekly maintenance rates at the homes at which chronic and senile patients are maintained by the Council remained unchanged during the year. Moor Place, Windlesham, Surrey, a home run by the National Association for Mental Health, at which three patients were maintained, was closed in November and the patients were transferred to a new home opened by the Association at Parnham House, Beaminster, Dorset. At 31st December, 1955, three patients were maintained at Parnham House, two at the Jewish Board of Guardians' hostel at 1 Daleham Gardens, N.W.3, and

109 in homes sponsored by the Mental After-Care Association, making a total of 114 compared with 107 at 31st December, 1954.

Recuperative holidays

Recuperative holidays were arranged for 196 persons recovering from psychiatric illness compared with 205 in 1954 and 210 in 1953. Of these 122 were recovering from mild psychiatric illnesses and were sent to general recuperative holiday homes for two or three weeks ; 49 were sent for short holidays to homes sponsored by the Mental After-Care Association and 25 were sent for periods up to twelve weeks, to assist in their rehabilitation, to the Mental After-Care Association's homes at Cheam, Surrey, and Dartford, Kent.

Mental Deficiency Acts

Statistics

The following table shows the sources from which cases were brought to notice under the Mental Deficiency Acts and the action taken thereon :

Sources of information	*1952*	*1953*	*1954*	*1955*	*Totals from 1.4.14 to 31.12.55*
Supervision section	14	9	16	11	1,611
Local education authority	570	533	502	501	17,089
Police authority (section 8)	32	24	18	15	2,030
Transfers from prison (section 9)	—	—	—	1	230
Transfers from approved school (section 9)	—	2	4	1	572
From hospitals and institutions	124	97	91	99	801
Miscellaneous	222	222	229	261	11,234
Total	962	887	860	889	33,567

The position at 31st December, 1955, with regard to the cases referred to in the last column of the preceding table is shown below, together with the position on the same date in the three preceding years :

	1952	*1953*	*1954*	*1955*
Detained in institutions	7,862*	7,842*	7,799*	7,762*
Discharged from institutional care	3,075	3,235	3,428	3,624
Removed to mental hospitals	555	572	592	596
Not subject for action	9,922	10,190	10,549	11,045
Died	4,678	4,853	5,006	5,158
Total removed from active list	26,092	26,692	27,374	28,185

* *This figure includes cases on licence who were visited at regular intervals by officers of the Council on behalf of the regional hospital boards as follows : 1952, 259 ; 1953, 236 ; 1954, 247 ; 1955, 212.*

Under guardianship	222	223	217	224
In places of safety awaiting the presentation of a petition	11	11	11	6
Under supervision	4,556†	4,815†	5,007†	5,059†
In hospitals, residential nurseries, etc., awaiting the presentation of a petition	41	59	61	79
Still under consideration	9	18	8	14
Total remaining on active list	4,839‡	5,126‡	5,304‡	5,382‡
Grand Total	30,931	31,818	32,678	33,567

† *In addition to the cases under supervision, persons known to the local authority to be mentally defective but not subject to be dealt with, were visited on a voluntary basis, as follows :—1952, 1,040 ; 1953, 1,055 ; 1954, 986 ; 1955, 1,189.*

‡ *Of these the following were awaiting institutional care : 1952, 169 ; 1953, 199 : 1954, 205 ; 1955, 229.*

The following is a summary of the cases dealt with and comparable figures for the three preceding years :

	1952	*1953*	*1954*	*1955*
Placed in institutions	369	306	284	286
Placed under guardianship	24	21	28	31
Placed in places of safety pending presentation of a petition	70	59	45	34
Placed under supervision	787	735	688	674
Discharged from institutional care or guardianship ..	203	193	216	228
Removed to mental hospitals under the Lunacy Acts ..	21	26	25	16
Ascertained not subject for action	69	76	111	112
Withdrawn from supervision	201	221	247	370
Removed to other areas	65	60	62	68
Died	165	174	153	151
Total	1,974	1,871	1,859	1,970

Ascertainment and supervision

The ascertainment of the majority of defectives and the oversight of defectives under guardianship continued to be carried out by medical officers and social workers on the central staff and the supervision of defectives in their homes by social workers employed in four local offices. The boundaries of the four areas served by the local offices were adjusted in 1948 to make them coterminous with those of the groups of health divisions with which their previous boundaries most nearly coincided. The case load at that time was fairly evenly distributed between the four districts but, largely as a result of post-war housing development, the number of persons under supervision in ' D ' district (Bermondsey, Lambeth, Camberwell, Lewisham, Deptford, Southwark Greenwich and Woolwich) has, since then, almost doubled. As there is no particular need for the district boundaries to coincide with those of the nine health divisions it was decided, in order to secure a more even distribution of work, that Lambeth should be transferred to ' A ' district (Paddington, St. Marylebone, Westminster, St. Pancras, Holborn, Hampstead, Islington and Finsbury).

During the year 20,698 visits were paid to persons under supervision or on licence from hospitals and 1,155 to persons under voluntary supervision, while 1,777 enquiries were made to ascertain the home circumstances of patients in connection with the statutory review of orders and the consideration of applications for leave of absence or discharge.

Petitions

During the year 171 petitions for institutional care and 31 for guardianship were presented to Judicial Authorities under section 6 of the Mental Deficiency Act, 1913, and 49 children were placed in institutions by their parents under section 3 of the Act. In no case was a petition dismissed. 30 applications for Varying Orders were made during the year as a result of which 14 patients who had become unsuitable for guardianship were admitted to institutions and 16 were transferred to other guardians. Five children, whose names were on the waiting list for institutional care, were found at special re-examinations to have improved to such an extent as to be considered educable and their names were removed from the list.

Magistrates' courts

The Council's medical officers continued to attend at Magistrates' courts, as required, to give evidence as to the mental condition of defectives charged with criminal offences. 31 such defectives were ordered to be sent to institutions under section 8 of the Mental Deficiency Act, 1913.

Institutional accommodation

The number of admissions during the year showed a slight increase over the 1954 figure—276 compared with 270—but the number on the waiting list at 31st December, 1955, was 230 compared with 205 at 31st December, 1954. 12 children, whose names were on the waiting list for admission to the Fountain Hospital, died before vacancies could be obtained. The need for more hospital accommodation for mentally defective persons became increasingly urgent and there seems little doubt that the waiting list will continue to rise. At one period in the year the total figure stood at over 250 but this was reduced by the end of the year mainly because of the opening of a new ward for male patients at Leavesden Hospital.

Guardianship

During 1955, 31 patients were placed under guardianship of whom 20 were school leavers with no satisfactory homes of their own who were considered suitable for life in the community.

At 31st December, 1955, there were 226 patients under guardianship as follows :

48 under the personal guardianship of the Council's inspectors.
65 under the guardianship of nominees of The Guardianship Society, Brighton.
72 under the guardianship of relatives and friends.
30 under the guardianship of superintendents of voluntary homes.

Of the remainder, eight were temporarily in institutions awaiting decisions as to future care, two were receiving mental treatment in hospitals under the Lunacy and Mental Treatment Acts and one had absconded from his guardian and was untraced.

Hostel for girls under guardianship

The work of adaptation and redecoration of Dover Lodge, Camberwell, S.E.23, the premises acquired by the Council in 1954 for use as a hostel for twelve mentally deficient girls, was completed in July, 1955, and the warden and assistant warden were appointed and took up residence in August. The hostel is primarily for girls leaving special schools for the educationally sub-normal who have no suitable homes, the intention being to fit them for independent life in the community within a reasonable time. Six girls had been admitted by 31st December, 1955.

The girls, who are under the guardianship under the Mental Deficiency Acts of women inspectors in the Public Health Department, were provided with initial outfits of clothing, and employment was secured for them in the locality of the hostel. They assist in some of the domestic duties in the hostel, and various amusements, including indoor games and television, are provided for them.

In the short time since the hostel was opened, all the girls have progressed satisfactorily and retained the employment found for them.

Pocket money of 10s. a week at age 16 and 12s. a week at age 17 or over and allowances for clothing at the same rates were authorised for the girls at Dover Lodge, and it was decided to apply the same allowances to other boys and girls who are accommodated in lodgings under the guardianship of the Council's inspectors. Both the girls in Dover Lodge and boys and girls in lodgings are required to contribute out of their earnings towards the cost of their maintenance to such extent as is possible up to a maximum of 42s. a week after the deduction of the allowances for pocket money and clothing and other necessary expenses. The position of boys and girls in lodgings will be reviewed individually when they reach the age of 18, and of girls in Dover Lodge, two years after admission.

Following increases in National Assistance allowances, an increase from 35s. to 37s. 6d. a week was authorised in the maximum allowance payable for the maintenance of mentally deficient persons under the guardianship of relatives and friends.

Christmas extras

The Council authorised the Medical Officer to approve expenditure not exceeding 10s. a head, when this is considered desirable, for the provision of extra fare, etc., at Christmas for patients under guardianship.

Wallingford Farm training school

A scheme whereby a maximum number of 10 boys will be placed under the guardianship of the Warden of Wallingford Farm training school was approved and at 31st December, 1955, five boys had been so placed. The boys, on leaving special schools for the educationally sub-normal, had no homes, or unsuitable homes and wished to undertake training in farm work, market gardening, boot repairing, bricklaying, carpentry or painting. The period of training is usually about 18 months and at the end of this period it is hoped that the boys will be placed by the school in employment at normal rates of pay. The cost of maintaining each boy is £4 19s. 0d. a week, plus the cost of clothing.

Short-term care

Temporary care in accordance with the provisions of Ministry of Health Circular 5/52 has been provided in an increasing number of cases. The Council arranged such care for 41 patients (7 adults and 34 children) during the year at various approved and private homes, because of family difficulties and emergencies. The cost of providing this care, which was borne by the Council, varied from approximately £3 to £6 16s. 6d. a head

a week. Patients or their relatives were assessed to contribute towards the cost in accordance with the Council's approved scale of assessment.

The provision of a short-stay home at Hillingdon, Middlesex, by the Middlesex County Council (referred to in the Report for 1954) where it was proposed that a number of beds would be allocated solely for the use of London patients was delayed and it has since been learnt that the Middlesex County Council have had to abandon the scheme as the Minister of Health refused his consent because of the need for economy.

In addition to the 41 patients mentioned above, who were accommodated at the expense of the Council, 100 patients (24 adults and 76 children) were admitted to various mental deficiency hospitals for temporary care. The total number of patients provided with temporary care during the year was thus 141 compared with 119 during 1954. This form of care gives much needed relief to harassed parents and relatives.

Home tuition

A qualified teacher continued to provide tuition for three sessions a week in her own home to a mentally defective child who is deaf and dumb and could not, therefore, attend an occupation centre.

Welfare clinics for backward children under five

The work of the seven special welfare clinics for backward children under five, which were set up during 1954, was reviewed during the year. It was found that parents who were reluctant to take their children to ordinary welfare clinics welcomed the opportunity of attending the special clinics where they could discuss their special difficulties with a doctor experienced in mental deficiency as well as maternity and child welfare. A social worker and a health visitor also attend the clinics to advise parents as to their child's capabilities and the facilities available. In particular, advice and help have been given to parents on the care of children awaiting admission to hospitals for the mentally deficient ; and in some cases admission to a hospital has been expedited, or a period of short-term care for the child arranged to give the parents a rest. Another feature of the clinics is that the parents meet others who share the same difficulties. The existing arrangements are at present adequate for the needs of the whole county.

Students

Facilities were again given for students taking university courses of training in social science and the University of London's Institute of Education course in the care of educationally sub-normal children, to spend short periods in the district offices of the supervision section and with the psychiatric social workers in the psychiatric care and after-care service. The students also witnessed the proceedings when petitions were presented by authorised officers of the Council to Judicial Authorities for orders under the Mental Deficiency Acts.

Occupation centres

Accommodation

In June, 1955, the former Peckham elder girls' centre was transferred from unsatisfactory premises to a rebuilt church hall and rooms attached to the Clifton Congregational Church, Studholme Street, Peckham. In September, however, this centre exchanged premises with the junior centre at Brockley, as the Clifton premises were considered more suitable for juniors.

To meet the increasing need, additional accommodation was taken in June at the Greenwich centre for juniors and elder girls.

Industrial training centre

The Industrial Training Centre at 52 Ashfield Street, Stepney (mentioned in the Report for 1954) ,was opened in September. Simple wooden articles for use in nursery schools are made for the Council's Supplies Department and a large order was almost completed by the end of the Christmas term, the total value of the goods made being about £100. As this experimental centre has been open for only a short time it is early to assess the results, but there is every indication that it will be a success and justify the opening of similar centres in other parts of London.

The accommodation available in all centres at 31st December, 1955, was as follows :

Centres	Accommodation
Centres for children	
Bethnal Green	35
Brixton	40
Clapton	60
Clifton	60
Finsbury	60
Fulham	75
Greenwich (Including a class of elder girls)	60
North Kensington (Including a class of elder girls)	70
Peckham	45
Wandsworth	90
Centres for elder girls	
Brockley	60
Earlsfield	60
Hackney	40
Islington	35
Centres for elder boys	
Archway	40
Battersea	30
Dalston	50
Hammersmith	35
Peckham	60
Industrial training centre (elder boys)	
Stepney	20
Total	1,025

Schemes to replace unsatisfactory premises reached various stages during the year. Plans were prepared for the adaptation of Cornwall House, Bethnal Green, during 1956, and for the erection of a new permanent centre for 120 children on a site in Perry Rise, Lewisham, in 1957, each to replace two centres in east and south London respectively. A scheme was also in preparation for the adaptation of the former Balham day nursery premises as a permanent centre to replace the Battersea elder boys' centre. Arrangements were also approved to transfer the Brixton junior centre to better premises at Herne Hill at Easter, 1956, and arrangements to open an additional elder girls' centre at Greenwich in 1956 were under consideration.

Transport

To cope with increased attendances, additional coaches were hired. Nineteen coaches now serve the junior and elder girls' centres.

Open days and sales of work

Various functions were held during the year to show to parents and friends the work and activities carried out at the centres. Receipts for articles made and sold at the centres amounted to approximately £41 at junior centres, £121 at elder girls' centres, and £576 (including £132 for shoe repairs) at elder boys' centres, where some small apparatus and equipment for other centres were also made.

Chest X-ray examinations

All staff, and all defectives over 15 years of age attending centres, had chest X-ray examinations. One case of active tuberculosis was discovered and the boy concerned was excluded and is now under treatment.

Holidays, outings and parties

199 children and adults, of whom 81 necessitous persons received free or assisted holidays, participated in the annual holiday at a seaside camp. Some centres organised day outings to the sea or country, or visits to a circus or pantomime. Facilities were provided for periodic visits during the summer months to local parks for recreation or sports. Elder boys' centres organised inter-centre cricket and football matches. Christmas parties were held at all centres.

Gifts

Gifts of money to provide extra amenities at several centres were given by parents' groups and other persons.

Visits to centres

Parties of students from various organised courses of training, and interested persons from other authorities and countries, visited the centres during the year. The usual annual reports on the centres by Inspectors of the Board of Control were received and centres were also visited by members of the Mental Health Sub-Committee. Members of divisional health committees also attended some centre functions.

Staff—courses of training

Eleven staff who attended the two-year part-time course of training organised by the National Association for Mental Health, which commenced in September, 1953, completed the course and were awarded the Association's Diploma. A further course on similar lines commenced in September, 1955, in which thirteen occupation centre

staff are participating, their fees being paid by the Council. Students from other authorities taking the part-time course and the Association's full-time day course undertook periods of practical training of up to two months in London centres.

Attendance at occupation centres of patients under guardianship chargeable to other authorities

The arrangement whereby a charge of £12 12s. a head a year (plus cost of meals and conveyance to and from the centre) was made in respect of the attendance at the Council's occupation centres of defectives under guardianship chargeable to out-county authorities, was reviewed. It was decided that, unless reciprocal arrangements could be made with the authority concerned, the full ascertained cost of attendance should be charged in respect of future out-county cases attending the centres.

Attendance of London patient at a Middlesex occupation centre

The Council authorised payment of the full cost of attendance, viz., 12s. 4d. a day to enable a London patient under guardianship living in Middlesex to attend one of the Middlesex County Council's occupation centres.

Dental inspection and treatment

Because children at occupation centres are not attending school the dental services provided by the Council's school health service have not been available to them, thus increasing the difficulties in obtaining proper dental treatment for them. Although the position in the priority dental service was far from satisfactory, the Council decided to seek the approval of the Minister of Health to the use of the service by children attending the occupation centres. It was felt that the number of such children was so small in relation to the number of schoolchildren that their inclusion in the school dental inspection and treatment arrangements would cause little additional difficulty. The Minister was sympathetic to the proposal and suggested that the Council should seek an amendment of its proposals under section 28 of the National Health Service Act, 1946, to enable children attending the Council's occupation centres to receive dental inspection and treatment at its school treatment centres or dental clinics if they were unable to obtain such treatment by other means. Steps have been taken to secure the necessary amendment to the Council's proposals.

CO-OPERATION WITH GENERAL PRACTITIONERS

CO-OPERATION with other health services has continued on the lines indicated in the comprehensive statement in my report for 1954 and has been further developed.

The initiative in establishing liaison with general practitioners still rests with the Council but in some districts there are encouraging signs of increasing readiness, especially on the part of the younger practitioners, to co-operate more actively with health visitors and in some cases quite valuable results have been achieved. The extent of the assistance which can be offered to general practitioners is somewhat limited by the current shortage of health visitors but the future holds promise of successful developments in this field, particularly in encouraging general practitioners to take a leading part in the work being undertaken in respect of potential and existing problem families.

General practitioners co-operated extensively with the Council in its campaigns to forward diphtheria immunisation and to combat accidents in the home.

At the end of the year, 359 medical officers were employed on a sessional basis and conducted an average of 720 sessions a week in the school health and maternity and child welfare clinics. The majority were also engaged in general practice and others held appointments in hospitals and industry. The practical experience of the personal health services gained in this way by doctors having professional interests outside the Council's service is an important factor in the development of co-operation.

SCHOOL HEALTH SERVICE

Organisation

THE SCHOOL HEALTH SERVICE, like the maternity and child welfare service, is organised on a divisional basis (see pages 132–153 for reports of divisional medical officers).

The Voluntary School Care Committees, appointed by the Education Committee, have now been in existence for nearly 50 years and their contribution to the well-being of London school children continues to be an essential part of the School Health Service.

In 1948 at the inception of the National Health Service Act, their voluntary workers numbered 1,430. The figure now stands at 2,436. This number is the more noteworthy when it is compared with the 600 workers in the whole county who in 1945, as the schools settled down after wartime disturbance, were doing this work.

Care committee workers attended 95 per cent. of the medical inspections and their responsibility for the following-up, in spite of the greatly improved response on the part of parents, is still a valuable link with the home and family through which other and deeper problems may be revealed. It is impossible to assess exactly the contribution they make to the prevention of ill-health, but its value is indeed considerable.

Since the amendment to the Care Committee Constitution, referred to in the 1954 report, the co-operation between the care committee workers and the School nursing sisters health visitors has steadily increased, greatly to the benefit of the work for, in this as in all fields of social work, the paramount need in the now highly developed social services in London is closer co-operation between workers in the field.

Medical inspection rooms in schools

In a large number of schools, particularly voluntary schools, there is no separate accommodation for the medical inspection of school children. School halls, spare classrooms and in some cases the head teacher's room, have to be used for this purpose. Opportunity is taken when minor improvements are contemplated to press for a separate room for this work. Owing to financial restrictions necessarily imposed by the Ministry of Education only a small fraction of the money necessary has been allocated for this purpose so that the rate of improvement has been slow. Nevertheless, during 1955 improvements in the accommodation for medical inspections were made in 60 schools at a cost of £5,240.

The position in new schools, however, is very much better. The planning included a medical inspection room and in the larger secondary schools a medical suite of rooms. During the year new buildings have been brought into use and in each case suitable accommodation has been provided for the medical inspection and treatment of pupils, viz. :

Name of school	*Nominal roll*
Catford	1,190 girls
Dick Sheppard	900 „
Holloway	840 boys
Mayfield	1,620 girls
Woodberry Down	1,200 mixed

Pupils on school rolls

At the end of 1955 there were 442,917 pupils on the day school roll. 314,014 children of primary and secondary school age were in attendance at county schools, 104,764 at voluntary or assisted schools, 15,790 children under five years of age in nursery schools and classes or in primary schools and 8,349 children in day special schools.

Medical inspection

The School Health Service and Handicapped Pupils Regulations, 1953, require that (except under special arrangements) general medical inspections shall be carried out at least three times during a child's school life, but it is left to the discretion of the Local Education Authority to fix the ages at which these and any other medical inspections which may be necessary, are carried out. In London the practice for many years has been to carry out as a routine four general medical inspections at specified ages during school life. Such 'routine' inspections, however, constitute only a third of the total number of medical inspections each year. The 're-inspection' of pupils noted for treatment or observation, the 'special' inspection of pupils specifically referred to the

school doctor, and general medical inspections at ages outside the four 'routine' age groups, constitute the bulk of the medical inspection work.

Details of the medical inspections carried out in 1955, with comparable figures for the two previous years, are as follows :

			1953	1954	1955
General medical inspections	Routine age groups	Entrants	51,814	44,415	41,162
		7 years old	40,870	44,604	38,161
		11 years old	33,940	34,312	37,290
		Leavers	27,768	27,892	25,308
	Total		154,392	151,223	141,921
	Nursery		8,507	7,958	8,164
	Other ages		23,481	27,593	26,552
	Special schools		2,708	2,470	2,518
	Training colleges		308	178	177
	Secondary schools annual surveys		21,530	16,667	13,978
	Total general inspections		210,926	206,089	193,310

			1953	1954	1955
Other inspections	Special inspections	'Urgents' and 'Specials' (*a*)	23,618	27,262	24,380
		Employment certificates	3,984	4,604	4,521
		School journeys	19,375	19,503	22,400
		Miscellaneous (*b*)	13,364	8,223	6,210
		Total	60,341	59,592	57,511
	Re-inspections	Nutrition cases (*c*)	62,708	64,909	68,051
		Other	115,622	107,131	101,278
	Total other inspections		238,671	231,632	226,840
	Total all inspections		449,597	437,721	420,150

NOTES :—

(*a*) *Pupils brought urgently to the attention of the school doctor by parents, heads, school nurse, care committee, etc.*

(*b*) *Handicapped pupils for their special defect, candidates for higher awards, nautical school, etc., children engaged in theatrical employment, T.B. contacts, etc.*

(*c*) *Pupils receiving school meals, extra milk or vitamin capsules on the recommendation of the school doctor* (*see page* 105).

Apart from annual surveys in secondary schools children seen at routine inspections in 1955 formed 40·5 per cent. of the total of 442,917 on school rolls, compared with 42·8 per cent. in 1954.

The percentages of these children who were referred for treatment (other than for infestation or teeth) compared with the preceding years were :

Pupils referred for treatment

Age group and sex		*1953*	*1954*	*1955*
Nursery	Boys	12·2	12·7	11·1
	Girls	12·2	10·3	8·4
Entrants	Boys	15·1	13·8	12·4
	Girls	13·4	11·9	10·5
7 years old	Boys	17·9	16·8	15·3
	Girls	17·2	15·4	14·1
11 years old	Boys	15·8	14·5	14·0
	Girls	17·6	15·9	14·6
Leavers	Boys	12·7	11·7	11·6
	Girls	16·0	15·6	14·9
Other ages	Boys	16·0	16·3	15·4
	Girls	20·4	18·2	17·7
All pupils*		15·8	14·8	13·7

* *Exclusive of special schools, training colleges and annual surveys in secondary schools.*

The following table shows the percentages of the principal defects (other than infestation, teeth or errors of refraction) found in pupils of all age groups inspected at general medical inspections and referred for treatment or observation, with comparable figures for 1953 and 1954.

	1953	*1954*	*1955*
*Numbers examined	186,380	186,774	176,637
		Percentages	
Skin diseases	1·29	1·39	1·35
External eye diseases	0·75	0·72	0·58
Defective hearing	0·64	0·59	0·59
Otitis media	0·97	0·74	0·66
Enlarged tonsils and adenoids ..	7·61	6·92	5·97
Defective speech	0·75	0·72	0·75
Enlarged cervical glands ..	1·62	1·45	1·30
Heart and circulation	0·84	0·87	0·79
Lung disease (not T.B.)	1·77	1·55	1·41
Orthopaedic defects	5·25	5·10	4·82
Defects of nervous system ..	0·37	0·37	0·39
Psychological defects	0·86	0·97	0·97
Anaemia	0·26	0·19	0·14
Enuresis	1·76	1·56	1·57

* *Excluding special schools, training colleges and annual surveys in secondary schools.*

Compared with 1954 a reduction in the number of enlarged tonsils and adenoids was shown in all groups except boys in the nursery and eleven years old groups, whilst all age groups showed lower rates for orthopaedic defects.

School doctors carrying out general medical inspections have since 1947, in accordance with Ministry of Education requirements, classified the 'general condition' of the pupils on a 3-point scale, 'Good', 'Fair' or 'Poor'. This replaced a 4-point scale for recording the doctor's assessment of 'nutrition' as 'excellent', 'normal', 'sub-normal' or 'bad'. Since these are descriptions of purely subjective assessments it is clear that such a change in the system of classification meant that it would be some years before the statistics of assessment on the new scale could be regarded as stable enough to enable significant conclusions to be drawn from year to year comparisons :

			Sub-Normal	*Percentages referred :*		
Year	*Excellent*	*Normal*	*and Bad*	*Treatment*	*Observation*	*Total*
1946	18·0	76·4	5·6	1·3	0·7	2·0
	Good	*Fair*	*Poor*			
1948	40·8	56·0	3·2	1·0	0·5	1·5
1953	53·3	44·3	2·4	1·1	0·8	1·9
1954	57·6	40·4	2·0	1·0	0·8	1·8
1955	60·4	38·0	1·6	0·8	0·8	1·6

Pupils receiving school meals, extra milk or vitamin capsules on the recommendation of the school doctor are re-inspected each term. During 1955 the number of such re-inspections was 68,051. The classification of general condition recorded at these 'nutrition' re-inspections, with comparable figures for previous years, was as follows :

	Good	*Fair*	*Poor*
1951	10·5	65·5	24·0
1952	10·7	68·0	21·3
1953	12·3	69·4	18·3
1954	13·0	70·1	16·9
1955	14·5	70·3	15·2

School meals, milk and vitamin supplements

A return to the Ministry of Education for a typical day in September, 1955, showed that 223,413 pupils, 55·3 per cent. of the number present, were provided with school dinners ; of these, 18,687 received dinners free of charge. On the same day, 361,527 children had school milk. This cannot be expressed as a percentage of the number present, as it included milk collected for children absent from school through sickness.

Vitamin capsules are supplied daily free of charge to pupils recommended for them by the school medical officer. Other children may have them at the request of their parents, on payment of 1s. a term.

In October, 1955, meals were being produced at 600 kitchens (including seven central kitchens) and served to children at 957 separate premises. During the course of the year some 41½ million meals were served to children and teachers and the output of mid-day dinners to children reached a record daily figure of 224,000.

The school meals service aims at concentrating the maximum food value into the quantity of food a child is willing to eat, and the following standards have been set :

Age group	*Minimum number of calories*
(i) Under 7 years	500
(ii) 7 to 11 years	650
(iii) Over 11 years	800

Meals for children are planned to contain, as a minimum, 20 grammes of protein, 25 grammes of fat and 400 milligrammes of calcium. The diet of the children taking meals was under the supervision of the Council's Honorary Nutritional Consultant, Dr. T. S. Macrae, O.B.E., D.Sc. To provide a check on the standards of meals served, random samples were analysed from time to time by the Council's Scientific Adviser (see page 60).

Vision

All school pupils, other than entrant infants, have their distant visual acuity tested by the school nurse by means of Snellen test charts, those pupils who have them wearing their spectacles for the test. The test is carried out at the time of the routine age group general medical inspection and, in cases of sub-normal vision, the result of the test is checked by the school doctor. The charts used by the Council are double sided, having lower case script lettering on one side and plain block capitals, without serifs, on the other, as it has been found that children have less difficulty with such types of letters than with the classical Snellen types.

The following table gives the results of such vision tests carried out during 1955 :

			Visal acuity (with glasses, if worn)				*Percentage referred for treatment*		
			6/6	*6/9*	*6/12 or worse*	*% wearing glasses*	*Total*	*Already wearing glasses*	*Not wearing glasses*
			%	%	%				
7 year old	Boys	..	79·4	13·7	6·9	3·0	6·4	0·6	5·8
	Girls	..	78·5	14·4	7·1	3·3	6·8	0·7	6·1
11 year old	Boys	..	83·5	8·5	8·0	8·2	7·5	2·5	5·0
	Girls	..	80·1	10·7	9·2	8·9	8·9	2·6	6·3
Leavers	Boys	..	81·9	8·5	9·6	11·4	8·2	3·4	4·8
	Girls	..	78·4	10·6	11·0	13·1	10·5	4·2	6·3
Other ages	Boys	..	80·6	10·3	9·1	7·4	8·8	2·3	6·5
	Girls	..	78·8	11·2	10·0	9·2	9·7	2·8	6·9

Of those referred for treatment of defective vision the proportion who were already wearing spectacles rose from about one-tenth at age seven to two-fifths at age 15. The higher total percentages of children referred for treatment at older ages was thus almost wholly due to cases needing natural adjustment of refraction correction with the passage of time.

In 1955, the incidence of defective vision and the precentage of pupils referred for treatment of defective vision remained fairly stable compared with the preceding years. As experienced over many years, the recorded incidence of defective vision was greater among girls than boys.

Squint was most prevalent in the entrant group, falling to insignificant residual level in the leaver group. The overall figure of pupils referred for treatment of squint was 0·8 per cent. compared with 0·8 per cent. in 1954, 0·9 per cent. in 1953 and 1·1 per cent. in 1952.

The problem of ensuring that treatment is obtained for pupils with defective vision, now that this specialist work is the function of the Hospital Eye Service, is discussed on pages 112 and 113.

Hygiene inspections and the cleansing scheme

For the purpose of assisting at medical inspections, each school health visitor is allocated to a group of schools, which she also visits in accordance with a rota, to carry out hygiene inspections. Each school is visited at least once a term, so that each child is seen at least three times a year.

The hygiene inspection of all pupils is, in two terms out of three, concerned primarily with the detection of lice or nits. As was explained in the 1953 report (pages 105–6) in the third term of the school year a more comprehensive inspection is carried out.

The following table gives the results of the personal hygiene inspections carried out during 1955 :

	Total Number of Inspections	*Pupils found to be verminous**	
		Number	*Percentage*
Boys	405,946	2,704	0·6
Girls	440,214	9,373	2·1
Infants	406,215	4,888	1·2
Total	1,252,375	16,965	1·4

* *'Verminous', in this context, has a special connotation since it includes cases with only one 'nit' (ovum) as well as cases with live vermin present.*

For pupils whose personal hygiene is unsatisfactory an 'advice' card is issued, which gives instructions to the parents on cleansing the child at home. A second advice card gives, in addition a warning of possible statutory action, and invites voluntary attendance at a bathing centre. If, on re-inspection, the condition is found to be unremedied, then a statutory notice is sent to the parent. This statutory notice also invites voluntary attendance at a bathing centre. If, on further re-inspection, the condition is still unsatisfactory, the pupil is conveyed to a bathing centre for compulsory cleansing. The cleansing is carried out at seven bathing centres run directly by the Council and, by arrangement with the Metropolitan Borough Councils concerned, at 21 borough cleansing stations.

The following table shows the results of the operation of this 'cleansing scheme' during 1955 :

1. Number of *occasions* on which pupils were found to be 'verminous' (as defined)	16,965
2. Number of *individual* pupils comprising item 1	9,613
3. Number of advice cards issued	10,483
4. Number of *families* involved in item 3	4,581
5. Number of pupils found to be clean after issue of advice card ..	1,176
6. Number of pupils voluntarily attending bathing centre after advice card	7,001
7. Number of statutory notices issued	1,532
8. Number cleansed voluntarily after statutory notice	459
9. Number compulsorily cleansed after statutory notice	977

The total number of individual verminous pupils treated at bathing centres fell by 2,263 to 9,867, while treatments needed decreased by 3,624 to 15,756.

The steady decline in the numbers of verminous pupils in recent years is shown in

the following table, and may be attributed to improved social standards, greater concern on the part of parents, and the effectiveness of the cleansing scheme.

Year	No. of pupils on school rolls	No. of nurses' hygiene inspections	No. of occasions on which pupils were found to be 'verminous'	Column (4) as a percentage of column (3)	No. of individual children comprising column (4)	Percentage of the school population of the individual children in col. (6)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1938 ..	457,253	1,463,634	106,299	7·3	65,292	14·3
1946 ..	334,784	1,532,848	87,668	5·7	40,960	12·2
1948 ..	373,090	1,538,187	64,620	4·2	29,970	8·0
1950 ..	380,885	1,428,783	46,012	3·2	22,159	5·8
1952 ..	425,362	1,439,384	31,905	2·2	17,051	4·0
1954 ..	442,129	1,299,358	21,872	1·7	11,801	2·7
1955 ..	442,917	1,252,375	16,965	1·4	9,613	2·2

Re-inspection and 'follow-up'

The 'follow-up' of children referred by the school doctors for observation or treatment, which is an essential part of the school health service, is carried out by the children's care organisation. Each child referred is re-inspected by the school doctor a few months after medical inspection, to allow time for treatment to be carried out, and further re-inspections are made, if necessary, to ensure that as far as possible every child gets adequate treatment.

During the year, 169,329 medical re-inspections were carried out, 68,051 in respect of pupils noted as 'nutrition' cases (see page 104) and 101,278 in respect of other defects.

Choice of employment

At the general medical inspections of pupils about to leave school, note is made by the school doctors of any physical condition in the pupil which would indicate against a particular type of employment, and this information is passed on to the Youth Employment Service.

Pupils advised against particular forms of employment formed 15·4 per cent. of both sexes examined. Work requiring normal vision and that involving eye strain again headed the list of contra-indications for both sexes. Next came heavy manual work, normal colour vision (for boys only), exposure to bad weather, and prolonged standing or quick movement.

The following table gives the main contra-indications disclosed at the medical inspections of the 21,722 school leavers during 1955 :

Contra-indications	*Boys*	*Girls*
Occupations involving :		
Heavy manual work	293	212
Sedentary work	17	37
Indoor work..	4	2
Exposure to bad weather	109	180
Wide changes of temperature	56	52
Work in damp atmosphere	95	104
Work in dusty atmosphere	113	79
Much stooping	24	30
Climbing	65	49
Work near moving machinery or moving vehicles	69	34
Prolonged standing, much walking or quick movement from place to place	107	149
Eye strain	512	558
Normal vision	730	540
Normal colour vision	288	2
Normal use of hands	13	5
Exposure of hands to moisture, chemicals, etc. ..	24	29
Handling or preparationof food	69	77
Normal hearing	70	44

Employment of children

The bye-laws governing the employment of children require, *inter alia*, that the Principal School Medical Officer shall certify that the employment of the child will not be prejudicial to his health and physical development and will not render him unfit to obtain the proper benefit of the education provided for him. Such a certificate is valid only (i) during a period of six months from the date of its issue, and (ii) for the class of employment referred to in the certificate.

During the year, 4,521 medical examinations were carried out locally in respect of the issue of employment certificates. In addition, medical examinations were carried out at the County Hall of children concerning their employment under licence in public entertainments, comprising 232 boys and 318 girls.

Children under five years of age

At the end of 1955 there were 168 nursery classes with accommodation for approximately 5,040 children aged 3 to 5 years. In addition to a mid-day meal, these children had one-third of a pint of milk daily and cod liver oil and other vitamin preparations ; medicaments containing iron were also prescribed for those who required them. Nursery class children attend during the ordinary school hours of primary schools, but nursery school children can attend between 8.30 a.m. and 4.30 p.m. and have dinner (and breakfast and tea when necessary) and two-thirds of a pint of milk daily in addition to other supplements supplied to the nursery class children.

At the end of the year there were 22 maintained day nursery schools with accommodation for 1,310 children from 2 to 5 years, three nursery centres each providing part-time education for 80 to 100 children half of whom attend in the mornings and half in the afternoons, and five assisted nursery schools with accommodation for 230 children.

Health visitor/school nursing sisters attend nursery classes and schools frequently and each child is examined every term by a school medical officer.

There were 15,790 children under five years of age on the day school rolls, 13,161 being in the Council's schools and 2,629 in voluntary schools.

Gramophone audiometer testing

Audiometry

Routine hearing testing is carried out by school nursing sisters using gramophone audiometers in schools. Since the gramophone test takes the form of a series of numbers which are ' read ' to the class pupils must be old enough to write from dictation, the tests therefore are carried out on entrance to junior school at the age of 7+ years. Pupils failing in two consecutive gramophone tests are referred to the audiology clinic at a local school treatment centre for pure tone testing by the same sister. This is an individual test carried out under quiet conditions and takes the form of a note of variable pitch and volume which may be intermitted or continuous to which the child listens through earphones which exclude as far as possible external noise. Any pupils failing their pure tone test are referred to an otologist at the audiology centre. The sisters who act as ' audiometricians ' are engaged exclusively on this work and are responsible for the clerical work, home visits, transport of equipment, arrangements with schools, pure tone sessions and attendance at audiology sessions.

Audiometricians

Whilst in the hospital services the duties of hearing aid technicians and audiometricians include the fitting, testing and maintenance of individual hearing appliances and the emphasis is on the technical side, both in their training and duties, the work done by these school nursing sisters is an extension of their normal nursing duties. They are not concerned with the technical aspect, e.g., the repair and maintenance of the apparatus they use is the responsibility of the Council's Chief Engineer. Testing the hearing of children is as much or more a matter of establishing a personal relationship based on a knowledge of their management, as of methods of testing hearing. Hearing tests of this type are useless if carried out by an unsuitable person and this is particularly

the case when dealing with younger children. The nurse is also able to use her professional judgment, as hearing may be affected by the child's general health, e.g., wax in the ears, and to assist the otologists professionally at the audiology centres. All work in connection with the children's hearing is thus centred on the same school nursing sister. Technicians would not be qualified to perform the functions of a ' clinic sister ' in this way.

Audiology centres

Towards the end of 1953 it was considered desirable to carry out field trials in London of the rapid pure tone sweep method of testing school entrants aged 5+ years. As it was essential to arrive at an estimate of the number of staff required if this method were to be adopted, it was decided to conduct an experiment in two divisions, and pilot schemes began in 1955 after the purchase of two Amplivox Model 70 portable audiometers. Before the field trials commenced, a medical officer and school nursing sister from each of the two divisions received training at the Royal National Throat, Nose and Ear Hospital.

The pilot schemes were visualised as a modification of the existing London procedure only in the substitution of a rapid sweep test in school for the gramophone test in school. The reference of ' school test failures ' to a full pure tone test, and of full pure tone test failures to the otologist, remained as before. Similarly, in these pilot schemes, the school nursing sister remains responsible for making all ancillary arrangements as before.

The records of the audiometric tests in 1955 were as follows :

	Age 7+ (7 Divs.)	*Age 5+ (2 Divs.)*
Estimated school population	41,097	12,794
First gramophone test	40,509	—
Second gramophone test	11,883	—
Sweep test	—	7,947
Referred to otologist at audiology centre ..	1,165	

Training of very young deaf children

There are nine audiology clinics equipped with a pure tone audiometer and other special equipment and staffed by part-time otologists serving the nine health divisions of the county.

Whenever there is any question of suspected hearing defect, children are referred to these clinics by school doctors from routine or special medical inspections, by school nursing sisters after group gramophone tests in school, by teachers, speech therapists, etc.

The eventual disposal of these children depends upon the medical and educational recommendations made by the otologist at the audiology centre. The majority of the children are found by this specialist either not to be deaf, or to be only temporarily ' hard of hearing ' due to a ' cold ', wax in the ears, or to some condition, such as septic tonsils, which requires treatment. Minor treatments are carried out at the audiology centre. Children whose condition is more serious are referred to an ear, nose and throat clinic at a hospital, where any necessary treatment (including the supply of hearing aids, and operations, such as tonsillectomy or mastoidectomy) is carried out. During 1955, 292 audiology sessions were held, at which there were 3,299 attendances, including 1,164 new cases.

A small residual number of children, who may require special educational treatment after ascertainment as handicapped pupils, are referred to the County Hall for examination by the Council's consultant otologist. In general, it is seldom that a pupil requiring special educational treatment is found by routine audiometer, or other tests in school. The needs of the majority of these children are noticed before they reach the age of five years.

Pure tone sweep testing

Training in speech and understanding should begin at the age when a child normally beings to speak, i.e., at about 10 months, and should be given continuously at home by the parent. The parent therefore needs to receive instruction from the teacher so that

the training of the child is not direct but through the mother. This training is what is called the auditory training of the deaf, as opposed to the traditional manual and oral methods. The child also receives training from the teacher in lip reading, speech correction and the correct attitude to deafness.

In 1951, the Royal National Throat, Nose and Ear Hospital adapted a house in Gray's Inn Road, near the hospital, for the examination and education of the very young deaf child and its parent. Three teachers were employed by the hospital (Ministry of Health) and education began as early as 10 months.

At that time, the problem of deafness in very young children was the subject of intensive investigation. This pioneer work carried out in London by the Royal National Throat, Nose and Ear Hospital was, however, limited in scope and mainly exploratory. As the local education authority, the Council had a close interest and duty in the matter, and it was hoped that the Council's audiology units would develop along the same lines. The kind of staff envisaged was three teachers, employed by the Education Officer's department, and nine nurses employed on audiometer testing. The work in the auditory training centres would be with the parents and children under the age of three : it was hoped that the children would be found later to be suitable for admission to ordinary schools.

In August, 1952, the appropriate Committees of the Council authorised the employment of teachers of the deaf to work with young deaf children at the Council's audiology centres. It was pointed out that, although the Education Act, 1944, made provision for the teaching of deaf children from the age of two years, it was unusual to admit children to the Council's nursery classes for the deaf before the age of three years, as below that age a child was too young for full-time attendance at school. By the time a deaf or partially deaf child was admitted to school, however, much valuable time had been lost unless, from an early age, he had been receiving special training to enable him to overcome his handicap. The untrained child, on admission to school, had to spend educational time in basic training to enable him to benefit from education and might never wholly make up the time lost. To ensure that any medical treatment which might ameliorate their hearing conditions would be carried out, the Council undertook that its consulting ear, nose and throat surgeons would examine all children, whether of school age or under the age of five, and whether deaf or partially deaf, who came under the scheme for the training of very young deaf children.

When the Council's proposal was approved by the Ministries of Health and Education a letter was sent to all those in London who were entitled to refer deaf children to the special clinics. A suitable peripatetic teacher to start the scheme commenced work on 25th April, 1955, and is now working at the Province of Natal Centre, Holborn and St. George's Dispensary, Elephant and Castle. The teacher is under the direction of the Education Officer through his inspectorate, and is responsible single-handed for the teaching of deaf children carried out at the two audiology centres named above. She is also responsible for the follow-up of the progress of pupils now attending ordinary schools who formerly attended partially deaf units, to ensure that they are successfully coping with a normal hearing environment. Each child attends with a frequency determined in the light of its need and the case load. The length of a session for each child varies. 52 children were attending her sessions by the end of November, 1955. It is intended to appoint a second teacher and to open two additional centres in 1956.

School Journeys

Arrangements for the medical and hygiene inspection of pupils before departure on school journeys or visits to holiday camps were continued. During the year 22,400 such examinations were carried out. The metropolitan borough medical officers of health were asked to co-operate by forwarding information when infectious disease occurred in a home from which a pupil had gone on a school journey.

Holidays for diabetic and epileptic children

During the summer the Diabetic Association again organised holidays for diabetic children and the British Epilepsy Association, under a similar scheme, a holiday for epileptic children.

A small number of London diabetic and epileptic children, who would otherwise have been denied a holiday because of the problems associated with their handicaps, were provided with holidays at Kingsdown, Kent; Barrow, Lancashire (diabetic children), and Brockley, Northants (epileptic children).

Scabies, impetigo and ringworm

Individuals treated for scabies totalled 961, compared with 898 in 1954.

Cases of impetigo treated at minor ailment and bathing centres numbered 3,749, compared with 3,196 in 1954.

The incidence of scalp ringworm (9 cases) was the lowest ever recorded in the County.

Medical treatment

Under Section 3 of the National Health Service Act, 1946, it became a duty of the Minister of Health to provide through Regional Hospital Boards and Boards of Governors of Teaching Hospitals, the services of specialists at hospitals, health centres, clinics, etc. The Council, as Local Education Authority, also has a duty under Section 48 (3) of the Education Act, 1944, 'to make such arrangements . . . . as are necessary for securing that comprehensive facilities for free medical treatment are available to its pupils either under this Act or otherwise'. Guiding principles on the specialist work carried out at local education authority clinics were laid down in Circular 179 issued by the Minister of Education and after discussions with the Boards it was agreed that responsibility for the provision of specialists at rheumatism, ear, nose and throat, vision and orthoptic clinics lay with the Metropolitan Regional Hospital Boards, while the Council remained wholly responsible for the minor ailment, audiology, special investigation, nutrition and dental clinics. Circular 179 suggested that the Regional Hospital Boards should plan the future organisation and development of services for school-pupils in consultation and agreement with local education authorities, but, in fact, the final word on any growth of the specialist side of the school health service would appear to lie with the Regional Hospital Boards.

In the 1953 and 1954 reports attention was drawn to the difficulty in obtaining the necessary vision sessions in one of the four metropolitan hospital regions, the Regional Hospital Board being unable to accept any additional financial commitments. As a special case the Ministry of Health authorised the Council to employ ophthalmologists to deal with the mounting waiting lists. Up to the end of December, 1955, 1,414 sight tests were carried out at 241 vision sessions in the three divisions concerned. The Regional Hospital Board agreed to make provision for additional vision sessions in 1956.

School treatment centres

At the end of the year there were 112 school treatment centres, 91 run directly by the Council and 21 by voluntary committees. The following table shows the number of clinics available in school treatment centres for the treatment of each defect (comparable figures for 1954 are shown in brackets):

Type of clinic		
Minor Ailments	88	(*83*)
*Dental	65	(*63*)
†Vision	44	(*41*)
†Orthoptic	13	(*8*)
†Ear, Nose and Throat	8	(*12*)
Audiology	11	(*9*)
‡Speech Therapy	37	(*35*)
†Enuresis	1	(*1*)
Special Investigation	21	(*15*)
Nutrition	31	(*29*)
†Rheumatism (Supervisory)	14	(*14*)

* *Several of these are 'twin' surgeries.*

† *Specialists provided in most cases by regional hospital boards.*

‡ *In addition to 27 in day E.S.N., 17 in P.H., and five in residential schools.*

Treatment of school pupils at hospitals

The co-operation between the London school health service and the hospitals dates back to the earliest days of the school health service, a Children's Care Organiser being appointed as long ago as 1911 to the London Hospital to direct the flow of patients and act as a liaison officer between the care committees and the hospital authorities. Today this co-operation takes several forms, in which the children's care organisers working in the Public Health department play an important role. At some hospitals special sessions are provided for the treatment of school pupils, and organisers make the appointments and attend the sessions. At other hospitals the organiser, although not present at the sessions, undertakes the making of the appointments. At certain other hospitals the organisers attend to carry out the liaison between the children's out-patient departments, the specialist clinics, the school health service and the children's care organisation.

The report of the children's care organisers working in the out-patient department of Guy's Hospital, illustrates the wide scope of this liaison between the school health service and the hospitals. The following is a short statistical summary of the report :

Hospital department	*New cases*	*Total attendances*	*Discharged—treatment complete*
Children's	296	996	104
Ear, Nose and Throat ..	307	530	135
Vision	180	1,623	865*
Orthoptic	73	755	†
Orthopaedic	87	211	82

* *Spectacles either obtained or not needed.*
† *Not available.*

The total number of attendances of school-pupils seen in departments of the hospital attended by the organisers was 5,055.

Treatment statistics

Ministry of Education returns call for information on all treatment known to have been provided, whether by the Council or otherwise. Such statistics are necessarily incomplete, since no figures are available from general medical and dental practitioners, opticians or from the many hospitals that have no direct link with the Council's organisers. Even at some of the co-operating hospitals, the medical records and documentation adopted by the hospitals, for the purposes of their own returns to the Ministry of Health, do not enable separate figures for the L.C.C. school-pupils to be extracted. Care should, therefore, be exercised before attempting to draw conclusions about the incidence of defects or the extent to which treatment has been obtained, from the figures that follow :

Type of clinic		*1953*	*1954*	*1955*
*Vision	New cases ..	35,222	34,420	34,425
	Attendances ..	92,511	94,176	93,082
*Orthoptic	New cases ..	1,517	1,410	1,276
	Attendances ..	11,564	11,643	11,200
*Ear, Nose and Throat	New cases ..	6,301	6,439	4,642
	Attendances ..	15,291	15,056	11,826
Audiology	New cases ..	1,330	1,153	1,164
	Attendances ..	2,676	2,954	3,299
Minor Ailments	New cases ..	169,443	166,173	165,558
	Attendances ..	794,263	757,220	739,923
Dental	New cases ..	116,499	129,712	121,362
	Attendances ..	269,061	300,912	315,750
*Rheumatism	New cases ..	959	786	613
	Attendances ..	6,936	5,681	5,003
Nutrition	New cases ..	1,144	1,090	933
	Attendances ..	10,593	10,594	9,565
Special Investigation	New cases ..	957	904	867
	Attendances ..	4,588	5,626	5,587
*Enuresis	New cases ..	808	592	535
	Attendances ..	4,026	3,466	3,275

* *Hospital and specialist services provided by boards of governors or regional hospital boards.*

When a pupil is absent from school, and the cause is either known or suspected to be due to infectious disease, the Head of the school notifies the Divisional Medical Officer and the Borough Medical Officer of Health. The numbers of cases of infectious diseases thus reported during 1955 and the preceding years are given below :

Cases of infectious illness involving exclusion or absence reported from schools in 1955 *and preceding years*

Year	*Chicken-pox*	*Diph-theria*	*German measles*	*Impetigo*	*Measles*	*Mumps*	*Ophthalmia and Conjunctivitis*	*Polio-myelitis*	*Ringworm*	*Scabies*	*Scarlet fever*	*Whooping cough*
1938 ..	11,018	3,576	2,383	1,018	31,852	4,805	342	—	278	2,718	3,988	4,067
1951 ..	16,756	26	2,193	212	15,045	6,127	1,685	29	138	73	1,811	3,338
1952 ..	14,281	31	16,115	266	13,127	8,391	1,245	70	138	93	3,042	2,028
1953 ..	7,143	17	686	195	8,282	2,614	526	81	127	64	1,703	3,478
1954 ..	13,891	7	567	402	2,439	13,051	452	28	110	81	1,292	1,587
1955 ..	8,366	7	639	522	16,724	1,982	271	206	80	72	984	1,614

These figures are uncorrected for diagnosis, but they form the best available index of the trend of those infectious diseases in the child community, which are not statutorily notifiable.

When the number of cases of infectious disease reported from a particular school indicates the possibility of an outbreak, special visits are made by a school nursing sister, and, if necessary, by a school doctor, in order to investigate the situation and take whatever control action is considered desirable.

The system of notification by the Head and careful observation of the pupils in the school has been the practice for many years and is an important contribution towards the control of the spread of infectious disease.

At the end of the year special educational treatment was being provided for more than 10,500 pupils, and the following table shows the main categories of handicap and numbers of pupils receiving full-time special educational treatment :

	Day special schools	*Boarding special schools*	*Hospitals*	*Non-Council boarding schools, hostels, foster-homes*
Blind	—	48	—	66
Partially sighted	311	—	—	7
Deaf and partially deaf	312*	53	—	63
Physically handicapped	1,152	74	409	42
Delicate	1,418	299	—	89
Educationally sub-normal	3,332	510	—	66
Epileptic	—	—	—	38
Maladjusted	43	211	45	285

* *Includes 69 pupils in partially deaf units.*

In addition part-time special educational treatment at day special classes was provided for 319 maladjusted pupils and 1,507 pupils with speech defects.

During the year the numbers of new formal ascertainments were as follows :

	Day	*Boarding*
Blind	—	24
Partially sighted	35	—
Deaf and partially deaf	35	6
Delicate	548	612*
E.S.N.	813	124
Epileptic	—	9
Maladjusted	121	169
Physically handicapped	216	16
Speech defect	1,027	25†
Dual defect	—	39

* *Including diabetic and E.S.N./Delicate.*

† *Including 12 pupils already E.S.N. and seven already P.H.*

The following table gives details of the numbers of children found to be no longer in need of special educational treatment during 1955 :

	Day	*Boarding*
E.S.N.	106	10
Physically handicapped	85	6
Partially sighted	26	—
Maladjusted	141	21
Deaf and partially deaf	12	2
Epileptic	—	4
Blind	—	3
Speech defect	405	—

The above figures include children enabled to leave school at the age of 15 years on the grounds that education in a special school is no longer necessary. Particulars of children discharged from schools for the delicate are not shown as the need for this type of special educational treatment is, as a rule, for comparatively short periods.

Educationally subnormal children

Section 57 of the Education Act, 1944, deals with the examination and reporting to the local health authority of children considered incapable of receiving education at school, of children whom it is considered inexpedient to educate with other children and of children needing supervision under the enactments relating to mental health

after leaving school. Details of the numbers reported under this section are given below :

Section 57 (3)—Incapable of receiving education :	
Children not in any school	94
Children in normal schools	9
Children in special schools	90
Children receiving home tuition under Section 56 of the Education Act	1
	194
Section 57 (3) and (4)—Inexpedient to educate with other children ..	6
Section 57 (5)—School leavers	348

In 1955 another 87 school leavers were in need of voluntary supervision only.

Section 8 of the Education (Miscellaneous Provisions) Act, 1948, enables a review to be made in the case of any child who has been reported to the local health authority under Section 57 (3) of the Education Act, 1944, and gives authority for the cancellation of the report where the child, on re-examination, is found to be educable. Reports on five such children were cancelled.

Of these children, two were ascertained as educationally sub-normal, two were ascertained as educationally sub-normal and partially deaf. The fifth child was considered suitable for admission to a school for educationally sub-normal children but as he and his family moved out of London immediately after the withdrawal of the report to the local health authority his ascertainment is a matter for the local education authority of the area where he is now living.

In addition to the examinations of pupils who were eventually ascertained as handicapped, in some 1,500 other instances it was recommended, after examination, that the pupils should remain in ordinary school with, if necessary, special treatment such as restrictions on games, special coaching, favourable position in class, etc.

Physiotherapy for physically handicapped pupils

Reference has been made in previous annual reports to the very successful arrangements, started in 1950, at the Venetian special school for physically handicapped pupils whereby physiotherapy has been given to the pupils at the school by physiotherapists working under the supervision of the Director of Physical Medicine from King's College Hospital.

Negotiations with other hospitals have now resulted in similar arrangements at a number of other schools. In addition to King's College Hospital, mentioned above, the Middlesex, Royal Free, London and St. Mary's (Princess Louise) Hospitals are linked with local schools for the physically handicapped, and provide physiotherapy in the schools.

Negotiations are still proceeding in respect of certain schools, in the south of London, where there are no nearby teaching hospitals.

Diabetic pupils

The Council maintains a residential hostel for diabetic pupils at Palingswick House, Hammersmith. Children suffering from diabetes mellitus, which cannot be adequately controlled at home, and who are of such intelligence as to profit by their stay are admitted. The principles of control of the disease and the importance of diet are taught, and the children are trained to make their own insulin injections and to guard against the accidents of a diabetic life. A visiting medical officer provides day to day care and a consultant visits regularly. The children attend local schools, the infants returning to the hostel for lunch, the others have part school meal and part food taken with them from the hostel.

Speech therapy

As indicated in the 1954 report, there has been an extension of the speech therapy service in both day and residential schools. Sessions at school treatment centres have increased from 28 to 38, those at day schools for the educationally sub-normal from 25 to 26, at day schools for the physically handicapped from 15 to 17 and at residential schools from 4 to 5. At the end of the year 1,483 pupils were under treatment at these

various speech therapy classes. New admissions during the year amounted to 628 and 473 pupils were discharged as either improved or cured. 259 pupils, most of whom have shown some improvement, ceased to attend the classes for various reasons. The increased activity indicated was made possible by additional staff engaged during the year, the total of which on 31st December stood at 13 full-time speech therapists (including one senior therapist), 3 part-time and 7 sessional therapists.

Enuresis

At the Westminster Hospital (All Saints Urological Centre) the number of new applications for enuretic school pupils has been decreasing for some time, owing to the provision of other facilities elsewhere. Two sessions a week for school pupils were held and the number of new cases seen throughout the year was 255 (289). The waiting period has averaged three weeks and has not risen above six weeks. There was a total attendance of 1,555 (1,759) and 91 (137) children were discharged as cured. A number of former pupils who failed to re-attend were, necessarily, removed from the current file, but a home visit from a care committee worker often resulted in a resumption of attendance.

Enuresis is also dealt with at a number of other hospitals in London, and, in addition, is among the conditions dealt with at the Council's own special investigation clinics.

Juvenile rheumatism

Following a slight but steady decline during the past three years, there has this year been an abrupt fall in the number of cases of juvenile rheumatism referred for admission to Queen Mary's Hospital for Children, Carshalton.

Nominations received	63
Outstanding from previous year	2
	65
Admitted to rheumatism unit	63
Nominations withdrawn	1
Not suitable for unit	1
	65

The indication that acute rheumatism is become progressively less prevalent is not alone sufficient to account for this fall and further factors therefore must be looked for to account for admissions being less than half those for the previous year whereas the new cases at the rheumatism advisory centres still seem to follow the previous trend. It may be that some patients have been admitted direct to Queen Mary's Hospital without going through the Rheumatism Scheme Register and that more patients are being diverted to the Special Rheumatism Unit of the Canadian Red Cross Hospital, Taplow.

Although the total numbers have fallen, the percentage of children with cardiac involvement has risen and this is seen mainly amongst the boys (an increase from 28·1 per cent. to 44·8 per cent.) whereas the percentage of girls has fallen slightly (31·5 per cent. to 27·8 per cent.). Aortic disease was again more evident amongst the boys.

Percentage of children with cardiac involvement on admission during recent years has been :

1948	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*
70·2	51·7	60·8	49·1	43·7	41·2	34·5	41·3

As heretofore the figures for chorea show a feminine predominance, but the proportion is higher than last year and also the complication of carditis is more evident.

The condition on admission of the children admitted during 1955 was as follows :

	Boys	*Girls*
Articular rheumatism		
Number admitted	29	18
Percentage with :		
Carditis	44·8	27·8
Valvular damage :		
Mitral	6·9	5·5
Mitral and aortic	3·5	—
No cardiac involvement	44·8	66·7
Chorea		
Number admitted	2	8
Percentage with :		
Carditis	—	12·5
No cardiac involvement	100·0	87·5
Articular rheumatism and chorea		
Number admitted	—	4
Percentage with :		
Carditis	—	50·0
Valvular damage :		
Mitral	—	25·0
No cardiac involvement	—	25·0

N.B.—Two children were diagnosed ' not rheumatism '.

Remedial exercises classes

Special classes to correct foot defects, before they develop into permanent disabilities are held, mainly in primary schools. The classes are taken by a class teacher who has attended a course given by the Council's consultant on postural defects and the senior inspectors of physical education. The general medical supervision of the classes is undertaken by the consultant in postural defects who visits each class at least once a year. A school medical officer in each division is responsible for selecting the children and for their discharge on improvement.

Psychiatry

Child guidance

The year was again a busy one at the Council's four child guidance units and the increasing demand for their services has continued. Some increases of staff have helped the units to undertake more treatment but waiting lists remain longer than is considered desirable. The length of the waiting list, resulting in delays before children can be seen or treatment undertaken, has constituted the major problem facing the medical directors.

Staff from the units have co-operated with maternity and child welfare centres in the scheme for mental health education in the Maternity and Child Welfare service (see page 70). In addition psychiatric guidance for parents of children under five continued to be provided at two clinics run in conjunction with the local infant welfare centres.

The following table gives details of the work carried out during the year at the four units :

	Brixton	*Battersea*	*Earls Court*	*Woodberry Down*	*Total*
No. of applications received	163	72	90	180	505
No. awaiting first interview at 31st December	38	11	21	32	102
No. interviewed and awaiting treatment	6	23	18	9	56
Number of patients					
In treatment at 1st January	35	136	56	40	267
New cases treated	136	58	73	156	423
Total	171	194	129	196	690
In treatment at 31st December	133	45	50	82	310
Discharged	139	48	79	114	380
No. of follow-ups	7	—	20	—	27
No. of home visits by psychiatric social worker	15	14	7	47	83
No. of school visits by staff	38	78	114	105	335
Disposal of patients					
Treatment completed	52	20	33	47	152
Transferred to other treatment	12	1	5	5	23
Further attendance impossible	10	10	18	6	44
Unco-operative	59	16	19	46	140
Placed or placement recommended	4	—	3	5	12
Taken into care	1	1	1	4	7
Total	138	48	79	113	378
Closing status of completed treatments					
Improved	46	16	30	40	132
No change	5	4	3	7	19
Worse	1	—	—	—	1
Total	52	20	33	47	152

Psychiatric services at boarding special schools and residential establishments

Special boarding schools and residential establishments continued to be visited by the Council's psychiatrists. It is ever more widely recognised that the separation of young children from their families and homes create difficulties and problems of which the psychiatrist has a particular and specialised knowledge and understanding. In the course of their visits to the various establishments the psychiatrists give the staff general advice and guidance on the management of difficult children, discuss points of general interest and also examine individual children. It has been found that their advice and help have been generally appreciated by the staff and have led to a better understanding of the problems and needs of children deprived of a normal home life.

Day school for maladjusted children

The Lilian Baylis School, the first day school for maladjusted children in the County, was opened in 1954, and much interest has been aroused in this experiment in the education and treatment of maladjusted children living in their own homes. A psychiatrist visits the school frequently and takes part in discussions and case conferences, while care committee workers visit the children's homes. Even in the short time that the school has been functioning its success has been evident.

It was found necessary in 1955 to appoint a part-time psychiatric social worker to work at this school as many of the children were not under treatment at a child guidance clinic and there was insufficient contact with parents. She has made a valuable contribution towards the work of the school.

Residential schools and homes

In accordance with the Memorandum prepared by the Home Office on Conduct of Children's Homes the Public Health Department takes responsibility for the health of the children in residential schools and other establishments under the management of the Children's Committee. There were six residential establishments at the end of the year with accommodation for 2,378, four approved schools with a total accommodation of 428, two remand homes with accommodation for 142 children, and a number of other smaller establishments—reception centres, small homes, family homes and after-care hostels. At the large establishments a visiting medical officer, appointed by the Council, attended at least once very week. His duties include the medical examination of children on admission and on discharge or transfer and in addition he gives each child a complete physical examination once a year. During 1955 4,690 medical examinations were held. The visiting medical officer is also the children's 'family doctor' under the National Health Service Act. Periodic visits were made by senior medical and nursing officers from County Hall. Arrangements were made for the dental treatment of the children, and visits were made by the Council's psychiatrists.

Bed-time for schoolchildren

The importance of adequate sleep to the growing child has been emphasised over many years and the problem of how to persuade parents of that importance and of their duty to see that their children get adequate sleep has always been well in the minds of education authorities. In 1918 a pamphlet was printed and issued by the Council urging on parents the importance of early bed-times for children. In 1937 following consideration of the problem by the Central Consultative Committee of Head Mistresses of Girls' Schools, this pamphlet was completely redesigned. Heads of all schools were asked in 1938 to distribute copies to the eldest child of each family in the school so that every family received a copy ; and a supply of the pamphlet (slightly amended from time to time) has been available since then to all schools on requisition. The 1938 pamphlet received wide publicity in the press and several other authorities asked for copies with a view to their distributing similar pamphlets.

The Central Council for Health Education has also published a pamphlet on the importance of sleep and this has been placed on the schools requisition list. The requisition rate in 1955 was about 19,000. The pamphlet is revised from time to time.

The report of the Education district inspector's enquiry suggested that these troubles cannot, however, be put down entirely to the watching of television programmes. This view is confirmed by information supplied by the British Broadcasting Corporation from the findings of an audience research survey of nearly 3,000 homes :

5–7-*year old*—' There is, however, little or no evidence to suggest that children of this age group go to bed later in T.V. than in non-T.V. homes.'

8–11-*year old*—' It seems that on weekdays 8-11's in T.V. homes stayed up, on the average, about a quarter of an hour later than did those in non-T.V. homes.'

12–15-*year old*—' There was no great difference between the bed-times of 12–15's in T.V. and non-T.V. homes, but boys seemed to stay up a little later than girls.'

Through the years, various attractions and habits have been blamed as being the cause of children going later to bed than they should. For example, in the early part of the century, children awaited parents who were in public houses, then it was ' summer-time ' and the cinema ; ' double summer-time ' ; the radio ; exhibitions such as the speedway, and now television. In some homes shortage of accommodation is no doubt one reason for children going late to bed. In the past, the problem has been thought to be mainly, though by no means wholly, one of the summer months when children are reluctant to return home to go to bed whilst it is still daylight. However the responsibility must be with the parents for seeing that their children get adequate sleep. If an

attraction, such as television, is a special cause of lateness to bed, it is the parents who must be persuaded to exercise the necessary control. It seems likely, however, that if a parent allows a child to be late to bed for one reason, be it television or the cinema, that same parent would probably permit late hours, in the absence of that particular attraction, for other reasons such as late play in the street or the park.

The attention of the Heads of schools was again drawn to the matter and they were requested to lose no opportunity of bringing parents to a realisation of the importance of sleep.

Research and investigation

Mr. K. P. Murphy, of the University of Manchester Department of Education of the Deaf was granted permission to carry out intelligence tests on deaf children in the Council's schools, as part of the survey of abilities and achievement of pupils in schools for the deaf and partially deaf being carried out by the Medical Research Council's Committee on the Educational Treatment of Deafness.

Mr. P. Venning, of the Department of Anatomy, University College, London, was granted permission to carry out X-ray examinations of the feet of a group of children as part of his study of skeletal growth.

Dr. M. Morley, of the Royal National Orthopaedic Hospital, was granted permission to examine a group of children as part of her enquiry into postural defects.

DENTAL SERVICES

THE COUNCIL'S Chief Dental Officer and Principal School Dental Officer reports as follows :

Since 1951 there has been an increase in the number of operative and inspection sessions in the Council's dental services but, as may be seen from the graphs on page 123 there was little change in 1954 and 1955.

Recruitment of new staff in 1955 almost balanced resignations. The number of full-time dental officers fell and in part-time staff there has been about 50 per cent. turn-over in 12 months. Dentistry is a personal service and such frequent staff changes naturally disturb many patients and parents and give rise to many problems in supervision and co-ordination of effort.

Table I shows the staff numbers at the end of the year but does not reveal the position referred to above, with its resultant adverse effect upon the standards and efficiency, of this multi-surgery dental service.

TABLE I

Total Establishment	*Staff*			*Equivalent in Full-time Staff*		*Sessions*				*Total Sessions*	
						School Service		*MCW Service*			
	Total Number employed	*Full-time*	*Part-time*	*School Service*	*MCW Service*	*Full-time*	*Part-time*	*Full-time*	*Part-time*	*School Service*	*MCW Service*
(Dec.) 1953–93	113	52	61	$65\frac{8}{11}$	$5\frac{7}{11}$	547	$177\frac{1}{2}$	40	$22\frac{3}{4}$	$724\frac{1}{2}$	$62\frac{3}{4}$
(Dec.) 1954–93	114	54	60	68	$6\frac{3}{11}$	569	179	41	27	748	68
(Dec.) 1955–93	116	49	67	$67\frac{10}{11}$	$5\frac{2}{11}$	$527\frac{1}{2}$	220	$33\frac{1}{2}$	24	$747\frac{1}{2}$	$57\frac{1}{2}$

For the third successive year since the Council approved the policy of attempting to obtain a ratio of one full-time dental officer for each 3,000 children on the school roll (i.e. about 150 dental officers), lack of recruits prevented attainment of even the interim establishment of 93. The year under review produced further evidence of the need for national consideration of dental man-power problems if there is to be any hope of producing an efficient and sufficient dental service for children in Britain.

In 1955 the County ratio attained was 1 : 6,400, (1954, 1 : 5,600) the rise being due to increased school population. This ratio ranged from 1 : 4,400 in Health Division 4 to 1 : 8,000 in Health Divison 7. Against such odds the service struggled to spread treatment evenly for the good of the greatest number. Systematic revisional treatment was impracticable.

As would be expected with almost the same number of staff the years 1953, 1954 and 1955 produced very similar statistical results and the accompanying tables for the respective sections of the dental service show only moderate fluctuations. I would however, draw attention to certain indications.

In Table II the percentage of schoolchildren found to require treatment has, for the second successive year risen quite sharply and is shown as 11 per cent. higher than two years ago.

TABLE II

	1952	*1953*	*1954*	*1955*
Number of inspection sessions held at schools	584	1,448	2,056	2,008
Number of children inspected at schools by dental officers	59,677	153,293	199,041	202,242
Number found to require treatment	38,069	97,736	139,955	151,326
Percentage requiring treatment	63·8%	63·8%	70·3%	74·8%
Additional number inspected at centres	71,452	76,291	67,604	50,887
Total number found to require treatment	109,521	174,027	207,559	202,213
Total cases treated	93,823	116,499	129,712	121,362
Attendances	202,571	269,061	300,912	317,684
Ordinary treatment sessions	19,563	27,366	29,022	29,698
General anaesthetic sessions	1,494	1,725	1,939	1,578
Temporary teeth extracted	96,561	103,922	108,825	83,539
Permanent teeth extracted	17,283	19,727	21,095	16,527
Temporary teeth restored by fillings	26,353	37,787	46,256	45,256
Permanent teeth restored by fillings	66,680	92,576	112,226	122,097
Fillings in temporary teeth	27,556	40,120	49,148	48,075
Fillings in permanent teeth	72,369	102,178	124,974	135,384
Other operations—temporary teeth	45,985	59,863	65,280	62,496
Other operations—permanent teeth	30,291	44,250	57,086	65,811
Local anaesthetics for extraction	24,667	27,020	21,216	17,341
Local anaesthetics for conservative treatment	3,753	7,072	8,352	7,130
General anaesthetics	33,448	37,887	43,899	36,099
Cases for whom immediate treatment was completed	13,135	15,196	17,474	13,744
Cases discharged as dentally fit	63,638	81,488	86,957	80,964

Total extractions, however, have fallen while fillings have increased and a gratifying figure is shown in Table III ; the continued improvement in the ratio of permanent teeth restored to those extracted.

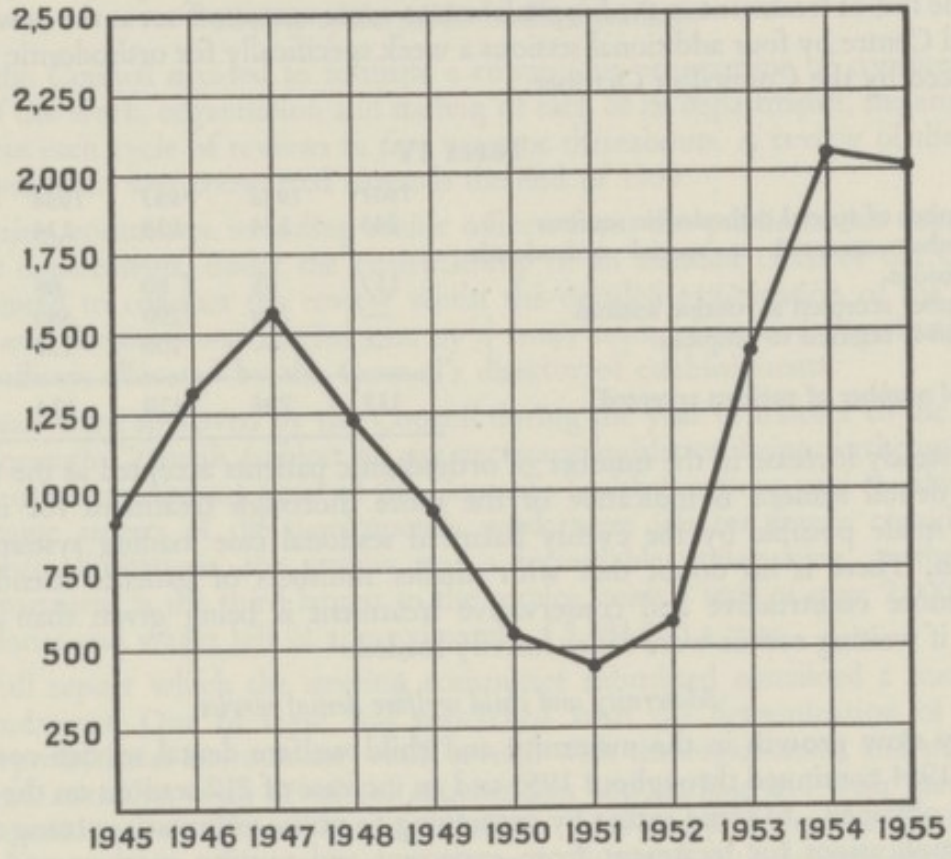
TABLE III

Ratio of permanent teeth restored to permanent teeth extracted in schoolchildren

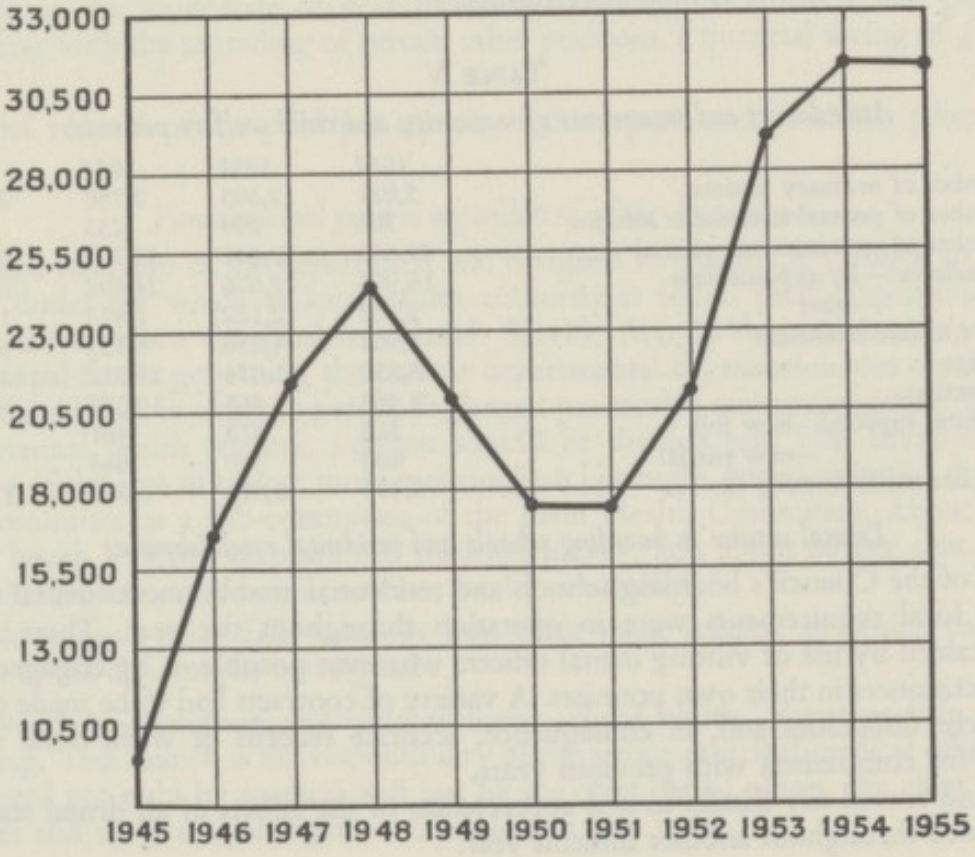
1947	4·93 to 1
1948	4·58 to 1
1949	3·72 to 1
1950	3·29 to 1
1951	3·43 to 1
1952	3·86 to 1
1953	4·69 to 1
1954	5·32 to 1
1955	7·39 to 1

SCHOOL DENTAL SERVICE

NUMBER OF INSPECTION SESSIONS AT SCHOOLS



NUMBER OF TREATMENT SESSIONS



Orthodontics

Table IV shows, for the fifth successive year, improvement in the number of orthodontic treatments undertaken but it is unfortunate that in 1955 the Hospital Service (Part II, N.H.S.) was unable to accept a greater number of patients for this special form of dental care. The loss of treatment in the hospitals was to some extent off-set at the new Province of Natal Centre by four additional sessions a week specifically for orthodontic treatment introduced by the Council in October.

TABLE IV

	1951	*1952*	*1953*	*1954*	*1955*
Number of special orthodontic sessions ..	245	134	138	134	185
Number accepted at special orthodontic sessions	117	85	80	98	195
Number accepted at routine sessions ..	—	209	290	389	432
Number referred to hospitals	—	—	100	127	59
Total number of patients accepted ..	117	294	470	614	686

The steady increase in the number of orthodontic patients accepted at the Council's routine dental sessions is indicative of the more thorough treatment for individual patients made possible by the evenly balanced sessional case loading system now in operation. There is no doubt that with smaller numbers of patients attending each session more constructive and conservative treatment is being given than could be possible if waiting rooms were more heavily loaded.

Maternity and child welfare dental service

The very slow growth in the maternity and child welfare dental service commented upon in 1954 continued throughout 1955 and an increase of 212 sessions on the previous year was obtained—to some extent by continuing to utilise voluntary evening sessions.

All applications for treatment from expectant and nursing mothers and children under five were met but, for another year, it was impracticable to organise systematic dental inspection of all potential patients, nor was it possible to follow-up reluctant patients. Table V shows comparative figures.

TABLE V

Attendances and treatments of maternity and child welfare patients

	1952	*1953*	*1954*	*1955*
Number of ordinary sessions	2,031	2,505	2,780	2,992
Number of general anaesthetic sessions ..	306	299	253	228
Number of appointments offered	24,609	30,441	33,797	35,854
Attendances—by appointment	18,995	22,675	24,692	26,430
—other	2,162	2,122	1,873	1,526
Silver nitrate treatment	2,907	4,256	4,433	5,058
Fillings	8,852	11,074	12,312	13,212
Extractions	8,463	9,565	10,157	9,177
Dentures supplied—new full	310	373	461	572
—new partial	400	520	646	686
Number made dentally fit	5,479	6,818	6,802	7,117

Dental service in boarding schools and residental establishments

At most of the Council's boarding schools and residential establishments dental services to meet local requirements were in operation throughout the year. These services were obtained by use of visiting dental officers wherever possible or by engagement of local practitioners in their own premises. A variety of contracts had to be made to meet recruitment difficulties and, in consequence, accurate records of work done are not available for comparison with previous years.

I would record my thanks to and appreciation of the efforts of all dental staff who have assisted throughout another difficult year.

STAFF

THE STAFF employed in the public health department is set out in Appendix D on page 190.

Review of the public health department

In 1953, the Council decided to institute a continuous programme of comprehensive reviews of the work, organisation and staffing of each of its departments, the aim being to complete each cycle of reviews in five years or thereabouts. A review of the public health department was completed towards the end of 1955.

A steering committee including senior officers from the public health department and other departments, under the chairmanship of an assistant clerk of the Council, was appointed to conduct the review whilst the detailed examination of the various branches and divisions was carried out by a small team of trained organisation and methods officers allocated by the Council's director of establishments.

Proposals were approved by the Council during the year to transfer to the Metropolitan Borough Councils (subject to any necessary legislation being forthcoming and to certain other conditions) some of the Council's health functions, and for this reason certain major aspects of the department's work were left for future consideration. Despite these limitations, the review was a formidable undertaking, as the public health department is the third largest in the service, with a staff of over 7,000 and an annual salaries and wages bill of approximately £3,384,000 a year.

The full report which the steering committee submitted contained a number of recommendations. One of these was concerned with the determination of staffing ratios for professional and auxiliary staff, several with the organisation and staffing of services run centrally, with divisional organisation and staffing and with matters for future reconsideration. These recommendations were accepted by the Council. In addition many matters of lesser importance were discussed with departmental officers during the course of the review and action was taken or active consideration given to them without the need for specific recommendation. The acceptance of the proposals will result in the immediate or near future in a net reduction of 32 staff positions, representing with the regrading of certain other positions, a financial saving of £23,300 a year.

A brief résumé of the principal aspects of the report, and of action taken on it, follows.

Functions and general organisation of the department

The present structure of the department was designed to enable the Council to undertake the duties for which as local health authority it found itself responsible from 5th July, 1948, when the National Health Service Act, 1946, came into operation. The principal factor governing the present departmental organisation was the decision of the Council that, in order to permit the largest practicable measure of decentralisation of its personal health services, London should be divided into nine divisions, each consisting of the area of two or more metropolitan boroughs, and each with a divisional health committee as a sub-committee of the main Health Committee. About 60 per cent. of health service expenditure is incurred locally, and about 80 per cent. of the staff of the department work in services locally controlled.

Head office organisation

Work at head office falls naturally into three main spheres, to which the three branches of the department correspond :

Branch 1—Maternity and child welfare ; school health ; domestic help ; home nursing. This branch is the responsibility of the senior principal medical officer, and is served not only by medical staff but by the chief dental officer, the chief nursing officer and the principal organiser of children's care work.

Branch 2—Co-ordination of planning within the department and with other bodies ; social and preventive work relating to tuberculosis and other diseases ; after-care ; mental health ; health education ; epidemiology ; housing ; statistics ; research. This branch is under the supervision of the deputy medical officer of health ; besides medical staff it includes the chief inspector and the scientific adviser with the staff of the laboratories at the County Hall and at the main drainage outfall works.

Branch 3—Lay administration, including co-ordination of the work of all divisions and the London ambulance service. This branch is in the charge of the administrative officer, and is organised in four divisions as follows :

A—Work broadly corresponding to that of branch 1.

B—Co-ordination of planning ; acquisition of sites and provision of new buildings ; ascertainment and after-care of mental defectives and the mentally ill ; social and preventive work relating to tuberculosis and other diseases ; after-care generally ; epidemiology ; and various other related functions, including slum clearance and the registration of nursing homes.

C—Health education and propaganda ; estimates and finance, including the preparation, on a mechanised system, of wages sheets for head office and divisional staff ; recovery of expenses ; statistics, supervision of committee work, annual reports, examination of new legislation, and other administrative matters not dealt with elsewhere.

D—Staff and establishment matters.

The administration of the London ambulance service is at present largely self-contained and forms, in effect, a fifth division of branch 3.

Divisional organisation

The divisions, of which there are nine, vary in size approximately from 6½ to 22½ square miles, and in population from under a quarter of a million to over half a million.

There is liaison with the Metropolitan Borough Councils, who are responsible for the environmental health services, both at member and at officer level. The membership of each divisional health committee consists of approximately twice as many representatives from the Metropolitan Borough Councils within the division as there are members of the Council and/or Health Committee, together with local representatives of professional and other bodies. Under an agreed scheme, some borough medical officers of health or their deputies act for part of their time as divisional medical staff of the Council and vice versa.

The divisional medical officer is responsible for general supervision of the Council's health services and staff in the division, and is the principal local adviser to the divisional health committee. Lay administration is the responsibility of the divisional administrative officer. Nursing staff, who are allocated to divisions centrally, are under the supervision of the divisional nursing officer, who, like the divisional treatment organiser in her sphere, is responsible to the divisional medical officer for local arrangements.

This complex organisation, in which professional and lay officers work side by side, and where some services come under central, some under divisional control, and some are divided between the two, led the steering committee to consider the following three questions before reaching conclusions on the organisation and staffing of individual services or divisions :

(*a*) *The numbers and status of professional and administrative top-level staff at the department's central office.*

On this, the conclusion was reached that existing numbers and gradings were appropriate.

(*b*) *The divisional system, which has two aspects, namely whether more (or fewer) services should come within its scope and whether the degree of divisional autonomy in regard to services under local control should be extended or limited in any way.*

(*c*) *How to secure even loads and levels of professional work and service, and the determination where practicable of standards of output to help in determining staff numbers.*

This was found to be a question difficult of solution, albeit an important problem, as the salaries of the staff concerned account for about half the total pay bill of the department. Professional and auxiliary staff must be free to work according to the highest standards of their professions and cannot be tied to any hard and fast rules governing output a session. Yet to look for some evaluation of work performance measured in terms of cases dealt with is the only rational way of approaching the problem. From the little research so far done, either nationally or otherwise, it is apparent that conceptions of the standards on which calculations might be based vary remarkably. The problem is complicated in London, too, by the divergence, sometimes wide, in demand or level of service provided, between one division and another. Nevertheless, certain useful criteria for establishing staffing ratios were suggested; their application to each grade of staff concerned will necessarily take time. The deputy medical officer of health and the establishment officer have been given the joint responsibility for the continued scrutiny and the giving of advice on it.

The view was that, subject to general conformity with centrally directed policy, it was reasonable to leave divisional medical officers to run their divisions in their own way, provided that local variations were not carried too far; on the whole the proper balance had been struck, though in certain respects there was a need for greater uniformity as regards procedures and forms.

It was felt that the decentralisation of the services handled in divisions should be continued but there appeared to be little scope at present for its extension to the mental health, ambulance and midwifery services. For the ambulance service central control is essential. In the mental health service, it was agreed that the centralisation of work under the Lunacy and Mental Treatment Acts should be continued permanently, but it is proposed to decentralise the mental deficiency inspectorate and combine its work with the supervision work now undertaken from four district offices. There is no practical alternative at present to central control of midwifery, but some future decentralisation is not precluded.

A considerable volume of work, mainly case work, is handled centrally either as a service to other departments, e.g., medical examination of staff, or as part of a mainly decentralised service, e.g., the scrutiny of divisional recommendations for the ascertainment of educationally sub-normal children. In view of the need to maintain uniform professional standards, to ensure fair judgment in applying priorities dictated by restricted facilities, to deploy specialist services quickly and economically, and to secure liaison between staff handling complex cases and for administrative convenience, no change is proposed in those arrangements.

Organisation and staffing of centrally administered services

London ambulance service—Two types of work are dealt with, accident or emergency removals and general removals (usually to and from hospitals). The service operates from a headquarters station with a central control room, from six large general ambulance stations and from 19 accident ambulance stations.

As organisation and methods staff in 1952 investigated traffic control and the procedures and staffing at ambulance stations, the present review was restricted to the headquarters organisation. Greater decentralisation since 1952 has enabled a 28 per cent. increase of work to be absorbed without increasing the control room staff, but a slight strengthening of headquarters staff has now been agreed for this and other purposes.

Mental health services. (a) Mental deficiency—Six social workers (inspectors), based on the County Hall, make reports as part of the ascertainment procedure and are responsible for defectives living under their guardianship in lodgings or hostels and for the supervision of defectives under the guardianship of other persons (including relatives and friends). This work is to be decentralised and merged with the work, based on four district offices, of the local organisers and their assistants responsible for supervision of mental defectives living at home. Inspectors will gradually be replaced by assistant local organisers.

(*b*) *Lunacy and mental treatment*—Central administration of the work of securing that persons of unsound mind are placed under control, now undertaken by a mental welfare staff of 24, based on the County Hall, has been made permanent. No case was found for combining this work with mental deficiency work.

A slight reduction in the current strength of the headquarters administrative staff has been agreed upon.

Scientific branch—This branch undertakes chemical analysis and scientific investigation for all departments through a central laboratory at the County Hall and laboratories at the main drainage outfalls. When the review began, it was known as the chemical branch, and its head as the chemist-in-chief. To indicate its wider range and to accord with civil service practice, these titles have since been altered to scientific branch and scientific adviser, and more appropriate titles given to other grades of staff.

The analysis of samples of food, building materials, fuels, etc., and the research undertaken is either necessary in the interests of the public or of direct financial benefit to the Council, and could not be done so efficiently or economically by other means. To avoid unnecessary or unprofitable work, the department is giving requests for service stringent examination before acting on them and is keeping under review the need for frequent and extensive analysis of food from stock, and of sewage.

Inspectorate—The chief inspector and his deputy, who are available for advice or consultation in relation to the Council's services generally, had under them 13 inspectors organised rather flexibly in two groups ; one concerned with housing and town planning, and the other with the other functions of the inspectorate which include health questions at Council establishments and at nursing homes and other general public health matters. To reduce pressure on housing and slum clearance work, two temporary inspectors have been added. Action is being taken to simplify procedure at the hearing of objections to clearance orders and compulsory purchase orders, and to regulate the frequency of inspection.

Tuberculosis—Diagnostic and curative work is the hospitals' function ; the Council is responsible for prevention, care and after-care. The focal points of both are the 32 chest clinics ; the chest physicians in charge are appointed and paid by the hospital authorities, but undertake certain of the Council's duties for which the Council reimburses 3/11ths of their salary. Both the hospital authorities and the Council employ other staff at the clinics. For most clinic areas there is a voluntary tuberculosis care committee, which raises and uses voluntary funds for patients' benefit. The Council's clinic staff is 24 local tuberculosis care organisers, the equivalent of about 19 clerical staff, one shorthand-typist, a few part-time senior occupational therapists and the equivalent of 90 health and tuberculosis visitors ; the cost of a further 7½ clerical staff provided by the hospital authorities is reimbursed. Day to day administration of the Council's tuberculosis work is, with certain exceptions, through the divisions.

The difficulties arising from the division of responsibility for tuberculosis work were the subject of part of the evidence submitted by the Council to the Guillebaud Committee. Pending that committee's report and the conclusions of national working parties on social workers and health visitors, consideration of the questions of rationalisation of the chest clinic service, the use by the Council of local tuberculosis care organisers and the specialisation of health visitors in tuberculosis visiting work were deferred. It was concluded that so long as the present allocation of functions between the hospitals and the Council obtains, the existing arrangements appear to be the best that can be expected. A position of organiser of tuberculosis care work will eventually be withdrawn and a slight reduction in strength of other staff in the headquarters section has been made.

Minor procedural changes and staff adjustments have also been made in the staff medical examinations, school health and miscellaneous public health sections and some saving effected.

Each divisional health committee is responsible for current administration of the work carried out in the divisions, i.e., maternity and child welfare, school health, health visiting, local liaison with district nursing associations on home nursing, domestic help, prevention of illness, care and after-care and certain other matters. Organisation and staffing of local health divisions

Of the medical staff, in general only the divisional medical officer and the deputy divisional medical officer in each division undertake administrative work, and some of them hold a joint appointment from the Council and a metropolitan borough council or councils, devoting up to 40 per cent. of their time to borough work. Other medical staff in divisions are engaged almost exclusively on clinic duties.

The nursing staff has recently been strengthened by increasing the establishment of centre superintendents (health visitors with supervisory duties).

Lay administration is generally organised in three sections, a maternity and child welfare and general section, a committee and staff section and a finance section. The review has disclosed that there is room for more uniformity between divisions and further delegation of work to less senior staff. In future the second administrative officer will act also as head of the committee and staff section, thereby enabling an administrative position in the next lower grade in each division to be given up, the remaining staff being strengthened in some divisions.

The duties of clinic clerks were considered to require definition and consideration is being given to the possibility of attracting more voluntary workers for general clinic duties, and to the employment of sessional clerical assistance instead of using full-time officers.

Methods and procedures in the divisions have been examined and there are to be improvements in regard to recording of information about births, the form of vaccination and immunisation statistics, the handling of recommendations for preferential housing on medical grounds, accounting for unaccompanied children sent on recuperative holidays, debt collection, the design of forms and other matters.

Domestic help service—A special section of the reviewing committee's report was devoted to this service. Each division is divided into between two and five home-help districts. A home-help organiser, assisted by one or more assistant organisers and clerical staff is responsible for the service in each district. When the review began the total staff comprised 29 organisers, 33 assistant organisers, 46 clerical staff and 3,004 (equivalent to 1,919 full-time) home helps. Over 80 per cent. of the service given is for the chronic sick, aged and infirm, and the service is expanding ; the number of hours worked by home helps has increased by 30 per cent. and the cost has nearly doubled in four years since 1950. The organisation was examined thoroughly and comparison made with the service of six other authorities.

There is considerable variation in standards of service from district to district and from division to division and there is scope for greater uniformity. Suggestions for increasing supervision and adjustments in staffing have been remitted for examination to a departmental working party, who will also consider suggestions concerning district organisation and boundaries.

The University of London Institute of Education continued to provide the theoretical instruction for the majority of the Council's health visitor students, some of the remainder receiving it at Battersea Polytechnic and the others at the Royal College of Nursing. During the course, field experience was provided by the Council. Of 235 of the Council's student health visitors trained since 1948, 228 have been successful in the examination of the Royal Sanitary Institute for the health visitors certificate and, of these, 121 are still in the Council's service while a further 40 students are in training. Training of students health visitors

The number of references to the department for medical examination for advice concerning the health of staff and for the fitness of candidates for appointment totalled 14,657, compared with 14,040 in 1954. Members of the staff found to be permanently unfit for further duty with the Council numbered 298 and 289 candidates were found to be unfit for appointment. Reciprocal arrangements with provincial authorities for Staff medical examinations

the local examination of new entrants were continued. Provincial medical officers of health arranged for the examination of 79 entrants to the Council's service and the Council's medical officers examined 59 persons for provincial appointments. The Council's staff medical examiners made 81 home visits to examine members of the staff who were unable to travel, compared with 84 during 1954.

Food-handlers in contact with infectious diseases

Arrangements were made for the bacteriological examination of specimens from members of the food-handling staff in Council establishments who had been absent from work suffering from illnesses which might have given rise to food-borne infection or who had been in contact with such illness in their own homes. During the year 252 persons (including 58 contacts) were examined, all but 13 of whom were allowed to return to work after examination. The 13 who were regarded as infectious were referred to their private doctors for treatment before being allowed back on duty.

FINANCE

Capital

THE TOTAL capital expenditure on the health services of the Council in the year ended 31st March, 1955, was £84,931, details of which are as follows :

	£
Ambulance service :—	
Acquisition and erection	19,541
Adaptation and equipment	12,007
Reinstatement after war damage	13,805
Day nurseries—acquisition, erection, extension, repair	8,568
District nursing—purchase of cars	860
Hostels :—	
Cromwell Lodge—acquisition, adaptation and equipment	2,964
Dover Lodge—acquisition, adaptation and equipment	4,388
Maternity and child welfare centres—acquisition, erection, equipment	16,498
Occupation Centres—adaptation	2,349
Other Health Centres and establishments	3,951
	£84,931

Maintenance

The gross cost of the various services in 1954–55—including central administrative charges but excluding debt charges—and the contributions recovered from recipients of the services were :

Service	*Cost*	*Amount recovered in charges*
	£	£
Ambulance service	870,461	—
Day nurseries	982,980	203,251
Domiciliary midwifery service	171,283	—
General health services (including £163,152 contribution to Metropolitan Borough Councils for salaries of sanitary officers)	191,275	—
Health centres	18,581	—
Health visiting	307,060	—
Maternity and child welfare	597,698	41,229
Mental health	188,146	—
Prevention of illness—		
Home nursing	369,956	—
Domestic help	766,404	39,616
Other preventive services	485,224	26,595
School health	802,844	9,112
	£5,751,912	£319,803

The net cost of the services after allowing for Government grant, expressed in terms of rate in the £ was 11·22d., divided as follows :

	d.
Ambulance service	1·76
Day nurseries	1·52
Domestic help service	1·53
Domiciliary midwifery service	·35
General health services	·78
Health visiting	·65
Home nursing	·78
Maternity and child welfare	1·17
Mental Health	·39
Prevention of illness (care and after care; chest clinics, foot clinics, etc.)	·83
Vaccination and Immunisation	·14
School health	1·32
	11·22

VISITORS TO THE DEPARTMENT

Visitors

THE MAJORITY of visitors to the department visited the Woodberry Down health centre, either solely or as part of a wider programme, partly because under its roof may be seen so many examples of the services provided by the department and partly because of the unique nature of the Centre.

In 1955, 526 visitors from home and abroad went there. Further details of visitors to the health centre are given on page 143.

Facilities for visits to other premises and services or for talks with senior, medical, nursing or administrative staff, were extended to 266 visitors (some of whom also went to Woodberry Down health centre and are therefore included in the larger figure above) 163 being from 52 overseas countries.

Students

Hospital student nurses, of whom 3,627 visited during the year, were again the largest single class of student for whom the department provided opportunities for observation and instruction, and their number increased considerably compared with that for the previous year. 470 students engaged in various types of training connected with the education of the educationally sub-normal, the training of the mentally defective and social science field visited occupation centres for the mentally defective.

Health visitor students from Battersea Polytechnic and from the Royal College of Nursing continued to gain practical experience in the divisions while arrangements were also made for them to pay visits of observation in parties to services and premises administered by the Public Health and other departments of the Council.

Post-graduate medical students studying for the Diploma in Child Health and the Certificate in Public Health continued to be given facilities under the supervision of the medical staff for visiting premises relating to the maternity and child welfare services and to the school health services. During the year about 1,125 visits were arranged for 75 students preparing for the Diploma and about 180 visits were arranged for some 36 students preparing for the Certificate.

Training centres continued to send groups of medical, nursing or social science students to undertake visits of observation and to be given talks relating to the department's activities and during the year students came from the following organisations :

London School of Economics
Royal College of Nursing
Battersea Polytechnic
Women Public Health Officers' Association
Battersea Training College of Domestic Science
King Edward's Hospital Fund Staff Training College
Queen Elizabeth College
Bedford College
The National Training College of Domestic Subjects.

Division 1, comprising the boroughs of Chelsea, Fulham, Hammersmith and Kensington.

Dr. Violet Russell reports :

Welfare of mothers and children

There was again a fall in the estimated number of children and people of all ages in the division and this resulted in some reduction in the services provided by the Council for mothers and young children. The number of births, both in hospital and at home, was lower than last year and consequently there were fewer attendances at ante-natal and child welfare clinics and some reduction was made in the number of sessions at the welfare centres.

The welfare session for mentally defective children at Campden Hill welfare centre continued to provide advice, information and help to the mothers who attended with their children.

Visits by health visitors were also fewer, to some extent owing to sickness among the staff and difficulty in filling vacancies.

Vaccination and immunisation

With the continued fall in the number of young children in the division there was a decrease in the number who were vaccinated against smallpox and also in the number immunised against diphtheria. This was partly due to the suspension of immunisation sessions during the early summer following an outbreak of poliomyelitis in North Hammersmith, but it is hoped that all children whose immunisation was deferred will be dealt with during the winter and early spring. Notwithstanding this reduction there was a slight improvement in the proportion of children under five years of age who had been immunised, and of the children of this age in the division about 54 per cent. have now been protected. In addition to the national campaign held in February constant efforts were made to bring to the notice of parents the importance of immunisation, and the ever-present risk of a serious outbreak of diphtheria among unprotected children.

Spastics

A pilot scheme of research into infantile cerebral palsy, conducted by Dr. Dunham, a specialist from Charing Cross Hospital, under the auspices of the Medical Research Council, was extended to this division. The object is to ascertain the earliest possible signs and symptoms of spasticity in young infants in order to facilitate an early diagnosis. Arrangements were made for Dr. Dunham to speak to members of the local divisions of the British Medical Association and also to the health visitors and midwives.

A centre for spastic children was opened by the South West Metropolitan Regional Hospital Board at Cheyne Hospital, Chelsea. Children attend for the day for education and treatment. Arrangements have been made for meals to be provided for the children and staff by the Cheyne Hospital day nursery.

Neglect and ill-treatment of children

Health visitors have again taken a leading part in the close partnership which has been established among all field workers concerned with the prevention of ill-treatment and neglect of children and of juvenile delinquency. Cases were kept under constant review and much effort was directed to helping problem families.

In order to avoid the break-up of families, all available services provided by the Council and voluntary agencies were fully utilised. Every opportunity has been taken to foster the close co-operation of all social workers in the field. The health visitors have been encouraged to develop a close relationship with the local general practitioners and a series of informal social meetings was arranged so that care committee workers and head teachers could have an opportunity of becoming more closely acquainted with health visitors and school nursing sisters and the work which they undertake.

Welfare foods

The arrangements for the distribution of welfare foods continued to operate satisfactorily with only minor changes in selling times. There has been a slight fall in the quantities issued during the year.

Health education

Health education continued to play an important part in the activities of the welfare centres and improvements were made in the facilities for display of posters and other exhibits. Mothercraft classes at some of the larger centres continue to be well attended.

Home advice group

A Home Advice Group was formed in North Kensington to institute a series of elementary classes in housewifery for mothers of children attending a local school. Facilities were given at a welfare centre for meetings to be held on one evening each week and the group is now open to other mothers living in the district.

Day nurseries and child-minders

St. Charles Day Nursery, Kensington, was closed early in the year and the children were accommodated in other nurseries. As a result of this loss of accommodation there was a considerable waiting list for admission to Kensington nurseries until the opening of the annexe at Kensal House day nursery. This provided additional accommodation for six babies and ten children between the age of one and two years. Adaptations to provide additional accommodation at Grove House day nursery, Fulham, were completed. During the year there was a decrease in the demand for admission to day nurseries and there were generally some places for children between the ages of two and five which could not be filled. The number of children in the third priority group whose parents' income exceeded £9 a week rose slightly to about 27 per cent. Improvements were carried out at a number of the day nurseries and electric washing machines and drying cabinets were installed at several of them.

There was a slight reduction in the numbers in the care of daily minders and of children attending private day nurseries.

Occasional crèches

Two crèches were opened, one in Kensington and the other in Hammersmith, where children under five years of age could be left for periods of two or three hours in order to give their mothers free time for shopping, laundering, visits to dentists or hospitals or other duties. Each crèche is open twice weekly and can accommodate up to ten children. At the outset attendances were disappointingly low, but they have improved somewhat and may continue to do so as the facilities become more widely known.

Arrangements were made for occasional special sessions to be held at Hammersmith school treatment centre for the treatment of children suffering from plantar warts with carbon dioxide snow.

School health

In order to deal with the large number of children awaiting re-examination by eye specialists, arrangements were made for 124 additional sessions to supplement the regular vision sessions. By the end of the year this had removed the time lag in re-examinations, and it is hoped that it will be possible to arrange additional sessions in the new year to meet the increasing demand.

Tuberculosis B.C.G. vaccination

The scheme introduced in 1954 for inoculating with B.C.G. children in secondary schools in the division in the year preceding their 14th birthday was repeated. The arrangements again worked smoothly, but there was a slight falling off in the number of consents given for inoculation. Consents were received for about 69 per cent. of the children ; of these approximately 86 per cent. gave a negative reaction to the Mantoux test and were given B.C.G. vaccine.

The children vaccinated in 1954 were followed up and consents were given for testing about 70 per cent. of them. Of those retested 11 per cent. were found to give a negative reaction to the test and these were re-vaccinated. Children who were found to give a positive reaction to the first test were followed up by X-ray examinations at the chest clinics.

Home help service

The demands for the service of home helps continue to increase. There was considerable difficulty in recruiting sufficient helps, particularly in Chelsea and to a less extent in Hammersmith, but help was provided to the fullest extent possible wherever it was essential. Home helps in North Kensington formed a club, and facilities were provided for them to hold evening meetings about once a month during the winter.

Morning and evening home help was provided in many instances for homes from which the mother was temporarily absent. The children were given breakfast, dressed and taken to school or to the day nursery in the mornings, the father having already gone to work, and in the evening the help fetched the children from school or day nursery, prepared tea and looked after them generally until the father's return.

Child help

A resident child help was provided for one family to look after the children whose mother had died and whose father had to be admitted to hospital.

Night attendance—chronic sick

The requests for service were fewer than was expected but ten homes were supplied with night help for varying periods to give some relief to relatives.

District nursing

The calls upon the home nursing service continue to increase and the invaluable work of the district nurses has undoubtedly lessened the demand for hospital beds and has been of great assistance to family doctors.

Loan equipment

More requests are being received from general practitioners and district nursing associations for the loan of home nursing equipment and stocks were increased. Wheel-chairs and commodes are among the articles in greatest demand.

Foot clinics

Attendances at foot clinics continue to increase and many old people have gained benefit from the treatment given. Waiting lists are still heavy and six to eight weeks usually elapse between appointments. The service is supplemented by voluntary organisations in each borough, two of which arrange domiciliary visits.

Domiciliary care of the tuberculous

Recent advances in the early diagnosis and methods of treatment of the tuberculous have led to the earlier admission of patients to sanatoria. In consequence fewer patients have been cared for at home and there has been a reduced demand for extra nourishment.

Occupational therapists have now been appointed to visit those patients who are homebound and give them instruction and advice on handicrafts which can suitably be undertaken at home.

Hurlingham Lodge

The 28 beds at Hurlingham Lodge hostel were fully occupied. A few of the residents go to work, but most of them are too old or unfit for regular employment. Arrangements were made for the re-conditioning of an old greenhouse in the hostel grounds which will be adapted as a small work-shop where residents will be able to undertake handicrafts or other work in which they are interested.

Recuperative holidays

There was again some reduction in the demand for recuperative holidays : this is probably due in part to some improvement in general health standards and in part to the fact that many more families can now afford to go away for an annual holiday. There is still difficulty in finding accommodation for mothers with babies, but otherwise all demands were met.

Prevention of accidents in the home

A survey was commenced of the cause of accidents in the home, and local publicity was arranged during the London ' Safety in the Home ' campaign held in November. Special emphasis was given to this subject by health visitors in their talks to school-children and parents during the campaign week.

I should like to express my deep appreciation of the help I have received from all my colleagues on the divisional staff.

I should also like to acknowledge the invariable co-operation and assistance of the borough medical officers of health, the staff of other departments of the Council and the members and staff of the numerous voluntary committees and associations in this division.

In conclusion I must thank the Chairman and members of the Divisional Health Committee for their constant help and support. Their unfailing interest is a great stimulus to all working in the division.

Division 2, comprising the boroughs of Hampstead, Paddington, St. Marylebone, St. Pancras and Westminster.

Dr. H. L. Oldershaw reports :

Day nurseries and child-minders

The occupation during the last quarter of the year was 85 per cent. compared with 88 per cent. in 1954. There were 56 per cent. in the first and second priority groups, and 44 per cent. in the third. The number of statutorily and voluntarily registered child-minders at the end of the year was 109, compared with 171 at the end of 1954.

Immunisation and vaccination

Owing to the incidence of poliomyelitis in the division and in surrounding areas, it became necessary to suspend diphtheria immunisation in schools for a major part of the autumn term. During the year, 5,077 children were immunised against diphtheria,

of whom 3,779 received the combined protection against diphtheria and whooping cough. In addition 5,662 were given diphtheria reinforcing injections, while 158 children were immunised separately against whooping cough. Of the 4,390 children who were primarily vaccinated against smallpox, 4,346 were under the age of five years.

Parents of children who, according to our records, have not been vaccinated when the child is about four months old, are sent a leaflet stressing the importance of vaccination, while a birthday card-immunisation reminder for all children for whom no record of immunisation has been received, is posted to arrive on the first birthday.

Home help service

As in previous years, the chronic sick, including the aged and infirm, made the greatest call upon the service.

Increased use was made of the special services whereby 580 hours of early morning and evening help were given to 28 families which included 75 children. Night help was sent in to nine cases to relieve relatives of chronic sick persons, for a total of 153 hours (20 nights).

The home help service was responsible for preventing 75 children from being taken into care.

B.C.G. vaccination against tuberculosis

B.C.G. vaccination of 13-year-old school children in this division was inaugurated during the spring and summer terms of this year. The number of eligible children was 3,691 and parental consents were received for 2,855 (77·4 per cent.). Of the 2,743 who were skin-tested, 2,295 children were given an injection of B.C.G. vaccine. A positive reaction to the Mantoux test was shown in 414 children, and 298 of these were examined by chest X-ray. Only four were found to have abnormal chest conditions.

Home nursing equipment

There was a steady demand from hospitals, general practitioners and others for various articles of home nursing equipment, most of which were supplied within a few days of request.

Recuperative holidays

The total number of recommendations sanctioned for inclusion in the Council's scheme was 1,175 compared with 1,269 during 1954.

School medical treatment

As a general rule medical treatment is arranged at the school treatment centres with little delay. There is, however, a waiting list at University College Hospital for the enuresis cases and at Western Ophthalmic Hospital for vision cases. (At both these hospitals special clinics are held for L.C.C. children.)

A new orthoptic clinic has been started at Somers Town school treatment centre where the orthoptist attends for two sessions a week. This clinic is fulfilling a great need.

Dental treatment

The position with regard to dental treatment in the division is satisfactory, and most children are dentally inspected once a year.

The dental clinic at Barnes House welfare centre has been re-opened, and ten sessions a week are held for school children and maternity and child welfare cases.

Nine evening dental sessions are held in the division, and are well attended by older children who prefer not to miss school. It is proposed to arrange evening sessions for expectant and nursing mothers if there is a demand.

Problem families

Continued attention is being given to problem families. By the end of the year, the index register contained information of 308 families who were receiving careful supervision and help. Co-ordinating committees are held throughout the Division, as necessary, to which all welfare workers and representative organisations concerned are invited, to consider the particular family or families involved.

Of the total number mentioned above, 246 are classed as potential problem families, i.e., where it is felt that given practical advice, help (and in many cases better housing conditions) there is every possibility that in time they will be rehabilitated.

Health education

Health education continues to develop on similar lines to those set out in my report for 1954.

It is gratifying that the number of schools in the division requesting health and mothercraft talks to school leavers is increasing each year. In 1955, 14 head teachers asked for a health visitor/school nurse to give this service.

The schoolgirls are taken during the course to maternity and child welfare centres, where they learn at first hand of the services many will wish to use a few years after leaving school.

Poster competition

In order to stimulate interest in visual aids to health education, a poster competition was held in 1955. Entries received from health visitors, school nurses, divisional clerical, and day nursery staff were judged by Dr. W. Emrys Davies, the Education Officer of the Central Council for Health Education, who was much impressed by the variety and standard of the work submitted. In all 60 posters were entered.

Hospital nurse trainees and the social aspects of disease

Since 1951 Divisional Health Visiting staff have lectured to hospital nurses on the social aspects of disease. The number of requests from hospitals in the division has increased since this subject was included in the General Nursing Council Syllabus in 1952.

During 1955, 46 lectures were given to a total of 426 nurses. Individual visits were arranged to health establishments and schools in the division for this number. Selected nurses were taken into the homes of families.

The nurses are now aware not only of the close link between hospital and local authority where the after-care of hospital patients is concerned, but also of the positive health-teaching carried out in the homes of the community. They now see their patients as personalities with a definite home background and those anxieties about family and job, which are so often a contributory cause to disease.

Home safety

Throughout the year, health visitors and school nurses paid particular attention to this subject. Talks were given in welfare centres and schools, film strips were shown and the elderly were advised on the hazards to be met in the home. Careful attention has been given to the provision of fireguards essential both for the safety of the very young and the very old.

During the home safety weeks, in addition to the usual advice, school children were given leaflets and it is interesting to note that one boy of 14 years, when visiting a school treatment centre later, remarked to a school nurse in charge, ' I see you practice what you preach and have proper fireguards and no inflammable materials near the fire '. He was able to relate from memory all he had read in his pamphlet, and a party of senior school girls taken to the children's ward of a local hospital have told of a young child who had just been admitted with extensive burns as a result of playing with matches—they enquired later about this 3-year old and were told that she had died. This incident will no doubt be remembered later in life when they themselves will be bringing up children.

Hope for the future lies in the education of the mothers and fathers of tomorrow.

Care of the aged

An increasing amount of the time of health visitors is now being taken in the domiciliary care of old people who live alone.

249 old people were referred by hospitals for follow up. Many of the lone elderly men and women are found by health visitors as they visit on their districts. They are able to advise on the services available and to contact the various voluntary and statutory bodies on behalf of those in need. They get in touch with relatives and friends who are asked to give assistance in the care of the aged who live alone.

Conclusion

I would again like to express my sincere appreciation of the loyal co-operation and successful work of all my colleagues in the divisional health services.

Division 3, comprising the boroughs of Finsbury, Holborn and Islington.

Dr. Bertha E. A. Sharpe reports :

Medical Officers

Five whole-time medical officers continued to be employed throughout 1955, the sixth position on the establishment being filled by the employment of equivalent part-time staff so as to maintain liaison with the general medical services. Two of the whole-time staff are acting as deputy Medical Officers of Health to the Islington and Finsbury Borough Councils. Four whole-time and three part-time medical officers approved for this purpose continue to be available for the ascertainment of educationally sub-normal children.

Co-operation with hospitals and general practitioners

The scheme of interchange between the Council's medical officers and the medical staff of the Hospital for Sick Children has proceeded with mutual benefit and the usual two sessions weekly have been resumed after a short interruption caused by a temporary shortage of hospital medical staff. Regular reports on the discharge of children have been received from this hospital and have been followed up, but it has still not been possible to persuade other hospitals in the division to send such reports as a routine.

Four meetings with hospital almoners were held in 1955 and at two of these I was able to arrange for officers of the Welfare Department to give talks on the Council's services for the physically handicapped and the blind. These talks were most stimulating and helpful and are to be repeated for the benefit of divisional staff.

I continued to be a member of the National Health Service Liaison Committee for the North Central Area of London and was able, with the willing co-operation of the Welfare Department, to give the committee details of the technique used in adapting the homes of handicapped persons to their special needs.

Relations between health visitors and general practitioners have continued to be good.

I referred last year to the closer co-ordination with hospitals resulting from the new syllabus of general nursing training, which requires that student nurses shall be introduced to the work of the local health authority. During 1955, 966 student nurses from nine hospitals (408 more than in 1954—an increase of 73 per cent.) were given insight into the Council's services in this division, as were 31 nursery nursing students and 36 medical students. In addition, 31 lectures were given and discussions were attended by the senior divisional nursing staff. Student district nurses from the North London and the Metropolitan District Nursing Associations were also introduced to the work of the division.

Problem families

My report for 1954 dealt in some detail with problem families, their characteristics and the methods adopted to help them to play their part as satisfactory members of the community. It may suffice to refer to them here very briefly. Monthly conferences, attended by voluntary and statutory workers, consider the families under review, decide which of the field workers can best co-ordinate the services for each family, and from time to time consider reports from those workers. This enables a personal, friendly relationship to be built up and all necessary services to be provided, whilst avoiding multiplicity of visiting. These broad methods were continued in 1955 and as a result of the careful and systematic work done it is possible to say that some families showed distinct signs of improvement. A special survey was also made with the object of assessing the extent and the degree of the problem, and it was found that, out of 15,573 families known to the health visitors in this division, 233 families were known to need special attention but only 79 could properly be classified as ' hard-core problem families'. Most of the others were ' potential problem families ', a category less menacing to the community, and capable of reasonably speedy return to normality, though none the less in need of help and advice. It is noteworthy that the families needing special care amounted to 1·5 per cent. of all families known. It has been argued that it would be more practical to concentrate the ameliorative social services on those families which show some hope of redemption rather than spread the effort to include the ' hard-core ' families which, even with continual support, are never likely to be better than a drag on the community. This is clearly a matter of opinion, and in this division we offer help to all in need.

Child neglect and ill-treatment

Allied to the question of problem families is the neglect and ill-treatment of children in their own homes. Every effort has been made to ensure that such cases are brought to notice so that remedial action can be taken, and to this end a meeting has been held between representatives of the various field workers (health visitors, domiciliary midwives and home nurses) to discuss co-operation in this and other common problems. In some cases it is found necessary to take the children into care under Section 1 of the Children Act, 1948, but this can often be prevented by the timely provision of help

from the home help service, day nurseries, etc., or by arranging for nursing attention or a recuperative holiday for an ailing parent. The need for reception into care can often be similarly averted in times of crisis in households where child neglect does not ordinarily occur. In the last nine months of 1955 it is estimated that reception into care of 135 children was avoided by prompt action of this sort.

Care of the aged

The needs of old people have made a continuing and growing demand on the service throughout the year. Perhaps the heaviest burden has fallen on the home helps, who attended the homes of 2,162 chronic sick, aged and infirm people during 1955 (312, or 17 per cent., more than in 1954). Households in all categories attended numbered 2,915 (2,599 in 1954) and 231 home helps (equivalent to just over 164 whole-time staff) were employed at the end of the year. Many old people were visited by district nurses and we were able to help them and other sick persons by lending home nursing equipment in 51 cases. Full use has been made by home-bound old people of the domiciliary chiropody service provided out of voluntary funds by the North London District Nursing Association (for which health visitors can nominate suitable cases) and attendances at the Council's own foot clinic, over 80 per cent. of which are estimated to be by old people, again rose from 25,264 in 1954 to 25,551 in 1955. No applications were received from any organisations wishing to provide a chiropody service for old people in the Council's premises. We provided recuperative holidays for 84 people over 70 years of age out of a total of 457 adults, and the total number of holidays provided for all classes of persons was 1,017 (956 in 1954). At the request of the organisation, we helped Invalid Meals for London to review the needs of their clients in the division and gave advice on certain aspects of procedure, so as to ensure that meals were provided to as many needy persons as possible (principally the aged and chronic sick) but that at the same time service was not continued indefinitely without review. Other services for old people operating in the division include the laundry services provided by the borough councils.

Care of mothers and young children

Throughout 1955 fifteen welfare centres and branch centres were open, but the centre in John Street, Holborn, was closed on 28th May and replaced by the Province of Natal centre, to which special reference is made in a succeeding paragraph. The special feature of 1955 has been the development of toddlers' clinics. It is a matter of experience that the toddler, especially the only child, tends not to be taken to the welfare centre, and defects are not infrequently found on school entry which could and should have been treated and corrected years before. The toddlers' clinic is an attempt to overcome this difficulty. The children are seen by appointment as near their birthday as possible, and it is found that about one-half of the children invited do, in fact, attend. They are all seen by the clinic doctor. Sessions are now held in all main centres and at the end of the year six sessions were being conducted weekly and one fortnightly, as against two each week only at the end of 1954. First attendances of children under one year at infant welfare sessions numbered 4,236 representing 84 per cent. of the live births for the year (1954 figure 90 per cent.). Other activities at welfare centres continued but, except those dealt with in special paragraphs below, presented no features worthy of special comment. Special arrangements were instituted for expectant and nursing mothers and children under five, and it is hoped that in consequence all those needing treatment will be persuaded to have it.

Voluntary workers in welfare centres

We have always encouraged voluntary workers in the welfare centres, where they are particularly helpful in relieving the busy nursing staff of their non-nursing duties. During 1955 we have made special efforts to encourage more voluntary help, with special emphasis on relieving the clinic nurse at prophylaxis sessions. One British Red Cross auxiliary is now undertaking regular work of this nature, and other voluntary workers sell welfare foods (2 centres), weigh babies (3 centres), staff occasional crèche sessions (1 centre—see below as to occasional crèches generally), or undertake clerical and receptionist duties at immunisation sessions (1 centre).

Province of Natal centre

On 26th May, 1955, the Province of Natal centre (formally known as the Model Welfare centre) was officially opened by His Excellency the High Commissioner for the Union of South Africa. It was taken into use on 30th May for the provision of a wide range of maternity and child welfare and school health services, including infant welfare, ante- and post-natal, child guidance for children under five, family planning, dental services, orthodontics, teaching of young deaf children, audiology and audiometry, nutrition, special investigation and minor ailment clinics. Attendances have been reasonably satisfactory, but the many new services are still being built up. The centre serves primarily residents in Holborn and South St. Pancras, but at some special clinics patients from anywhere within the County are treated.

This centre represents a unique partnership between the Institute of Child Health of the University of London and the Council in its capacities as local health and local education authority. The cost of the site, the building and its initial equipment has been met out of money given during the war by the people of Natal to the South African Gift to Britain scheme, supplemented (for the purposes of building the Institute's reference library and laboratory on the upper floors) by the University Grants Committee. Repairs and replacements so far as the Council's services are concerned will be primarily the Council's responsibility. The administration of the centre is undertaken by a House Committee which includes representatives of the Institute of Child Health, the Council's Health Committee, the Divisional Health Committees for divisions 2 and 3 and Borough Councils. The superintendent is a member of the Council's staff and day-to-day problems are dealt with effectively by close liaison between the secretary of the Institute, the superintendent of the centre, and the divisional health office. Financial responsibility is shared on the broad basis that the Council contributes 90 per cent. of the cost incurred in providing the maternity and child welfare and school health services. The two-fold object of the centre, as Professor Alan Moncrieff pointed out in his address on the occasion of the opening ceremony, is to give a model service to the children of this part of London whilst bearing in mind the University functions of teaching and research. Its physical proximity to and professional ties with the Hospital for Sick Children should guarantee the fulfilment of the hopes placed in it.

Special surveys

Two new special surveys were instituted in 1955, both concerning cerebral palsy. One was essentially statistical in nature, designed to ascertain the number of such children in the division, the extent and type of disability and the treatment (if any) received. It has involved close co-operation with the Part II and Part IV services. The other survey was sponsored by the Medical Research Council and was concerned with the early detection of infantile cerebral palsy and the development of new methods of examination from a study of infantile reflexes. Both surveys, whilst undertaken cheerfully and willingly, have of necessity placed yet a further burden on the field workers and divisional office staff.

Welfare foods

The distribution of national welfare foods from the welfare centres is now an established divisional activity and is functioning very smoothly. The number of distribution points remains at 15, but sessions at some have been slightly reduced. In the light of the publicity given in the summer of 1955 to the national trend towards declining sales of these commodities, the following distribution figures for division 3 are of interest :

6 months ended	*National Dried Milk*	*Cod Liver Oil*	*Vitamin A & D tablets*	*Orange Juice*
1 Jan. 1955	77,392	16,749	5,589	98,242
2 July, 1955	71,600	16,870	6,278	103,760
31 Dec., 1955	71,565	17,345	6,735	117,178

The fall in sales of National Dried Milk is almost certainly caused by the preference of many mothers for branded goods.

Day nurseries

The nine day nurseries and one grant-aided voluntary day nursery were in operation until the end of the year, when two in requisitioned premises (King Square and Plimsoll

Road day nurseries) were closed and the children admitted to other nurseries. Plimsoll Road nursery had to be re-opened temporarily as an annexe to Canonbury nursery, where extensive repair work necessitated a reduction in accommodation. Nurseries showed an average occupation of 81 per cent. throughout the year and it is of interest that of the 464 'nursery weeks' in 1955, quarantine was in force in the Council's nurseries during 128 weeks—i.e., 27·6 per cent. of the time. There were 78 children on the waiting list for admission at 31st December, nearly all in the third priority. At the same date, 12 children were in the care of the five child-minders registered under the Nurseries and Child Minders Registration Act, 1948, and 123 children in the care of the 102 minders voluntarily registered under the Council's scheme. One new registration under the Act was made in 1955.

Occasional crèches

This new service, which started in this division in 1955, aims to provide care for children under five for one or two half-days a week to enable their mothers to attend sessions at the welfare centres or to undertake shopping and other tasks which can be more effectively done unhampered by a small child. Authority was given for two sessions a week to be held, each for 20 children, at four of the main welfare centres, but so far it has been possible to staff sessions at only three centres, and that to one-half the authorised extent, so that capacity is in fact limited to 10 children at each of the six operating sessions. Attendances have averaged about half capacity. Both sessions at the Province of Natal centre are staffed by voluntary workers; paid staff are employed elsewhere.

Vaccination and immunisation

Primary courses of immunisation against diphtheria were completed in 1955 for 3,505 children, representing 71 per cent. of the live births, and boosting doses were given to 3,596 schoolchildren. The latter figure compares with 3,843 in 1954 and 1,939 in 1953, and is particularly gratifying when it is remembered that immunisations had to be severely restricted for some weeks owing to the incidence of poliomyelitis, a condition which did not obtain in 1954. The scheme for Saturday morning immunisation sessions for schoolchildren has again proved its worth, and attendances have been very satisfactory. 2,775 children had complete courses of immunisation against whooping cough. 3,200 primary vaccinations against smallpox and 2,734 re-vaccinations were given, compared with 2,894 primary vaccinations and 2,742 re-vaccinations in 1954. As the policy on re-vaccination of schoolchildren is now to leave this work mainly to general practitioners, no further sessions will be arranged in this division once the current applications have been dealt with. There was one case of diphtheria in the division during 1955, a schoolchild not immunised since infancy. There were 60 cases of poliomyelitis, of which 38 were paralytic.

School health service

Three schools opened in the division during 1955, and the infants' department at another closed. One boys' school became a comprehensive school with an increased roll and extra medical services were arranged. The physiotherapy work at Cloudesley School for the physically handicapped has proceeded very smoothly under the aegis of the Royal Free Hospital. Of the 40 whole-time and part-time health visitors employed in the division (other than on tuberculosis work) at 31st December, 34 were undertaking combined school and maternity and child welfare work.

The central B.C.G. team visited the division for the first time in May—June to carry out B.C.G. vaccination of the 13-year-old children in 37 schools. Of the 1,857 children given skin tests, 1,493 were subsequently vaccinated. Follow-up of 280 of these resulted in 170 being sent for X-ray, 169 of whom were found to be normal. During the year tuberculosis was found in three members of the teaching staff, one pupil and one school kitchen helper and, with the co-operation of the head teachers, investigations were made among the children in the five schools concerned. Arrangements for X-ray examinations were in hand at the end of the year.

Toward the end of the year there was an outbreak of infection believed to be of virus origin in the infants' department of an Islington school. The illness was characterised by malaise, sore throat, some glandular enlargement, abdominal pain, with moderate

pyrexia and, in a few cases, diarrhoea, or nausea, or vomiting, or conjunctivitis. It spread to the junior department of the school and subsequently to the infants' and junior departments of another school. The Council's medical and nursing staff paid regular visits to the affected schools and excluded children thought to be suffering from the infection. The Medical Officer of Health for Islington and I sent out a joint letter to the general practitioners in the area warning them that cases were likely to be referred to them and that the Central Public Health Laboratory at Colindale was co-operating in a bacteriological and virological enquiry. Special arrangements were made for segregation of children taking school meals during the holidays. In all, 903 children were affected, of whom 462 were excluded from school on one occasion only, 291 on two occasions, and 150 on three or more. All cases were followed up at home by the borough Medical Officer of Health, his and the Council's staff.

The outstanding feature of school treatment centre work in 1955 was the continued and rapid decline in the number of children attending with rheumatism. The figures were 23 children and 123 attendances in 1955 ; 33 children and 218 attendances in 1954 ; 48 children and 289 attendances in 1953. Very few cases of impetigo now come to notice. The number of children found to be verminous again fell, from 3,561 in 1954 to 1,192 in 1955, continuing a trend evident over a number of years. Partly owing to the declining numbers and partly owing to the continued co-operation of the Finsbury, Stoke Newington and St. Pancras Borough Councils in making their bathing centres available for Islington children, the inability of the Islington Borough Council to re-open their bathing centre during the year caused no great inconvenience. Nutrition and special investigation clinics have continued to meet a real need. Dental services in the south of the division suffered considerable dislocation with the temporary closure of the priority clinic at Finsbury Health centre. Patients have had to be referred either to the Province of Natal centre or to the Thornhill Road school treatment centre, to the latter of which the Finsbury dentist was transferred.

Three of the voluntary school treatment centres were taken over by the Council during the year at the request of the committees concerned. A fourth committee received notice to quit their premises in North Islington and we were able to help them secure the use of rooms in the North Islington (Voluntary) Infant Welfare Centre with the willing co-operation of the voluntary committee of the latter centre. The sole remaining trustee of a fifth voluntary school treatment centre asked the Council to assume responsibility for their premises, but the technical officers advised against this and negotiations for a lease were being considered at the end of the year.

The Province of Natal centre is one of two centres in the County selected for an experiment in the withdrawal of treatment organisers from certain types of session in school treatment centres, their work being covered in its professional aspects by a health visitor and in its clerical and administrative aspects by a clerk. These new arrangements, which involved consultation with the District Organisers of Children's Care of divisions 2 and 3, and much detailed procedural planning, came into operation on 28th November and seemed to be working satisfactorily at the end of the year, though it is yet too soon for any firm conclusions to be drawn.

Tuberculosis

Following the discovery of a high incidence of tuberculosis in the borough a special tuberculin survey of Islington schoolchildren was undertaken in 1954, with the enthusiastic support of the Divisional Education Officer and Head Teachers, the Chest Physician and the Director of the Mass X-ray Unit of the North West Metropolitan Regional Hospital Board at Drayton Park. The results, published early in 1955, showed that 5,075 children were given jelly patch tests, and of these 326 boys and 289 girls showed a positive reaction and 2,178 boys and 2,282 girls a negative reaction. Only 4,138 of the children presented themselves subsequently for X-ray, and abnormalities were found in the X-ray films of two boys and two girls who had shown positive reactions to the skin test and three boys and two girls who had shown negative reactions. Four of these nine children were found not to be tuberculous, and were given appropriate treatment.

The remaining five were active cases of tuberculosis at the time of the survey and in one other case an adult suffering from tuberculosis was discovered from the fact that the result of a child's skin test was positive.

The Islington Mass X-ray Unit continued to be used throughout the year for routine examination of teaching and other staff.

The hostel for tuberculous men is now well established at Cromwell Lodge, Highgate. Most of the major works of improvement have been completed, and toward the end of the year it was found possible, by re-allocating and adapting rooms, to provide a dining room in the basement and thereby to increase the accommodation from 27 to 31 places.

Recuperative holidays were provided for 60 tuberculous persons (61 in 1954). At the end of the year extra nourishment was being supplied, on the advice of the Chest Physician, to 139 persons.

Health education

Arrangements for the publication in the Islington Public Libraries Bulletin of articles on health topics contributed by members of the staff have continued during 1955 to be a valuable means of health education, as have the presence in the three borough libraries of books recommended by me as being of value to expectant mothers and mothers of young children. Borrowing has been facilitated by the posting in the welfare centres of a list of the recommended books with the library reference number of each. Welfare centre activities included individual talks and discussion groups conducted by health visitors, cookery demonstrations, sewing classes, film shows, etc., and 788 special educational sessions with 7,621 attendances were held (figures for the previous record year of 1954 were 757 sessions with 6,640 attendances). Some centres have parents' clubs which organise kindred and supplementary activities, and these receive every encouragement. Divisional establishments and town halls (by permission of the borough councils) have displayed posters and leaflets on seasonal topics, changed monthly, and general practitioners have also co-operated by displaying propaganda material, e.g. on prophylaxis.

Conclusion

Mr. N. B. Chapman has replaced Mr. Wilkes as Divisional Administrative Officer. Miss E. M. Smith, Assistant Divisional Nursing Officer, retired at the end of January after nearly 36 years' service with the Council, and was replaced by Miss M. V. Naunton. Relations with voluntary and statutory organisations and their officers are, as ever, most cordial, and I should like to express my thanks to them, to the Divisional Health Committee and to the divisional staff for a further twelve months of courtesy, consideration and loyal co-operation.

Division 4, comprising the boroughs of, Hackney, Shoreditch and Stoke Newington.

Dr. S. King reports :

Woodberry Down Health Centre

Further expansion of the service provided at Woodberry Down Health Centre occurred during the year, the most important addition being the commencement of physiotherapy for the patients of general practitioners in practice at or within a mile radius of the centre. This service, restricted to two sessions weekly at the outset, is under the supervision of a consultant in physical medicine.

It was agreed during the year to provide a pathological laboratory service at the centre for these general practitioners.

The number of local health authority sessions held each week had increased to 153 by the end of the year, and these sessions attracted a weekly attendance of 1,463 persons.

Health education continues to take an important place in the work of the centre.

The occasional crèche at the centre is open for nine sessions each week and, apart from its primary purpose of relieving mothers temporarily of the care of their children, is much used by mothers attending the centre, particularly the various health education activities.

The original six general medical practitioners continue to practise at the centre and one of them is chairman of the centre's medical staff committee which meets monthly.

Clinical meetings have been held from time-to-time and general practitioners in Stoke Newington and the Council's medical officers employed in the division have been invited to these meetings.

The general dental service continues at 11 sessions each week, but, notwithstanding representations which have been made, the second surgery provided for this service still awaits the appointment of a dental surgeon.

Three successful blood donor sessions were held during the year and the local club for diabetic patients has continued to meet at the centre.

Visitors to the centre numbered 1,930 of whom 386 came from overseas. Once again a large proportion of the visitors (1,475) were either post-graduate or student doctors, nurses, health visitors, midwives, social workers or others concerned with the health services.

Maternity and child-welfare

There were 8,165 ante-natal and 372 post-natal attendances and 3,444 first attendances of infants under one year of age (equal to 85 per cent. of children born during 1955) at the Council's clinics.

Preventive mental health

A start has been made in the introduction of preventive mental health work into the maternity and child welfare service by holding a weekly meeting of the medical director and staff of the child guidance unit and a medical officer and a health visitor. At these meetings cases are discussed and guidance given to the health visitor in her further work for the families.

Day nurseries and child-minders

Kingsmead day nursery was closed at the end of the year, thus reducing the number of day nursery places from 603 to 553.

Five private day nurseries provide accommodation for 175 children and 3 statutorily registered child-minders care for 14 children. In addition, there were at the end of the year 65 daily minders approved under the arrangements for voluntary registration.

Health education

Health education has been extended in accordance with a planned programme and a committee of officers in the various grades concerned with these activities has been established to plan and co-ordinate the work and to suggest ways and means for further development.

Educational work in the welfare centres has been still further fostered as the following figures show :

	Sessions	*Attendances*
1952	210	2,172
1953	288	5,421
1954	414	6,494
1955	564	6,775

Recuperative holidays

Holidays were provided for 915 patients, comprising 83 children under school age, 393 schoolchildren, 13 nursing mothers and 426 other adults.

Home help service

Help was given by this service up to the limit of the available workers. Efforts to obtain more home helps continued throughout the year and the organisers are continuously faced with the problem of selecting the applicants in most urgent need of help and spreading the help as widely as possible. There is a constant need for more workers suitable and willing to attend tuberculous households.

The service has grown as follows :

	1952	*1953*	*1954*	*1955*
Total cases given help ..	2,928	3,293	3,645	3,979
No. of home helps employed at end of year (whole-time equivalent)	191	220	249	269

Problem families and help for children

The divisional committee of statutory and voluntary workers concerned with the special needs of problem families has continued to meet, usually monthly, and considered 23 cases during 1955. The number of such families known as the result of a special canvass is 219 and all are visited and reported upon by the health visitors or other appropriate workers as frequently as circumstances indicate.

There has been continued close contact between the Area Children's Office and the Divisional Health Office to avoid children being taken into care when with some assistance their needs could satisfactorily be met in their own homes. Full use has again been made of day nurseries, home helps and child-minders.

Handicapped children

Physiotherapists from the London Hospital now attend daily to treat the physically handicapped children attending the Geffrye Primary School.

Chiropody

Seventy-seven chiropody sessions are held in the division each week and a high level of attendances for treatment is maintained. The demand for foot treatment continues to exceed the available resources. Priority is given to children and elderly people.

Prophylaxis

During the year 2,265 children were vaccinated against smallpox, 3,042 completed a primary course of immunisation against diphtheria and 4,826 received reinforcing injections and 2,525 were immunised against whooping cough.

For the first time all 13-year-old schoolchildren in the division were offered B.C.G. vaccination. 59·4 per cent. of the children were tested and of these 87·7 per cent. were negative re-actors and were given an injection of B.C.G. vaccine.

The positive re-actors to the skin test (178) were given appointments for chest X-ray and all but seven attended.

One schoolgirl was found to be suffering from active pulmonary tuberculosis.

Occupational therapy for the tuberculous

Occupational therapy for home-bound tuberculous persons became available in October, 1955 when two whole-time therapists took up their appointments. They devote 14 half-day sessions each week to patients in division 4 and spend the balance of their time in an adjoining division. Early indications are that this is a welcome and useful addition to the tuberculosis service.

Home nursing and loan equipment

The three District Nursing Associations continue to give a high standard of service to sick persons being nursed at home. The steady demand for the loan of items of home nursing equipment continues to be met.

Division 5, comprising the boroughs of Bethnal Green, Poplar, Stepney and the City of London.

Dr. G. O. Mitchell reports :

Poliomyelitis

In London the epidemic of poliomyelitis struck first in this division, and in the late spring cases began to occur in Stepney and Bethnal Green. On 10th June, after consultation with the Borough Medical Officers of Health concerned, routine diphtheria and whooping cough immunisation was stopped in the Council's clinics and schools in Stepney and Bethnal Green ; and at the request of the Stepney Borough Public Health Committee leaflets were distributed by the teachers to schoolchildren in Stepney for the information and reassurance of parents. As the disease gradually spread through the division (with the exception of the City of London) the ban on routine immunisation was extended, after consultation with the appropriate Borough Medical Officer of Health, to the Isle of Dogs, Poplar, on 27th June, and eventually to the whole of Poplar on 5th July. With the waning of the outbreak in the late autumn routine immunisation was recommenced on 14th November. The general practitioners in the divisions were kept informed of these decisions about immunisation. In all 90 cases were notified during the year, 67 non-paralytic and 23 paralytic, and 76 of these notifications were of children below the age of 16 years. There were four deaths, three being of children under four years of age.

Premises

Two new welfare centres were completed and brought into use in the division during 1955, the Greenwood welfare centre, Peel Grove, Bethnal Green, and the Will Crooks welfare centre, Wigram House, Poplar.

The proposal to build a centre on the Peel Grove site, adjacent to Bethnal Green Town Hall, was initiated by the Bethnal Green Borough Council before 1948, but its implementation was long delayed by difficulty in securing the necessary approval for the commencement of the work because of restrictions then placed on expenditure

and the use of labour and materials in health service projects, and because a part of the site had been earmarked for Civil Defence purposes. The building was finally completed in the early part of the year and was opened for clinics on 14th April. The accommodation, in addition to ante-and post-natal clinics, comprises a combined weighing and lecture room with a kitchen annexe which can be used for cookery demonstrations, a room for health visitors, and a separate office for the centre superintendent. This excellent modern centre replaces the former Bethnal Green welfare centre at Cornwall Avenue. The centre was named after Dr. W. P. Greenwood, Superintendent of Bethnal Green Hospital, who attended a house-warming ceremony at the centre shortly before his untimely death.

The Will Crooks centre in Wigram House was provided to replace the former centre at 154 Poplar High Street, the site of which was urgently required by the Housing Committee as part of the Poplar High Street Housing Scheme. Efforts to find other suitable accommodation having failed, the Housing Committee agreed to make available three flats on the ground floor of Wigram House and these were adapted to provide a small but pleasant welfare centre which was opened on 26th May. Accommodation consists of doctor's room, health visitors' office, a weighing room, two waiting rooms, a room which is used for interviews and for artificial sunlight treatment, patients' and staff cloakrooms, a small kitchen and a food store and food sales room. The centre, like the housing estate in which it is situated, was named after the late Will Crooks, the well known Poplar pioneer in social reform.

Day nurseries

For some time the future of the Columbia Market day nursery, Bethnal Green, had been in doubt, and the Education Committee who own these premises finally decided that they were urgently needed for their original purpose, i.e. as a nursery school. The day nursery, therefore, had to close and alternative accommodation was found for most of the 60 children. The majority of these were transferred to the Brunswick day nursery in Shoreditch, which is quite near to the Columbia Market day nursery, and all other children who required it were found accommodation elsewhere.

With regard to day nursery accommodation in the division, there had for some time been an increasing difficulty in finding places in the Stepney nurseries for children in the higher priority groups and the overall position was worsened by the loss of Columbia Market day nursery. The most acute shortage of places had been in the 2–5 age group, and to help meet this difficulty steps were taken to extend the accommodation at the Mary Hughes day nursery to provide 10 more places in this category. It is hoped that this additional accommodation will be available early in 1956.

Welfare foods

The selection of distribution points for welfare foods in the division, made when responsibility for this service passed to the Council in 1954, appears to have been satisfactory and to have met the public demand which shows no sign of diminution at present.

Sessions

All clinic sessions are reviewed periodically and alterations in their frequency and duration are made as circumstances demand. Several such adjustments were made during the year, the minor ailment sessions at the Rochelle Street and Bethnal Green school treatment centres and the ante-natal sessions at the East India Dock Road centre being reduced to 'short-sessions', while a fortnightly toddlers' session was substituted for an infant welfare session at the Mary Hughes welfare centre.

Dental service

The position with regard to the priority dental services showed little change during the year, and the difficulty in recruiting dental surgeons continued to prevent any real expansion of these services.

Child-minders

At the end of the year there were 92 voluntary registered minders caring for 88 children. This showed a reduction of 36 minders but a reduction of only one child being cared for, and was due to an intensive review of the list of minders. The minders are under constant supervision by the health visitors and attend clinics regularly with the children in their care.

Home helps

The demand for the services of home helps was still heavy, and during the year the households attended per 1,000 of the population again exceeded the London average. Little difficulty is experienced in recruiting home helps in Bethnal Green and Poplar, but there is considerable difficulty in Stepney.

District nursing

Here again the demand for the services of the district nurses remained heavy and throughout the year the number of visits per nurse was generally higher than that in any other division.

Health visitors

In the field of health education, the preparatory work of previous years is beginning to show results which are seen chiefly in the increased interest of the mothers and the increasing attendances at health talks and demonstrations.

An ante-natal relaxation class was instituted at the Bromley welfare centre at Newmill House.

There was encouraging evidence of improving co-operation between health visitors and general practitioners, and arrangements have been made for a series of informal meetings at welfare centres where local general practitioners are invited to meet the health visitors.

School health service

The provision of physiotherapy was introduced during the year for pupils attending schools for physically handicapped children. Bromley Hall school, after being adapted and equipped for the purpose, became the centre for this work, the physiotherapy being carried out by staff from the London Hospital.

During the year the scheme for vaccinating 13-year-old schoolchildren with B.C.G. was introduced. After a preliminary meeting with the head teachers of the secondary schools to explain the scheme and to invite their help, 1,511 children were vaccinated in the schools, parental consent having been obtained for 81 per cent. of the children eligible. The success of the scheme has been largely due to the co-operation of the head teachers and I am most grateful to them for their continued support of this new and important venture.

Division 6, comprising the boroughs of Deptford, Greenwich and Woolwich.

Dr. F. R. Waldron reports :

Special investigation clinics

Special investigation clinics, at which more thorough examination and guidance is given to children referred from infant welfare centres and school medical examinations, were held at the principal centres in Deptford, Eltham, Greenwich and Woolwich.

These clinics have proved well worth while, and have enabled children with minor behaviour problems, etc. to have more individual attention, with noticeably good results.

Bathing and cleansing

2,221 children were treated during the year at cleansing stations, compared with 2,519 in 1954.

Child-minders

The number of statutorily and voluntarily registered child-minders at 31st December, 1955, was 77, compared with 83 at 31st December, 1954.

Foot clinics

73,025 chiropody treatments were given at eight centres, and the average number of weekly sessions was 173.

Specimen percentage attendance figures were—women over 60 years of age, 31 per cent. ; men over 65 years of age, 8 per cent ; schoolchildren, 6 per cent.

Health visitors at hospital clinics

Continuing the policy of fostering co-operation with local hospitals, health visitors attended on a rota system at out-patient, paediatric, asthma and diabetic clinics at three local hospitals.

Council officers, members of the hospital staffs, general practitioners and other interested parties worked well together, and the good relationship continued to develop with mutually beneficial results.

B.C.G. vaccination

The Council's central team of medical staff successfully concluded at the end of February the initial scheme for the B.C.G. vaccination of 13-year-old schoolchildren.

There were 3,453 children in the age group and approximately 84 per cent. of the parents agreed to their children taking part in the scheme.

Ante-natal clinics were held at 19 centres, with an average of 28 sessions a week. Relaxation and mothercraft classes were held at varying intervals at nine centres. Chest X-ray examinations were arranged for no less than 1,060 expectant mothers during the year. Ante-natal clinics

The Charlton and Blackheath District Nursing Association, the Nursing Sisters of St. John the Divine, the Ranyard Nurses, the Silvertown and North Woolwich District Nursing Association and the Woolwich and Plumstead Nursing Association rendered most valuable and co-operative service during the year. The Silvertown and North Woolwich District Nursing Association ceased to function on 1st November, 1955, but the district nursing was taken over by the Woolwich and Plumstead Nursing Association, and midwifery cases on an agency basis by the County Borough of West Ham. There was no break in either of these services. District nursing associations

Additional sessions for prophylaxis were made available during the year ; apart from the immunisation sessions held weekly at schools in the division, full or part-time sessions were held weekly at 14 centres. 3,252 children (0–15 years) received a primary course of diphtheria immunisation and 1,525 reinforcing injections during 1955. These figures are less than those for 1954, but the falling off was due without doubt to the outbreak of poliomyelitis, which covered a more prolonged period than in previous years. Prophylaxis

Vaccination was carried out in 2,308 cases and re-vaccination in 561, whilst 2,893 primary and 129 secondary whooping cough inoculations were carried out.

Dr. Dunham, of the Department of Physical Medicine, Charing Cross Hospital, continued his survey into the early detection of infantile cerebral palsy among selected babies at special sessions at certain maternity and child welfare centres in the division.

Parallel with this research, an inquiry was made with the co-operation of hospitals, general practitioners, health visitors, school nursing sisters, and others, in order to obtain up-to-date records of London children suffering from any form of cerebral palsy. The research was made so that the extent of the problem could be assessed and all possible medical, educational and social help afforded. Cerebral palsy

In co-operation with the local mental welfare organiser, clinics for mentally backward children under five years were held at two centres. It is hoped as a result of the experience already gained, to develop specially co-operation in the welfare problems which beset parents. Mentally backward children

National welfare foods were distributed during 110 sessions held weekly at 29 centres throughout the division. Welfare foods

Persons suffering from tuberculosis and confined to their homes, were given instruction in a number of crafts by the occupational therapist from the beginning of October. By the end of the year there was no doubt that the patients had been most co-operative, had shown marked enthusiasm, and had derived considerable benefit from the training and the interest it created. Domiciliary diversional therapy

There were 185 confirmed cases of poliomyelitis in the Division during the year. The outbreak was most marked in the Plumstead area of the Borough of Woolwich, where it did not decline until the end of November. Poliomyelitis

I acknowledge most sincerely the good work of everyone associated with the health services in the division.

Division 7, comprising the boroughs of Camberwell and Lewisham.

Dr. H. D. Chalke reports :

Some of the rented premises used for maternity and child welfare centres have given cause for concern. They are mainly old premises at which there is very limited scope for improvement. In one instance, it has been possible to arrange for the service to be transferred to a newly-built church hall ; in another instance, new terms have Premises

been negotiated with the owners under which the Council will be able to improve the heating and decoration of the rooms which it uses. Other premises which present problems still remain in use.

One major piece of work has been undertaken in reconstructing the walls at a day nursery which had suffered from bomb damage during the war and, more recently, from sub-soil settlement.

Local meetings with district nurses

To foster co-operation with district nursing services a series of open meetings have been arranged to discuss problems of mutual interest to district nurses, midwives, health visitors, home helps, etc. The Council is providing speakers on such subjects as health education in the home, problem families, care of old people. As a further measure of co-operation, the health visitors at the various centres met informally and entertained the district nurses working in the area.

Health education

The health education programme was extended, and greater use was made of visual aids, particularly the flannelgraph. In addition to films and film strips, a tape recorder was brought into use. Societies and clubs in the division were written to, and the services of speakers at their meetings offered. The programme was carried out in close collaboration with the public health departments of the two metropolitan boroughs. Particular attention was paid to the prevention of home accidents, and an enquiry was made into one important aspect of this—the increasing occurrence of accidental coal-gas poisoning among older people. The enquiry was undertaken in collaboration with local officers of the South Eastern Gas Board, who examined the gas appliances in the homes of old persons in receipt of home help. This liaison has proved valuable, and it has resulted in the replacement of a number of defective and dangerous fittings. The results of this enquiry will be published in due course.

Health visitors

The field of work of the health visitors is progressively widening. Co-operation with the general medical services improved slowly but steadily, and the arrangement whereby a health visitor was attached for part-time work to a group of doctors continued to prove successful. Links with hospitals were tightened also : particularly valuable was the domiciliary work carried out by health visitors in connection with the diabetic unit at King's College Hospital. This work is to be extended in the near future. Observations on the widening sphere of work of the health visitor have been published elsewhere (1).

Mothers Club

The health visitor at one centre has organised a club for mothers, which is combined with an ante-natal relaxation exercise class. Subjects of interest are discussed (e.g. home nursing and first aid, prevention of infection, knitting, washing, etc.), films are shown and free discussion is encouraged. The response has been encouraging. The average attendance is 10.

Home-making course for inexperienced mothers

Approval for this, for an experimental period of one year, was given by the Health Committee in September, 1954. The experiment has proved very successful, but there are many difficulties. It was found essential to carry out follow-up work in the homes, after a period of about a week of intensive instruction. The additional cost of this work has been almost negligible, and the experiment is to continue for a further year.

The aged

The care and welfare of older members of the community, especially those who live alone (a large proportion), is producing problems of increasing complexity ; fortunately they are being dealt with more effectively as co-ordination of effort improves. Suitable long-stay accommodation remains the greatest need. As in previous years, maximum effort has been concentrated on enabling the old persons to remain at home provided their medical condition permits it. The use of an assistant medical officer as a co-ordinating officer between the various agencies concerned has proved to be well worth-while. A discussion on the medical care of those living alone has been published (2).

Mental health education

As a result of the Medical Officer of Health's Working Party on Mental Health Education in the Maternity and Child Welfare Service, weekly case conferences have been held at one of the Council's centres between the centre doctor and health visitor

(1) *The Practice of Health Visiting* (*Journal of the Royal Society of Health, No.* 8 *August,* 1955.)

(2) *The Medical Care of Those Living Alone.* (*Medical Press* 14.12.55.)

on the one hand, and on the other a psychiatrist and psychiatric social worker from King's College Hospital. Cases presenting mental health problems are submitted by the Council's workers, and discussed with the psychiatrist.

B.C.G. vaccination of schoolchildren

During the summer term, the Council's B.C.G. team visited 66 schools in the division and tested 3,370 children aged 13+ years. They found 419 positive reactors of whom 24 were referred to chest clinics for further investigation.

School treatment

The increase in work is evidenced by a growing demand for orthodontic treatment at King's College Hospital and additional nutrition and speech therapy sessions at the Council's centres.

Changing patterns in child welfare centres

Among the activities to which increasing attention has been paid are discussion groups, cookery and sewing demonstrations, play corners and health educational displays. Routine weighing of infants has been steadily reduced. The findings of an investigation into the reasons why mothers attend or do not attend municipal centres have provided some useful information which has been used to advantage in moulding the pattern of many of the centres. The guiding principle has been the maintenance of a friendly atmosphere in which mothers readily seek help and reassurance and learn the basic requirements for the promotion of mental and physical health. Treatment has been almost entirely eliminated and any tendency for a centre to simulate the hospital ante-natal department has been counteracted. The response of mothers to the new outlook is most encouraging.

My thanks are due to my medical and lay colleagues and to the members of the divisional staff for their loyal co-operation and support.

Division 8, comprising the boroughs of Bermondsey, Lambeth and Southwark.

Dr. W. H. S. Wallace reports :

Welfare centres

The new Rose McAndrew welfare centre, comprising the ground floor of Beale House, Lingham Street, Stockwell, was opened by the Mayor of Lambeth in March, 1955. The new clinic replaces the former Rose McAndrew Centre in Lansdowne Way, which was administered by a voluntary committee, and the Council's former centre at Stockwell. Although the centre is administered by the Council, the name of Rose McAndrew has been retained in recognition of the valuable service she rendered in the maternity and child welfare movement. The new clinic is centrally situated near Stockwell tube station and is conveniently reached in regard to both the areas served. The usual services—infant welfare, ante-natal, toddlers' clinics and sale of welfare foods—are provided at the centre. Arrangements have been made, in conjunction with the South London Hospital, for ante-natal services, the Registrar from the Hospital is responsible for the work, and mothers booked with the Council's midwives, or the Hospital's midwives, attend the clinic. Dr. Warren, of the Brixton Child Guidance Unit, is kindly giving assistance to the medical and nursing staff in dealing with psychological problems in the management of children. The premises, which are spacious and convenient, have a good entrance hall, which is most valuable for health education, mothercraft and other clinic activities.

Day nurseries

The day nurseries in the division have remained well-filled except in the Norwood area, where there has been a considerable fall in the demand for vacancies. The offering of vacancies in priority III, in which parents pay higher fees, was expected to result in these vacancies being filled. This, however, has not been the case and few parents having to pay a surcharge make use of the day nursery. In other parts of the division the nurseries have been well-filled, and the daily average attendance in nurseries throughout the division has been over 80 per cent. There has been a heavy demand for day nursery accommodation in the Brixton area, where the children of the coloured population constitute a serious problem.

Immunisation

Special efforts have been made to encourage mothers to have their children immunised, as the almost entire absence of diphtheria has resulted in many parents failing to recognise the continued need to maintain immunisation. As an experiment in this

division special letters urging them to have their children immunised are being sent to all parents when their children reach the age of four months. A further letter is sent six months later if no record of the child having been immunised has been received. The effect of these letters began to show in an increase in the number of children immunised but unfortunately they had to be discontinued on account of the epidemic of poliomyelitis that occurred during the summer. It was, unfortunately, not possible to commence immunisation again until November and consequently the total number of immunisations during the year has shown a substantial fall.

School health services

The health of the school children has continued to show an improvement and there has been a considerable decrease in the number of children found to require treatment at medical and hygiene inspections. The attendance at minor ailment clinics has continued to diminish and it has been possible to reduce the hours of opening of these clinics. The minor ailment clinic at Dockhead School was closed and amalgamated with the clinic at Farncombe Street. The number of cases of discharging ears has also greatly decreased and the cases that do occur are cleared up very rapidly with modern treatment. There has also been a fall in the number of children attending rheumatism and nutrition clinics and the number of sessions has been reduced. The improvement in the health of the school children is also reflected in the diminution in the number of admissions to schools for physically handicapped children.

There has been an increase in the number of children attending the audiology clinic. This has been due not to an increase in the amount of deafness but to the fact that the cases are being brought to light, as a result of the routine hearing tests being carried out on all schoolchildren. Children under school age are also attending the clinics, as the importance of early diagnosis and treatment is now fully recognised. An auditory training session has been established at St. George's centre for the assessment and training of deaf children.

There has been an increase in the number of children recommended for admission to schools for the educationally subnormal. This is not due to an increase in the number of mentally backward children but to the fact that the value of these schools is being more fully recognised and more borderline cases are being admitted to them.

Norwood treatment centre

The school treatment centre in Norwood Road had to be vacated early in the year, as the Council's lease expired. Arrangements were made to transfer the dental, minor ailment and refraction sessions to the maternity and child welfare centre at Hannen Road. Certain alterations and improvements are being made to the building. The installation of the new dental chair and equipment was not completed during the year.

The centre has proved particularly valuable in combining the school and maternity and child welfare services and it has therefore been chosen as an experimental area for the proposals of the working party on treatment organisers and health visitors. The scheme was started towards the end of the year and commenced without any difficulty.

Home help and district nurses

Other services in the division have continued satisfactorily. The home help service continues to increase, largely on account of the needs of the aged. The District Nursing Association are taking on more staff to meet the needs of the area. The home help and district nursing services, which provide for patients, particularly the aged, in their own homes, are most valuable at the present time, when the large number of old people in the community is constituting an increasing problem. The nursing of the aged sick in their own homes is of benefit to the old people themselves as well as in the interest of national economy.

Conclusion

I would like to thank the staff and voluntary organisations in the division for their loyal help and co-operation in working together to give an efficient service to the public.

Division 9, comprising the boroughs of Battersea and Wandsworth.

Dr. J. T. R. Lewis reports :

For the fourth year it gives me very great pleasure to report on the work in health division 9. The year was again a busy one and many matters which will affect the health

and well being of future residents in Battersea and Wandsworth have been dealt with. 1955 was the fourth year during which the tripartite arrangement between the Metropolitan Boroughs of Battersea and Wandsworth and the London County Council has been operating, and throughout the year it worked entirely satisfactorily.

I made some brief reference last year to the health needs of the large housing estates which are being built in this area. The broad lines along which the health services in the new estates should be planned were further considered during 1955. In addition, detailed consideration was given to the services for the Ranelagh estate, since the boundary between the County of London and the County of Surrey runs right through this L.C.C. estate ; provisional arrangements had been arrived at at the end of the year.

Premises

Consequent upon the closure of the Battersea Park day nursery, to which reference is made below, it was possible to transfer the All Saints' infant welfare centre to the day nursery premises. This has been much appreciated, I believe, no less by the mothers and their babies than by the staff working at the centre.

The temporary welfare centre which was opened in 1954 at ' Woodlands ', West Hill, was closed in July and the centre's activities were transferred to the tenants' clubroom at the Ackroydon estate. A maternity and child welfare centre was opened at the community centre on the Eastwood estate for one session a week.

The new Tooting school treatment centre at 193 Mitcham Road was formally opened in January.

Day nurseries

The Battersea Park day nursery closed in May, which left 549 places in 11 nurseries of which eight are recognised for training students.

Maternity and child welfare

Special arrangements have been made for the ante-natal care of expectant mothers on the Ashburton estate, where one of the Council's midwives holds an ante-natal clinic in a surgery very kindly placed at our disposal by one of the doctors on the estate.

Toddlers' sessions were commenced at the five following infant welfare centres ; Balham (weekly) ; St. Margaret's, Cricklade Avenue (fortnightly) ; Earlsfield, Fairfield and Riggindale (monthly). An additional monthly session was inaugurated at the Putney infant welfare centre.

An occasional crèche was opened for one session a week at the Fairfield infant welfare centre in October.

Nurseries and Child-Minders Regulation Act, 1948

At the end of the year there were 11 registered child-minders and nine registered private day nurseries authorised to care, respectively, for a total of 78 and 226 children, representing a small net decrease.

Research

I mentioned last year the home-making scheme which had been inaugurated in the area for mothers of problem families. This experimental scheme ceased in September, and although its success was limited, it did produce valuable ideas. It has enabled us in certain ways to reorientate our approach to these difficult problem families.

The research in conjunction with the Medical Research Council into the efficacy of a combined diphtheria-pertussis prophylactic in the prevention of diphtheria and whooping cough has continued and during the year the total number of children in the investigation topped the 5,000 mark. The investigation is now concentrating on the following-up of these children.

The investigation into the early diagnosis of cerebral palsy under Dr. Dunham continues.

Special Investigation clinics

A total of 1,133 attendances were made at 188 special investigation clinics, a slight decrease in the attendances compared with the previous year. There were 196 new cases compared with 235 in 1954.

Recuperative holidays

Applications for recuperative holidays placed by the division number 837 compared with 886 in 1954.

Health education

Again during the year a good deal of attention was given to health education. One of my senior medical colleagues has interested himself particularly in this important aspect of our work and talks and lectures on problems of health education have been given to a number of organisations.

Tuberculosis

A diversional therapy service for home-bound tuberculous patients was commenced in December and by the end of the year 26 patients were receiving service. At the time of writing it looks as though this service is going to prove to be highly successful and much welcomed by the patients.

Home helps

The home helps attended 3,507 households during the year, an increase of 8·5 per cent. over the previous year. As mentioned in last year's report, the general recognition of the value of the home help service is making increasing demands on this service, which covers all cases of sickness but is particularly valuable in helping old people. The main problem we are facing in this division, which apparently is not experienced to the same extent by some other divisions, is the difficulty in recruiting a sufficient number of staff. Attempts made by means of special forms of advertisement to increase the recruitment to this service were only partially successful and it is unfortunate that recruitment difficulties limit the amount of service we are able to give.

In some individual cases the recipients of the service or their relations enquire why it is not always possible to meet the demands which they feel the patient needs. The answer is, of course, that where the needs are so many, and the staff limited, some discretionary allotment of the service is unavoidable. In other words, the existing service must be spread to give the greatest possible benefit to the greatest number and this is what we try to do.

Welfare of old persons

The welfare of old people is a problem which has caused considerable anxiety throughout the year, in spite of the increasing amount of time which the department is now giving to the care of old people. This applies to the work of the health visitors and the home helps. Among many aspects of this problem which still need to be considered, are the following :

The difficulty of obtaining admission to hospital of old people when they need it.

The provision of some form of nursing supervision at night-time to old people who are being nursed at home pending their admission to hospital.

The problem of the old person who refuses to consider going into a hospital or welfare home, in spite of the fact that such admission would be desirable.

One of our senior nursing officers is devoting an increasing amount of her time to the administrative problems concerned with old people and their admission to hospital ; and in spite of the difficulties, I think that the old people benefit from what help we can give.

Organisation

It is again a great privilege to thank all my colleagues for the great help and support which they have given me during the year. While this applies to all divisional staff, I would like particularly to mention my senior colleagues—Dr. W. G. Harding, Dr. A. Garland, Miss W. M. Winch, and Miss G. U. Cox.

I cannot conclude this year's report without making a short reference to the untimely and tragic loss which we in this division and, indeed, the whole health services of the Council, experienced by the death of Mr. F. E. Willson, our late Divisional Administrative Officer. It is appropriate that I should say something about his sterling qualities, for he had long been closely identified with the Council's health services generally, and, more particularly, with the health services in this area. Mr. Willson had a long period of service (upwards of 40 years) with the Council, and had been Divisional Administrative Officer in division 7 before he was transferred to this area a month or two before I took up office in 1952. I found that I had as my divisional administrative colleague a man of outstanding knowledge, ability and integrity. He entered so wholeheartedly into the work of the division and he assumed all duties and responsibilities with such enthusiasm that no one could fail but to admire, and often to marvel at, his energy. He had in full measure the gifts which make the able administrator, whether lay, legal or medical. He was able to approach his problems (and they were many) with an absorbing attention to detail, where this was necessary, without in any way losing sight of the general principle involved. Add to this a tolerance, generosity and, indeed, great humanity, and one has the reasons why Mr. Willson was so successful in his job. He was intensely jealous of the great reputation of the Council and even more

so of the welfare of the population which the Council served. In his personal contacts he was always friendly, always helpful, always ready to give of his wide experience and knowledge whether to members of the Committee or to his colleagues, senior or junior. His loss has been greatly felt in this area, both by members of the Divisional Health Committee to whom he had endeared himself and by all of us who had the great privilege of working with him. Our deepest sympathies go out to his family.

APPENDIX A

REVIEW OF MORTALITY IN THIS CENTURY

On pages 156 to 159 will be found a series of diagrams showing the trend of mortality for different sex and age groups since 1900.

The graphs are logarithmic in the vertical scale to permit of easy comparison of rates of change in the different age groups ; the relative change depicted in one part of the graph is directly comparable with other parts by the slope of the lines.

It will be seen that the most striking reductions in the death rates have been in ages under 45, especially in children aged 1–4 years. The percentage reductions in the age groups are detailed below :

Percentage reductions in death-rates (1900–04 to 1951–55)

Age group	*Males*	*Females*
0–1	83	85
1–4	96	96
5–14	84	90
15–24	77	83
25–44	79	78
45–64	45	61
65 and over	7	28

At all ages throughout the period under review death rates for males are higher than for females, which accounts for the higher expectation of life in women, and the differential reduction in the death rate at ages 45–64 years now results in the death rate for men at these ages being twice that for women. Except for ages 65 and over men aged 45–64 have shown the least improvement during the period under review. Reduction of the death rate over 65 years is, of course, not a matter of prevention (since all must ultimately die) but of delay, thereby giving added years over the biblical span of three score and ten and in this respect women aged 65 now have an expectation of life of 15 years compared with 12 years for men : at the turn of the century the corresponding expectations were for women 11 years and for men 10 years.

The rate of decline in the death rate has been comparatively steady throughout the period in older age groups, but for those under 45 the rate of decline has quickened in the last ten years.

There are certain abnormal fluctuations requiring explanation. In both war periods there were violent fluctuations, more so in the second world war than the first, and in both these periods rates for men aged 15 to 44 have been discontinued because of the large scale withdrawal of men from the civilian population for military service ; the female rates for these ages in the second world war are probably slightly overstated for similar reasons. The death rates cannot be regarded as exact in certain years because of estimations which had to be made of the populations at risk in the several sex and age groups. For the decade 1900 to 1910 the census figures for 1901 and 1911 have been used and interpolations made for intermediate years. Rates for 1915–30 and 1939–49 are based on civilian deaths and civilian populations with considerable estimations of the populations at risk in the war years. For the remaining years populations used are those supplied by the Registrar-General known as ' total ' populations until 1938 and as ' home ' populations from 1950 onwards. The rates are least reliable in the middle of the period 1901–1911 and in the war and post-war periods 1915–1920 and 1939–1949.

The peaks in the year 1918 were due to the pandemics of influenza which raged at the close of the first world war and which affected young people to a greater extent than the aged ; the peaks in 1929 were for a similar reason though in this epidemic the age distribution was different—the old being affected more than the young. The peaks in 1922 in the rates for boys and girls aged 1–4 were due to the prevalence of epidemics of measles and whooping cough.

The total death rates for the various age/sex groups, whilst informative, do not give the whole picture. Accordingly, in the diagrams shown on pages 160 to 163 an indication is given of changes in the causes of death over the half-century by showing, for each sex and each age group separately, the major causes of death for the years 1901, 1926 and 1951 : 1901 and 1951 have been chosen as years at each end of the period with most reliable population figures (census years) and the year 1926 as midway between these two.

Because of the wide variation in death rates, both between age groups and between years, and the desire to give the maximum pictorial effect to changes in the causes of death, scales of death rates have been chosen which best accommodate the particulars displayed : for this reason neither the horizontal nor the vertical scales are the same for each age group and in addition they may vary from year to year within an age group. Hence, except as an indication of the order of ranking of a specific disease they require careful study and reference to the scale employed.

Finally, no allowance has been made for the sharp change in the classification of deaths which took place in 1940 when the Registrar-General abandoned the rules of selection which had hitherto operated in multiple causes of death.* In the earlier years deaths from certain infective and respiratory diseases were of such proportions as to merit individual mention with the residual deaths from these major groups described as ' other infective ' or ' other respiratory ', whereas in some instances in 1951 deaths from these causes are so few as no longer to justify their separate mention and they are accordingly included in ' all infective ' or ' all respiratory '.

Looking at the diagrams for each of the age groups in turn the most striking change is in infant mortality (0–1 year) : some terms used for causes of death in 1901 are no longer current medical terminology in death certification, e.g. ' feeding difficulties and teething ', ' rickets '. In 1901 the most frequent cause of death in infancy was gastritis, enteritis and diarrhoea which by 1926 had fallen to second place and by 1951 to last but one of the specified causes. Prematurity, which in 1901 held second place rates highest in 1926 and in 1951 ; this is the cause of death in infancy which, despite its reduction from 1907 per 100,000 infant deaths in 1901 to 1,411 in 1926 and to 472 in 1951 still offers the greatest resistance to further reduction of the infant mortality rate, see page 16. The lesser causes in 1901 of congenital malformations (see also footnote below*), post-natal asphyxia and birth injury have become more important by 1951 because of the very great reduction in deaths from the infective and respiratory causes.

In young children (1–4 years) the specific infective causes of death—diphtheria, measles and scarlet fever—seen at the turn of the century have largely disappeared as causes of mortality. Violence (accidental death) despite its decline from 99 deaths per 100,000 population in 1901 to 38 in 1926 and 20 in 1951 now ranks as second in importance instead of more than half-way down the list in earlier years.

* *The general movements resulting from this change and also to a lesser extent the changes in the same year resulting from the revision of the International List of Causes of Death, are estimated to be :*

Cause	*Approximate change as a percentage of those formerly assigned to this cause†*	*Cause*	*Approximate change as a percentage of those formerly assigned to this cause†*
Influenza	— 11 *per cent.*	*Bronchitis*	+ 100 *per cent.*
Cancer	— 3 ,, ,,	*Pneumonia*	+ 5 ,, ,,
Diabetes	— 30 ,, ,,	*Other respiratory diseases*	+ 50 ,, ,,
Heart diseases	— 10 ,, ,,	*Nephritis*	+ 12 ,, ,,
Other circulatory diseases	— 6 ,, ,,	*Diseases of pregnancy, etc.*	+ 10 ,, ,,
		Congenital malformations	+ 13 ,, ,,

† *Based on the dual classification of deaths for England and Wales, 1939.*

The improvement in the death rate of schoolchildren is largely a history of the overcoming of mortality from the infective diseases : the death rate in this group is now only 44 deaths per 100,000 population or one death for every 2,300 children, and violence accounts for one-third of them for boys in this age group.

With young adults (15–24 years) the reduction in the death rate is again largely due to the almost complete disappearance of infective disease ; tuberculosis, which is treated outside the description of ' infective disease ' in this context, now occupies second instead of first place in this age group though the death rate from this cause is only 13 per cent. of what it was in 1901 (tuberculosis is dealt with in detail in pages 25 to 49). Cancer appears currently in this age group as a major cause of death for the first time although it has increased only slightly (from 5 to 6 per 100,000 population over the fifty years) ; it appears now because of the great reduction in mortality from other causes. Deaths from pregnancy and childbirth in young women are now only a tiny fraction of what they were and are too insignificant to warrant separate mention. Violence now accounts for nearly one-half of male deaths in this age group.

At adult ages of 25–44 years tuberculosis has disappeared as a major cause of death and cancer now occupies first place in this age group, though its contribution to mortality remains the same as in 1901 (46 per 100,000 population compared with 45 in 1951). Deaths from pregnancy and childbirth in women at these ages, despite their decline from 48 to 6 per 100,000 population still occupy eighth place in the list because of the very great decline in deaths from other causes. Alcoholism, which figures in the list for 1901, has virtually disappeared as a cause of death. Violence still occupies a prominent place in deaths of males in this age group.

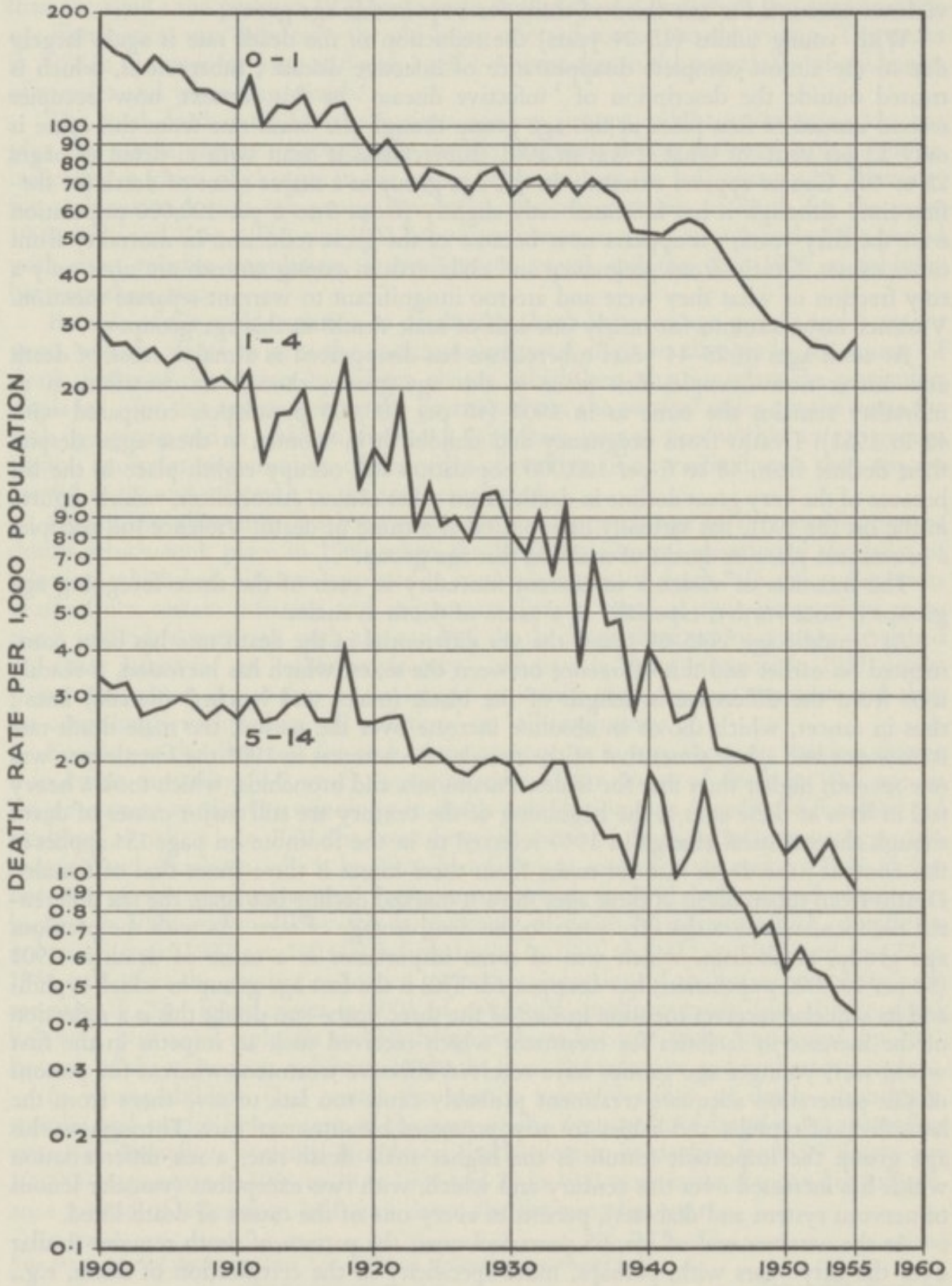
The mention of violence in current mortality in each of the three foregoing age groups is noteworthy, especially as a cause of death in males.

At ' middle age ' (45–64 years) the sex differential in the death rate has been commented on earlier and this difference between the sexes, which has increased, is readily seen from the difference in length of the black (male) and hatched (female) lines ; thus in cancer, which shows an absolute increase over the period, the male death-rate is now one and a half times that of the female rate whereas in 1901 the female rate was one seventh higher than that for males. Pneumonia and bronchitis, which took a heavy toll in lives at these ages at the beginning of the century are still major causes of death though the statistical change in 1940 referred to in the footnote on page 154 applies in this context ; the death-rate for males from these causes is three times that of females. Deaths from tuberculosis at these ages show a marked decline but again the sex differential has increased over the fifty years to the disadvantage of men. As with the previous age group, alcoholism, which was of some importance as a cause of death in 1901 (53 per 100,000 population) has disappeared. This is the first age group in which syphilis and its sequelae receives mention in *each* of the three years—no doubt this is a reflection of the increase in facilities for treatment which received such an impetus in the first world war, younger age groups have received effective treatment whereas for persons of this generation adequate treatment probably came too late to save them from the late effects of syphilis and babies are now protected by ante-natal care. Throughout this age group the important feature is the higher male death-rate, a sex differentiation which has increased over this century and which, with two exceptions (vascular lesions of nervous system and diabetes), persists in every one of the causes of death listed.

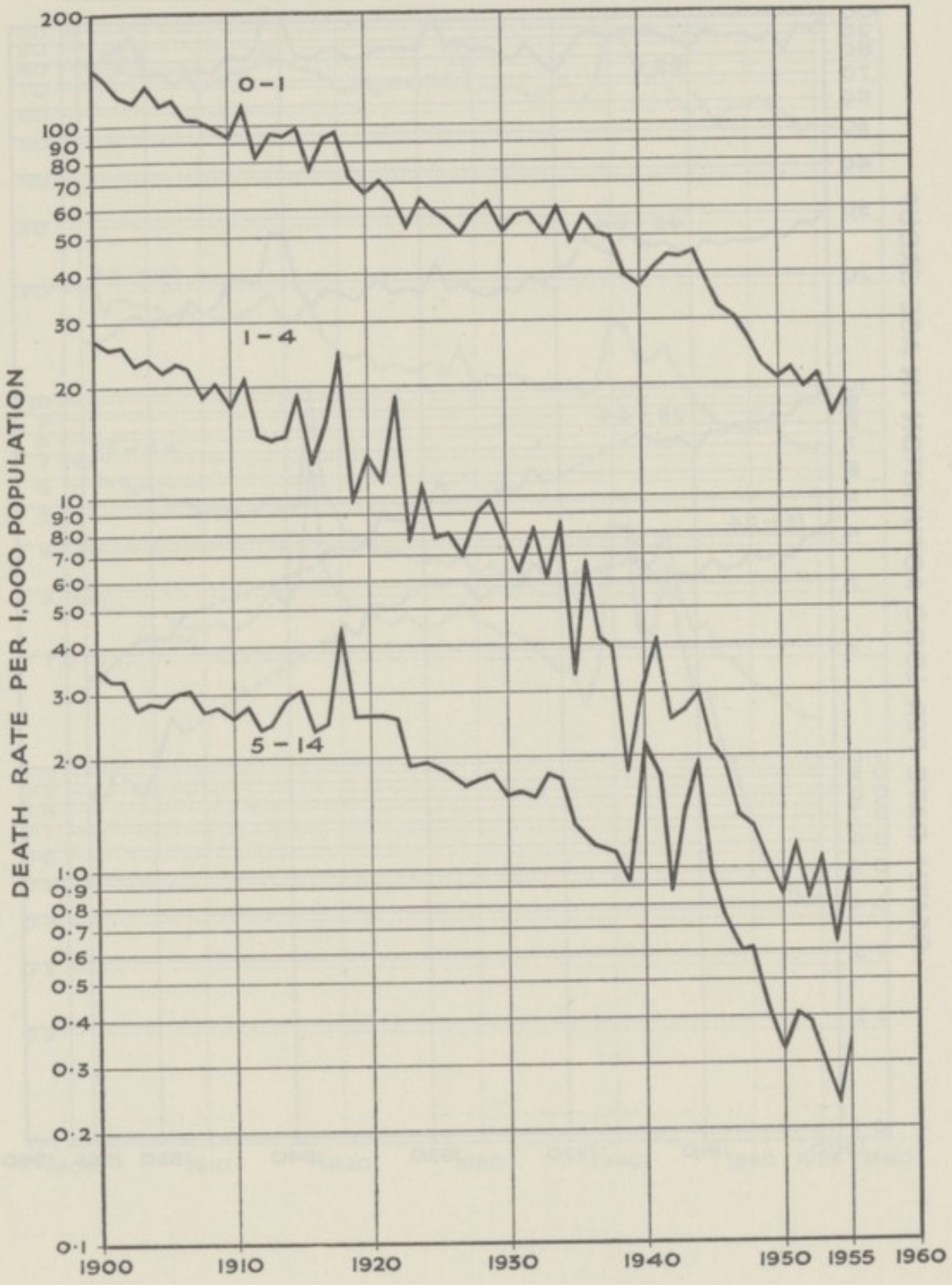
At the extreme end of life, 65 years and over, the pattern of death remains similar over the fifty years with, perhaps, more specificity in the certification of death, e.g., ' old age ' in 1901. The main causes of death in each of the years is from degenerative causes—heart disease, other circulatory disease, vascular lesions, nephritis and bronchitis. The big difference in scale for each of the three years should be borne in mind when making comparisons at these ages.

The outstanding feature of this review is the great reduction in mortality from the infective and respiratory diseases and from tuberculosis. Diseases in which lie the greatest scope for further prevention of death are certain causes of neo-natal mortality (prematurity, post-natal asphyxia, etc.), violence in young people and cancer in the middle-aged.

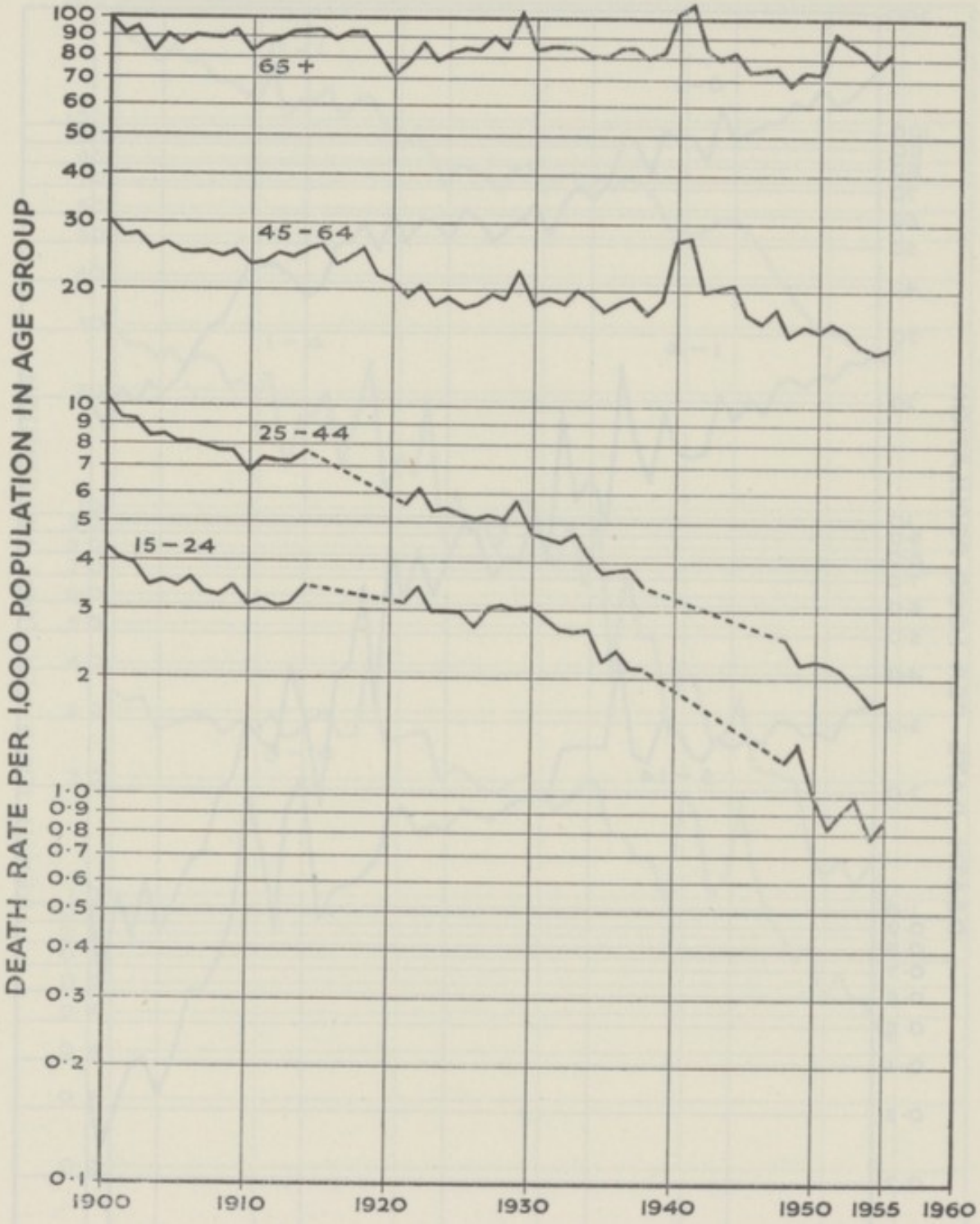
TREND OF MORTALITY 1900-1955 — BOYS



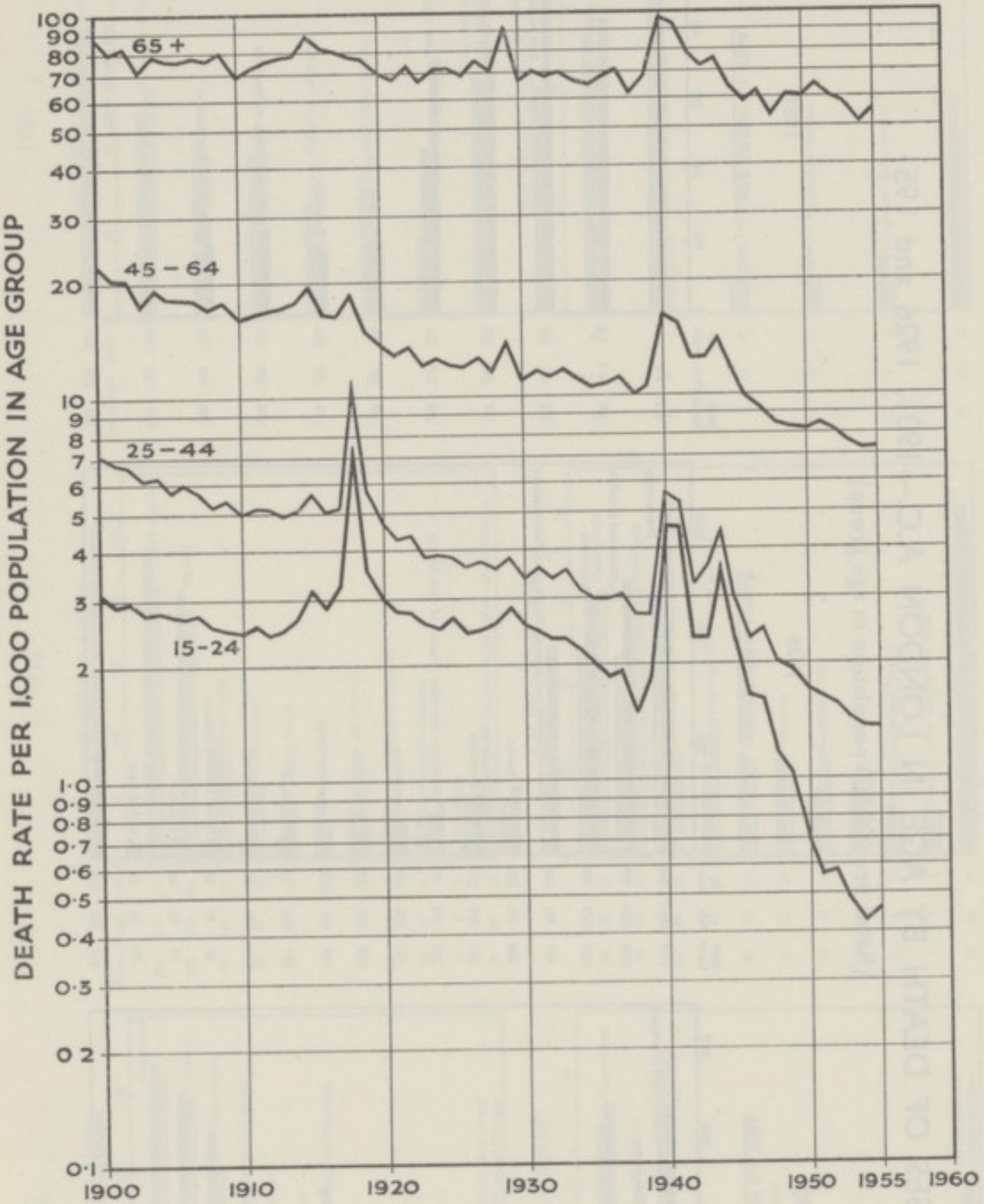
TREND OF MORTALITY 1900 – 1955 — GIRLS



TREND OF MORTALITY 1900-1955 — MALES

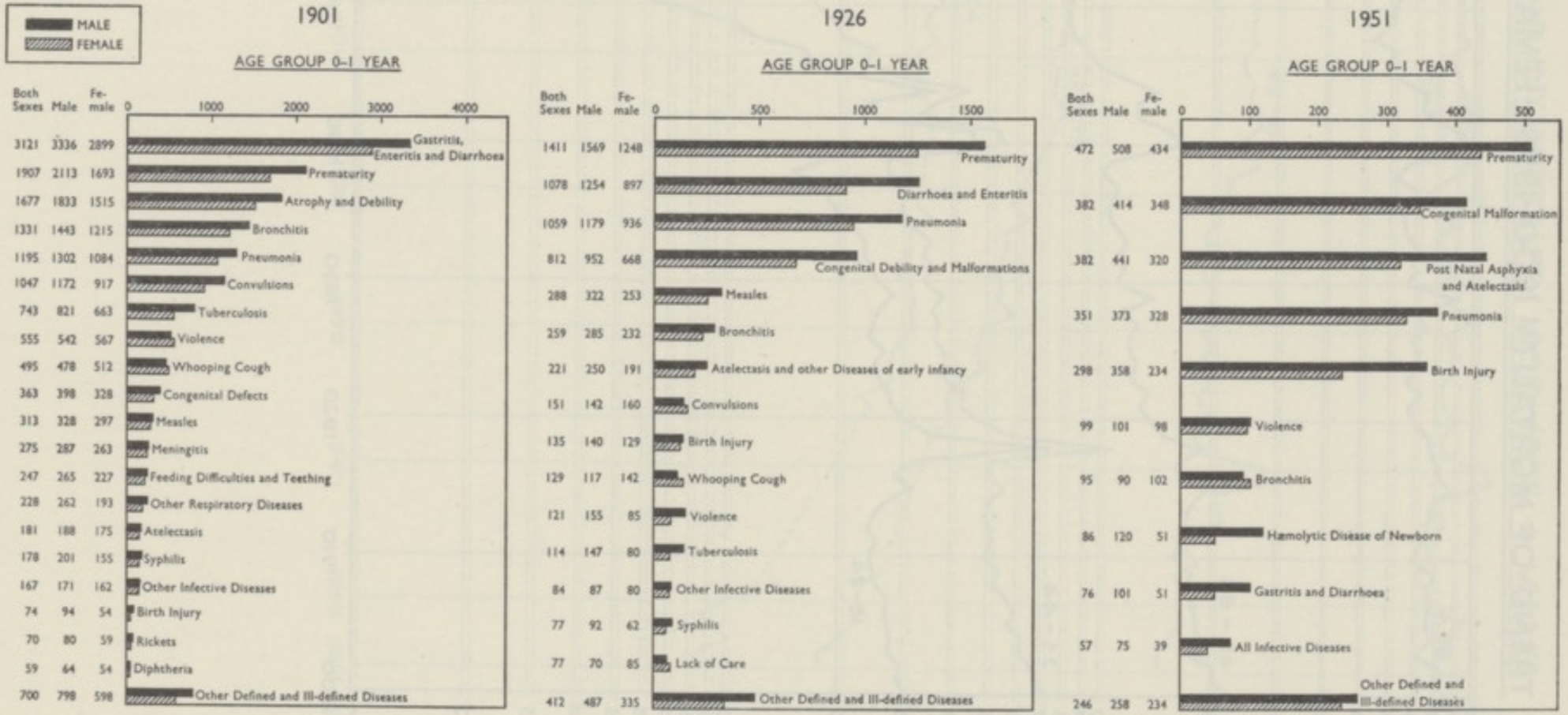


TREND OF MORTALITY 1900-1955—FEMALES



CAUSES OF DEATH BY AGE IN LONDON A.C.—1901, 1926 and 1951

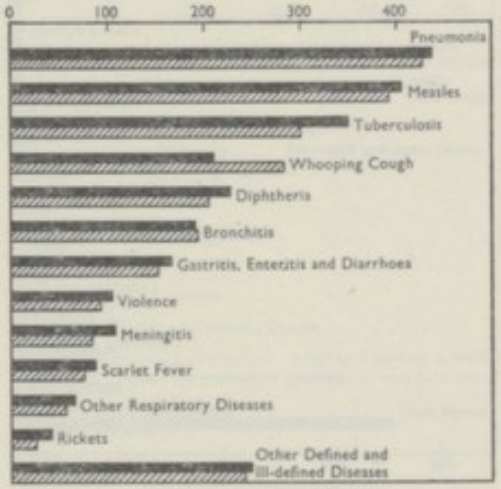
(Rates per 100,000 population in age group)



1901

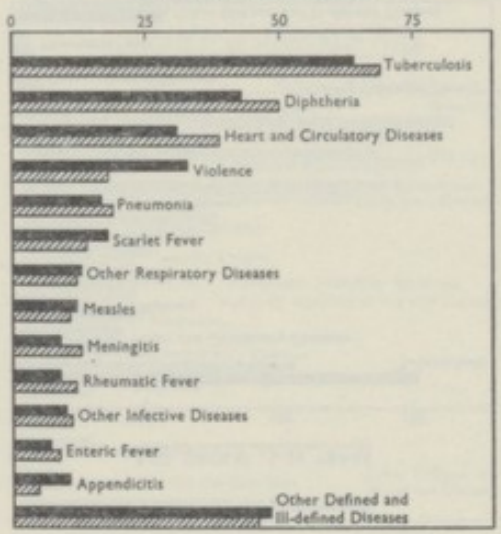
AGE GROUP 1–4 YEARS

Both Sexes	Male	Female	
432	438	427	Pneumonia
399	405	393	Measles
326	351	300	Tuberculosis
248	210	286	Whooping Cough
216	228	205	Diphtheria
193	192	195	Bronchitis
159	166	153	Gastritis, Enteritis and Diarrhoea
99	105	93	Violence
96	108	85	Meningitis
82	88	77	Scarlet Fever
62	66	57	Other Respiratory Diseases
36	44	28	Rickets
246	249	243	Other Defined and Ill-defined Diseases



AGE GROUP 5–14 YEARS

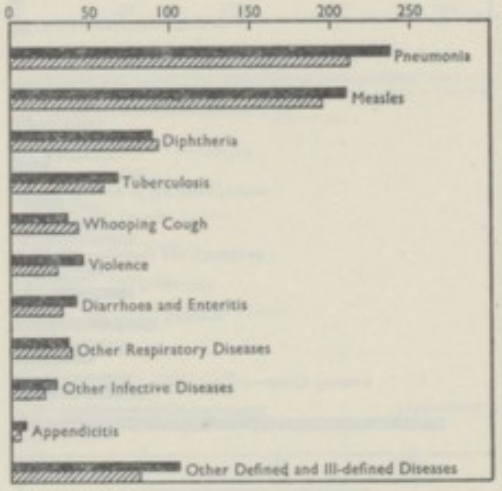
66	64	69	Tuberculosis
46	43	50	Diphtheria
35	31	39	Heart and Circulatory Diseases
26	33	18	Violence
18	17	19	Pneumonia
17	18	14	Scarlet Fever
12	13	12	Other Respiratory Diseases
11	12	11	Measles
11	9	13	Meningitis
10	9	12	Rheumatic Fever
10	10	11	Other Infective Diseases
8	7	9	Enteric Fever
8	11	5	Appendicitis
47	48	46	Other Defined and Ill-defined Diseases



1926

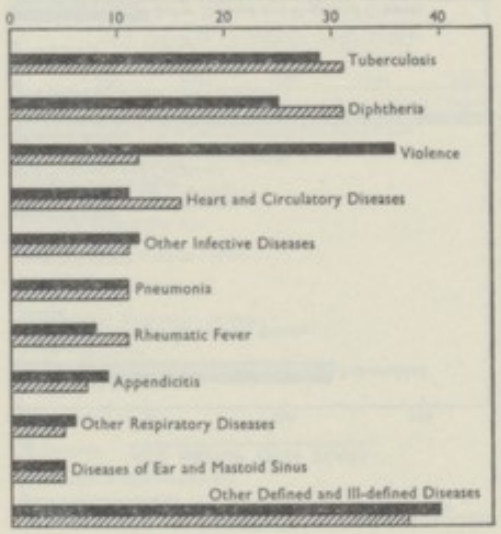
AGE GROUP 1–4 YEARS

Both Sexes	Male	Female	
225	237	212	Pneumonia
202	210	194	Measles
90	89	92	Diphtheria
62	67	58	Tuberculosis
39	35	42	Whooping Cough
38	46	29	Violence
37	41	32	Diarrhoea and Enteritis
36	35	37	Other Respiratory Diseases
24	27	21	Other Infective Diseases
7	9	6	Appendicitis
94	107	81	Other Defined and Ill-defined Diseases



AGE GROUP 5–14 YEARS

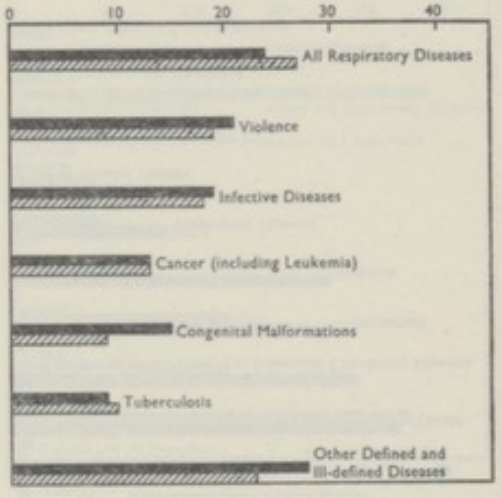
30	29	31	Tuberculosis
28	25	31	Diphtheria
24	36	12	Violence
14	11	16	Heart and Circulatory Diseases
12	12	11	Other Infective Diseases
11	11	11	Pneumonia
10	8	11	Rheumatic Fever
8	9	7	Appendicitis
5	6	5	Other Respiratory Diseases
5	5	5	Diseases of Ear and Mastoid Sinus
38	40	37	Other Defined and Ill-defined Diseases



1951

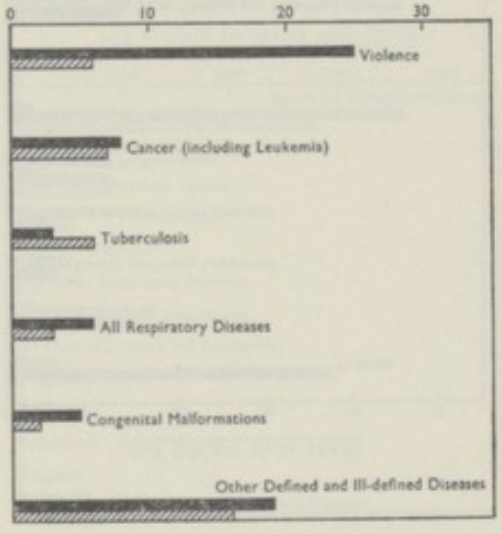
AGE GROUP 1–4 YEARS

Both Sexes	Male	Female	
25	24	27	All Respiratory Diseases
20	21	19	Violence
18	19	18	Infective Diseases
13	13	13	Cancer (including Leukemia)
12	15	9	Congenital Malformations
9	9	10	Tuberculosis
26	28	23	Other Defined and Ill-defined Diseases



AGE GROUP 5–14 YEARS

15	25	6	Violence
8	8	7	Cancer (including Leukemia)
5	3	6	Tuberculosis
4	6	3	All Respiratory Diseases
3	5	2	Congenital Malformations
17	19	16	Other Defined and Ill-defined Diseases



1901

AGE GROUP 15–24 YEARS

Both Sexes	Male	Female	
127	152	105	Tuberculosis
42	43	41	Heart and Circulatory Diseases
28	45	13	Violence
18	26	10	Pneumonia
17	23	11	Enteric Fever
10	11	10	Other Respiratory Diseases
10	16	5	Appendicitis
9	11	8	Nephritis
9		17	Pregnancy, Childbirth and Abortion (including Puerperal Fever)
8	11	6	Other Infective Diseases
7	8	7	Rheumatic Fever
58	57	59	Other Defined and Ill-defined Diseases

AGE GROUP 25–44 YEARS

Both Sexes	Male	Female	
275	356	204	Tuberculosis
89	101	79	Heart and Circulatory Diseases
57	82	34	Pneumonia
47	76	22	Violence
45	32	55	Cancer
44	52	37	Other Respiratory Diseases
32	37	28	Nephritis
26		48	Pregnancy, Childbirth, Abortion (including Puerperal Fever)
23	26	20	Alcoholism
16	22	10	Enteric Fever
14	10	17	Cirrhosis of Liver
11	10	11	Vascular Lesions
8	10	6	Rheumatic Fever
7	12	3	Syphilis and its Sequelae
109	108	110	Other Defined and Ill-defined Diseases

1926

AGE GROUP 15–24 YEARS

Both Sexes	Male	Female	
117	117	118	Tuberculosis
27	24	30	Heart and Circulatory Diseases
26	40	15	Violence
10	13	8	Pneumonia
6	9	4	Other Respiratory Diseases
6		11	Pregnancy and Childbirth
6	7	4	Appendicitis
5	6	4	Diseases of Ear and Mastoid Sinus
5	7	4	Nephritis
49	51	47	Other Defined and Ill-defined Diseases

AGE GROUP 25–44 YEARS

Both Sexes	Male	Female	
124	162	94	Tuberculosis
47	51	44	Heart and Circulatory Diseases
40	32	46	Cancer
34	55	19	Violence
33	46	23	Pneumonia
15		27	Pregnancy and Childbirth
13	15	12	Nephritis
12	20	6	Diseases of Digestive System
10	15	6	Bronchitis
9	11	8	Influenza
9	16	3	Syphilis and its Sequelae
6	7	5	Epilepsy
6	8	4	Other Respiratory Diseases
4	6	2	Appendicitis
4	4	4	Diabetes
62	66	59	Other Defined and Ill-defined Diseases

1951

AGE GROUP 15–24 YEARS

Both Sexes	Male	Female	
20	37	6	Violence
16	14	17	Tuberculosis
6	6	7	Cancer (including Leukemia)
4	5	3	Heart and Circulatory Diseases
3	3	3	Congenital Malformations
3	2	3	All Respiratory Diseases
3	2	3	Nephritis
14	13	14	Other Defined and Ill-defined Diseases

AGE GROUP 25–44 YEARS

Both Sexes	Male	Female	
46	45	46	Cancer
32	40	25	Heart and Circulatory Diseases
31	37	25	Tuberculosis
25	37	13	Violence
14	18	10	Respiratory Diseases
6	5	7	Vascular Lesions
5	6	4	Nephritis
3		6	Pregnancy and Childbirth
3	5	1	Ulcer of Stomach and Duodenum
2	3	2	Infective Diseases
28	26	30	Other Defined and Ill-defined Diseases

1901

AGE GROUP 45–64 YEARS

Both Sexes	Male	Female	
379	414	349	Heart and Circulatory Diseases
329	485	193	Tuberculosis
324	287	356	Cancer
232	236	229	Bronchitis
162	224	109	Pneumonia
130	162	102	Nephritis
101	105	98	Vascular Lesions
96	156	44	Violence
95	120	74	Other Respiratory Diseases
94	99	90	Paraplegia, Hemiplegia (including Apoplexy currently included in Vascular Lesions)
64	65	64	Cirrhosis of Liver
53	61	46	Alcoholism
32	40	25	Infective Diseases
21	37	6	Syphilis and its Sequelae
280	299	264	Other Defined and Ill-defined Diseases

AGE GROUP 65 YEARS AND OVER

1581	1619	1555	Bronchitis
1440	1335	1510	Old Age
1309	1423	1233	Heart and Circulatory Diseases
731	730	731	Cancer
442	481	417	Vascular Lesions
427	439	419	Paraplegia, Hemiplegia (including Apoplexy currently included in Vascular Lesions)
373	454	319	Pneumonia
320	326	316	Other Respiratory Diseases
316	409	254	Nephritis
231	297	157	Violence
175	261	118	Tuberculosis
123	107	133	Gastritis, Enteritis and Diarrhoea
1031	1300	853	Other Defined and Ill-defined Diseases

1926

AGE GROUP 45–64 YEARS

Both Sexes	Male	Female	
334	353	317	Cancer
310	372	256	Heart and Circulatory Diseases
138	219	68	Tuberculosis
103	143	69	Pneumonia
86	118	58	Bronchitis
80	76	84	Vascular Lesions
72	109	41	Violence
67	78	58	Nephritis
38	58	22	Diseases of Digestive System
29	33	24	Influenza
21	36	9	Syphilis and its Seqeulae
20	28	14	Cirrhosis of Liver
20	18	21	Diabetes
19	30	9	Other Respiratory Diseases
11	12	9	Appendicitis
180	194	169	Other Defined and Ill-defined Diseases

AGE GROUP 65 YEARS AND OVER

2397	2662	2213	Heart and Circulatory Diseases
1047	1211	933	Cancer
845	909	799	Bronchitis
632	557	683	Old Age
626	609	638	Vascular Lesions
409	419	402	Pneumonia
258	253	261	Other Respiratory Diseases
239	303	195	Nephritis
206	262	167	Violence
82	142	41	Tuberculosis
72	75	70	Diabetes
51	71	37	Diseases of Digestive System
695	889	560	Other Defined and Ill-defined Diseases

1951

AGE GROUP 45–64 YEARS

Both Sexes	Male	Female	
346	428	280	Cancer
324	469	206	Heart and Circulatory Diseases
149	249	67	Pneumonia and Bronchitis
94	90	96	Vascular Lesions
64	112	25	Tuberculosis
46	64	31	Violence
38	58	22	Other Respiratory Diseases
27	50	8	Ulcer of Stomach and Duodenum
17	20	14	Nephritis
13	18	6	Syphilis and its Sequelae
9	6	11	Diabetes
104	118	93	Other Defined and Ill-defined Diseases

AGE GROUP 65 YEARS AND OVER

3109	3611	2798	Heart and Circulatory Diseases
1141	1564	879	Cancer
885	887	884	Vascular Lesions
769	1139	540	Bronchitis
418	503	366	Pneumonia
223	248	207	Other Respiratory Diseases
176	202	160	Violence
102	176	55	Ulcer of Stomach and Duodenum
82	168	28	Tuberculosis
59	45	68	Diabetes
52	59	48	Nephritis
33	57	18	Syphilis
530	654	453	Other Defined and Ill-defined Diseases

APPENDIX B

VITAL STATISTICS OF THE COUNTY OF LONDON IN THE YEARS 1901 TO 1951

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The following paper is reproduced from the British Journal of Preventive and Social Medicine, 1955, vol. 9, page 126 by courtesy of Dr. Martin and the editors of that journal. It brings together in small compass data that are scattered in a number of publications and also discusses the changes that have taken place in the correlation between mortality and various social indices.

The growth and development of London during the past 50 years has been influenced by three major factors. The first factor to operate, and one which still functions, is the continuous growth of London as a commercial centre and the consequent pressure exerted on living conditions by the creation of new offices, shops, warehouses, and factories, especially in the central areas. Secondly, the first world war brought about a social revolution, and perhaps one of its most important consequences was the large increase in opportunities for female labour in office and factory. Thirdly, during the second world war, thousands of houses in London were destroyed, and a very severe housing shortage ensued. With the publication of the 1951 Census for London it is possible to see how these factors have influenced the vital statistical trends of the different London boroughs during the last half century.

Population

At the beginning of the 20th century London had already overflowed its boundaries in the east and the north-east where other towns had become contiguous with London. Some boroughs were not completely built up and in the north-west and south some land was still used for agriculture and wild life still persisted. Since horse vehicles and steam trains were the only methods of transport, most members of the population were compelled to live fairly close to their places of employment. The development of electricity for traction in the first decade of the 20th century led to the electrification of some surburban train services, the District and Metropolitan railways, and the construction of the underground system of ' tubes '. Further electrification and the introduction of the motor bus greatly facilitated travelling; the centre of London became more commercialized and surrounding country was engulfed for dormitories.

Table I shows the population enumerated at the last five censuses and the changes that have occurred in the distribution of the population during the past 50 years. The central cluster of boroughs (including the City, Finsbury, Holborn, St. Marylebone, Southwark, and Westminster) showed a continuous decline in population during the first 30 years and much house property was converted to commercial uses. On the other hand the outer boroughs, and those incompletely built-up boroughs in 1901 (Fulham, Hammersmith, Hampstead, Lewisham, Wandsworth, and Woolwich) showed consistent rises. The changes in the distribution of population between 1931 and 1951, particularly the large falls in population in the adjacent boroughs of Bermondsey, Bethnal Green, Finsbury, Poplar, Shoreditch, Southwark, and Stepney, reflect the damage done during the war. In all these districts the 1951 population was approximately only half the 1931 level. Only in Hampstead, Lewisham and Woolwich did the population of 1951 exceed that of 1931, and the gains here were very slight.

The best residential districts in 1901 were situated in Hampstead and Kensington, and the large number of female domestic staff employed accounts for the very low proportion (39 per cent.) of males in the population of these boroughs. Despite the disappearance of large domestic staffs, the great preponderance of women in these

areas persisted until 1951. The occupational section of the 1951 Census is not yet published, but it is probable that the excess female population is due to women in personal service in the hotels and boarding houses to which the large private houses were converted in many instances. Similarly the excess of females in some other boroughs —Chelsea, Holborn, Paddington, and St. Marylebone—is probably due to the many hotels which are here situated. The City, Bermondsey, Bethnal Green, Greenwich, Poplar, Shoreditch, Southwark, Stepney, and Woolwich had high male ratios in each census year.

TABLE I—*Populations of Boroughs*

Borough	Populations (thousands)					Intercensus Variations (per cent.)				Percentage of Males in Population				
	1901	*1911*	*1921*	*1931*	*1951*	*1901–11*	*1911–21*	*1921–31*	*1931–51*	*1901*	*1911*	*1921*	*1931*	*1951*
City	27	20	14	11	5	— 27·0	— 30·3	— 19·8	— 51·6	51·4	51·3	49·0	50·7	49·7
Battersea	169	168	168	160	117	— 0·7	— 0·0	— 4·9	— 26·6	48·4	48·2	46·9	47·3	46·8
Bermondsey ..	131	126	119	112	61	— 3·7	— 5·1	— 6·6	— 45·6	49·8	50·0	48·8	49·2	49·2
Bethnal Green ..	130	128	117	108	58	— 1·2	— 8·5	— 7·7	— 46·1	48·9	48·9	48·4	48·3	47·3
Camberwell ..	259	261	267	251	179	0·8	2·2	— 5·9	— 28·5	47·4	47·5	47·0	47·2	47·1
Chelsea	74	66	64	59	51	— 10·1	— 4·0	— 7·3	— 13·7	44·4	42·9	40·5	40·6	41·6
Deptford	110	109	113	107	75	— 0·8	2·8	— 5·0	— 29·4	48·6	48·4	48·1	48·3	47·1
Finsbury ..	101	88	76	70	35	— 13·3	— 13·6	— 8·0	— 49·4	49·2	48·5	47·6	48·1	47·8
Fulham	137	153	158	151	122	11·7	3·0	— 4·4	— 19·1	47·1	47·4	46·4	46·7	46·4
Greenwich ..	96	96	100	101	90	0·2	4·7	0·5	— 11·0	49·7	49·2	48·6	49·1	48·7
Hackney	219	223	222	215	171	1·6	— 0·2	— 3·1	— 20·4	46·1	46·3	45·9	46·3	47·2
Hammersmith ..	112	122	130	136	119	8·3	7·2	4·0	— 11·9	47·0	47·8	48·0	48·0	47·9
Hampstead ..	82	85	86	89	95	4·3	0·8	3·2	7·0	38·7	38·4	38·6	39·3	41·8
Holborn	59	49	43	39	25	— 16·9	— 12·5	— 10·0	— 36·2	49·6	48·8	48·0	46·8	45·4
Islington ..	335	327	331	322	236	— 2·3	1·0	— 2·7	— 26·8	47·6	47·6	46·8	47·2	47·2
Kensington ..	177	172	176	181	168	— 2·4	2·1	2·7	— 6·9	39·1	38·6	38·6	39·3	42·9
Lambeth	302	298	303	296	230	— 1·3	1·6	— 2·2	— 22·3	47·3	47·7	46·7	47·2	47·6
Lewisham ..	127	161	174	220	228	26·1	8·3	26·3	3·5	44·5	45·3	45·4	46·3	46·9
Paddington ..	144	143	144	145	125	— 1·0	1·2	0·5	— 13·4	42·8	42·4	41·9	42·4	45·7
Poplar	169	162	163	155	74	— 3·8	0·1	— 4·6	— 52·6	50·2	49·8	49·5	49·4	49·2
St. Marylebone ..	133	118	104	98	76	— 11·4	— 11·8	— 6·3	— 22·3	43·4	42·0	39·4	39·7	41·7
St. Pancras ..	235	218	211	198	138	— 7·2	— 3·2	— 6·3	— 30·2	48·6	48·9	47·1	47·6	47·8
Shoreditch ..	119	111	104	97	45	— 6·1	— 6·4	— 6·9	— 53·8	49·0	49·2	48·3	48·7	48·2
Southwark ..	206	192	184	172	97	— 6·9	— 3·9	— 6·9	— 43·4	50·1	49·8	48·6	49·3	48·7
Stepney	299	280	250	225	99	— 6·3	— 10·8	— 9·8	— 56·1	50·4	50·1	49·1	48·9	49·4
Stoke Newington	51	51	52	51	49	— 1·1	3·0	— 1·9	— 4·0	44·1	44·7	45·0	45·0	47·6
Wandsworth ..	232	311	328	353	330	34·3	5·4	7·5	— 6·4	44·7	45·2	44·8	45·2	45·8
Westminster ..	183	160	142	130	99	— 12·4	— 11·7	— 8·5	— 23·6	46·4	45·8	43·4	43·6	46·4
Woolwich ..	117	121	140	147	148	3·6	15·7	4·6	0·7	52·3	50·5	49·6	49·8	48·9
London ..	4,536	4,522	4,485	4,397	3,348	— 0·3	— 0·8	— 2·0	— 23·9	47·2	47·0	46·2	46·5	46·8

TABLE II—*Density indices of Boroughs*

Borough	Percentage of the population living more than 2 to a room					Persons per room			
	1910*	1911	1921	1931	1951	1911**	1921	1931	1951
City	10·9	12·3	6·6	5·6	0·8	1·06	0·98	0·91	0·77
Battersea	10·9	13·3	12·4	11·9	2·1	1·09	1·04	0·98	0·81
Bermondsey ..	19·7	23·4	23·2	21·8	2·7	1·37	1·34	1·25	0·93
Bethnal Green ..	29·6	33·2	27·8	23·6	2·8	1·56	1·46	1·35	0·92
Camberwell ..	9·6	13·5	12·8	10·4	1·6	1·08	1·04	0·96	0·80
Chelsea	14·4	14·9	13·7	10·2	1·9	1·04	0·85	0·79	0·75
Deptford	9·1	12·2	12·8	11·0	1·7	1·06	1·05	0·98	0·81
Finsbury	35·2	39·8	34·0	29·4	3·4	1·61	1·50	1·42	0·96
Fulham	10·9	14·6	13·1	10·5	2·7	1·09	1·05	0·97	0·84
Greenwich	8·3	12·1	13·8	11·1	1·9	1·05	1·01	0·94	0·83
Hackney	10·2	12·4	11·5	9·6	1·5	1·08	1·06	1·00	0·85
Hammersmith ..	11·8	14·2	13·8	10·2	3·9	1·05	1·04	1·01	0·90
Hampstead	6·4	7·1	6·5	4·1	2·7	0·86	0·71	0·70	0·80
Holborn	25.0	25·6	19·8	17·1	2·3	1·30	1·12	1·07	0·92
Islington	17·0	20·0	19·4	16·0	3·8	1·22	1·18	1·12	0·92
Kensington	14·8	17·1	16·7	12·6	4·6	1·04	0·81	0·80	0·82
Lambeth	12·2	13·6	12·7	10·6	2·1	1·05	1·02	0·97	0·83
Lewisham	2·7	3·9	4·7	4·1	1·4	0·83	0·80	0·81	0·77
Paddington	13·6	16·2	15·4	12·3	5·2	1·10	0·93	0·90	0·88
Poplar	16·4	20·6	21·2	20·1	3·5	1·33	1·31	1·25	0·93
St. Marylebone ..	21·1	20·7	17·9	13·1	2·2	1·14	0·88	0·81	0·76
St. Pancras	24·0	25·5	22·4	17·6	4·4	1·32	1·22	1·13	0·93
Shoreditch	30·0	36·6	32·0	29·1	3·5	1·61	1·54	1·45	0·98
Southwark ..	22·4	25·8	23·5	21·6	2·9	1·43	1·36	1·28	0·93
Stepney	33·2	34·9	29·0	23·6	3·4	1·56	1·45	1·33	0·94
Stoke Newington ..	5·5	8·8	8·1	6·6	1·7	0·95	0·92	0·90	0·86
Wandsworth ..	4·5	6·3	6·8	5·2	1·3	0·89	0·84	0·79	0·75
Westminster.. ..	13·0	12·9	10·1	7·1	2·3	1·06	0·81	0·76	0·76
Woolwich	6·6	6·3	7·8	5·7	1·3	0·98	0·97	0·88	0·73
London	16·0	17·8	16·1	13·1	2·5	1·14	1·05	0·98	0·83

* *In this year the index is of persons living more than two to a room in tenements of less than five rooms as a percentage of the total population, and consequently the value is slightly lower than it would have been on the basis of subsequent years.*

** *For 1911 the rate was based on families living in 1–9 rooms and is therefore slightly more than a rate based on all private families as in the other years.*

Density

Two measures of density are given in Table II. The most striking feature is the very great decrease in overcrowding that was accomplished by 1951. Between 1911 and 1931 a small improvement had taken place in the overcrowding indices but no large changes occurred in the relative positions of the boroughs ; the boroughs with the most overcrowding in 1911 still had the most in 1931. In 1951, in most boroughs, the proportion living more than two to a room had become only a fraction of the corresponding proportion in 1931. The lowest indices of overcrowding were recorded at each Census for the boroughs of Hampstead, Lewisham, Stoke Newington, Wandsworth, and Woolwich.

Foreign-born population

For the first 30 years of the 20th century the foreign-born population of London remained almost constant in proportion (some 3 per cent.). In 1951 the proportion rose to 5 per cent. and became more widely dispersed through London (Table III, next page).

Thus, early in the century, there were two distinct colonies. One was in the Soho district, partly in Holborn and partly in Westminster, and was mainly Italian, French and German. The other was in Stepney and consisted mainly of persons born in Russia, or Russian Poland, who formed about 80 per cent. of the foreign-born population in Stepney. By 1951 the Russians and Poles had overflowed into the neighbouring boroughs and formed two-thirds of the large foreign-born population in Hackney. Political refugees from Poland and Germany formed a large proportion of the increase in the foreign-born population recorded at the 1951 Census. Thus, Germans and Poles form the largest groups of foreign-born persons in the adjacent boroughs of Hampstead, Kensington, Paddington, and St. Marylebone. In 1951 the absolute number of foreign-born persons in these areas taken together was four times the figure of 1901, and formed 34·5 per cent. of the total foreign-born population of London compared with 11·3 per cent. in 1901. In Hampstead in 1951 one person in six was of non-British birth.

TABLE III—*Number of foreign-born persons enumerated at each census and their percentage of total population in each area*

Borough	*1901*		*1911*		*1921*		*1931*		*1951*	
	No.	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*	*No.*	*Per cent.*
City	1,243	4·6	1,049	5·3	738	5·4	567	5·2	197	3·7
Battersea ..	952	0·6	1,129	0·7	1,291	0·8	1,214	0·8	2,689	2·3
Bermondsey..	1,133	0·9	983	0·8	897	0·8	804	0·7	818	1·3
Bethnal Green	4,634	3·6	7,791	6·1	6,864	5·9	5,356	5·0	1,951	3·3
Camberwell	1,494	0·6	1,723	0·7	1,920	0·7	1,828	0·7	3,509	2·0
Chelsea ..	1,263	1·7	1,553	2·3	1,760	2·8	1,551	2·6	4,033	7·9
Deptford ..	742	0·7	577	0·5	588	0·5	620	0·6	1,083	1·4
Finsbury ..	2,467	2·4	2,442	2·8	1,966	2·6	1,564	2·2	1,124	3·2
Fulham ..	1,778	1·3	2,273	1·5	2,343	1·5	2,195	1·5	4,916	4·0
Greenwich ..	790	0·8	765	0·8	783	0·8	839	0·8	1,387	1·5
Hackney ..	3,201	1·5	4,788	2·2	8,273	3·7	10,291	4·8	12,639	7·4
Hammersmith	1,568	1·4	3,152	2·6	2,870	2·2	2,430	1·8	4,817	4·0
Hampstead ..	2,269	2·8	3,219	3·8	4,619	5·4	5,691	6·4	15,650	16·5
Holborn ..	5,706	9·6	5,223	10·6	4,652	10·4	3,521	9·1	2,094	8·4
Islington ..	4,300	1·3	5,076	1·6	5,120	1·5	5,050	1·6	7,502	3·2
Kensington ..	4,669	2·6	6,534	3·8	8,469	4·8	8,214	4·5	19,871	11·8
Lambeth ..	3,506	1·2	5,192	1·7	5,506	1·8	4,738	1·6	7,517	3·3
Lewisham ..	1,082	0·8	1,264	0·8	1,536	0·9	1,704	0·8	3,393	1·5
Paddington ..	2,822	2·0	4,523	3·2	5,344	3·7	5,298	3·7	12,741	10·2
Poplar ..	2,104	1·2	1,966	1·2	2,517	1·5	1,666	1·1	1,320	1·8
St. Marylebone	5,560	4·2	6,274	5·3	5,998	5·8	5,179	5·3	8,872	11·7
St. Pancras ..	8,156	3·5	10,476	4·8	9,066	4·3	7,267	3·7	7,899	5·7
Shoreditch ..	2,625	2·2	2,018	1·8	1,745	1·7	1,556	1·6	847	1·9
Southwark ..	1,593	0·8	1,766	0·9	1,744	0·9	1,352	0·8	1,751	1·8
Stepney ..	54,310	18·2	53,060	19·0	41,017	16·4	30,083	13·4	8,503	8·6
Stoke Newington ..	1,073	2·1	1,563	3·1	2,061	4·0	2,712	5·3	3,883	7·9
Wandsworth	2,065	0·9	3,090	1·0	4,261	1·3	9,455	2·7	13,567	4·1
Westminster..	11,831	6·5	13,047	8·1	12,318	8·7	9,229	7·1	9,401	9·5
Woolwich ..	441	0·4	612	0·5	816	0·6	902	0·6	1,811	1·2
London ..	135,377	3·0	153,128	3·4	147,082	3·3	132,876	3·0	165,785	5·0

TABLE IIIA—*Foreign-born residents by nationality*

Country of origin	*Percentage of all Foreign-born in London*				
	1901	*1911*	*1921*	*1931*	*1951*
Russia } ..	39·5	41·2	23·8	15·4	11·7
Poland } ..			21·1	22·5	23·9
Germany	20·3	17·8	6·2	7·4	13·2
France	8·3	9·0	9·7	7·9	5·9
Italy	8·0	7·6	8·0	8·1	7·0
Austria	4·6	5·3	1·1	1·5	7·0
Others	19·3	19·1	30·1	37·2	31·3
Total	100	100	100	100	100

Death-rates

Before the adoption in 1911 of the method of transference of deaths to place of usual residence, the death-rates in the London boroughs were affected by the number of hospitals and institutions within their boundaries, deaths occurring in such institutions being credited to the borough in which the institution was situated. The study of mortality has therefore been limited to the years 1911 onwards. Some method of standardization is necessary for comparing the London boroughs owing to the varying sex and age constitutions of the populations. For this purpose the direct method of standardization has been used, with the census population of London in 1931 as the standard population. The standardized death-rates calculated on this basis are shown in Table IV which shows that considerable variation in the death rate between London

TABLE IV—*Standardized Death-rates*

Borough	*1911–13*	*1920–22*	*1930–32*	*1950–52*
City	19·45	15·42	13·10	8·05
Battersea	15·29	13·56	11·53	8·65
Bermondsey ..	20·31	16·84	14·04	9·68
Bethnal Green ..	18·86	16·39	13·18	9·69
Camberwell ..	15·11	13·57	11·45	8·97
Chelsea	14·25	12·09	11·35	8·63
Deptford	16·89	14·21	12·04	9·11
Finsbury	21·90	17·61	14·51	9·77
Fulham ..	16·20	13·09	11·80	8·69
Greenwich	14·92	13·46	11·17	8·60
Hackney	14·85	13·47	11·70	8·90
Hammersmith ..	15·78	13·65	12·32	9·05
Hampstead	12·35	11·32	10·68	7·80
Holborn	17·71	15·55	13·50	8·86
Islington	16·03	14·27	12·37	9·07
Kensington	14·97	13·58	12·50	8·49
Lambeth	15·51	13·72	11·99	9·05
Lewisham	12·09	11·14	9·93	8·08
Paddington	14·47	12·92	12·61	8·92
Poplar	18·26	15·21	12·74	9·78
St. Marylebone ..	16·29	14·27	12·36	8·67
St. Pancras	16·82	14·77	12·78	9·12
Shoreditch	19·51	16·33	13·22	9·69
Southwark ..	19·68	16·41	13·99	10·10
Stepney	18·87	16·53	14·35	10·65
Stoke Newington ..	13·98	13·42	11·92	9·16
Wandsworth ..	12·57	11·49	10·27	8·08
Westminster	15·72	13·47	12·12	8·34
Woolwich	14·78	12·42	11·53	8·44
London	15·98	13·91	12·05	8·77

boroughs was present in each period. The range between the boroughs decreased slightly, however ; the ratio of the highest to the lowest was 1·8 in 1911–13 and 1·4 in 1950–52. The boroughs of Hampstead, Lewisham, and Wandsworth had the lowest death-rates throughout the 40 years, and the boroughs of Bermondsey, Bethnal Green, Finsbury, Shoreditch, Southwark, and Stepney the highest. As is well known, the fall in the death-rate has been largely due to the fall in infant and child mortality. This can be illustrated by considering the death-rates for the first and last period for London as a whole (Table V) :

TABLE V—*Administrative County of London death-rates per* 1,000

Age (yrs)	*1911–13*		*1950–52*	
	Males	*Females*	*Males*	*Females*
0–	43·0	36·3	6·4	4·9
5–	2·7	2·6	0·6	0·4
15–	3·2	2·5	0·9	0·6
25–	7·3	5·1	2·2	1·7
45–	24·6	17·2	16·4	8·5
65–	68·2	51·5	61·5	32·5
75+	158·6	135·8	152·7	115·3

It will be noted that between the ages of 45 and 74 the female death-rate has decreased faster than the male rate. The death-rate for most causes of death in these two age groups shows a female advantage. For three large and important groups of causes the rates in 1951 were as shown in Table VI.

TABLE VI—*Death-rates for certain causes for ages* 45 *and over*

Cause of death		*Cancer*	*Heart Diseases*	*Bronchitis*
Age 45–64	Males	4·3	4·4	1·9
	Females	2·7	1·8	0·4
Age 65–74	Males	13·5	20·4	8·4
	Females	6·6	11·1	2·5

Since the overcrowding indices had been so drastically reduced by 1951 it seems of interest to see whether, as in the past, the indices of living conditions are correlated with the death rate. Excluding the City of London from the calculations, the correlation coefficients between the socio-economic conditions of the boroughs and their standardized deaths rates are as follows :

Correlations		*1911–13* r	*1920–22* r	*1930–32* r	*1950–52* r
Standardized Death Rate and	Percentage living more than two to a room	0·889	0·922	0·874	0·364
	Persons per Room	0·930	0·906	0·799	0·800
	Proportion of population in Social Classes IV and V ..	—	0·694	0·625	0·900

5 per cent. level of significance $r = 0{\cdot}36$, *1 per cent. level* $r = 0{\cdot}46$.

The death rate was highly correlated with the percentage of persons living more than two to a room in the first three periods, but the coefficient had only just reached the 5 per cent. level of significance in 1950–52. On the other hand the death rate and persons per room was the same for the last two triennia and only slightly below the earlier figures. The correlation between the death rate and the proportion of the male population in Social Classes IV and V was significant for each of the three triennia for which this index was available and significantly larger in 1950–52 than in the earlier periods.

Birth rate

Heron (1906), from a study of the data relating to the London Boroughs, found a negative correlation between fertility and social status. Some of the indices used were approximate, but Mitra (1937) extended the analysis to include data for the 1931 census, with its more accurate index of social conditions, and substantially confirmed Heron's conclusions. The crude birth rate is influenced by the sex and age constitution of the population, and for this reason the legitimate births per 1,000 married women aged 15–44 have been used in the present study (Table VII).

TABLE VII—*Legitimate births per* 1,000 *married women aged* 15–44

Borough	*1911–13*	*1920–22*	*1930–32*	*1950–52*
City	103	107	66	68
Battersea	193	183	121	99
Bermondsey	250	242	149	116
Bethnal Green ..	250	228	142	108
Camberwell	201	190	118	101
Chelsea	172	168	117	113
Deptford	209	190	123	105
Finsbury	236	232	145	124
Fulham	193	168	110	90
Greenwich	209	188	122	100
Hackney	198	185	117	94
Hammersmith ..	185	168	111	101
Hampstead	142	138	93	102
Holborn	146	134	79	95
Islington	195	189	125	104
Kensington	180	169	117	114
Lambeth	184	174	114	101
Lewisham	166	157	101	96
Paddington	176	157	107	106
Poplar	255	238	151	111
St. Marylebone ..	164	146	99	92
St. Pancras	193	179	115	105
Shoreditch	257	250	156	120
Southwark	229	215	135	112
Stepney	245	221	156	126
Stoke Newington ..	178	163	111	102
Wandsworth	168	151	98	92
Westminster	134	122	85	98
Woolwich	176	170	108	100
LONDON	198	183	119	102

The highest birth rates were in the East End boroughs throughout the period, while the lowest were those of Hampstead, Holborn, and Westminster in the first three triennia, and of Fulham, St. Marylebone, and Wandsworth in 1950–52. A comparison

of Table VII with Tables II and III suggests that the birth rate, like the death rate, is correlated with the density indices. The correlations are :

Correlations		*1911–13* r	*1920–22* r	*1930–32* r	*1950–52* r
Legitimate Birth Rate and	Standardized Death Rate ..	0·748	0·741	0·588	0·718
	Percentage living more than two to a room	0·666	0·750	0·777	0·491
	Persons per room	0·768	0·876	0·825	0·601
	Proportion of population in Social Classes IV and V ..	—	0·811	0·776	0·670

All the correlations are significant. The indices of density in 1950–52 were not so highly correlated with the birth rate as in former years, and the correlation between birth rate and the proportion in the lowest social classes of the population has also decreased since 1920–22, though the difference between 0·811 and 0·670 is not significant.

Infant mortality

Hersch (1943) chose infant mortality as the best single numerical index of the degree of civilization of a population. He considered that a decrease in this rate reflected the advances made in hygiene, medicine, chemistry, and public instruction, and that it was the best sign of improved living conditions. When Hersch was writing, infant mortality in Europe ranged from 37 in the Netherlands to 180 in Rumania, and even higher rates occurred in Eastern countries.

In England and Wales infant mortality has been used in the past as an index of the socio-economic level of the community, since the highest rates were found to occur where living conditions were worst, and infant mortality varied directly with social class. McKinlay (1928) attempted to standardize for varying social conditions in the London boroughs, but found that such standardization for economic status did not reduce the variability between the boroughs by as much as seemed *a priori* probable. Stocks (1928), using the occupations of the males from the census returns, attempted to find a correction factor which would reflect the social make-up of the London boroughs. This correction, however, only reduced the variability between the infant mortality rates of the London boroughs from 17 to 14 per cent. in 1911–13, and from 15 to 13 per cent. in 1921–25. The findings of McKinlay and Stocks are in agreement, and clearly the economic factor, as measured by their indices, was not very important in determining the level of infant mortality in the various boroughs. During the past 25 years the effect of many variables has been studied : *e.g.* indices of density, proportion of mothers employed, fertility rate, and proportion of males in the professional classes and in the lowest type of labour, etc. These investigations have shown that infant mortality was affected by socio-economic conditions, but since the variables used were themselves inter-related it has not been possible to assess the relative importance of their contributions. In recent years infant mortality has fallen rapidly. In England and Wales the rate was 154 deaths per 1,000 live births in 1900, by 1922 this had been halved, and in 1930 the rate was down to 60. Between 1930 and 1941 the rate fluctuated between 51 and 66, but since 1941 when it was 60 it has fallen steadily to 25·5 in 1954.

In 1950–52 the infant mortality rate for London (24) was below the rate for the whole country (29), and much below the rates for the county boroughs of Durham (40), Lancashire (36), Staffordshire (34), and Yorkshire West Riding (31). Not only was the infant mortality lower in London than in the large industrial towns of the north but

the range was smaller ; thus the rates in 1950–52 ranged from 19 to 31 in the 28 London boroughs, from 29 to 47 in the seventeen county boroughs of Lancashire, and from 23 to 38 in the eleven county boroughs of Yorkshire West Riding. The low level and relatively small range of infant mortality make the London boroughs unrepresentative of urban areas in general. Use of the 1931 census data showed that, although the infant mortality by social class in London showed the same progression as in the whole of the country, the usual indices of social structure in urban areas were less highly correlated with infant mortality than formerly. It was reasonable to suppose that these correlations would have declined still further during recent years, although the social class differential would still exist. No data, however, existed to test this hypothesis until the publication of the 1951 census for London. The occupational supplement is not yet published and it is not possible to display the infant mortality by social class, but there is no reason to suppose that the relative differences between the social classes has undergone much change. A triennial period centred in the census year was used for the appropriate rates shown in Table VIII, overleaf.

For the County of London as a whole, infant mortality in 1950–52 (24 per 1,000) was less than one-quarter of the rate in 1911–13 (109 per 1,000). The largest falls occurred

TABLE VIII—*Infant mortality*

Borough	*1911–13*	*1920–22*	*1930–32*	*1950–52*
City	95	80	58	52
Battersea	107	75	57	24
Bermondsey	134	93	59	21
Bethnal Green ..	122	95	72	27
Camberwell	100	74	58	25
Chelsea	91	67	45	23
Deptford	117	80	60	28
Finsbury	137	83	73	19
Fulham	105	76	61	26
Greenwich	102	68	65	21
Hackney	100	73	55	24
Hammersmith ..	114	75	66	20
Hampstead	72	57	58	23
Holborn	101	73	78	31
Islington	107	77	67	27
Kensington	112	91	81	27
Lambeth	104	74	57	26
Lewisham	84	59	49	24
Paddington	109	80	91	28
Poplar	126	81	65	27
St. Marylebone ..	97	69	72	22
St. Pancras	98	75	66	27
Shoreditch	150	102	73	25
Southwark	122	85	63	22
Stepney	121	86	71	22
Stoke Newington ..	85	67	54	23
Wandsworth	96	64	60	22
Westminster	95	70	67	28
Woolwich	84	62	54	24
London	109	75	64	24

in boroughs where the rate was previously very high, the ratio of the lowest to the highest infant mortality being 2·1 in 1911–13 and 1·6 in 1950–52. The correlations

with social indices exhibited by the standardized death rates and the legitimate birth rates are not apparent in these infant mortality rates. The correlations are :

Correlations		*1911–13* r	*1920–22* r	*1930–32* r	*1950–52* r
Infant Mortality and	Percentage Occupied Males in Social Classes IV and V ..	—	0·649	0·132	— 0·072
	Persons per Room	0·823	0·767	0·300	0·020
	Percentage living more than two to a room	0·782	0·812	0·478	0·184

Infant mortality showed a large positive correlation with each of the three indices of social status up to 1920–22. In 1930–32 it has almost ceased to be affected by the measures of social conditions, and only the percentage living more than two to a room was significantly correlated with the rate. In 1950–52 no significant correlation was present.

The general death rate, crude or standardized, has been frequently used as a broad measure of the health of the people, and recently the birth rate has given an indirect measure of the conditions of living since it has shown a steep gradation with social class. The correlations of infant mortality with these rates for the last four census periods are :

Correlations		*1911–13* r	*1920–22* r	*1930–32* r	*1950–52* r
Infant Mortality and	Crude Death Rate	0·879	0·785	0·523	— 0·275
	Crude Birth Rate	0·812	0·702	0·043	— 0·275
	Standardized Death Rate ..	0·853	0·794	0·553	— 0·126
	Legitimate Birth Rate for Women aged 15–44 yrs. ..	0·836	0·754	0·089	— 0·225

In 1911–13, the correlations were all of the same order, being large and positive. In 1920–22, they were slightly smaller, but still large and significant and approximately equal. In 1930–32, the infant mortality was no longer correlated with the measures of the birth rate ; the correlation with the measures of mortality had fallen considerably but was still significant. In 1950–52, no significant correlation existed at all.

From the preceding correlations it might be inferred that infant mortality has now fallen to such a low level that it is no longer any criterion of the social or economic differences between the London boroughs. While this is so for the death rate for the whole of the first year of life, it must be realized that the neonatal mortality is now affecting the correlation more than in former years, since the deaths in the first month of life form a much larger proportion of the infant deaths than formerly. The percentage of deaths at various ages in the first year of life in London, for the period reviewed, are shown in Table IX :

TABLE IX—*Deaths in the first year of life*

Age (mths)	*1911–13*	*1920–22*	*1930–32*	*1950–52*
Under 1	31·7	37·6	39·2	67·4
1–3	19·1	18·8	17·1	13·3
3–6	19·4	18·1	18·4	10·4
6–12	29·8	25·5	25·3	8·9
Total	100	100	100	100

The very different structure of infant mortality in 1950–52 suggested that it would be of interest to examine the relation of infant mortality and socio-economic indices by ages :

Age (months)	*Years*	*Proportion of Population in Social Classes IV and V* *r*	*Persons per room* *r*	*Percentage living more than two to a room* *r*
Under 1	1920–22	0·177	0·226	0·350
	1930–32	—0·295	—0·184	—0·187
	1950–52	—0·430	—0·389	—0·118
1–3	1920–22	0·499	0·618	0·632
	1930–32	—0·155	0·027	0·116
	1950–52	0·273	0·319	0·322
3–6	1920–22	0·541	0·698	0·691
	1930–32	0·113	0·242	0·476
	1950–52	0·387	0·430	0·328
6–12	1920–22	0·714	0·786	0·802
	1930–32	0·521	0·622	0·749
	1950–52	0·428	0·288	0·248
1–12	1920–22	0·667	0·778	0·788
	1930–32	0·273	0·428	0·620
	1950–52	0·496	0·484	0·414

In the first two triennia the correlations between neonatal mortality and the indices of socio-economic conditions were not significant, but in 1950–52 the percentage of the population in Social Classes IV and V and the number of persons per room showed a significant negative correlation. During the period the fall in the birth rate, from 198 legitimate births per 1,000 married women aged 15–44 in 1911–13 to 102 in 1950–52 for the whole of London, may account for this negative correlation by increasing the relative importance of the first births. Heady, Daly, and Morris (1955) showed that, for mothers aged 25 years and over, neonatal mortality is highest among first-born children and increases with age of mother. It has been shown that the birth rate is correlated with the three indices of general living conditions, *i.e.*, the lower the social index the higher the birth rate, and it is known that the age of marriage decreases with social class. In 1920–22, the infant mortality at all later ages, 1–3 months, 3–6 months, 6–12 months, and 1–12 months, was significantly correlated with the three indices of environmental conditions. In 1930–32, the correlations at 1–3 months were all insignificant, at 3–6 months one was significant (the percentage of the population living more than two to a room) and at 6–12 months all three were significant. For the post-neonatal period as a whole (1–12 months) the correlation between infant mortality and the percentage in Social Classes IV and V was insignificant, but the other two correlations

were significant. In 1950–52, the infant mortality at 1–3 months was not correlated with any of the indices, at 3–6 months it was significantly correlated with the percentage in Social Classes IV and V and the number of persons per room but not with the other index of overcrowding, while at 6–12 months only the percentage in Social Classes IV and V gave a significant figure. For the post-neonatal period, all three indices were significantly correlated with infant mortality.

This sub-division of infant mortality by ages shows, as expected, that the trend of the neonatal mortality is at least partially responsible for the lack of correlation in 1950–52 between infant mortality and socio-economic conditions. The post-neonatal rate remains significantly correlated with the three indices, though probably at a lower level than in 1920–22 (the differences between the two periods are not significant, except the percentage living more than two to a room).

The relationship between the social indices and infant mortality may rest partly on the population of the boroughs. Most boroughs conform to the official description of a large town having a population of over 50,000 ; they were divided arbitrarily into three groups* and the correlations found between the percentage living more than two to a room and infant mortality and neonatal mortality :

Population	*No. of Boroughs*	*Percentage living more than two to a room (1951) correlated with*			
		Neonatal Mortality		*Infant Mortality*	
		r	*p*	*r*	*p*
120,000 and Over	11	0·47	>0·1	0·89	<0·01
Over 60,000 and Under 120,000 ..	11	−0·12	>0·1	−0·32	>0·1
Under 60,000	6	−0·72	>0·1	−0·19	>0·1

In all three groups the neonatal mortality is insignificantly correlated with the overcrowding index. Infant mortality is significantly correlated with this index in the very large boroughs but not in the other two groups of smaller boroughs. No explanation suggests itself to account for this difference. The infant deaths were rather few in the third group of boroughs (27 and 37 in 1950–52 in the two smallest), but in the second group the smallest borough had 69 deaths. Paucity of deaths cannot be an explanation.

It is of some interest to see whether the relationship between the various indices of socio-economic status have changed during the period :

Correlations		*1920–22* *r*	*1930–32* *r*	*1950–52* *r*
Percentage Occupied Males in Social Classes IV and V and	Persons per room	0·744	0·739	0·757
	Percentage living more than two to a room	0·658	0·722	0·314
Percentage living more than two to a room and persons per room		0·899	0·934	0·617

The large significant correlation between the proportion of occupied males in Social Classes IV and V and the number of persons per room has remained constant over the 30 years. The relationship between the proportion of occupied males in Social Classes IV and V and the percentage living more than two to a room had fallen below the level of significance in 1950–52 although a large significant correlation was found

* *The City of London has been omitted from all the correlations in this paper since it has a very small and unusually constituted population.*

in the other two periods. The correlation between the two indices of density, which was very large in the two earlier triennia, fell significantly in 1950–52 but was itself still significant. The decline in the size of the correlation coefficients with the percentage living more than two to a room is directly attributable to conditions arising from the second world war. The destruction of so many houses led to an acute shortage and the opportunity was taken in the rebuilding programme to re-house Londoners outside the county boundaries. The result of this policy is that the population of London was one million less in 1951 than in 1931 (Table I), a decline of 23·9 per cent. at all ages, and of 30·9 per cent. at ages 0–15 years. The magnitude of the change is shown by the densities for the whole :

Overcrowding Index	*1911*	*1921*	*1931*	*1951*
Percentage living more than two to a room	17·8	16·1	13·1	2·5
Average persons per room ..	1·14	1·05	0·98	0·83

Summary

Between 1901 and 1931 the population of the County of London was approximately stationary. Between 1931 and 1951 it fell by over a million, and in seven of the 28 boroughs the population in 1951 was only about half that in 1931. The result of these changes was a great reduction in the proportion of persons living in overcrowded conditions. From 1901 to 1931 the proportion of the population living more than two persons to a room was between 1 in 6 and 1 in 8 ; by 1951 it had fallen to 1 in 40.

From 1901 to 1931 about 3 per cent. of the population of London was foreign-born ; in 1951 the figure was 5 per cent. for the County, and over 10 per cent. in four boroughs : Hampstead (16 per cent.), Kensington (12 per cent.), Paddington (10 per cent.), and St. Marylebone (12 per cent.).

The downward trend of the death rate during the 20th century has been remarkably similar in the London boroughs, so that the boroughs with the highest and lowest rates in 1911–13 were in the same relative position in 1950–52. The fall has, however, been larger in the boroughs where the rate previously was highest so that the actual and relative range of the death rates between London boroughs in 1950–52 was somewhat smaller than in 1911–13. The general death rate (standardized) is still significantly correlated with the indices of socio-economic status (persons per room, and percentage in Social Classes IV and V).

The birth rate followed a trend similar to that of the death rate, and, generally, the relative level of the birth rate of a borough, high or low, has remained the same throughout the period. With the exception of the percentage of the population living more than two to a room, the correlations between the birth rate and the socio-economic indices have changed very little.

The very large fall in infant mortality in the London boroughs has been relatively greater in those boroughs where the initial level was highest. In 1911–13 and 1920–22, infant mortality was significantly correlated with the percentage of occupied males in Social Classes IV and V and with the two measures of overcrowding. In 1930–32 the correlations between infant mortality and overcrowding were reduced but still significant, while the percentage of occupied males in Social Classes IV and V was not significantly correlated with infant mortality. In 1950–52 the correlations between infant mortality and the three indices were not significant. The lack of correlation in 1950–52 was partly due to the increasing contribution made by neonatal mortality, and partly to the fact that the relationship is no longer demonstrable in the smaller boroughs although it still exists in the largest boroughs. If the neonatal component is excluded, the correlation of infant mortality for the first year of life is significant in

1950–52 for each of the three socio-economic indices. The successful efforts to reduce overcrowding have lessened the sensitivity of this index of socio-economic conditions. In 1911 the percentage of persons living more than two to a room ranged from 3·9 to 39·8 in the London boroughs, while in 1951 the range was only from 1·3 to 4·6 : thus this index of overcrowding was no longer a measure of either the vital-statistical or socio-economic differences between the London boroughs in 1950–52.

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APPENDIX C

STATISTICS (a)

TABLE 1—*Population (b)—Administrative County of London, 1901–55*

Year	Mid-year (c) estimate of population by the Registrar-General by age groups							Average age (years)
	Total	0–4	5–14	15–24	25–44	45–64	65+	
1901 ..	4,536,500	495,600	862,300	919,700	1,400,200	673,200	185,500	27·7
....								
1911 ..	4,521,700	467,400	835,600	834,500	1,423,100	740,100	221,000	28·9
....								
1921 ..	4,484,500	376,100	809,200	796,600	1,365,500	877,100	260,000	30·8
....								
1931 ..	4,374,300	297,700	646,700	827,940	1,330,200	951,000	320,760	33·4
....								
1938 ..	4,062,800	249,300	538,600	709,700	1,291,200	927,300	346,700	34·8
1939 ..	4,013,000	211,900	457,500	3,343,600				
1940 ..	3,084,100	141,300	232,500	2,710,300				
1941 ..	2,320,100	79,200	142,100	2,098,800				
1942 ..	2,405,000	137,700	324,500	2,032,800				
1943 ..	2,500,600	179,500	282,000	2,039,100				
1944 ..	2,462,500	172,000	302,300	1,988,200				
1945 ..	2,601,370	189,720	311,440	2,100,210				
1946 ..	3,109,240	227,470	353,050	2,528,720				
1947 ..	3,245,000	259,000	364,600	2,621,400				
1948 ..	3,339,100	269,900	359,500	2,709,700				
1949 ..	3,375,470	276,200	367,000	2,732,270				
1950 ..	3,389,620	276,200	370,000	1,437,960		1,305,460		
1951 ..	3,358,000	274,000	381,000	419,000	1,101,000	812,000	371,000	36 9
1952 ..	3,363,000	256,000	400,000	416,000	1,091,000	822,000	378,000	37·1
1953 ..	3,343,000	244,000	413,000	410,000	1,072,000	826,000	378,000	37·2
1954 ..	3,322,000	234,000	425,000	394,000	1,056,000	827,000	386,000	37·4
1955 M.	1,540,000	118,000	214,000	175,000	512,000	378,000	143,000	36·0
F.	*1,755,000*	*112,000*	*207,000*	*216,000*	*525,000*	*451,000*	*244,000*	*38·8*
	3,295,000	**230,000**	**421,000**	**391,000**	**1,037,000**	**829,000**	**387,000**	**37·5**

(a) *The statistics given are based on the latest information available from the Registrar-General: instances have occurred in the past in which figures have been subsequently corrected so that data for a previous year may differ from that published in the Annual Report for that year.*

(b) *1901–39—Total population.*
1940–49—Resident civilian population.
1950–51—Home population, i.e., resident civilian population, members of the Merchant Navy at home and overseas and members of the Armed Forces stationed in the area.
1952– —Home population, i.e., resident civilian population, plus any British, Commonwealth or Allied Armed Forces stationed in the area.

(c) *Population at census date 1901, 1911 and 1921.*

TABLE 2—*Live births and still-births—Administrative County of London, 1931–55*

Year(s)	Live births		Still-births	
	No.	Rate per 1,000 population*	No.	Rate per 1,000 total births (live and still)
1931–35	297,293	13·8	9,824	30·2
1936–40	264,358	13·6	8,416	30·9
1941–45	209,909	15·4	5,652	26·2
1946	66,023	20·0	1,597	23·6
1947	70,685	20·7	1,540	21·3
1948	60,805	17·9	1,188	19·2
1949	56,547	16·5	1,129	19·6
1950	53,660	15·8	1,055	19·3
1951	52,387	15·6	1,073	20·1
1952	51,443	15·3	1,000	19·1
1953	50,992	15·3	1,088	20·9
1954	50,745	15·3	1,029	19·9
1955	49,826	15·1	1,034	20·3

**1931–49—Total population.*
1950— Home population.

TABLE 3—*Vital statistics—Metropolitan Boroughs and the Administrative County of London, 1955 (a)*

Metropolitan Boroughs	*Estimated home population mid 1955*	*Live birth rate.*	*Death-rates*											*Notifications of infectious disease*									
			Deaths (all causes)	*Infant mortality (per 1,000 live births)*	*Heart disease*	*Other circulatory*	*Cerebral vascular lesions*	*Peptic ulcer*	*Pulmonary tuberculosis*	*Pneumonia*	*Other respiratory diseases (inc. Bronchitis)*	*Cancer*	*Violence*	*Scarlet fever*	*Dysentery*	*Poliomyelitis*		*Food Poisoning*	*Acute pneumonia*	*Measles*	*Whooping cough*	*Tuberculosis*	
																Paralytic	*Non Paralytic*					*Pulmonary*	*Non-pulmonary*
Division 1																							
Chelsea	51,450	14·8	16·0	33	4·22	1·63	1·90	0·25	0·16	1·03	0·80	3·03	0·76	0·84	4·20	0·04	0·08	0·52	0·47	14·3	1·65	0·78	0·14
Fulham	118,600	14·3	11·1	27	2·88	0·45	1·30	0·22	0·23	0·46	0·98	2·32	0·49	0·62	0·73	0·09	0·10	0·29	0·39	14·6	1·59	0·85	0·10
Hammersmith ..	114,700	14·9	10·9	30	2·80	0·54	1·22	0·15	0·14	0·57	1·07	2·40	0·40	0·77	0·69	0·17	0·16	0·22	1·00	14·3	1·71	1·18	0·13
Kensington ..	169,400	15·9	10·3	31	3·05	0·47	1·28	0·16	0·07	0·60	0·75	1·88	0·61	0·30	0·58	0·06	0·12	0·31	0·62	8·4	0·68	1·14	0·15
Division 2																							
Hampstead ..	97,710	14·1	10·0	17	2·81	0·71	1·19	0·13	0·13	0·41	0·62	2·25	0·59	0·24	0·33	0·09	0·29	0·57	0·54	10·5	1·17	0·86	0·04
Paddington ..	121,500	17·4	10·7	25	2·75	0·53	1·23	0·18	0·12	0·53	0·84	2·37	0·64	0·32	0·24	0·10	0·12	0·57	0·42	13·1	0·98	1·46	0·15
St. Marylebone ..	73,440	11·1	15·5	15	6·09	0·75	2·19	0·10	0·12	0·41	1·21	2·51	0·49	0·26	0·16	0·11	0·08	1·59	0·16	8·0	0·50	1·02	0·03
St. Pancras ..	134,500	16·5	10·7	23	2·77	0·62	0·89	0·13	0·23	0·45	1·14	2·48	0·43	0·38	1·26	0·12	0·18	0·74	0·43	12·0	0·79	1·55	0·16
Westminster, City of..	97,630	11·0	10·1	27	2·67	0·52	1·12	0·10	0·23	0·60	0·57	2·31	0·60	0·31	0·70	0·10	0·05	0·09	0·16	9·4	1·30	1·13	0·15
Division 3																							
Finsbury	35,100	19·8	10·2	30	2·76	0·17	0·68	0·14	0·43	0·57	1·34	2·11	0·66	0·83	3·30	0·09	0·03	0·54	0·97	15·6	2·91	1·17	0·17
Holborn	23,060	11·0	10·4	28	2·60	0·26	1·04	0·09	0·35	0·56	0·69	2·47	0·74	0·17	0·17	0·35	0·17	0·52	—	7·5	0·04	1·78	0·17
Islington	228,800	17·5	11·3	25	3·26	0·62	1·05	0·17	0·20	0·86	1·11	2·18	0·50	0·93	1·78	0·16	0·07	1·32	0·52	12·6	1·57	1·34	0·18
Division 4																							
Hackney ..	167,200	14·0	10·4	23	3·18	0·47	1·06	0·25	0·09	0·44	1·08	2·26	0·32	0·48	2·67	0·11	0·10	0·26	0·39	12·8	1·77	0·66	0·11
Shoreditch ..	45,480	16·8	12·9	20	3·43	0·62	1·54	0·18	0·33	0·73	1·41	2·51	0·35	0·77	5·54	0·15	0·09	0·13	0·29	10·3	3·32	0·79	0·13
Stoke Newington	50,470	15·7	10·7	18	3·11	0·53	1·15	0·14	0·08	0·67	0·95	2·66	0·40	0·55	0·75	0·12	0·12	0·73	0·71	14·9	1·60	0·63	0·08
Division 5																							
Bethnal Green ..	53,860	16·0	10·3	20	2·58	0·46	0·87	0·24	0·15	0·87	1·21	2·30	0·35	0·52	1·21	0·20	0·02	0·41	0·09	15·3	1·75	0·85	0·09
City of London(*b*)	5,180	6·4	10·6	30	2·12	0·39	0·39	0·39	0·39	0·77	0·39	3·28	1·16	0·39	—	0·39	0·19	—	0·77	3·9	—	1·16	0·19
Poplar	70,260	16·8	10·9	29	2·48	0·81	1·02	0·20	0·23	0·73	1·22	2·33	0·44	0·58	0·51	0·28	0·13	0·56	0·80	22·2	2·73	0·84	0·14
Stepney	98,180	18·6	12·0	23	3·04	0·66	1·05	0·18	0·17	0·86	1·48	2·52	0·48	0·26	1·50	0·25	0·21	0·18	0·55	18·7	1·50	1·52	0·23
Division 6																							
Deptford.. ..	72,890	14·4	11·8	11	3·55	0·71	1·34	0·19	0·19	0·71	1·10	2·54	0·33	0·54	0·12	0·07	0·01	0·07	0·56	14·2	1·56	2·25	0·05
Greenwich ..	89,490	14·5	9·3	16	2·82	0·55	0·94	0·09	0·08	0·49	0·74	1·93	0·28	0·64	0·19	0·26	0·36	0·16	0·16	18·8	1·84	0·99	0·08
Woolwich ..	148,500	13·3	10·4	20	3·04	0·50	1·08	0·17	0·15	0·66	0·78	2·20	0·41	0·30	0·22	0·40	0·40	0·16	0·92	20·1	1·19	0·95	0·07
Division 7																							
Camberwell ..	178,400	14·9	10·5	20	2·80	0·82	0·95	0·14	0·16	0·62	1·07	2·31	0·41	0·54	0·54	0·07	0·02	0·29	0·36	15·0	0·77	1·70	0·08
Lewisham ..	223,400	14·0	10·8	17	3·55	0·51	1·33	0·13	0·10	0·47	0·92	2·37	0·32	0·71	0·49	0·40	0·31	0·24	0·54	17·5	1·84	1·14	0·07
Division 8																							
Bermondsey ..	57,580	15·9	10·0	23	2·78	0·54	1·15	0·24	0·14	0·43	1·04	2·15	0·42	1·95	0·50	0·17	0·07	0·21	0·40	22·1	0·87	0·94	0·10
Lambeth ..	224,200	16·0	10·6	21	2·98	0·58	1·24	0·18	0·14	0·65	0·98	2·07	0·37	0·62	0·36	0·08	0·05	0·37	0·60	16·9	1·28	1·03	0·09
Southwark ..	93,820	17·4	13·9	28	3·41	0·80	1·82	0·20	0·25	1·13	1·16	2·34	0·37	1·97	2·39	0·30	0·18	0·29	1·33	22·9	1·50	1·56	0·10
Division 9																							
Battersea ..	113,700	15·3	11·4	25	3·55	0·42	1·51	0·16	0·12	0·52	0·95	2·23	0·48	0·55	0·26	0·08	0·08	0·18	0·50	17·0	1·56	1·01	0·12
Wandsworth ..	336,500	13·8	15·5	24	5·52	0·80	1·59	0·18	0·15	0·75	1·01	3·25	0·49	0·82	0·26	0·06	0·09	0·75	0·95	15·5	1·60	0·91	0·08
London, 1955 ..	3,295,000	15·1	11·5	23	3·37	0·61	1·25	0·17	0·16	0·63	0·99	2·39	0·45	0·63	0·92	0·16	0·14	0·46	0·58	14·9	1·43	1·14	0·11
London, 1954 ..	3,322,000	15·3	10·7	21	3·22	0·57	1·20	0·16	0·18	0·48	0·76	2·31	0·44	0·74	1·28	0·02	0·01	0·32	0·45	2·24	1·41	1·27	0·12

(*a*) *Rates are per 1,000 home population.*

(*b*) *Including Inner and Middle Temple.*

TABLE 4—*Principal vital statistics—Administrative County of London*, 1906–1955

Year(s)	Annual rate per 1,000 living			Annual mortality per 1,000 living (a)																Annual mortality			
				Tuberculosis													Violence			Infant (per 1,000 live births)		Maternal (per 1,000 total births (b))	
	Live births	Marriages	Deaths (all causes)	Pulmonary	Non-pulmonary	Diphtheria	Influenza	Measles	Meningococcal infection	Whooping cough	Bronchitis	Pneumonia (all forms)	Other resp. diseases	Heart disease	Cancer	Diabetes	Suicide	Road accidents (d)	Other violence	Infants 0—1	Diarrhoea and enteritis 0—2	Puerperal sepsis	Other child-birth
1906–10 ..	26·5	17·4	14·9	1·39	0·48	0·14	0·22	0·42	(c)	0·29	1·22	1·49	0·22	1·26	1·11	0·10	0·12	0·09	0·40	114	23·8	1·46	1·47
1911–15 ..	24·0	20·0	14·8	1·39	0·39	0·13	0·16	0·43	0·02	0·22	1·29	1·33	0·21	1·54	1·16	0·11	0·10	0·12	0·38	108	28·0	1·40	1·57
1916–20 ..	20·0	20·1	15·1	1·43	0·34	0·17	1·01	0·28	0·04	0·20	1·30	1·38	0·19	1·71	1·28	0·09	0·08	0·13	0·34	92	15·4	1·64	1·72
1921–25 ..	19·9	17·9	12·3	1·01	0·19	0·17	0·32	0·17	0·01	0·15	0·97	1·14	0·16	1·66	1·38	0·10	0·12	0·12	0·23	71	11·7	1·36	1·63
1926–30 ..	16·2	18·6	12·3	0·90	0·14	0·10	0·30	0·16	0·02	0·11	0·72	1·00	0·16	2·29	1·52	0·12	0·14	0·18	0·25	64	10·2	1·60	1·63
1931–35 ..	13·8	19·5	12·1	0·79	0·11	0·08	0·26	0·09	0·03	0·07	0·47	0·85	0·14	2·99	1·66	0·14	0·16	0·17	0·25	63	11·6	0·99	1·38
1936–40 ..	13·6	25·4	13·4	0·72	0·09	0·04	0·19	0·04	0·02	0·04	0·67	0·83	0·13	3·67	1·87	0·16	0·15	0·15	0·70	56	10·9	0·48	0·96
1941–45 ..	15·4	23·3	16·0	0·90	0·11	0·02	0·14	0·01	0·02	0·04	1·14	0·91	0·16	3·99	2·38	0·11	0·12	0·12	1·27	48	8·0	0·27	1·04
1946–50 ..	18·2	22·4	11·8	0·53	0·06	0·00	0·08	0·01	0·01	0·02	0·87	0·62	0·13	3·31	2·10	0·07	0·12	0·09	0·29	32	3·0	0·07	0·53
1951 ..	15·6	20·6	12·6	0·34	0·04	0·00	0·24	0·01	0·01	0·01	1·14	0·64	0·12	3·87	2·27	0·09	0·13	0·09	0·24	25	0·8	0·06	0·39
1952 ..	15·3	19·9	12·0	0·28	0·03	0·00	0·05	0·00	0·01	0·00	1·09	0·61	0·12	3·55	2·30	0·08	0·11	0·07	0·22	23	0·8	0·15	0·51
1953 ..	15·3	19·7	11·6	0·21	0·02	—	0·15	0·00	0·01	0·01	1·07	0·64	0·12	3·25	2·34	0·07	0·14	0·08	0·21	24	1·4	0·02	0·38
1954 ...	15·2	19·8	10·7	0·18	0·02	—	0·02	0·00	0·01	0·00	0·66	0·48	0·10	3·22	2·31	0·06	0·15	0·08	0·21	21	0·5	0·06	0·48
1955 ..	15·1	20·8	11·5	0·16	0·01	0·00	0·05	0·00	0·01	0·00	0·88	0·63	0·11	3·37	2·39	0·07	0·14	0·10	0·22	23	0·5	0·06	0·55

(a) *Death-rates from 1939 to 1949 relate to the civilian population only*

(b) *The rates are per 1,000 total births from 1928 when still births were first registered. Prior to this year the rates are per 1,000 live births, and are estimated to be approx. 0.05 in excess of the rate per 1,000 total births. From 1931 deaths from abortion are excluded.*

(c) *Comparable figures are not available for this period.*

(d) *Deaths from vehicles and horses 1906–10, 1911–20 estimated, and from 1940 actual deaths from motor vehicles and other road traffic accidents.*

TABLE 5—*Deaths by cause—Administrative County of London*, 1955

Cause	Sex	0—	1—	5—	15—	25—	45—	65—	75+	Total 1955	Total 1954
1. Tuberculosis—respiratory ..	M	–	2	1	4	44	191	108	42	**392**	429
	F	–	–	–	*1*	*47*	*40*	*21*	*16*	***125***	*167*
2. Tuberculosis—other	M	–	1	2	–	8	5	3	3	**22**	33
	F	–	*1*	*1*	–	*3*	*10*	*3*	*4*	***22***	*29*
3. Syphilitic disease	M	–	–	–	–	4	23	52	25	**104**	112
	F	–	–	–	–	*3*	*17*	*18*	*16*	***54***	*71*
4. Diphtheria	M	–	1	–	–	–	–	–	–	**1**	–
	F	–	–	*1*	–	–	–	–	–	***1***	–
5. Whooping cough	M	2	2	1	–	–	–	–	–	**5**	2
	F	*1*	*1*	–	–	–	–	–	–	***2***	*2*
6. Meningococcal infection ..	M	2	4	1	–	1	2	–	1	**11**	20
	F	*5*	*3*	–	–	*1*	*2*	–	–	***11***	*8*
7. Acute poliomyelitis	M	–	3	4	3	4	–	–	–	**14**	2
	F	*1*	*3*	*1*	*4*	*3*	–	–	–	***12***	*4*
8. Measles	M	4	3	1	–	–	–	–	–	**8**	*2*
	F	*1*	*5*	*1*	–	–	–	–	–	***7***	–
9. Other infective, &c., diseases	M	2	–	1	1	4	15	10	7	**40**	46
	F	*4*	*2*	*2*	*2*	*2*	*14*	*9*	*8*	***43***	*38*
10. Malignant neoplasm: Stomach	M	–	–	–	–	18	243	194	124	**579**	564
	F	–	–	–	*1*	*15*	*104*	*119*	*172*	***411***	*445*
11. Malignant neoplasm: Lung, bronchus	M	–	–	–	2	62	810	492	159	**1,525**	1,464
	F	–	–	–	–	*13*	*151*	*101*	*73*	***338***	*321*
12. Malignant neoplasm: Breast	M	–	–	–	–	–	4	1	3	**8**	5
	F	–	–	–	–	*63*	*304*	*181*	*166*	***714***	*675*
13. Malignant neoplasm: Uterus	*F*	–	–	–	–	*26*	*163*	*76*	*48*	***313***	*286*
14. Other malignant and lymphatic neoplasms	M	1	9	11	16	108	612	633	604	**1,994**	1,957
	F	*1*	*5*	*8*	*8*	*107*	*576*	*500*	*579*	***1,784***	*1,772*
15. Leukemia, aleukemia	M	1	4	8	6	15	32	28	11	**105**	107
	F	*1*	*5*	*6*	*2*	*13*	*22*	*23*	*18*	***90***	*81*
16. Diabetes	M	–	–	1	–	4	14	26	25	**70**	51
	F	–	–	*2*	*2*	*5*	*29*	*63*	*59*	***160***	*132*
17. Vascular lesions of nervous system	M	–	–	–	4	32	344	493	717	**1,590**	1,635
	F	–	–	*1*	*6*	*38*	*398*	*680*	*1,400*	***2,523***	*2,367*
18. Coronary disease, angina ..	M	–	–	–	–	105	1,169	1,033	842	**3,149**	3,087
	F	–	–	–	–	*12*	*338*	*652*	*1,014*	***2,016***	*1,909*
19. Hypertension with heart disease	M	–	–	–	–	2	70	144	198	**414**	420
	F	–	–	–	–	*4*	*39*	*154*	*363*	***560***	*528*
20. Other heart disease	M	1	–	1	10	52	255	429	1,165	**1,913**	1,870
	F	–	*1*	*1*	*5*	*82*	*233*	*518*	*2,226*	***3,066***	*2,884*
21. Other circulatory disease ..	M	–	–	1	2	20	149	255	404	**831**	811
	F	–	–	*1*	*2*	*13*	*130*	*301*	*746*	***1,193***	*1,077*
22. Influenza	M	–	–	–	1	2	16	19	20	**58**	47
	F	–	*1*	*1*	–	*8*	*9*	*16*	*71*	***106***	*36*
23. Pneumonia	M	75	13	2	5	21	177	258	481	**1,032**	804
	F	*46*	*15*	*9*	*6*	*11*	*93*	*209*	*661*	***1,050***	*802*
24. Bronchitis	M	41	9	1	1	23	550	672	670	**1,967**	1,469
	F	*16*	*2*	*3*	–	*5*	*106*	*255*	*544*	***931***	*734*
25. Other diseases of respiratory system	M	3	3	–	–	15	84	75	69	**249**	194
	F	*1*	*3*	*2*	*1*	*5*	*33*	*28*	*50*	***123***	*115*
26. Ulcer of stomach and duodenum	M	–	–	–	1	16	126	136	111	**390**	365
	F	–	–	–	–	*4*	*23*	*51*	*88*	***166***	*167*
27. Gastritis, enteritis and diarrhoea	M	14	1	–	3	2	20	15	19	**74**	73
	F	*10*	*3*	–	–	*8*	*23*	*32*	*41*	***117***	*90*
28. Nephritis and nephrosis ..	M	–	2	1	11	30	44	33	21	**142**	162
	F	*1*	*1*	–	*7*	*19*	*23*	*33*	*33*	***117***	*158*
29. Hyperplasia, prostate ..	M	–	–	–	–	1	23	66	185	**275**	285
30. Pregnancy, childb. : abortn.	*F*	–	–	–	*6*	*33*	–	–	–	***39***	*34*
31. Congenital malformations ..	M	99	9	5	9	13	19	9	3	**166**	155
	F	*72*	*12*	*7*	*5*	*12*	*17*	*4*	*6*	***135***	*126*
32. Other defined and ill defined diseases	M	430	11	19	13	87	283	241	310	**1,394**	1,329
	F	*295*	*17*	*17*	*19*	*87*	*287*	*299*	*606*	***1,627***	*1,441*

TABLE 5 (*contd.*)—*Deaths by cause—Administrative County of London*, 1955

Cause	*Sex*	*0—*	*1—*	*5—*	*15—*	*25—*	*45—*	*65—*	*75+*	*Total*	
										1955	*1954*
33. Motor vehicle accidents ..	M	–	5	13	36	53	42	30	34	**213**	175
	F	*1*	*5*	*2*	*7*	*11*	*12*	*20*	*38*	***96***	*94*
34. All other accidents	M	14	3	18	17	86	99	39	80	**356**	351
	F	*11*	*4*	*3*	*8*	*23*	*48*	*64*	*189*	***350***	*326*
35. Suicide	M	–	–	–	6	78	119	53	20	**276**	315
	F	–	–	*1*	*6*	*53*	*76*	*36*	*13*	***185***	*179*
36. Homicide, operations of war	M	–	1	1	2	6	3	1	–	**14**	18
	F	*1*	–	*1*	*2*	*2*	*3*	–	–	***9***	*12*
ALL CAUSES	M	689	86	93	153	916	5,543	5,548	6,353	**19,381**	18,359
	F	*468*	*89*	*71*	*100*	*731*	*3,323*	*4,466*	*9,248*	***18,496***	*17,110*

TABLE 6—*Infant mortality—Administrative County of London*, 1955

Cause of death	*Age at death*				*Total*			*Rates per 1,000 live births*		
	Under 1 day	*1 to 7 days*	*1 to 4 wks.*	*4 wks. to 1 yr.*	*No.*	*Male*	*Female*	*Total*	*Male*	*Female*
Whooping Cough Leg.	—	—	—	3	**3**	2	*1*	**0·06**	0·08	*0·04*
Illeg.	—	—	—							
Tuberculosis .. Leg.	—	—	—	—	—	—	—	—	—	—
Illeg.	—	—	—							
Measles .. .. Leg.	—	—	—	5	**5**	4	*1*	**0·10**	0·16	*0·04*
Illeg.	—	—	—							
Convulsions .. Leg.	—	—	—	—	—	—	—	—	—	—
Illeg.	—	—	—							
Bronchitis and .. Leg.	3	23	19	128	**178**	116	*62*	**3·57**	4·52	*2·56*
Pneumonia .. Illeg.	—	1	4							
Gastro Enteritis Leg.	—	—	1	23	**24**	14	*10*	**0·48**	0·55	*0·41*
and Diarrhoea Illeg.	—	—	—							
Congenital Leg.	26	31	40	67	**171**	99	*72*	**3·43**	3·86	*2·98*
Malformation Illeg.	1	5	1							
Immaturity .. Leg.	119	68	8	2	**233**	122	*111*	**4·67**	4·76	*4·59*
Illeg.	21	14	1							
Injury at Birth .. Leg.	62	44	4	1	**129**	83	*46*	**2·59**	3·24	*1·90*
Illeg.	13	5	—							
Post-natal Asphyxia Leg.	113	70	1	3	**215**	135	*80*	**4·32**	5·26	*3·31*
and Atelectasis Illeg.	17	9	2							
Haemolytic disease Leg.	13	11	1	1	**29**	17	*12*	**0·58**	0·66	*0·50*
Illeg.	1	—	2							
Accidental Mechanical Suffocation Leg.	—	—	—	3	**3**	1	*2*	**0·06**	0·04	*0·08*
Illeg.	—	—	—							
Other causes .. Leg.	17	29	13	87	**167**	96	*71*	**3·35**	3·74	*2·94*
Illeg.	15	5	1							
All causes .. Leg. M.	210	165	46	186	**1,010**	607	*403*	**21·96**	25·61	*18·08*
F.	*143*	*111*	*41*	*108*						
Illeg. M.	36	23	6	17	**147**	82	*65*	**38·41**	42·18	*34·52*
F.	*32*	*16*	*5*	*12*						
TOTAL, 1955	421	315	98	323	**1,157**	689	*468*	**23·22**	26·86	*19·36*
TOTAL, 1954	373	297	96	281	**1,047**	627	*420*	**20·63**	24·22	*16·90*
Leg. M.	192	168	50	143	**936**	553	*383*	**19·86**	23·02	*16·58*
F.	*139*	*101*	*35*	*108*						
Illeg. M.	26	19	6	23	**111**	74	*37*	**30·71**	39·72	*21·12*
F.	*16*	*9*	*5*	*7*						

TABLE 7—*Infant mortality by cause—Administrative County of London*, 1936–1955
(Rates per 1,000 live births)

Cause of death	1936 *to* 1940	1941 *to* 1945	1946 *to* 1950	1951	1952	1953	1954	1955
Whooping cough ..	1·69	1·49	0·55	0·17	0·08	0·27	0·06	0·06
Tuberculosis ..	0·54	0·49	0·26	0·08	0·04	0·14	0·08	—
Measles	0·82	0·30	0·08	0·13	—	0·06	0·02	0·10
Bronchitis and Pneumonia ..	11·07	8·94	5·48	4·47	3·89	4·04	2·70	3·57
Gastro-enteritis ..	10·33	7·64	2·83	0·73	0·80	1·27	0·43	0·48
Immaturity	12·40	11·48	6·93	4·71	4·20	3·98	3·70	4·67
Congenital malformations	4·79	4·94	4·32	3·82	3·93	3·41	3·51	3·43
Injury at birth ..	2·22	2·40	2·33	2·98	2·82	2·71	2·34	2·59
Post-natal asphyxia and atelectasis ..	2·07	2·38	3·48	3·82	3·50	3·90	4·06	4·32
Haemolytic disease ..	(*a*)	(*a*)	(*a*)	0·86	0·72	0·53	0·55	0·58
Convulsions ..	0·20	0·14	0·03	—	—	—	0·02	—
Accidental mechanical suffocation ..	0·54	1·08	1·10	0·25	0·17	0·14	0·12	0·06
Other causes.. ..	8·56	6·96	4·24	3·42	2·96	3·40	3·04	3·35
All causes	55	48	32	25	23	24	21	23

(*a*) *Included in other causes.*

TABLE 8—*Maternal mortality (excluding abortion)—Administrative County of London and England and Wales*, 1945–55
(Rates per 1,000 total births)

	1945	*1946*	*1947*	*1948*	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*
Puerperal sepsis :											
London ..	0·26	0·12	0·12	0·13	—	—	0·06	0·15	0·02	0·06	0·06
England and Wales	0·24	0·18	0·16	0·13	0·12	0·12	0·10	0·09	0·10	0·09	0·11
Other causes :											
London ..	1·09	0·80	0·55	0·37	0·40	0·53	0·39	0·51	0·38	0·48	0·55
England and Wales	1·23	1·06	0·86	0·74	0·70	0·60	0·56	0·50	0·54	0·49	0·43

TABLE 9—*Notifiable infectious diseases—Annual number of notifications and numbers per 1,000 of population—Administrative County of London, 1934–1955*

Year	Anthrax		Continued fever		Diphtheria		Dysentery		Acute Encephalitis		Enteric fever		Erysipelas		Malaria		Measles		Meningo-coccal infection		Ophthalmia neonatorum		Pneumonia		Poliomyelitis		Puerperal pyrexia		Scabies		Scarlet fever		Smallpox		Typhus		Whooping Cough		Food poisoning	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
1934 ..	3	0·0007	4	0·0009	11,782	2·79	58	0·014	29	0·007	109	0·026	2,586	0·613	30	0·007	} (b)		137	0·032	467	(f) 8·24	5,569	1·320	74	0·018	758	(a) 12·91	}			18,238	4·32	144	0·034	—	—	} (b)			
1935 ..	2	0·0005	3	0·0007	9,294	2·23	199	0·048	15	0·004	187	0·045	1,868	0·448	37	0·009			105	0·025	382	6·87	3,707	0·888	85	0·020	652	11·31				10,954	2·63	—	—	—	—				
1936 ..	—	—	4	0·001	7,030	1·68	304	0·072	12	0·003	255	0·061	1,815	0·432	35	0·008			113	0·027	462	8·10	4,141	0·986	38	0·009	635	10·92				10,705	2·55	—	—	—	—				
1937 ..	3	0·0007	6	0·001	7,810	1·91	916	0·224	8	0·002	216	0·053	1,764	0·432	42	0·010			175	0·043	453	8·26	4,798	1·175	108	0·026	793	13·94				8,455	2·07	—	—	—	—				
1938 ..	4	0·001	1	0·0002	7,611	1·88	1,049	0·259	5	0·001	191	0·047	1,829	0·451	16	0·004	(c) 282	0·28	182	0·045	489	9·00	3,962	0·978	134	0·033	853	15·18	} (b)			8,093	2·02	—	—	—	—	(c) 1,891	1·87		
1939 ..	3	0·0008	3	0·0008	3,671	0·974	268	0·071	11	0·003	98	0·026	1,388	0·368	17	0·005	1,303	0·35	169	0·045	408	8·07	3,733	0·990	98	0·026	704	13·05				5,677	1·51	—	—	—	—	10,537	2·80		
1940 ..	3	0·001	6	0·002	1,844	0·601	161	0·052	8	0·003	158	0·052	1,076	0·351	16	0·005	5,447	1·78	839	0·274	303	6·56	2,688	0·876	20	0·007	472	9·91				2,498	0·81	—	—	—	—	669	0·22		
1941 ..	1	0·0004	2	0·0008	2,179	0·921	610	0·258	10	0·004	210	0·089	1,171	0·495	13	0·005	11,039	4·67	706	0·298	185	5·54	2,518	1·064	41	0·017	340	9·88				2,372	1·00	—	—	—	—	7,944	3·36	} (b)	
1942 ..	1	0·0004	1	0·0004	1,813	0·756	749	0·312	3	0·001	67	0·028	1,034	0·431	16	0·007	19,987	8·33	341	0·142	210	5·15	2,246	0·936	25	0·010	505	12·01				4,416	1·84	2	0·0008	—	—	6,234	2·60		
1943 ..	4	0·002	1	0·0004	1,862	0·747	1,103	0·442	4	0·002	47	0·019	1,054	0·423	35	0·014	22,882	9·18	231	0·093	233	5·17	3,159	1·267	43	0·017	471	10·20	(d) 9,689	9·18	9,477	3·80	—	—	—	—	6,661	2·67		
1944 (e) ..	—	—	—	—	758	0·308	1,450	0·589	2	0·0008	30	0·012	916	0·372	78	0·032	7,329	2·98	150	0·061	211	4·70	2,292	0·931	17	0·006	399	8·68	16,450	6·70	3,862	1·57	2	0·0008	—	—	7,136	2·90		
1945 ..	—	—	1	0·0004	801	0·308	1,867	0·718	3	0·001	28	0·011	818	0·314	93	0·036	23,486	9·03	145	0·056	222	4·84	1,930	0·742	63	0·024	515	10·97	14,733	5·69	4,079	1·57	3	0·001	3	0·001	3,264	1·25		
1946 ..	—	—	—	—	747	0·240	845	0·272	6	0·002	44	0·014	844	0·271	168	0·054	22,846	7·35	184	0·059	268	4·06	2,125	0·683	29	0·009	553	8·18	11,892	3·84	4,402	1·42	2	0·0006	—	—	6,887	2·22		
1947 ..	2	0·0006	—	—	451	0·136	309	0·093	7	0·002	48	0·015	742	0·224	47	0·014	17,486	5·28	166	0·050	231	3·27	2,110	0·638	702	0·212	441	6·11	5,304	1·60	4,331	1·31	3	0·001	1	0·0003	9,267	2·80		
1948 ..	1	0·0003	1	0·0003	335	0·100	704	0·211	1	0·0003	48	0·014	719	0·215	33	0·010	30,608	9·17	110	0·033	224	3·68	1,891	0·566	141	0·042	460	7·42	2,484	0·74	4,568	1·37	—	—	—	—	10,450	3·13		
1949 ..	3	0·0009	—	—	221	0·065	440	0·130	4	0·001	58	0·017	583	0·173	21	0·006	28,816	8·54	76	0·023	186	3·29	1,858	0·550	668	0·198	433	7·51	1,311	0·39	4,945	1·46	3	0·001	—	—	5,734	1·70	630	0·19
																									Paralytic		Non-par.													
																									Cases	Rate	Cases	Rate												
1950 ..	2	0·0006	—	—	81	0·024	960	0·283	18	0·005	63	0·019	366	0·167	20	0·006	22,282	6·57	90	0·027	145	2·70	1,691	0·499	267	0·079	163	0·048	371	6·78	823	0·24	4,157	1·23	—	—	—	—	10,875	3·21	863	0·25
1951 ..	1	0·0003	—	—	30	0·009	4,069	1·212	19	0·006	66	0·020	496	0·148	23	0·007	49,148	14·64	108	0·032	93	1·78	2,409	0·717	61	0·018	51	0·015	911	(g) 17·04	572	0·17	3,705	1·10	—	—	1	0·0003	10,448	3·11	787	0·23
1952 ..	—	—	1	0·0003	18	0·005	1,704	0·507	21	0·006	25	0·007	467	0·139	22	0·007	31,055	9·23	82	0·024	202	3·93	1,908	0·567	204	0·061	105	0·031	1,860	35·47	535	0·16	5,263	1·56	—	—	—	—	5,587	1·66	612	0·18
1953 ..	—	—	1	0·0003	11	0·003	2,639	0·789	18	0·005	43	0·013	408	0·122	89	0·027	27,046	8·09	98	0·029	161	3·16	2,434	0·728	235	0·070	97	0·029	1,712	32·87	527	0·16	3,425	1·02	—	—	—	—	11,027	3·30	1,269	0·38
1954 ..	1	0·0003	1	0·0003	4	0·001	4,268	1·285	15	0·005	49	0·015	368	0·111	53	0·016	7,445	2·41	86	0·026	112	2·21	1,502	0·452	79	0·024	46	0·013	1,938	37·43	669	0·20	2,444	0·74	—	—	1	0·0003	4,691	1·41	1,060	0·32
1955 ..	—	—	1	0·0003	16	0·005	3,019	0·916	20	0·006	111	0·034	361	0·110	40	0·012	49,110	14·90	98	0·030	106	2·13	1,903	0·578	512	0·155	448	0·136	1,984	39·01	660	0·20	2,070	0·63	—	—	—	—	4,709	1·43	1,530	0·46

(a) *Rate per 1,000 total births.* (b) *Comparable figures not available for this period.* (c) *Cases relate to last quarter only—Rates are adjusted on an annual basis.* (d) *Cases relate to last 22 weeks only—Rates are adjusted on an annual basis.* (e) *In order to preserve uniformity with published national figures the practice of the Registrar-General has been followed in producing this table, namely in taking full account of any known changes in diagnosis after the receipt of the original notification. These corrections were not available prior to 1944. Comparable figures can be obtained by the method given in the footnote to this table in previous annual reports.* (f) *Rate per 1,000 live births.* (g) *For cause of increase since 1950 see page 16 of Annual Report for 1951.*

TABLE 10—*Notification of certain infectious diseases—distribution by age and date of notification—Administrative County of London, 52 weeks commencing week ended 8th January, 1955*

Four-weekly periods 1955		Dysentery				Measles				Meningococcal infection				Pneumonia				Poliomyelitis: Paralytic				Poliomyelitis: Non-paralytic or not stated				Scarlet fever				Whooping cough			
		Ages				Ages				Ages				Ages				Ages				Ages				Ages				Ages			
		0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total	0—4	5—14	15+	Total
1— 4	M	52	23	10	**85**	956	857	13	**1,830**	3	1	—	**4**	21	19	95	**136**	2	1	—	**3**	—	1	—	**1**	27	57	5	**89**	135	121	3	**259**
	F	*49*	*18*	*28*	***96***	*931*	*784*	*30*	***1,749***	*5*	*1*	—	***6***	*18*	*12*	*133*	***164***	—	*1*	*2*	***3***	—	*1*	*1*	***2***	*24*	*54*	*8*	***86***	*184*	*132*	*6*	***323***
5— 8	M	42	24	18	**85**	1,888	2,367	15	**4,281**	5	2	2	**9**	29	26	101	**157**	—	—	1	**1**	1	—	—	**1**	20	65	6	**91**	164	115	1	**281**
	F	*44*	*31*	*46*	***121***	*1,782*	*2,214*	*27*	***4,031***	*3*	*1*	*1*	***5***	*21*	*23*	*114*	***160***	*2*	—	—	***2***	—	—	—	—	*25*	*49*	*3*	***77***	*178*	*114*	*5*	***298***
9—12	M	83	155	38	**279**	3,271	3,426	52	**6,762**	4	1	1	**6**	18	13	91	**122**	—	1	1	**2**	—	1	1	**2**	17	57	2	**76**	160	113	4	**278**
	F	*58*	*141*	*77*	***279***	*3,027*	*3,290*	*73*	***6,402***	*1*	—	*1*	***2***	*12*	*19*	*99*	***131***	*1*	—	*1*	***2***	—	*1*	—	***1***	*9*	*36*	*4*	***49***	*153*	*132*	*9*	***294***
13—16	M	64	65	38	**168**	3,819	2,698	69	**6,609**	1	2	1	**4**	14	16	96	**126**	—	—	1	**1**	2	1	—	**3**	38	35	4	**77**	107	77	2	**187**
	F	*55*	*58*	*54*	***168***	*3,640*	*2,732*	*83*	***6,475***	*5*	—	—	***5***	*14*	*7*	*80*	***104***	—	—	—	—	—	—	*1*	***1***	*21*	*40*	*4*	***65***	*156*	*85*	*4*	***245***
17—20	M	53	39	36	**128**	1,852	677	47	**2,580**	3	—	2	**5**	5	3	38	**46**	1	1	—	**2**	—	—	3	**3**	23	38	5	**66**	97	68	2	**169**
	F	*61*	*29*	*24*	***115***	*1,727*	*645*	*87*	***2,465***	—	*1*	*1*	***2***	*3*	*2*	*42*	***47***	*3*	*1*	*2*	***6***	—	—	*1*	***1***	*29*	*32*	*7*	***68***	*127*	*77*	*6*	***210***
21—24	M	39	25	31	**95**	966	590	25	**1,584**	1	—	—	**1**	3	4	27	**34**	3	1	1	**5**	—	3	3	**6**	25	40	2	**67**	68	52	2	**122**
	F	*42*	*13*	*28*	***83***	*924*	*605*	*25*	***1,556***	*2*	—	—	***2***	*3*	*6*	*28*	***37***	*2*	*1*	*1*	***4***	—	—	*1*	***1***	*15*	*50*	*6*	***72***	*80*	*54*	*3*	***137***
25—28	M	50	27	21	**98**	475	247	6	**730**	4	1	3	**8**	4	7	21	**32**	9	3	3	**15**	4	13	1	**18**	24	38	3	**65**	77	61	1	**139**
	F	*49*	*30*	*24*	***104***	*477*	*268*	*20*	***769***	*3*	*1*	*2*	***6***	*3*	*7*	*19*	***29***	*5*	*2*	*4*	***11***	*4*	*6*	*5*	***15***	*19*	*43*	*2*	***64***	*87*	*85*	*3*	***175***
29—32	M	51	14	26	**91**	214	91	6	**312**	3	2	2	**7**	1	5	18	**24**	27	19	4	**50**	14	39	7	**61**	13	24	3	**40**	91	57	2	**150**
	F	*44*	*18*	*25*	***88***	*185*	*95*	*6*	***287***	*3*	*1*	*1*	***5***	*4*	*2*	*13*	***19***	*9*	*11*	*9*	***29***	*8*	*29*	*18*	***55***	*21*	*22*	*2*	***45***	*107*	*67*	*1*	***175***
33—36	M	68	24	13	**106**	99	21	3	**123**	1	—	1	**2**	5	2	13	**20**	26	17	9	**52**	20	25	18	**63**	14	11	2	**27**	89	64	—	**153**
	F	*58*	*18*	*32*	***108***	*97*	*23*	*5*	***125***	*1*	—	—	***1***	*2*	*3*	*11*	***16***	*24*	*7*	*11*	***42***	*9*	*19*	*14*	***42***	*20*	*19*	*3*	***42***	*94*	*51*	*3*	***148***
37—40	M	60	25	11	**97**	31	17	—	**48**	4	—	—	**4**	2	2	21	**25**	24	10	9	**43**	29	37	17	**84**	23	47	—	**70**	65	39	—	**104**
	F	*60*	*16*	*39*	***117***	*37*	*20*	*1*	***58***	—	—	—	—	*4*	*6*	*11*	***23***	*14*	*11*	*8*	***33***	*9*	*23*	*16*	***49***	*14*	*34*	—	***48***	*56*	*41*	*2*	***99***
41—44	M	33	36	15	**84**	50	23	—	**73**	2	—	—	**2**	10	3	41	**54**	17	19	13	**49**	21	41	9	**72**	31	87	—	**118**	60	44	—	**104**
	F	*32*	*33*	*41*	***107***	*45*	*18*	*2*	***65***	—	*2*	—	***2***	*5*	*2*	*32*	***39***	*15*	*14*	*11*	***40***	*11*	*28*	*6*	***45***	*33*	*81*	*4*	***118***	*59*	*36*	—	***95***
45—48	M	35	20	18	**73**	39	15	1	**55**	5	—	3	**8**	7	7	47	**62**	9	4	6	**19**	3	10	3	**16**	45	95	—	**141**	69	58	—	**127**
	F	*29*	*33*	*33*	***95***	*44*	*13*	*3*	***60***	*3*	—	—	***3***	*9*	*6*	*51*	***66***	*3*	*11*	*10*	***24***	*6*	*5*	*4*	***15***	*34*	*101*	*3*	***138***	*71*	*66*	*3*	***140***
49—52	M	50	21	10	**82**	22	6	—	**28**	—	—	3	**3**	24	18	57	**99**	3	3	4	**11**	1	6	—	**7**	39	84	—	**123**	72	60	—	**132**
	F	*48*	*15*	*25*	***90***	*30*	*4*	*3*	***38***	*3*	*1*	—	***4***	*19*	*18*	*67*	***104***	—	*3*	*2*	***5***	*2*	*7*	*2*	***11***	*35*	*95*	—	***130***	*79*	*45*	*1*	***125***
Total (52 weeks)	M	**680**	**498**	**285**	**1.471**	**13,682**	**11,035**	**237**	**25,015**	**36**	**9**	**18**	**63**	**124**	**125**	**666**	**937**	**121**	**79**	**52**	**253**	**95**	**177**	**62**	**337**	**339**	**678**	**32**	**1,050**	**1,254**	**929**	**17**	**2,205**
	F	***629***	***453***	***476***	***1.571***	***12,946***	***10,711***	***365***	***24,080***	***29***	***8***	***6***	***43***	***117***	***113***	***700***	***939***	***78***	***62***	***61***	***201***	***49***	***119***	***69***	***238***	***299***	***636***	***46***	***1,002***	***1,431***	***985***	***46***	***2,464***

Notes: 1. Where the total figures are in excess of the sum of the age groups, the difference is due to cases 'age not known'.

2. The totals of these figures will not necessarily agree with the total notifications given in Table 10 which relates to the calendar year 1955.

TABLE 11—*Statistics of the administrative work carried out by the Metropolitan Borough Councils in 1955.*

Borough	DWELLINGS: Erected by the Borough Council	DWELLINGS: Erected by other persons	DWELLINGS: Total number in the Borough	CLEARANCE AREAS: Unfit Houses: Demolished	Unfit Houses: Persons displaced	Other Houses: Demolished	Other Houses: Persons displaced	DWELLING HOUSES: Inspections: On complaint	Inspections: On notification of illness	Inspections: House-to-house	Inspections: Other reasons	Repaired as a result of informal action
Division 1												
Chelsea	49	52	16,523	—	—	—	—	888	336	102	—	216
Fulham	47	20	31,337	—	16	—	—	2,506	165	467	—	268
Hammersmith	138	135	26,442	—	—	—	—	3,731	367	—	955	576
Kensington	148	19	38,804	59	114	1	—	3,237	3,608	644	2,208	773
Division 2												
Hampstead	89	194	21,731	—	—	—	—	2,506	688	120	—	958
Paddington	385	44	24,685	—	—	—	—	4,130	†	412	723	1,309
St. Marylebone ..	170	199	24,222	—	—	—	—	1,278	500	371	134	216
St. Pancras	366	17	29,046	—	—	—	—	4,008	404	148	1,671	1,621
Westminster, City of	232	144	26,403	5	39	—	—	1,105	313	1,191	3,488	253
Division 3												
Finsbury	48	3	9,497	—	—	—	—	1,781	—	—	411	864
Holborn	44	4	6,180	—	—	—	—	122	88	—	240	109
Islington	144	421	46,000	4	22	—	—	7,623	†	—	—	*
Division 4												
Hackney	485	126	40,625	6	14	—	—	4,962	98	—	918	586
Shoreditch	358	20	12,434	—	—	—	—	2,244	979	582	2,781	1,677
Stoke Newington ..	159	—	11,450	—	—	—	—	1,240	136	—	—	130
Division 5												
Bethnal Green ..	98	26	16,615	5	23	—	—	2,502	737	276	1,335	1,192
City of London ..	18	—	1,118	—	—	—	—	—	—	—	—	2
Poplar	227	72	18,047	32	150	28	76	2,157	62	270	48	1,217
Stepney	27	519	29,900	—	—	—	—	2,951	315	46	1,788	2,242
Division 6												
Deptford	37	3	16,871	—	—	—	—	1,869	174	—	1,281	781
Greenwich	114	87	23,408	17	47	—	—	1,923	149	2	784	879
Woolwich	218	219	41,936	25	261	—	—	1,906	949	2,274	11,541	1,461
Division 7												
Camberwell	292	395	43,456	8	12	—	—	5,379	446	—	1,981	355
Lewisham	464	137	61,878	2	2	—	—	1,585	115	439	1,987	624
Division 8												
Bermondsey	102	54	15,200	40	203	1	—	2,743	1,541	38	2,576	1,088
Lambeth	172	436	55,013	11	14	—	—	3,267	374	168	2,575	1,404
Southwark	214	—	25,009	22	79	—	—	3,777	573	3,433	2,338	5
Division 9												
Battersea	36	238	28,080	—	—	—	—	3,853	895	—	1,569	873
Wandsworth	408	1,613	103,814	23	57	—	—	7,235	1,306	—	7,337	1,873
LONDON..	5,284	5,213	845,790	259	1,015	30	76	82,218	15,558	10,983	50,691	23,544

Borough	Defects remedied after service of formal notice: Public Health (London) Act: By owners	P.H. Act: By local authority	Housing Act: By owners	Housing Act: By local authority	Housing Act 1936, Section 11: Demolished: Number	Demolished: Persons displaced	Closed by undertaking: Number	Closed by undertaking: Persons displaced	Section 12: Rooms closed: Underground rooms: Number	Underground rooms: Persons displaced	Other rooms: Number	Other rooms: Persons displaced	Undertakings accepted: Underground rooms: Number	Underground rooms: Persons displaced	Other rooms: Number	Other rooms: Persons displaced	Local Govt. (Miscellaneous Provisions) Act 1953, Sec. 10 (1): Closing Orders made: Number	Closing Orders: Persons displaced	Water supply provided to tenement houses
Division 1																			
Chelsea	84	—	58	—	8	38	—	—	10	—	—	—	—	—	—	—	—	—	23
Fulham	2,096	10	—	1	4	8	—	—	5	20	2	5	—	—	—	—	1	1	2
Hammersmith	1,509	45	2	—	3	23	—	—	12	22	—	—	—	—	—	—	2	10	6
Kensington	479	2	—	—	—	—	—	—	78	23	2	—	6	3	—	—	—	—	1
Division 2																			
Hampstead	176	—	—	—	—	—	—	—	12	—	—	—	—	—	—	—	1	2	6
Paddington	333	1	13	3	19	—	—	—	32	—	—	—	3	—	—	—	1	—	18
St. Marylebone	142	—	—	—	—	—	—	—	72	11	—	—	—	—	—	—	—	—	8
St. Pancras	1,498	3	—	—	—	—	—	—	67	—	—	—	11	—	—	—	—	—	68
Westminster, City of	2	—	—	—	2	—	2	—	67	77	3	3	—	—	—	—	—	—	3
Division 3																			
Finsbury	86	—	—	—	—	—	—	—	26	2	—	—	—	—	—	—	13	39	1
Holborn	6	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	1	—	—
Islington	3,984	—	1	—	5	20	6	26	105	97	25	10	4	—	3	—	9	30	46
Division 4																			
Hackney	2,504	48	3	—	4	3	—	—	34	18	2	2	—	—	—	—	8	36	—
Shoreditch	264	—	—	—	—	—	—	—	40	23	86	107	6	2	18	21	4	32	—
Stoke Newington	173	29	—	—	—	—	—	—	13	9	—	—	—	—	—	—	—	—	—
Division 5																			
Bethnal Green	586	4	1	—	—	—	—	—	2	3	10	17	—	—	—	—	10	34	—
City of London	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poplar	663	—	1	—	9	29	—	—	8	11	—	—	—	—	—	—	8	35	1
Stepney	617	11	2	—	3	5	—	—	85	2	4	6	—	—	—	—	2	—	—
Division 6																			
Deptford	423	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greenwich	168	—	—	—	2	7	—	—	—	—	—	—	—	—	—	—	—	—	—
Woolwich	573	—	2	1	7	23	—	—	31	30	3	2	—	—	—	—	16	67	—
Division 7																			
Camberwell	2,779	9	7	—	2	10	—	—	6	18	24	32	—	—	—	—	2	3	1
Lewisham	382	1	19	4	—	—	2	5	—	—	38	25	—	—	—	—	5	20	—
Division 8																			
Bermondsey	646	6	—	—	—	—	—	—	4	3	30	—	2	3	—	—	15	73	—
Lambeth	956	123	1	—	7	3	2	10	48	86	3	9	3	11	1	4	12	29	3
Southwark	1,183	71	8	—	19	34	—	—	82	15	39	—	—	—	—	—	2	—	—
Division 9																			
Battersea	800	57	—	—	1	5	—	—	10	—	—	—	—	—	—	—	5	19	28
Wandsworth	784	3	—	—	—	—	—	—	23	28	—	—	—	—	—	—	—	—	—
LONDON	23,900	423	118	9	95	210	12	41	878	500	271	218	37	19	22	25	117	458	217

Borough	SMOKE NUISANCES: Complaints	Observations	Intimation notices served	Nuisance notices served	CLEANSING AND DISINFECTION: Adults cleansed: At home	Adults cleansed: At a cleansing station	Children cleansed	Premises disinfected	Premises disinfested	LICENSED OR REGISTERED PREMISES: Licensed slaughterhouses	Other offensive trades	Dairies and milk shops	Ice cream premises	Common Lodging Houses	Restaurants, eating houses and canteens	SANITARY OFFICERS: Establishment: Male	Establishment: Female	Establishment: Total	Employed at end of year: Male	Employed: Female	Employed: Total	Assistants employed at end of year: Male	Assistants: Female	Assistants: Total
Division 1																								
Chelsea	12	30	—	—	—	380	411	130	303	—	—	46	198	—	193	7	2	9	6	2	8	—	—	—
Fulham	22	302	—	—	—	68	9	69	442	—	—	132	229	—	146	15	1	16	13	1	14	1	—	1
Hammersmith	36	136	1	—	1	467	790	48	249	2	—	98	309	—	270	14	1	15	9	1	10	—	—	—
Kensington	15	77	—	—	—	291	1,135	369	566	—	—	181	343	—	223	19	—	19	15	—	15	—	—	—
Division 2																								
Hampstead	11	334	4	—	—	27	48	203	162	—	—	50	243	—	134	12	1	13	11	1	12	3	—	3
Paddington	5	—	—	—	—	165	34	330	1,283	—	—	124	198	1	137	17	1	18	14	1	15	—	—	—
St. Marylebone	55	667	17	—	—	680	316	197	441	1	—	172	219	2	787	10	3	13	10	3	13	—	—	—
St. Pancras	32	37	—	—	—	817	649	573	480	2	—	225	498	—	‡ 850	21	1	22	21	1	22	—	—	—
Westminster, City of	121	2,413	7	7	—	362	130	342	1,178	—	—	122	233	2	3,031	20	1	21	19	1	20	—	—	—
Division 3																								
Finsbury	16	150	1	—	—	116	888	315	292	—	2	126	131	1	405	8	—	8	8	—	8	3	—	3
Holborn	29	358	2	—	—	—	—	53	80	—	5	69	106	2	469	5	—	5	5	—	5	—	—	—
Islington	54	477	12	—	38	111	37	401	453	1	13	330	552	—	637	31	3	34	20	3	23	4	—	4
Division 4																								
Hackney	28	1,837	14	3	8	26	—	420	230	—	6	227	388	1	221	28	—	28	17	—	17	2	—	2
Shoreditch	10	669	17	—	—	20	2	137	314	—	1	88	162	—	272	9	—	9	6	—	6	3	—	3
Stoke Newington	12	—	—	—	—	20	124	97	117	—	—	47	104	—	43	7	—	7	6	—	6	—	—	—
Division 5																								
Bethnal Green	16	—	3	1	7	40	7	20	695	1	1	121	156	—	154	9	—	9	7	—	7	—	—	—
City of London	20	74	1	—	—	481	148	3	30	—	—	26	69	1	971	20	—	20	20	—	20	1	—	1
Poplar	9	23	—	—	3	47	17	381	825	2	1	145	182	1	288	9	—	9	9	—	9	—	—	—
Stepney	43	94	—	—	59	432	55	245	591	—	21	237	306	5	900	18	—	18	15	—	15	—	—	—
Division 6																								
Deptford	—	—	—	—	—	272	990	103	375	2	1	91	189	1	90	8	—	8	8	—	8	—	—	—
Greenwich	18	95	—	—	38	220	542	241	361	—	—	110	252	—	230	9	1	10	7	1	8	1	—	1
Woolwich	21	133	4	4	12	106	721	321	381	2	2	181	322	1	296	18	1	19	17	1	18	—	—	—
Division 7																								
Camberwell	37	232	3	—	—	75	648	461	628	2	5	226	484	1	345	19	—	19	19	—	19	—	—	—
Lewisham	8	—	—	—	—	34	243	460	105	1	—	112	395	—	‡ 250	20	—	20	16	—	16	1	—	1
Division 8																								
Bermondsey	6	287	3	—	—	105	504	15	221	—	8	118	188	2	285	12	—	12	10	—	10	—	—	—
Lambeth	54	16	5	1	—	195	59	939	664	—	2	265	509	—	223	17	2	19	15	2	17	—	—	—
Southwark	16	163	9	—	—	1,495	1,032	280	1,264	—	4	147	254	6	433	19	1	20	16	1	17	5	—	5
Division 9																								
Battersea	20	207	2	—	—	266	2,318	795	183	1	2	131	270	—	164	14	2	16	13	2	15	—	—	—
Wandsworth	41	253	3	2	—	54	6	585	209	—	—	282	745	—	492	23	—	23	19	—	19	—	—	—
LONDON	767	9,284	108	18	166	7,361	11,883	8,533	13,322	17	74	4,219	8,144	27	12,941	438	21	459	371	21	392	24	—	24

† included in previous column. * included in next column. ‡ estimated.

Notes:—(1) Local Government (Miscellaneous Provisions) Act, 1953: *Two Closing Orders were determined in Kensington, in Hackney and in Woolwich; one was revoked and a Demolition Order made in Hackney and in Lewisham.*

(2) Licensed Cowsheds: *Camberwell*—1. (3) Seamen's Lodging Houses: *Poplar*—2, *Stepney*—5. (4) Prosecutions: Inadequate Water Supply to Tenement Houses: *St. Pancras*—6 (5 *convictions*). Dairies and Milkshops: *St. Pancras*—1 (1 *conviction*), *Shoreditch*—1 (1 *conviction*). Ice-Cream Establishments: *Stepney*—5 (5 *convictions*).

Restaurants, Eating Houses and Canteens: *Kensington*—7 (7 *convictions*), *Hampstead*—1 (1 *conviction*), *St. Pancras*—1 (1 *conviction*), *Westminster*—2 (2 *convictions*), *Hackney*—3 (3 *convictions*), *Shoreditch*—1 (1 *conviction*), *City of London*—1 (1 *conviction*), *Stepney*—5 (5 *convictions*).

TABLE 12—*Treatment of venereal disease at London clinics*

Year	New cases										Total attendances	
	Syphilis		S. Chancre		Gonorrhoea		Total venereal cases		Total non-venereal cases			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1918..	3,764	3,002	116	13	4,844	1,940	8,724	4,955	1,345	1,348	169,485	
1928..	3,433	1,837	229	6	8,249	2,647	11,911	4,490	6,369	3,226	544,969	218,566
1938..	1,799	1,065	235	9	7,120	2,151	9,154	3,225	8,249	5,269	588,815	263,908
1939..	1,573	904	164	5	5,982	1,652	7,719	2,561	7,468	5,008	412,067	189,355
1940..	1,493	709	146	9	4,591	1,319	6,230	2,037	5,383	3,515	305,693	131,375
1941..	1,381	773	205	12	3,862	1,425	5,448	2,210	4,675	3,709	224,954	122,492
1942..	1,369	917	148	9	3,082	1,444	4,599	2,370	4,960	5,177	222,864	155,559
1943..	1,362	1,107	104	15	2,839	1,442	4,305	2,564	7,627	8,867	219,014	177,859
1944..	1,176	967	89	13	2,929	1,363	4,194	2,343	6,568	8,234	188,450	155,332
1945..	1,417	1,176	102	3	3,962	1,738	5,481	2,917	9,517	9,849	196,074	160,697
1946..	2,371	1,354	154	11	7,718	1,785	10,243	3,150	17,153	8,654	284,108	161,839
1947..	2,207	1,301	128	6	7,236	1,408	9,571	2,715	13,847	7,132	269,435	147,717
1948..	1,949	1,155	102	6	7,008	1,346	9,059	2,507	16,349	6,821	268,203	148,212
1949..	1,572	790	62	5	6,463	1,207	8,097	2,002	16,140	6,533	245,250	134,897
1950..	1,278	664	90	3	5,740	1,127	7,108	1,794	17,385	6,180	238,986	122,482
1951..	1,077	549	105	6	5,060	1,028	6,242	1,573	16,443	5,648	200,778	101,787
1952..	811	490	91	3	5,625	1,176	6,527	1,669	16,920	5,632	220,871	100,420
1953..	720	401	88	4	6,103	1,546	6,911	1,951	17,615	6,121	220,316	102,365
1954..	651	340	64	2	5,816	1,422	6,531	1,764	17,875	6,304	219,258	100,554
1955..	625	400	77	6	5,916	1,457	6,618	1,863	18,735	7,056	221,381	103,815

TABLE 13—*Weather during* 1955

(as recorded at Kew Observatory)

Month	Temperature		Rainfall		Sunshine	
	Mean (a) °F	Difference from Average (b) °F	Total ins.	Difference from Average (b) ins.	Total hrs.	Difference from Average (c) hrs.
January	38·5	−1·2	1·92	−0·04	35	−7
February ..	36·8	−3·5	1·15	−0·40	78	+19
March	39·2	−3·6	0·89	−0·65	157	+51
April	49·8	+2·3	0·31	−1·40	182	+32
May	51·1	−2·5	3·73	+1·98	229	+31
June	59·2	−0·2	2·17	+0·19	172	−29
July	65·0	+2·3	0·39	−1·99	244	+48
August	65·5	+3·7	0·71	−1·53	197	+12
September.. ..	58·4	+1·0	1·77	−0·22	166	+25
October	49·5	−0·8	2·36	−0·15	111	+17
November ..	46·6	+2·4	0·89	−1·45	43	−9
December ..	44·6	+3·9	1·76	−0·40	46	+8
Year	50·4	+0·4	18·05	−6·06	1,660	+198

(a) *Average of the daily means of 24 hourly readings.*
(b) *Average over the 80 years ended 1950.*
(c) *Average over the 70 years ended 1950.*

APPENDIX D

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health and Principal School Medical Officer	J. A. Scott
Deputy Medical Officer of Health and Deputy Principal School Medical Officer	A. B. Stewart
Senior Principal Medical Officer	M. MacGregor
Administrative Officer	C. R. Geere
Principal Medical Officers	
Maternity and child welfare	Dorothy F. Egan
School health	G. D. Pirrie (seconded to the World Health Organisation)
	Evelyn A. Mower-White (from 1/9/54)
Epidemiology	I. Taylor
Tuberculosis	W. Hartston
Staff examinations and mental health	C. W. J. Ingham
Chief Dental Officer and Principal School Dental Officer	W. Ritchie Young
Chief Nursing Officer	Evelyn Robinson
Scientific Adviser	S. G. Burgess
Establishment Officer	R. H. J. Stronge
Principal Clerks	G. Berridge
	D. J. B. Cooper
	W. H. Joyce
Officer-in-Charge, London Ambulance Service	A. G. Hellman
Statistician	C. W. Shaddick
Chief Inspector	J. C. Clancey
Principal Organiser of Child Care	Frances C. K. Gregson

Senior Officers of the Divisions

Division	*Divisional Medical Officer*	*Divisional Administrative Officer*	*Divisional Nursing Officer*
1.	Violet I. Russell	G. J. Newton	Mary Sidebotham
2.	H. L. Oldershaw	H. J. Norton	Eveline Beattie (absent on study leave)
			Kathleen E. Harvey
3.	Bertha E. A. Sharpe	N. B. Chapman	Catherine Walsh
4.	S. King	J. C. Minter	Ellen M. Hazell
5.	G. O. Mitchell	A. J. Cridland	Katherine M. Roe
6.	F. R. Waldron	L. R. T. Coward	Lilian Berry
7.	H. D. Chalke	F. L. Clark	Kathleen L. Sewell

Senior Officers of the Divisions—continued

Division	Divisional Medical Officer	Divisional Administrative Officer	Divisional Nursing Officer
8.	W. H. S. WALLACE	W. H. C. BISHOP	BESSIE THOM (Seconded to World Health Organization)
			MARGERY D. BUTLER (from 29/6/54)
9.	J. T. R. LEWIS	F. E. WILLSON*	WINIFRED M. WINCH

*Died 15.12.55—no appointment made during 1955.

The following statement shows the number of staff employed in the Public Health Department in December, 1955 (part-time staff being expressed as whole-time equivalents).

Type of staff	Location		Staff employed at other establishments (a)	Total
	Head office staff	Divisional staff		
Administrative and clerical (including ambulance control clerks)	216	606	75	897
Medical staff	26	155	—	181
Dental staff	2	74	—	76
Chemists	22	9	—	31
Inspectors	16	—	—	16
Nursing staff	10	2,125	103	2,238
Medical auxiliaries (c)	14	139	22	175
Social worker grades (including mental health)	36	168	118	322
Supervisory staff (ambulance service) ..	6	—	12	18
Manual workers, operative staff (ambulance service), domestic grades, etc. ..	14	2,699	842	3,555
Totals	362	5,975	1,172	7,509

(a) These establishments include residential schools and nurseries, welfare establishments, ambulance stations, occupation centres for mentally defective children, main drainage outfall works, clinics and dispensaries, district offices (mental health), central dental laboratory, etc.

(b) There are 84 visiting medical officers and 10 visiting dental officers employed at residential establishments on a part-time basis whom it is not possible to compute in terms of whole-time units of staff. They have, therefore, been omitted from the table.

(c) Including physiotherapists, chiropodists, speech therapists, play therapists, psychotherapists, dental attendants, dental hygienists, dental technicians and apprentices.

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