[Report of the Medical Officer of Health for Bexley].

Contributors

Bexley (London, England). Borough Council.

Publication/Creation

[1954?]

Persistent URL

https://wellcomecollection.org/works/cz42cj79

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



CULLIA () 1 others Coyne Div 5B BEX 18

11 SEP54 R. 8



BOROUGH OF BEXLEY



of the

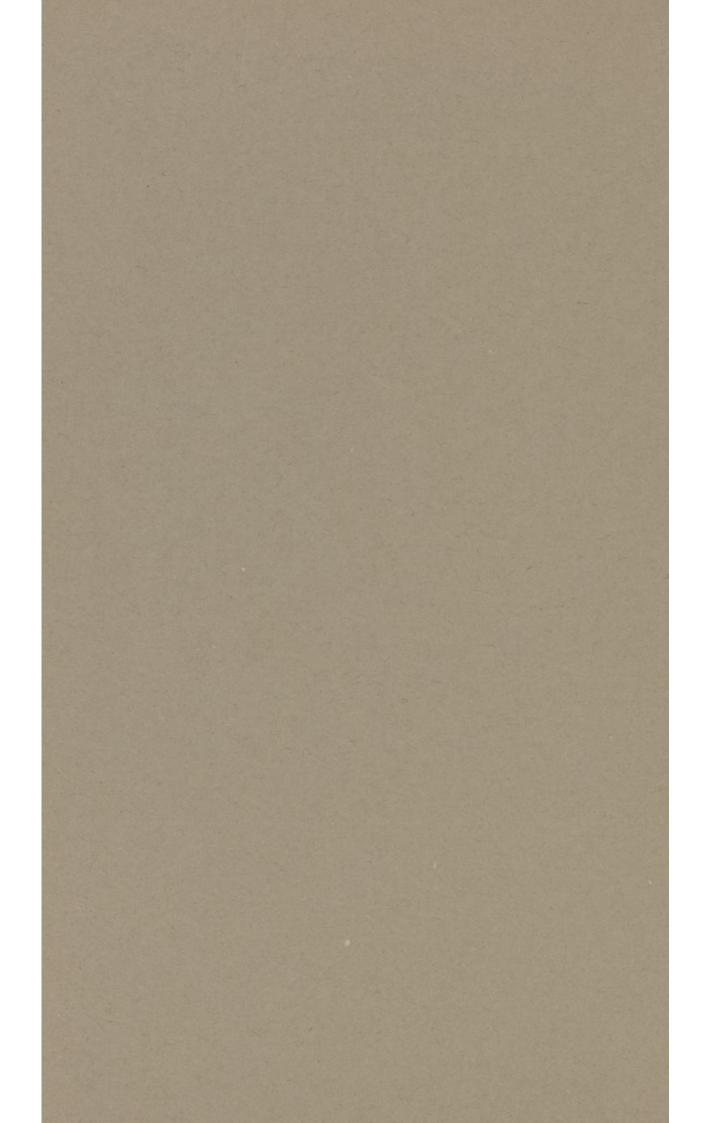
Medical Officer of Health

and

Report on the School Health Services

For the Year 1953

JOHN LANDON, M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health





BOROUGH OF BEXLEY

Annual Report

of the

Medical Officer of Health

For the Year 1953

JOHN LANDON, M.R.C.S., L.R.C.P., D.P.H.,

Medical Officer of Health

Borough of Bexley.

Mayor: Alderman M. J. Corr, J.P.

Deputy Mayor: Alderman A. S. Masey.

HEALTH COMMITTEE.

Chairman: Councillor Mrs. H. F. Piggott.

Vice-Chairman: Councillor J. W. Bateman.

Alderman M. J. Corr, J.P.

Alderman J. C. McLean, J.P.

Alderman P. R. Relph.

Alderman H. P. Tanner.

Councillor E. W. Dines.

Councillor E. S. Newton.

Councillor Mrs. E. M. Sheppard.

Councillor Mrs. A. Welch.

PUBLIC HEALTH STAFF, 1953.

Medical Officer of Health ... John Landon, M.R.C.S., L.R.C.P., D.P.H.

(Joint appointment with Borough of Erith and U.D. Crayford).

Chief Sanitary Inspector, Public *† G. Hind, M.S.I.A. Cleansing Officer and Shops Acts Inspector.

Deputy Chief Sanitary Inspector *† J. T. Boocock.

District Sanitary Inspectors ... *† F. W. Willington.

*† G. F. Lovegrove.

*† W. E. Moses.

Chief Clerk ... G. A. Pearson.

Senior Clerk ... R. V. Hoad.

Clerks ... E. M. Pearmine (Miss).

M. E. Smith (Miss) (Shorthand Typist).

E. S. Merry (Mrs.) (Temporary Shorthand Typist, 19.5.53-6.6.53).

F. L. Gurr (Mrs.) (Temporary Shorthand Typist, 16.6.53-7.11.53).

Public Analyst ... H. E. Monk, B.Sc., F.R.I.C.

Refuse Foreman G. E. Packman.

^{*} Certificate for Inspection of Meat and other Foods.

[†] Certificate of Royal Sanitary Institute and Sanitary Inspectors' Joint Board.

ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Bexley.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1953.

The vital statistics of the Borough indicate once again that, according to this limited yardstick, the health of the Borough can be considered satisfactory. The customary warning must however be given that these figures should be accepted with guarded optimism as they give only a part, albeit an important one, of the total health situation of a population numbering nearly 88,000.

The birth rate for 1953 was 12.7 per 1,000 of the population compared with 12.0 in 1952 which was the lowest ever recorded in the Borough. It would be premature to suppose that this represents a reversal of the downward trend which has been noticeable for over 40 years and it is impossible to forecast what the future rates may be. The birth rate for 1953, after correction by the comparability factor supplied by the Registrar General (1.03), was 13.08. The uncorrected birth rate for England and Wales was 15.5 so it will be seen that, once again, the birth rate for the Borough was well below that of the country as a whole.

The death rate for 1953, at 8.8 per 1,000 of the whole population, was appreciably lower than the rate for 1952 which was 9.14 per 1,000. After correction by the comparability factor for deaths (1.14), the rate was 10.03 and the uncorrected death rate for England and Wales for 1953 was 11.4. Cancer was again second, after diseases of the heart and blood vessels, among the chief causes of death.

The infant mortality rate for 1953 at 14.36 per 1,000 live births showed an increase on the record low rate for 1952 namely, 11.34 per 1,000 live births. The rate for the country as a whole was 26.8 per 1,000 related births so that the favourable position of the Borough, in this respect, may be appreciated. Of the 16 infantile deaths in the Borough, six were due to causes which were, probably, preventable, including bronchitis and pneumonia, but it does not pay to be too dogmatic in this matter when there are so many unknown factors.

Infectious diseases when judged by the standards of 25 years ago, were very low. Measles headed the list with 459

cases, whooping cough with 345 and scarlet fever with 245, the latter disease being, generally speaking, of low virulence. There is more and more evidence that the great problem of the future will be the control of the virus infections. Eight cases of paralytic poliomyelitis which is now, unfortunately, an annual visitant and may, in fact, be regarded as endemic in this country, were notified. There is, however, at the present time, a somewhat greater hope of controlling this disease by immunisation although vaccination against poliomyelitis is still very much in the experimental stage. It may be some years yet before a vaccine can be produced in such a reliable form that it can be depended upon to produce resistance to the virus of this disease.

The welfare of old people continues to take up a considerable amount of the time of the department. The notification of an old person living alone, often in very bad conditions, may present itself as an emergency requiring immediate attention. It is often a serious problem to decide as to the best action to be taken. Admission to hospital sometimes provides a temporary respite to the difficulties of the old person but still leaves the problem of what is going to happen when he or she is ready for discharge. A tribute is due to those volunteers, from many sources, who are prepared to clean up the home and receive the old person on return from hospital. Recognition must, also, be given to the Woolwich Group Hospital Management Committee who are very co-operative in this matter. It may be that in spite of all the contra-indications it is in the interests of the old person to be kept at home, however deplorable this may be and to apply, to the fullest extent, the social remedies which are available. In this connection the Home Help Service is invaluable. Many old people ask for no more than to be allowed to keep their independence and their old homes and, wherever possible, this must be respected. The work of the Old People's Welfare Committee and the "good neighbours" of whom there are so many, often makes it possible for this solution to be applied.

I have many times reported to the Health Committee that, although the death rate from tuberculosis has been falling rapidly during recent years due to great improvements in medical treatment, the notification rate has not shown a similar reduction. This may be due, in part, to better means of ascertainment, notably by means of Miniature Mass Radiography, but I have, from time to time, suggested that an attack on the problem of tuberculosis from all possible angles, preventative and curative, is necessary if the disease is to be finally conquered. The Minister of Health has now prepared a memorandum which accompanied Circular No. 8/54 in which he indicates a need for intensi-

fying various preventative measures . . . and reviews the value of existing measures to bring the disease under control. Among the suggested remedies are greater efforts to discover the source of a new case, the supervision of contacts, the extension of the use of B.C.G. Vaccine, and the more selective use of Miniature Mass radiography. It will be seen, therefore, that the implementation of this scheme requires the closest co-operation between Chest Clinics, the Local Health Authority the general practitioners and the Local Authorities; the latter being concerned, mainly, as housing authorities and as the authorities responsible, in an important measure, for the local control of infectious disease. The task is one of the most arduous thrown on the health services for many years but it is the only sure way of getting rid of tuberculosis in the foreseeable future. The need for the collaboration of a large number of medical and social workers is called for and the effect on the health department would be considerable. It is to be hoped that,

in the coming years, this joint action will be taken.

Another impending development is the new housing legislation which is at present embodied in the Housing Repairs and Rents Bill now before Parliament. While the provision of new housing has proceeded apace, the older houses have tended to deteriorate during the war and since and the new Bill is, in part, concerned with slum clearance, the patching up of sub-standard houses and the improvement and conversion of older properties with a view to extending their life while further new houses are provided. There are no slums in the Borough in the accepted sense of the word but there is a manageable number of obsolescent houses which are ripe for demolition and could be tackled within the next few years. These could be demolished as individual unfit houses or as small clearance schemes and, particularly in the former case, the problem of rehousing the occupants is one of great difficulty. Often they are occupied by old persons living on their old age pension and the transfer to a more hygienic new house or flat is overshadowed by the fear of higher rents and the possible reduction of expenditure on food and other essentials. It is, however, true that the National Assistance Board, is often able to offset rent increases in such cases where supplementary allowances are in force.

The Food and Drugs (Amendment) Bill at present before Parliament may also place further responsibilities on the Health Department in that it foreshadows the extension of registration to classes of premises not covered at present by Section 14 of the Food and Drugs Act, 1938.

The Bexley, Erith and Crayford Clean Food Guild has continued its work during the year and at present 112

plaques have been awarded. The co-operation of many of the multiple firms has been obtained and this long term essay in health education, stimulated perhaps by the Food and Drugs (Amendment) Act, when it reaches the Statute Book, will help to provide that higher standard of food hygiene which we all desire. During the year a Clean Food Week was held which culminated in an address and demonstration by the Deputy Medical Director of the Central Council for Health Education and was followed by a film show and discussion.

The newly formed Bexley, Erith and Crayford Home Safety Committee promises to become an active instrument for the reduction of accidents in the home and is, in fact, complementary in its function to the Bexley, Erith and Crayford Road Safety Committee. The Minister of Housing and Local Government has given his approval to the making of a grant by each of the constituent authorities so that the Committee has, financially speaking, got off to a flying start. The collection of reliable statistics of home accidents is proceeding well and, in the near future, activities will be undertaken to draw the attention of the public, by propaganda methods, to the preventable nature of home accidents which, as is now well known, greatly exceed the number of accidents on the roads.

The question of delegation of functions under Part III of the National Health Service Act, 1946 and other enactments to the Borough of Bexley is still being considered and there can be no doubt that a satisfactory solution of this problem would bring a degree of integration to the Health Services of the Borough which would redound to the benefit of the users of these services.

The investigation into the Incidence and Causation of Health among Bexley children has now been completed for some time and problems of commercial publication have been encountered. I am glad to report that a grant of £250 has been made by the Eugenics Society to the Kent Paediatric Society and it is hoped that the Report will be published towards the end of 1954.

In conclusion, I wish to thank the Chairman and Members of the Health Committee for their support and encouragement and the Chief Sanitary Inspector, the Chief Clerk and all members of the Health Department for their devotion to duty at all times during the year.

I am,
Your obedient servant,
JOHN LANDON
Medical Officer of Health.

SECTION A.—STATISTICS AND SOCIAL CONDITIONS OF THE BOROUGH.

New Dwellings Erected.

Area.

Population.

4,869 acres.

rohm	cuings i	Drecteu.								
Esti	rar General mate mid r, 1953	1-	7,990	Hou	ses .		. 265			
Relati	Relative figures for previous years.									
Popul	ation-Mid-	Year.			New	Houses	Erected.			
1931	(Census)		33,150	1943		5				
1935			59,970	1944		Nil				
1940			77,670	1945		2				
1945			75,040	1946		82+	64 rebuilt			
1950			89,410	1947		199 + 2	16 rebuilt			
1951	(Census)		88,420	1948		334 + 2	86 rebuilt			
1952			88,160	1949		138+	73 rebuilt			
				1950		102 +	15 rebuilt			
				1951		319				
				1952		355				
Numl	per of inhal	oited	houses a	at end	of 19	953				
(according t	o Ra	ate Bool	(s) ap	proxir	nately	26,686			

Number of inhabited houses at end of 1953 (according to Rate Books) approximately	26,686
Rateable Value	£674,043
Sum represented by a penny rate	£2,750

Unemployment.		Men	Women	Boys	Girls	Total
December 31st,	1952	 308	103	18	21	450
December 31st,	1953	 248	115	35	12	410

Social Conditions and Amenities.

The Borough of Bexley continues to be a healthy residential district and is specially favoured in that it has ample open spaces and recreational facilities for its inhabitants. Like other districts, however, that suffered severe bombing during the war, and whose population has increased considerably, housing shortages, at present, constitute the main barrier to the health of relatively large number of its citizens. The housing programme has been accelerated as much as possible and it can only be hoped that the housing position of the Borough will gradually reach the optimum standards for which the Council are striving.

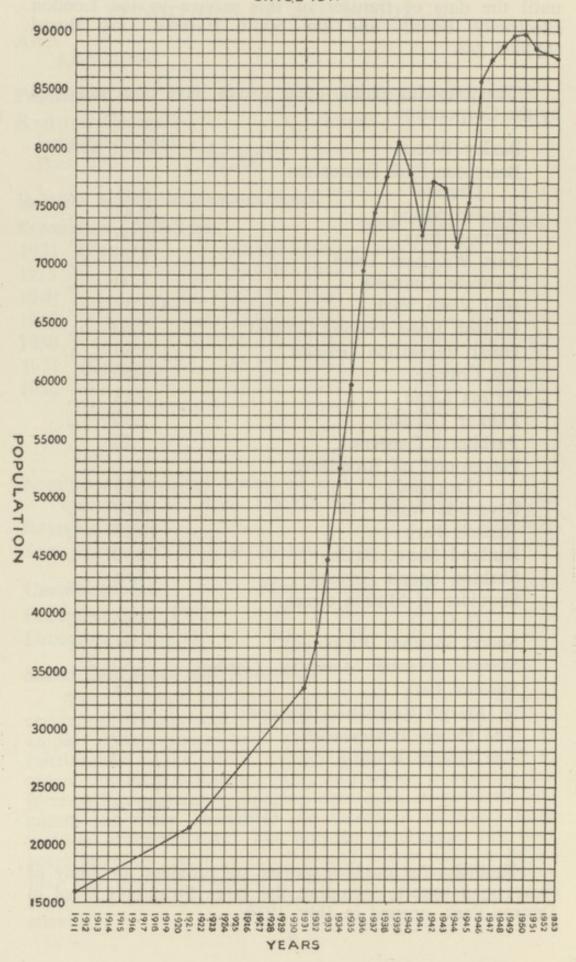
The Corporation supplied the district with electricity until the date of transfer of this service to the London Electricity Board, and the South Eastern Gas Board supplies gas.

The following public open spaces have been provided by the Corporation:—

Bexley Woods		26.00	acres
Brampton Park Recreation			
Ground		4.21	,,
Bursted Wood		30.47	,,
Danson Park		210.00	,,
East Wickham Land		6.80	,,
Eastcote Gardens		1.00	,,
Hall Place Park		171.32	,,
Hudson Road Playing Ground		1.60	,,
** . 5 6 .		3.50	*,
Ivy Cottage		6.50	,,
Oxleas Close		.13	,,
Palmar Gardens		1.30	,,
Parkhurst Gardens		.70	,,
Playground off Broadway			
(Proposed)		1.16	"
Riverside Walk		10.50	,,
Russell Park		13.25	,,
Rutland Shaw, Bexley		2.90	,,
Sheldon Sports Ground		7.66	,,
Shoulder of Mutton Green			
(L.C.C.)		3.86	,,
Sports Stadium (Proposed)		7.03	,,
Steeple Avenue Memorial Gard	en	1.50	,,
Stevens Park		9.55	,,
St. Mary's Recreation Ground		12.86	,,
The Green, Bexleyheath		1.10	,,
The Green, Welling		1.80	,,
Total		536.70	,,

Facilities for outdoor games are provided in many of these open spaces, including the large Swimming Pool in Danson Park, opened in July, 1936.

GRAPH SHOWING RISE IN POPULATION SINCE 1911



SUMMARY OF VITAL STATISTICS

	England and Wales.	County Boro's and Great Towns including London.	Smaller Towns Resident Populations 25,000 to 50,000 at 1951 Census.	London Adminis- trative County.	Borough of Bexley.	
DI-II-		Rates per l	1,000 Home Po	pulation.		
Births-	15.5	17.0	15.7	17.5	12.7	
Live Still	(0.35	0.43	0.34	0.38	0.28	
Still	22.4(a)	24.8(a)	21.4(a)	21.0(a)	12.94(a)	
Deaths-						
All Causes	11.4	12.2	11.3	12.5	8.8	
Typhoid and Para-						
typhoid	0.00	0.00	-	_		
Whooping Cough	0.01	0.01	0.00	0.00	0.01	
Diphtheria	0.00	0.00	0.00	_		
Tuberculosis	0.20	0.24	0.19	0.24	0.10	
Influenza	0.16	0.15	0.17	0.15	0.08	
Smallpox	0.00	0.00	0.00	_	_	
Acute Poliomyelitis						
(including Polio-				0.01		
encephalitis	0.01	0.01	0.01	0.01	0.00	
Pneumonia	0.55	0.59	0.52	0.64	0.36	
Notifications(corrected)						
Typhoid Fever	0.00	0.00	0.00	0.01	_	
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.01	
Meningococcal	0.01		7.57			
Infection	0.03	0.04	0.03	0.03	0.02	
Scarlet Fever	1.39	1.50	1.44	1.02	2.78	
Whooping Cough	3.58	3.72	3.38	3.30	3.93	
Diphtheria	0.01	0.01	0.01	0.00	_	
Erysipelas	0.14	0.14	0.13	0.12	0.17	
Smallpox	0.00	0.00	0.00	_	_	
Measles	12.36	11.27	12.32	8.09	5.22	
Pneumonia	0.84	0.92	0.76	0.73	0.48	
Acute Poliomyelitis						
(Including Policen-						
cephalitis)						
Paralytic	0.07	0.06	0.06	0.07	0.09	
Non-Paralytic	0.04	0.03	0.04	0.03		
Food Poisoning	0.24	0.25	0.24	0.38	0.11	
Puerperal Pyrexia	18.23(a)	24.33(a)	12.46(a)	28.61(a)	5.27(a)	
		-				
Danilla	Rates per 1,000 Live Births.					
Deaths						
All causes under	00.001		24.0	010	74.00	
one year of age	26.8(b)	30.8	24.3	24.8	14.36	
Enteritis and Diar-						
rhœa under two		7.0	0.0	7.7		
years of age	1.1	1.3	0.9	1.1		

⁽a) Per 1,000 Total (Live and Still) Births.

A dash (-) signifies that there were no deaths.

⁽b) Per 1,000 related live births.

Maternal Mortality in England and Wales.

Intermediate List No.	Number of Deaths	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44
All5 Sepsis of pregnancy, childbirth and the			
puerperium	68	0.10	_
Al16 Abortion with toxæmia Other toxæmias of preg-	7	0.01	1
nancy and the puerperium	166	0.24	-
Al17 Hæmorrhage of pregnancy and childbirth	90	0.13	-
All8 Abortion without mention of sepsis or toxemia	30	0.04	3
All9 Abortion with Sepsis	39	0.06	4
A120 Other complications of pregnancy, childbirth and the puerperium	125	0.18	_

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1953.

The Registrar General's Estimate of home population for the mid-year is 87,990 and this figure is assigned for the purpose of calculation of all rates.

Births.	Males	Females	Total
Live Births—Total	 551	563	1,114
Legimate	 529	551	1,080
Illegimate	 22	12	34

Birth Rate.

Rate per 1,000 estimated home population 12.7

The following relates to the Birth Rate during the past ten years:—

1943	Birth	Rate	18.03	per	thousand
1944	,,	,,	21.06	,,	,,
1945	,,	,,	18.81	,,	,,
1946	,,	,,	19.75	,,	,,,
1947	,,	,,	18.72	,,	,,
1948	,,	**	15.36	,,	,,
1949	,,	,,	14.02	,,	,,
1950	,,	,,	13.13	,,	,,
1951	,,	,,	12.79	,,	,,
1952	,,	,,	12 00	,,	,,

12

Rate	per	1,000		England and Wales, 1953	15.5
,,	,,	,,	,,	County Boroughs and Great Towns, including London	17.0
***	,,	,,	,,	Smaller Towns (estimated population 25,000 to 50,000 at Census, 1951)	15.7
85.0	,,	,,	,,	London Administrative County	17.5

34 illegitimate live births were registered against 29 in 1952.

The Registrar-General has supplied a comparability factor for 1953. The standardised birth rate which allows for comparison with other parts of the country is 13.08.

Stillbirths.		Males	Females	Total
Total	 	15	10	25
Rate per 1,000 total (live births			12.94	

25 Stillbirths were registered during the year. This represents a rate of 0.28 per 1,000 population against 0.18 per 1,000 population in 1952.

The following relates to the Stillbirth Rate during the past ten years:—

Rate per Thousand

Year			Total Live and Still Births	Population
1943	 	 	20.5	0.37
1944	 	 	19.0	0.42
1945	 	 	21.4	0.41
1946	 	 	23.6	0.48
1947	 	 	21.5	0.41
1948	 	 	21.5	0.34
1949	 	 	31.01	0.45
1950	 	 	11.78	0.16
1951	 	 	18.23	0.24
1952	 	 	12.18	0.18

Rate per 1,000 for England and Wales, 1953	0.35
", ", County Boroughs and Great Towns, including London	0.43
" " " Smaller Towns (estimated population 25,000 to 50,000 at Census, 1951)	0.34
" " " London Administrative County	0.38
There was one stillbirth registered as illegitimate.	
Deaths. Males Females	Total
All causes 413 365	778
Death rate per 1,000 of estimated	
home population	8.8
Number of women dying in, or in consequence of, childbirth:	
From Puerperal and Post	
Abortive Sepsis	-
From other Puerperal Causes 3	3
Death rate per 1,000 total (live and still) births	2.63
Deaths of Infants under one year	16
of age 12 4 Legitimate 11 4	16 15
TII - 14 - 1 -	1
Death rate of Infants under one	
year of age:	
Total per 1,000 live births	14.36
Legitimate per 1,000 legitimate live births	13.89
Illegitimate per 1,000 illegitimate live births	29.41
Deaths from Measles (all ages)	
", Whooping Cough (all ages) 1 —	1
" Diarrhœa (under 2	1950
years of age) — — — — — — — — — — — — — — — — —	185
,, ,, Cancer (an ages) 100 03	100

Death Rate of Country: -

1949

1950

1951

1952

Rate	per	1,000	for	England and Wales, 195	3 11.4
,,	,,	,,	,,	County Boroughs and Great Towns, including London	
,,	,,	,,	,,	Smaller Towns (estimated population 25,000 to 50,000 at Capping 1051)	0
				at Census, 1951)	. 11.3
"	,,	,,	,,	London Administrativ	e
				County	12.5
I	Death	Rate	of Ar	ea during last ten years:	
	19	943		9.21 per thousand	d.
	19	944		10.20 ,, ,,	
	19	945		9.28 ,, ,,	
	19	946		8.55 ,, ,,	
	19	947		9.17 ,, ,,	
	19	948		7.53 " "	

The rate for Bexley compares favourably with that for England and Wales. The Registrar-General has supplied a comparability factor for 1953. The standardised death rate which allows for comparison with other parts of the county is 10.03.

8.15 "

8.56 ,,

9.6

9.14 "

CAUSES OF DEATH IN THE BOROUGH. REGISTERED DURING THE YEAR 1953.

Canso	es of Death.	M.	F.	Total
	All Causes	413	365	778
		4	3	
	1 doctodiosis, 100p	2	_	7 2 4
2	Tuberculosis, other	2 3	1	4
3	Syphilitic disease Diphtheria	_	_	
2 3 4 5	Whooping Cough	1	_	1
6	Meningococcal infections	_		_
7	Acute poliomyelitis	_	_	
	Measles		11-	_
9 (Other infective and parasitic			
	diseases	_	2	2
10	Malignant neoplasm, stomach	13	13	26
	Malignant neoplasm, lung,			
	bronchus	31	6	37
12	Malignant neoplasm, breast	_	23	
	Malignant neoplasm, uterus	-	6	6
14	Other malignant and lymphatic		-	
	neoplasms	56	37	
15	Leukaemia, aleukaemia	2	1	3
16	Diabetes	1	7	8
17	Vascular lesions of nervous		47	70
	system	32		
	Coronary disease, angina	86		
19	Hypertension with heart disease	8		
20	Other heart disease	28	53	81
21	Other circulatory disease			53
22	Influenza	3 18	4 14	
23				
24	Bronchitis	38	21	05
25		2	2	4
00	system	10		10
26	Ulcer of stomach and duodenum Gastritis enteritis and diarrhoea		3	3
27	Nephritis and nephrosis	4 5	3 6	3 10 5 3 8
28 29	Hyperplasia of prostate	5	_	5
30	Pregnancy, childbirth, abortion	_	3	3
31	Congenital malformations	<u>-</u> 5	3	8
32	Other defined and ill-defined			
54	diseases	20	30	50
33	Motor vehicle accidents	6		7
34	All other accidents	6 5 4	4 3	7 9 7
35		4	3	7
36	Homicide and operations of war	_	_	-
-				

INFANT MORTALITY, 1953

DEATHS FROM STATED CAUSES AT VARIOUS AGES UNDER 1 YEAR OF AGE.

These relate to deaths occurring in 1953 but not necessarily registered in that year.

CAUSES OF DEATH		DAYS						Months														
as Certified.	0—	1-	2—	3—	4—	5—	6—	7—	14-	21—	28-	2—	3—	4—	5—	6—	7—	8—	9—	10—	11-	12
Congenital Malformation, Premature Birth Whooping Cough	3		1				The same	Section of the	1	The part of the pa		1			1	1	1					Description of the last
Multiple Renal Venous Infarction	0.80	0.55	1	-	1.1	Š;	1 1		18			1				-0			in	5		A B
Acute Bronchitis						: :			75	8		1										8
Broncho Pneumonia		- 53						1				1	1				1					
Totals	3	-	1	-	_	_	_	1	1	_	-	5	1	-	1	1	2	-	_	_	_	-

The number of infants under one year of age who died during the year 1953 as shown by the table is 16 6 of these deaths, that is 37.5 per cent., occurred in the neonatal period (within one month of birth). In 1952 the corresponding figure was 58.33 per cent.

17

16 were registered during the year giving an infantile mortality rate per 1,000 live births of 14.36.

Rates over previous years have been:—

1943	 	26.01	per	1,000	live	births
1944	 	31.37	,,	,,	,,	,,
1945	 	33.9	,,	,,	,,	,,
1946	 	29.5	,,	,,	,,	,,
1947	 	28.6	,,	,,	,,	,,
1948	 	19.03	,,	,,	,,	,,
1949	 	24.0	,,	,,	,,,	,,
1950	 	14.48	,,,	,,	,,	,,
1951	 	24.76	,,	,,	,,	"
1952	 	11.34	,,	,,	,,	,,

Maternal Deaths.

There were three maternal deaths during the year giving a maternal mortality rate of 2.63 per 1,000 live and stillbirths.

Rates over previous years have been:—

1943	 	1.44	per	1,000	live	and	stillbirths
1944	 	1.30	,,	,,	,,	,,	,,
1945	 	Nil	,,	,,	,,	,,	,,
1946	 	1.73	,,	91	,,	,,,	**
1947	 	1.19	,,	,,	,,	,,	**
1948	 	Nil	,,	,,	,,	,,	,,
1949	 	0.78	,,	,,	,,	,,,	,,
1950	 	0.84	,,	,,	,,	,,	,,
1951	 	Nil	,,	,,	,,	,,	,,
1952	 	0.93	,,	,,	,,	,,	,,

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE BOROUGH.

Isolation Hospital Accommodation.

This had been available in the past at the Bow Arrow Hospital of the Dartford Joint Hospital Committee of which the Council was the largest contributing member. With the transfer of the Hospital to the Regional Hospital Board on 5th July, 1948, the Joint Hospital Committee became redundant and there is now no control of this Hospital by the Local Authority. Patients suffering from infectious disease are now admitted to hospitals controlled by the Woolwich and Dartford Hospital Management Committees (S.E. Metropolitan Regional Hospital Board).

General Hospitals.

Provision made by S.E. Metropolitan Regional Hospital Board.

AMBULANCE FACILITIES.

The provision of these facilities now rest with the Kent County Council as Local Health Authority.

NATIONAL ASSISTANCE ACT, 1948.

Action taken under Section 47.

It was not necessary during the year under review to take statutory action under this Section owing to the removal of patients by voluntary co-operation.

Action taken under Section 50.

No burials were arranged under this Section during the year.

PUBLIC MORTUARY.

During 1951 the public mortuary was enlarged and equipped with refrigeration for six bodies. The total work was completed in February, 1952. The mortuary is also used by Erith and Crayford Authorities by arrangement with the Bexley Borough Council.

During the year it was used on 158 occasions and 156 post-mortem examinations were made. 31 inquests were held.

LABORATORY FACILITIES.

Pathological and bacteriological work for the area is carried out at the County Hall, Maidstone, through the Public Health Laboratory Service.

NURSING HOMES.

Registration of Nursing Homes, Public Health Act, 1936. (Authority of Registration transferred from Kent County Council to the Bexley Borough Council—17.4.39).
No. of Homes on the Register at beginning of year 5
No. of patients provided for:—
Maternity 5
Others 66
Total 71
Provision made by S.E. Metropolitan Reginnal Teorginal Magazine
No. of Homes first registered during year —
No. of patients provided for:—
Maternity —
Others
Total —
Action taken studes Section 47, 199
No. of Homes on the Register at end of year 5
No. of patients provided for:—
Maternity 5
Others 66
Total 71
THE STREET STREET, STR
Total No. of visits made during 1953 13

SECTION C.

SANITARY CIRCUMSTANCES OF THE BOROUGH.

List of Adoptive Acts, etc., in force.	De	4-
Acts.	Da Adoj	
TO SEED THE CONTROL OF SERVICE AND ADDRESS OF THE PARTY SHAPE SHAP	71001	oted
Public Health Acts (Amendment) Act, 1890		1001
Parts 1, 2, 3 and 5	Apr.	1891
Infectious Diseases (Prevention) Act, 1890	Apr.	1891
Public Libraries Act, 1892-1919	Oct.	1893 1899
Private Street Works Act, 1892 Public Health Acts Amendment Act, 1907,	Jan.	1077
D- 4- 0 10	Apr.	1909
Parts 8 and 9 Part 2—the whole	Apr.	1707
" 4—Secs. 53 and 54	May	1909
" 6—the whole	1.11	10237
" 10—Sec. 95		
Public Health Act, 1925, Part 2	Jan.	1926
Slaughter of Animals Act, 1933	Jan.	1934
svermment of the Heat no nice		
Byelaws.		
Wireless Loudspeakers, Gramophones, etc	Mar.	1939
Fouling by Dogs of Footways	July	1938
Baths, Wash-houses, Swimming Baths and	July	1,00
Bathing Places	Aug.	1938
Parks and Pleasure Grounds	May	1939
Building	June	1939
Defacing of Pavements	Nov.	1939
Deposit of Litter to the Detriment of Public		
amenities	91	
Deposit of Dangerous Substances		
Organs Loitering at Church Doors	,	
Loitering at Church Doors	,,	
Indecent Language, etc	"	
Touting	,,	
Touting	**	
Violent Behaviour, etc., on School Premises		
Nursing Homes	June"	
Sale of Contraceptives in Slot Machines	Dec.	1949
Handling, Wrapping and Delivery of Food and		
Sale of Food in the Open Air	May	1950

1. (i) Water Supply.

The water to the district is supplied by the Metropolitan Water Board and is derived from several sources, namely, Wilmington, Darenth, Wansunt, Crayford, Bexley and Deptford wells, the latter mixed with Thames-derived water, filtered at Walton. All the water is chlorinated as it leaves the works.

Bacteriological analyses are made at least five times per week of all supplies and, in the case of the wells, the water is sampled both before and after chlorination. Water derived from the River Thames is sampled at each stage of the purification process. Tanks to provide an adequate period of contact of the chlorine with the water are now in operation at Wilmington, Crayford, Bexley, Deptford and Walton.

All new and repaired mains are chlorinated before being restored to use and samples of water from them are tested bacteriologically.

The examination of samples of water from piped supplies to houses at least monthly has given the following results:—

Racteriological.

Ducteriological.	
(Minimum and maximum numbers	of organisms.)
No. of organisms per c.c. capable of	B. coli
growth on Agar at:	presumptive
37° C. 22° C.	
0-13694 0-11412	0-1 in 100 c.c.
(ii) Drainage and Sewerage.	

The following foul and surface water sewers were laid during the year:—

mg the year.				
Lodge Hill Estate-	_			
S.W. Sewers		 	1,451	1in. yds.
Foul Sewers				
Wickham Street ar		ad Sch	eme-	
S.W. Sewers		 	50	1in. yds.
Foul Sewers			100	1in. yds.
Willow Close—				
S.W. Sewers		 	127	1in. yds.
Brookdale Road-	-			THE REAL PROPERTY.
Foul Sewers		 	80	lin. yds.
S.W. Sewers		 		1in. yds.
Hurst Springs—				
S.W. Sewers		 	40	1in. yds.
Thirteen cesspools				

2. Rivers and Streams.

No serious case of pollution of rivers or streams was found during the year.

22

CHIEF SANITARY INSPECTOR'S REPORT.

Health Department, 14, Brampton Road, Bexleyheath.

To the Mayor, Aldermen and Councillors of the Borough of Bexley.

MR. MAYOR, LADIES AND GENTLEMEN,

I have pleasure in submitting my Annual Report as Chief Sanitary Inspector and Public Cleansing Officer to your Council for the year 1953.

The report consists mainly of a tabulated record of work carried out by the Sanitary Inspectors.

TABLE No. 1.

Details of Inspection Work Carried Out.

		Re-in- spections
Houses inspected (all particulars recorded)		69
Houses inspected (defects only recorded)	223	
Houses inspected (Housing Act, 1936, Over-	225	700
crowding)	31	16
Houses inspected re Infectious Disease		
(including Scabies)	341	74
Factories with mechanical power	220	18
Factories without mechanical power	14	_
Schools	6	_
Refuse Tips	519	-
Bakehouses	130	5
Outworkers	59	-
Food shops and premises where food is		
prepared	2,135	116
Visits re Unsound Food	479	72
Dairies and Milkshops	122	
Ice Cream Premises	172	7
Fried Fish Premises	188	8
Offensive Accumulations		23
Keeping of Animals	137	17
Rats	172	142
Verminous Premises	44	77
Insufficient Ashplace Accommodation	55	
Drains Inspected	1,013	766
Drains Tested (water, smoke or colour)	96	2
Visits re Refuse Removal and Salvage		_
Public Conveniences		
Food and Drugs Act re Samples	292	
Water Samples	22	
Shops Act, 1950		
Council House Applicants	448	
Cleansing Station	15	
Mortuary		
Tents, Vans and Sheds		
Pet Animals Act, 1951	29	
Miscellaneous Inspections	1,327	130

TABLE No. 2.

Improvements effected and defective sanitary conditions remedied.

Lementon	
Houses—	No.
Provided with sufficient w.c. accommodation	18
Provided with sufficient ashplace accommodation	9
Provided with sufficient water supply	13
Houses Improved Internally—	
Dirty rooms cleansed	11
Walls and ceilings repaired	69
Dampness in rooms remedied	108
Defective floors repaired	31
Ventilation of Rooms improved	10
Windows repaired	36
Stoves, fireplaces, etc. provided or repaired	14
Houses Improved Externally—	
Roofs repaired	18
Eaves, gutters and down spouts fixed or repaired	44
Yards paved or repaired	1 7
Chimney stacks repaired	7 17
Walls repointed or repaired	30
Miscellaneous repairs	30
Drainage—	469
Drains cleansed or repaired New drains constructed	1
N C-11::1-1	1
Ventilation of drainage system improved	1
Inspection chambers built or improved	14
Waste pipes provided or improved	7
New sinks provided	_
Offensive accumulation removed	14
Nuisances from animals abated	
Other nuisances abated	6
TABLE No. 3.	
Infectious Diseases.	
Cases removed to Isolation Hospitals	49
Houses visited including revisits	25
Rooms disinfected	37
Notices delivered to Education Authorities, etc	702

Food Inspection.	TAB	LI	E No. 4.			
The following	is a	1	summary	0	f unsound	food
surrendered.						
Beef					lbs.	1,4561
Ox Liver					,,	13
Ox Tongues					,,	56
Mutton and Lamb					,,	13
Pork					,,	108
Rabbit					,,	50
Sausages					>>	2901
Pork Hearts					,,	51
Sweetbread					,,	96
Corned Beef Tinned Ham					,,	125
		• •			,,	167
Bacon	eats		***		,,	3753
Prunes		• •			,,	41
Sultanas	100				"	$117\frac{7}{2}$
Cheese					,,	30
Chestnuts		• •			"	85
Flour					**	70
Barley		• •			37	4
Pice					,,	28
Butter		• •			,,	108
Riscuite			***		,,	11
Confectionery			***		,,	66
Fish					,,	56
Fish			100		Ting	616
Mille					Tins	99
Vegetables					,,	264 823
Mont					**	
Fruit and Fruit Juices					**	531
Course						2,711 56
Descourses					"	312
Fish pactes					"	59
Donlari					"	42
Pork Sausages					,,	230
Camanla					Pkts	6
Figs						10
Discovita					,,	
Pickles and Sauces					Jars "	26 49
Sandwich Spread						55
Classes					Boxes	49
Cheese					Portions	12
Missellansons					TOLLIOIS	68
All condemned f			lienosed	of I	by burging	
Council's refuse tip.	00u 1	5 (risposed	OI I	by burying	at the
council's foldse tip.		2	6			

TABLE No. 5.

Factories Act, 1937.

1. Inspections for Purposes of Provisions as to Health. Including Inspections made by Sanitary Inspectors.

	Number of :—			
Premises.	Inspections.	Written Notices.	Prose- cutions.	
Factories without mechanical power	73	- 1	_	
Factories with mechanical power	373	5	-	
*Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)	4			
Total	450	6	_	

2. Defects Found.

_	Nun			
Particulars.	Found.	Remedied.	Referred to H.M. Inspector.	Number of Prose- cutions.
Want of cleanliness (S.1)	5	5	_	-
Overcrowding (S.2)	-	-	-	-
Unreasonable temperature (S.3)	-	_	-	
Inadequate ventilation (S.4)	-	_	-	-
Ineffective drainage of floors (S.6)	-	_	_	_
Sanitary Conveniences (S.7)— Insufficient Unsuitable or defective Not separate for sexes		- <u>8</u>	=	
Other Offences (Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)	2	2	-	
Total	15	15	_	_

Closet Accommodation.

With the exception of a few houses, all the closet accommodation in the Borough is on the water carriage system.

PUBLIC CLEANSING SERVICE.

The Health Committee is responsible for the collection and disposal of house and trade refuse, the collection and sale of salvageable materials and the cleansing and maintenance of public conveniences.

Refuse Collection.

The following table gives details of the transport used for this service:—

S. & D. Dust Carts (S	Side	loading)	 	12
Karrier Lorries		BH.T	 	2
Karrier Bantams			 	2
Commer Utility Van			 	1

Two of the S. & D. Dust Carts purchased in 1947 were thoroughly re-conditioned and painted by the makers during the year.

Refuse Disposal.

Refuse is disposed of by controlled tipping at East Wickham. A muledozer is used for levelling and consolidating the refuse, and has continued to give satisfactory service. Covering material is obtained mainly by excavating soil from the site by means of a Chaseside Shovel, which is hired from the Highways Department as and when required.

Salvage.

Details of salvage sales for the financial year ended 31st March, 1954, are set out below:

	Tons	cwts.	qrs.	£	s.	d.
Waste Paper	 454	8	1	2,919	6	0
Textiles	 20	2	2	398	3 15	4
Kitchen Waste	 493	5	3	1,834	111	6
Ferrous Metal	 149	14	0	416	5 11	0
Non-Ferrous Metals	 2	0	0	159	13	0
Miscellaneous Items	 5	11	2	18	3 12	9
	1,125	2	0	5,747	9	7

The income from salvage sales was below that of the previous years, mainly due to the decrease in the average price received for waste paper and the fact that the merchants continued to limit the quantity taken.

During the year the Council took over a building at East Wickham Farm, Welling, for use as a salvage Depot and the old depot at the tip site was discontinued.

The collection of kitchen waste from some 400 communal street bins is carried out twice weekly. During part of the year the waste food was sent to the Woolwich Borough Council's Concentrator Plant at White Hart Lane, Plumstead, but this had to be discontinued owing to the fact that the Woolwich Council were unable to find a market for the concentrated food. As a result of this, a considerable quantity of kitchen waste had to be disposed of at the refuse tip until another market was found.

Public Conveniences.

Public Conveniences for men and women are situated at the following sites:—

Market Place, Bexleyheath.

Townley Road, Bexleyheath.

Brampton Road, Bexleyheath.

Danson Park, Welling.

Library Building, Bellegrove Road, Welling.

High Street, Bexley.

St. Mary's Recreation Ground, Bexley.

Hudson Road Children's Playground.

Westwood Lane, Blackfen. (Maintained jointly by the Chislehurst and Sidcup Urban District Council and Bexley Corporation).

Provision was made in the estimates for the erection of new conveniences at Riverside Walk, Bexley, but owing to objections from residents in the area with regard to the proposed site, it was not possible for the conveniences to be built.

During the year the Department took over the cleansing and maintenance of the conveniences at Hudson Road Children's Playground.

ATMOSPHERIC POLLUTION.

During the year the Council agreed to be represented on the Thameside Advisory Committee for the Abatement of Atmospheric Pollution. By arrangement with this Committee a deposit gauge was placed on the roof of the Education Office in Brampton Road, Bexleyheath, on the 1st August, 1953, and the following table gives the results obtained.

TONS PER SQUARE MILE.										
MONTH	Rainfall inches	Total water insoluble matter	Soluble in C.S.2.	Ash	Other combustible matter	Total water soluble matter	Calcium	Chlorine	Sulphates	Total solids
August	1.46	6.62	0.13	4.74	1.75	5.00	1.33	0.33	1.71	11.62
September	2.00	7.45	0.13	5.29	2.03	7.97	1.28	0.72	2.63	15.42
October	3.99	10.50	0.22	7.87	2.42	11.07	1.48	0.94	4.56	21.58
November	0.30	2.68	0.09	1.86	0.73	3.05	0.37	0.40	1.23	5.74
December	0.75	13.36	0.03	10.31	3.02	13.36	2.35	0.59	7.44	26.71

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

One full time Rodent Operative is employed by the Department for the treatment of surface infestations, and the test baiting and maintenance treatment of sewers is carried out by men under the control of the Borough Engineer.

No charge is made for treatment carried out at private dwelling houses, but the occupiers of business premises are charged for disinfestation work.

Most of the infestations found are of minor character, and a large proportion of the cases dealt with at private dwelling houses are connected with the keeping of animals.

Details of surface infestations dealt with during the period are set out below.

Number of Properties Inspected	1,708
Number of Inspections	4,008
Number of Infestations found: Rats - Major	1
Minor	355
Mice	61

Number of Treatments	carried out	Rats	Mice
Local Authority's	premises .	 8	
Dwelling Houses		 327	48
Business Premises		 21	13

PET ANIMALS ACT, 1951.

Licences to keep pet shops were issued to 6 persons under the above Act.

SHOPS ACT, 1950.

The following Closing Orders are in operation in the area:—

Bexley Urban District (Butchers) No. 6 Order, 1920.

Bexley Urban District (Grocers and Provisions Merchants) No. 7 Order, 1923.

Bexley Urban District (Miscellaneous Trades) No. 8 Order, 1923.

The Bexley Hairdressers and Barbers Shops Closing Order, 1946.

There were approximately 746 shops on the Council's Register at the end of the year.

During the year 1,291 inspections were made under the Shops Act, 1950, and no legal proceedings were instituted.

I am, Ladies and Gentlemen,

Yours obediently,

G. HIND,
Chief Sanitary Inspector.

Swimming Pool.

The only swimming pool in the Borough open to the Public is in Danson Park and is owned by the Council. The layout includes three open-air pools, one large for adults and two small pools for children. Showers and foot baths are provided for the pre-cleansing of bathers. The water is kept pure by continuous filtration and sterilisation by means of the latest method of break-point chlorination.

Samples of water have been taken by this department from time to time and the results of bacterioligical examinations have been satisfactory on each occasion.

Results.

(Minimum and maximum numbers of organisms.)

No. of organism growth	on Agar at: 37° C.		B. coli presumptive
Deep end	0 - 9	0 - 4	Absent
Shallow end	0 - 7	0 - 9	Absent

Verminous Premises.

During the year a total of 29 premises found to be infested with bed bugs were treated with satisfactory results; 14 of these were Council Houses, and, 15 other premises.

Two houses were treated for flea infestations.

Five infestations were found by the District Sanitary Inspectors as a result of visits to applicants who had been allocated Council Houses or were being transferred from one house to another. Whilst these visits take up considerable time, there is no doubt that they serve a useful purpose in preventing the spread of infestations.

One house was treated with hydrogen cyanide.

Wasps.

The destruction of wasps nests is undertaken by the Department and during the year 6 nests were destroyed.

Schools.

There are 26 County Modern and County Primary Schools, 6 non-provided schools and a Day Technical School for Girls in the Borough.

Tents, Vans and Sheds.

A small number of caravans found temporary accommodation in the area from adjoining districts after being forced from their permanent winter quarters by the East Coast floods early in the year, and these were given supervision until they were able to return.

SECTION D - HOUSING.

The following particulars relate to the houses built by the Council on the various Estates and still occupiable:—

or the various Lotates and still		
337.11	Houses	Flats
Welling—		
Welling Estate	428	-
Westwood Lane Estate	126	-
Carlton Road	16	
Dovedale Close	14	-
John Newton Court	-	132
Marwood Estate	-	22
East Wickham—		
Glenmore Road No. 1	116	
CI D IN A	116	_
Glenmore Road No. 2	88	_
Bexleyheath—		
Highland Road Estate and Pickford		
Road Estate (including bunga-		
lows)	304	
Cannon Road	_	28
Alers Road	84	
Halcot Estate No. 1	200	
Halcot Estate No. 2 (including		
Bungalows)	106	
Faygate Estate	50	
Bristow Road		52
Upton Close	15	52
	15	
Bexley—		
Hartford Road Estate and Victoria		
Road Estate		
Royal Park Estate No. 1		
Royal Park Estate No. 2		
Midhurst Hill		
Newick Close		
Henfield Close	8	
Rye Close and Extension	38	
Glenhurst Avenue	34	
Merlin Road	1	
S.D.A. Houses	9	
Hurst Place Estate		
	2,031	234

	Insp	pectio	on of Dwelling Houses during the year.	
	(1)	(a)	Total number of dwelling houses in- spected for housing defects (under Public Health or Housing Acts)	249
		(b)	Number of inspections made for the purpose (including re-inspection)	1,098
	(2)	(a)	Number of dwelling houses (included under subhead (1) above) which were inspected and recorded under the Housing Consolidated Regulations	28
		(b)	Number of inspections made for the purpose (including re-inspections)	95
	(3)	SO (mber of dwelling houses to be in a state dangerous or injurious to health as to be it for human habitation	28
	(4)	thos	mber of dwelling houses (exclusive of se referred to under the preceding subd) found not to be in all respects sonably fit for human habitation	191
2.			of Defects during the year without	
	serv	166	of Formal Notice.	
		nber	of defective dwelling houses rendered fit consequence of informal action by the cal Authority or their officers	189
3.	Nur	nber in Loc	of defective dwelling houses rendered fit consequence of informal action by the	189
3.	Nur	in Loc	of defective dwelling houses rendered fit consequence of informal action by the cal Authority or their officers	189
3.	Nur	in Localion in Prothe	of defective dwelling houses rendered fit consequence of informal action by the cal Authority or their officers	189
3.	Nur	in Localion in Prothe (1)	of defective dwelling houses rendered fit consequence of informal action by the cal Authority or their officers under Statutory Powers during the year. ceedings under Section 9, 10 and 16 of Housing Act, 1936— Number of dwelling houses in respect of which notices were served requiring	189
3.	Nur	in Localion in Prothe (1)	of defective dwelling houses rendered fit consequence of informal action by the cal Authority or their officers under Statutory Powers during the year. ceedings under Section 9, 10 and 16 of Housing Act, 1936— Number of dwelling houses in respect of which notices were served requiring repairs	189

B.	Proceedings under Public Health Acts—	
	(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	10
	(2) Number of dwelling houses in which defects were remedied after service of formal notices—	
	(a) By owners	17
	(b) By local authority in default of owners	_
C.	Proceedings under Sections 11 and 13 of Housing Act, 1936—	
	(1) Number of dwelling houses in respect of which Demolition Orders were made	5
	(2) Number of dwelling houses demolished in pursuance of Demolition Orders	1
D.	Proceedings under Section 12 of the Housing Act, 1936—	
	Number of Closing Orders made	1
E.	Proceedings under Section 10 (1) of the Local Government Act (Miscellaneous Provisions) Act, 1953—	
	Number of Closing Orders made	1

Clearance Schemes.

Lodge Lane Hutments (Compulsory Purchase) Order, 1938.

During the year 23 hutments on the Lodge Lane Estate were demolished and the re-development of the estate commenced.

East Wickham Hutment Clearance Areas Nos. 1, 2 and 3 (Compulsory Purchase) Orders, 1939.

East Wickham Nos. 1 and 2 (Compulsory Purchase) Orders 1953.

The above Orders, covering a total of 260 hutments, 47 hutment sites and adjoining parcels of land were confirmed by the Minister of Housing and Local Government during the year, and are now in operation.

SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

The milk retailed for consumption in the area is all pasteurised and bottled.

Licences granted by the Council under the Milk (Special Designation) (Raw Milk) Regulations, 1949, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949:—

(b) Meat Inspection.

The slaughterhouses in the area remained closed during the year.

(c) Adulteration of Food. Food and Drugs Act, 1938.

The following table summarises the 255 samples taken during the year.

				Formal	Informal
Milk				11	1
Soup, Meat Extracts				7	4
Pastes, Potted Meat				-	10
Pudding or Cake Mixtu	ire, Fl	our Etc		4	-
Jellies, Custard Powders	s, etc.			4	8
Patent Medicines				_	5
Sausages, Sausage Meat,	etc.			5	1
Fruit, Fruit Juices and	Fruit	Puree		1	8
Condiments, Sauces, Pi	ckles,	Spices,	etc.	2	15
Pure Coffee, Coffee Ex	ctract,	Coffee	and		
Chicory				1	2

				F	Formal	Informal
Meat Pies and Pu	ddings				1	3
Fish and Fish Ca					1	_
Cereals					5	4
Sweets and Confe					30	13
Essences			10			2
Butter and Fats					5	1
Ice Cream Mix					1	_
Ice Cream					8	mai_
Tinned Cream					_	9
Olive Oil					CLUMB	1
Tinned Milk					POL SO	1
Luncheon Meats					1	_
Desiccated Cocor					OF IN	2
Cheese and Proce		Cheese			2	_
Mixed Peel					1	1
Baking Powder					_	î
Preserved Ginger					1	î
Cake					6	_
3.61					_	1
Beverages					2	
- 46					3	. 1
Wines and Spirits					9	_
Ground Almonds					2	1
Bread, Bread Cru					2	_
Tomato and Chee						1
Lemonade Crysta			Spread		2	î
Alcholic Drinks					3	2
Dracarvac					14	1
Welsh Rarebit					17	2
Water Ices		10.11		11.10	nu <u>lters</u>	1
Salted Nuts						2 1 2
Dried Fruits			***		3	_
Peanut Butter					3 2 1	Mr. Ellins
Curry Powder		***			1	2
Tea					2	_
Potato Crisps						1
Demerera Sugar					1	1
	Stuffin	σ			1	nomber of
Wafer Biscuits	Stallill	5			1	1
water biscuits					1	
					145	110
				1-21/1-1	143	
					SOUTH STATE	

Legal proceedings were taken during the vear in respect of a loaf of bread containing foreign matter, and the defendants were fined £10 and £5 5s. 0d. cost.

(d) Food Shops and Food Manufacturing Premises.

The classification of the various food manufacturing premises in the Borough is a			
Butchers			44
Cafes and Restaurants			28
Greengrocers			45
Sweet Shops			70
General Provisions			101
Bakers and Confectioners			29
			26
Public Houses			41
			384
		-	
During the year 2,251 visits were made ing is a summary of various improvements			
Hot water supply provided or improved			3
Floors, walls, ceilings, etc., repaired			9
Cockroach Infestation dealt with			1
Roofs repaired			2
Rooms cleansed			26
Water closet accommodation improved			2
Drains cleansed or repaired			1
Yards cleansed or repaired			2 2
Accumulation of refuse removed Accommodation for storage of refuse impro	wed		3
Fish preparing room improved		***	
Washing accommodation provided			
washing accommodation provided			
			000
Registration of Premises under Food and I)rugs	Act, 1	938.
No. of premises registered for:—			
Manufacture and Sale of Ice Cream			1
Sale of Ice Cream			
Preparation of Sausages, etc			46
35 samples of Ice Cream were submitted under the Ice Cream (Heat Treatment) Regu			

OVER INFECTIOUS DISEASE AND OTHER DISEASES.

Scarlet Fever.

During the year 245 cases were notified as compared with 94 the previous year. Of these 14 were isolated in hospital and 231 were isolated at home.

No. of deaths			 Nil
Return cases fro	m Hospit	al cases	 Nil
Return cases fro	om home	nursed cases	 2

During the past 15 years the character of this disease has changed from one of considerable severity to one characterised by its extreme mildness. The acute stage is, nowadays, in most cases, short and unaccompanied by high pyrexia and complications are in most cases mild or completely absent. Scarlet fever can now be disregarded as an important cause of acute endocarditis and acute nephritis which, in the past, were frequently encountered.

Diphtheria.

No cases were notified during the year.

The following figures on Immunisation and Vaccination have been supplied by the County Medical Officer:—

Immunisation against Diphtheria and Vaccination against Smallpox, 1953.

The following is a return of (A) the number of children resident in the Borough of Bexley who were immunised against diphtheria and (B) the number of persons who were vaccinated against smallpox, during the year ended 31st December, 1953:—

(A) Diphtheria Immunisation

Year of Birth	 	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	To	tal
Primary Inoculations	 	140	757	54	22	12	22	57	16	10	8	1	4	1	-	_	11	04
Re-inforcing Inoculations	 		_	_	_	66	599	330	99	73	48	41	45	1	25	4	13	331
(Th) W7		1.0																
(B) Vaccination.	 								_									
	 	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	Before 1939	Total
	 	1953	_				1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	Before 1939	Total

Immunisation against Diphtheria, 1953. The following is a return of the number of children resident in the Borough of Bexley under the age of 15 years on 31st December, 1953, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1939).

Year of Birth	 	1939	1940	1941	1942	1943	1944	1945	194€	1947	1948	1949	1950	1951	1952	1953	Total
Last complete course of (whether p imary or 1949—1953		515	354	188	328	806	977	872	1073	1383	1302	1249	1061	975	888	140	12111
1948 or earlier	 	624	675	825	682	184	80	374	148	64	_	_	_	_	_	_	3656
Population 1951 Census	 	1257	1230	1272	1188	1053	1088	1325	1360	1457	1377	1671	1553	1314	1211	1113	19469

Para Typhoid Fever.

I case was notified during the year.

Puerperal Pyrexia.

6 cases were notified during the year, of which 3 were from Bexleyheath Maternity Hospital, where they were isolated and treated. 2 cases were removed to other hospitals and one case was isolated at home.

Ophthalmia Neonatorum.

There were no cases notified during the year.

Measles.

459 cases were notified during the year. 4 cases were treated in hospital

Whooping Cough.

345 cases were notified, 2 of which were treated in hospital. There was one death of an unnotified case.

Acute Anterior Poliomyelitis.

8 Paralytic cases were notified and 6 were treated in hospital.

There were no deaths.

Scabies.

4 cases were notified during the year.

Food Poisoning.

10 cases were notified during the year. Of these 5 were sporadic cases.

2 Outbreaks occurred. One of three cases and one of two cases.

In one outbreak the agent identified was the staphylococcus (Coagulase positive).

The following table gives the particulars concerning the cases of Infectious Disease (other than Tuberculosis) notified in the area during the year.

NOTIFIABLE DISEASES (Other than Tuberculosis) DURING THE YEAR 1953.

DISEAS	E.			Total. cases notified	Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 & over	Age	Cases admitted to Hospital	Total
Smallpox					_		_			-	_	-	_	-
Scarlet Fever	***			245	-	10	46	161	22	4	2	-	14	-
Diphtheria			***	-	-		-	_	-	-	-	-		_
Puerperal Pyrexia	***			6	-	-	-	_	-	1	5	_	5	-
Ophthalmia Neonatorum				_		-	-	-	-	_	_	-	_	-
Acute Paralytic Poliomye				8	-	1	1		1	1	4	-	6	-
Acute Non-Paralytic Police	myeli	tis				-	-	_	-	_		-	7.0	-
Pneumonia			***	42	3	4	-	3	1	3	28	-	13	1
Erysipelas				15	-	-	-	-	-	_	15	-	1	-
Food Poisoning				10	_	-	-	2	-	2	6	-	1	-
Dysentery				1	-	-	-	-	-	-	1	-	-	-
Typhoid Fever				_	-	-	-	-	-	-	-	-	-	_
Para-Typhoid Fever			***	1	-	1	-	_	-	-	-	-	-	-
Meningococcal Infection				2	_	_	1	1	-	-	_	-	2	-
Measles				459	9	89	121	215	13	7	5	-	4	_
Whooping Cough				345	15	68	91	162	3	-	6	-	2	-
Scabies ·				4	-	-	-	2	-	1	1	-	-	-
Malaria				2	-	_	_		_	2	_	-	1	_
Totals				1140	27	173	260	546	40	21	73	-	49	1

TUBERCULOSIS.

During the year 91 new cases were notified.

Particulars relating to the same, and also to the deaths which occurred during 1953 are contained in the following table:—

THE PERSON	100	New	Cases		De	aths			
Age Period	Respi	iratory	Respin		Respi	ratory	Non Respirator		
	M.	F.	M.	F.	M.	F.	M.	F.	
0— 1 5—10		- 3 1 3 3 7 2 5 - 2	- 1 - 1 - 1 - 1	- - 1 1 - - 1		- - - - 1 - 1			
Totals	58	26	4	3	4	3	2	100	

Of the 9 deaths shown in the table the number of non-notified Tuberculosis deaths was 3.

	Pulm	onary.	Non-Pul	monary.	Total.
No. on Register at	M	F			
commencement of year	469	325	36	43	873
No. on Register at end of year	499	333	40	43	915

Rehousing.

10 cases were referred to me by the Chest Physician for rehousing and during the year three cases were rehoused by the Housing Committee.



BOROUGH OF BEXLEY

COMMITTEE FOR EDUCATION

Annual Report

on the

School Health Services

For the Year 1953

JOHN LANDON, M.R.C.S., L.R.C.P., D.P.H.,

Medical Officer of Health

EXCEPTED DISTRICT OF BEXLEY WELFARE AND SCHOOL ATTENDANCE SUB-COMMITTEE

Chairman: Councillor T. M. Gauge.

Vice-Chairman: Miss M. Woodward, L.L.A.

Alderman A. S. Masey Alderman H. P. Tanner.

Councillor J. Cronin Councillor F. W. Archer

Councillor Mrs. A. Welch Councillor Mrs. H. F. Piggott

Councillor Mrs. E. M. Sheppard

Co-opted Members:

Miss D. C. Collins Revd. E. Maynard Wilson

Borough Education Officer ... W. E. D. Stephens, M.A.

Deputy Borough Education
Officer ...

... R. R. Sutton

SCHOOL HEALTH SERVICE

Medical Officer of Health ... John Landon, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officers ... Nora Walter, M.B., B.Ch., B.A.O.,

D.C.H. (Part-time).

Stella M. Ring, M.B., B.S., M.R.C.S., L.R.C.P. D.C.H. (Part-time)

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

Ophthalmic Surgeon ... Roland M. Chambers, M.B., B.S., D.O.M.S.

Orthopædic Surgeons ... K. F. Hulbert, F.R.C.S.

B. Lawson, F.R.C.S.

Dental Officers ... H. Wade, L.D.S.

Elizabeth Francis, B.D.S., L.D.Ş. (Part-time).

Mrs. A. M. Readett, L.D.S. (Part-time) from 1.12.53.

Orthodontist ... Gerald Holgate Roberts, L.D.S., B.Ch.D., D.D.S. (Resigned 31.10.53).

Neil K. Thorn, L.D.S., R.C.S., London. (Appointed Nov. 1953).

Health Visitors	Miss K. P. Hart, S.R.N., S.C.M., and Health Visitor's Certificate.
	Mrs. A. E. Matthews, S.R.N. (Temporary).
	Miss P. D. Martin, S.R.N., and Health Visitor's Certificate. (Part-time).
	Miss L. G. Exley, S.R.N., and Health Visitor's Certificate. (Part-time).
	Mrs. C. A. Tucker, S.R.N., and Health Visitor's Certificate. (Part-time).
	Mrs. M. T. Layton, S.R.N., and Health Visitor's Certificate. (Part-time).
	Miss Golding, S.R.N., and Health Visitor's Certificate. (Part-time).
Physiotherapist	Miss R. Cheeseman, M.C.S.P., M.S.R.
Speech Therapist	Mrs. D. Rant, L.C.S.T.
Dental Attendants	Mrs. Ivy Birtchnell. Miss K. M. Dunkley. Mrs. Sproule. Miss Soley — Hygienist.
School Health Service Clerk	Miss M. C. A. Smith.
General Clerks	Miss C. E. Anderson. Miss O. G. Turnbull. Miss A. C. Jopling.

REPORT ON THE SCHOOL HEALTH SERVICE DURING THE YEAR 1953.

To the Chairman and Members of the Welfare and School Attendance Sub-Committee.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1953.

The amount of dental inspection in schools during the year showed an increase over that of 1952 but it is not yet possible to say that the dental services are as systematic as we would all like them to be. The fluctuation of the staffing position and the task of treating dental caries referred by schools, medical officers and parents, together with emergency cases, has caused difficulty in the past but routine dental inspections are increasing and there are signs that we may look forward to a return to the pre-war system of routine inspection followed by treatment. The Murchison Avenue clinic is, at present, being enlarged to provide an additional dental unit and a speech therapy unit and in both these fields it is hoped that a full time officer will be appointed in addition to the staff already provided. It is, also, a fact that many parents are taking their children to private dentists for treatment under the National Health Service Act, 1946, as they are of course entitled to do, but the figures quoted at the end of this report do not include such cases.

It has, unfortunately, been found necessary, by the Local Health Authority, to close the Sunlight Clinic at 315, Broadway, Bexleyheath. This was done only after every aspect of the efficacy of this form of treatment had been considered. The beneficial action of sunlight, whether natural or artificial, is to produce vitamin D in the skin and, with the high level of child health and nutrition in the Borough at the present time, and the almost total absence of rickets, it is difficult to jusify the continuation of a clinic the purpose of which might well be to produce a psychological effect rather than a truly clinical benefit; that is, to deal with a deficiency disease resulting from the absence of an essential vitamin.

At the time of writing, an audiometric survey of all school children in the 10 year old group has been completed. Although a general analysis of our results has yet

to be made, it is already evident that this survey has been well worth while and it is our intention to deal with other age groups as soon as possible.

An interesting development in the orthopaedic clinic has recently taken place in the Borough. In the past, the orthopaedic clinic has not had an adequate liaison with the physical training activities in the schools, although the recommendations of the Orthopaedic Surgeon have been, in all cases, sent on to the schools for implementation, as far as possible. It has now been arranged for the Physiotherapist at the orthopaedic clinic to visit the schools and to discuss with the Headteachers and Physical Training Instructors the type of remedial work required in the case of particular children who had been seen at the orthopædic clinic. This is vitally important but, as in so many fields of work, the number of specialist staff is inadequate for the fullest co-operation between school and clinic. This matter is being pursued so that children found to suffer from postural defects of various kinds may have the fullest benefit not only of treatment at the clinics but, also, of follow-up treatment at the schools.

It has long been felt that there should be in the Borough of Bexley a day school for Physically Handicapped Pupils and, as is well known, such children are at present being sent to day schools operated by the London County Council. Several premises have recently been inspected for possible adaptation to such a purpose but, so far, no suitable place has been found. The adaptation of such buildings is difficult and their maintenance extremely costly. It is to be hoped that, in the not too distant future, the building of such a special school may be undertaken in the locality by the Kent Education Committee. One must refer, also, in this connection, to the activities of the National Spastics Society to provide clinics for Spastic children and there has been much local activity in this respect among townspeople who are interested in this project. It is essential that any scheme for the provision, by the Kent Education Committee, of a Physically Handicapped School should take into account the special needs of this relatively small, but hitherto neglected, class of handicapped child. Some of these children are admitted to the Valence Residential Special School and home tuition continues to provide further help for them. Certainly, their needs are being more and more recognised by the authorities.

Child Guidance work in the Bexley area suffered a severe set-back by the untimely death, early in 1954, of

Dr. Eric Wellisch, the Director of the Crayford Child Guidance Clinic. Dr. Wellisch had a profound interest in the emotional needs of the schoolchild and many parents have reason to be grateful to him for his help in the past. Dr. D. M. Zausmer has been appointed to fill the vacancy.

It will be seen that the work of the School Health Service, although based generally on well tried principles, is in no way static and it is always the intention of those engaged in the provision and operation of this service, and in particular the Welfare and School Attendance Sub-Committee, to extend and improve the facilities which are provided.

It must be remembered that the true basis of the School Health Service is the periodic medical inspection, the consultative clinic (linked up as it is with the general practitioner service) and the close link that exists between head-teachers, parents, school medical officers and the health visitors. Recognition should also be made of the work of the School Enquiry Officers whose reports on families and individual children are often the basis for medical action of benefit to the child.

Once again, I have to record the excellent team work of all members of the staff on which the success of the School Health Service so largely depends and, finally, I wish to express my appreciation of the help which I have received during the year from the Chairman and Members of the Committee, from Miss Smith, the Senior Clerk, from the County Medical Officer and his staff and the Borough Education Officer.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

John Landon, Medical Officer of Health.

KENT EDUCATION COMMITTEE EXCEPTED DISTRICT OF BEXLEY.

Schools.

Bexley County Technical School for Girls.
Average number on Roll at 31st December, 1953.
Bexley 755
Wilmington Annex 211
Six County Secondary Schools.
Average number on Roll 2,616
Twenty-one County Primary Schools.
Average number on Roll 6,684
Voluntary Schools.
Two Primary Schools.
Average number on Roll 324
Trouge number on real
Voluntary Aided Schools.
One Secondary School.
Average number on Roll 340
Two Primary Schools.
Average number on Roll 815
Clinics.
Minor Ailments.
Welling-Little Danson, Dansington Road.
Tuesday and Wednesday, 2-4 p.m.
Saturday, 9.30-11 a.m. Doctor in attendance — Wednesday and Saturday.
Welling—Wrotham Road. Tuesday and Thursday, 9.30-11 a.m.
Doctor in attendance—Thursday.
Bexleyheath—315, Broadway.
Tuesday, 2-4 p.m.
Monday, Wednesday, Friday and Saturday, 9.30-11 a.m.
Doctor in attendance—Tuesday and Saturday.
Bexley—Murchison Avenue.
Tuesday and Friday, 9.30-11 a.m.
Doctor in attendance—Friday

Dental.

Welling—Little Danson, Dansington Road. Each morning, except Saturday, 9.30-11 a.m. Tuesday and Thursday, 2-4 p.m.

Bexleyheath—315, Broadway. Each morning 9.30-11 a.m.

Each afternoon, except Saturday, 2-4 p.m.

Extraction sessions, Monday afternoon and Friday morning.

Crayford-Woodside Road.

Monday, Tuesday and Wednesday, 9.30-11 a.m., 2-4 p.m.

Specialist's Clinics.

Ophthalmic.

Welling—Little Danson, Dansington Road.
Monday, 2-4 p.m.
Thursday and Friday, 9.30-11 a.m., 2-4 p.m.
Appointments made from Office.

Orthopædic.

Welling—Station Approach.
Wednesday, 2-4 p.m.
Saturday, 9.30-11 a.m.
Specialist in attendance 1st and 3rd Wednesday at 10 a.m.

Bexlev-Murchison Avenue.

Monday, 2-5 p.m. Thursday, 9.30-11 a.m.

Specialist in attendance 1st Monday in month, 10-12.30 a.m.

Appointments made through County Medical Officer by the Borough Medical Officer of Health.

Speech.

Welling-Wrotham Road.

Friday, 9.30-12 noon, 2-4 p.m.

Appointments made through County Medical Officer by the Borough Medical Officer of Health.

Child Guidance.

Crayford-Woodside Road.

Clinics held daily.

Appointments made through County Medical Officer by the Borough Medical Officer of Health.

CO-ORDINATION.

In spite of the transfer of the Maternity and Child Welfare Services from the local Council to the Kent County Council, a satisfactory degree of co-ordination of effort between the School Health Service and the Infant Welfare Services has been maintained as a result of the co-operative attitude of all members of the Staff concerned.

Periodic Medical Inspections. See Table 1.

The successful carrying out of routine medical inspections was made possible by the excellent co-operation of Head Teachers and their staffs and it is true to say that this is now regarded as an integral part of the school curriculum. It is at these inspections that the greatest number of defects are discovered and where a great deal of information is obtained in regard to the school children by discussions with the parents.

Generally speaking, it was found that entrants, 8-yearolds and 11-year-olds showed a uniformly high standard of personal hygiene. Clothing was good and clean and the incidence of skin diseases very low. In only a few cases was it necessary to record a defect in clothing or of footwear.

The attendance of parents at routine medical inspection was good, being practically 100 per cent. in the case of entrants, but as might be expected there was a falling off in the case of senior children.

Reference to the Statistical Table on Page 65 emphasizes the number of defects discovered. Bearing in mind that these defects are nearly always diagnosed in the early stages and observation or treatment instituted at once, periodic inspections will be seen to represent the truly preventive aspect of School Health Work.

School Meals-1953.

Average number of Primary School Secondary Sch	ls					7,323 3,675
secondary sen	0018				•••	3,073
						10,998
Average number of	pupils	taking	meals	daily:—		
				Primary	Sec	ondary .
Free				87		109
Payment				3,356	2,	309
		Total		3,443	2,	418

Milk.

Average n	umber	of	pupils	taking	milk	daily:-
-----------	-------	----	--------	--------	------	---------

Primary Secondary	 	 	 6,947 2,399
		Total	 9,346

Orthopædic Clinic.

I am indebted to Mr. K. F. Hulbert, F.R.C.S., for the following report on the Orthopædic Clinic:—

Treatment and classes for exercises have been carried on as far as the very limited accommodation will allow.

During the past year an attempt has been made to keep contact with the Orthopaedic Department and the Physical Training Instructors in the schools, and the physiotherapist in charge, Miss Cheeseman, is now visiting certain of these schools in order to see what kind of exercises are being done and to give the necessary advice.

It is hoped that this scheme will continue and be developed so that a more pragmatic approach to physical education in the schools may be adopted.

Dental Treatment.

I am indebted to Mrs. Readett, L.D.S., Dental Surgeon, for the following report:—

I find that the dental work for Bexley is well in hand. Since starting here I have examined the children at St. Mary's School, Bridgen School, and the Bexley Technical School. The majority of the children at the Technical School receive private treatment but on the whole the response from the schools has been good.

The orthodontic list was quite large when I started, but it is gradually being reduced.

I should like to comment on the co-operation I have received from the X-ray Department of the West Hill Hospital, Dartford. The patients referred there are seen quickly and the X-rays reach the clinic within a day or two.

Several children have been referred to the Eastman Dental Clinic, Grays Inn Road, for special treatment. These children have been seen straight away and their treatment started promptly.

I find there is good co-operation in this area between the parents, schools and the clinic and the parents are particularly appreciative of the dental service.

Orthodontic Treatment as at 31st December, 1953.

No. under treatment	 	239
No. waiting for treatment	 	80
No. who have completed treatment	 	28

Ophthalmic Clinic.

I am indebted to Mr. R. M. Chambers, M.B., B.S., D.O.M.S., for the following report:—

The work of the clinic continued at a satisfactory level during 1953, at the rate of five sessions per week. The total number of attendances has not altered significantly.

I feel it is a pity that under school age children should be debarred from the clinic for the investigation of squint. Often they are part of a large family, older members of which are already coming here. The harassed mother has to make separate journeys for broadly speaking the same complaint and would welcome treatment for all the family under the same roof at the same time. I make a point of enquiring about younger members of the family, and where possible "family parties" are invited. This makes for a better assessment of prognosis, a less reserved response from the youngest and a somewhat noisy session.

The number of infective conditions remains low, but of course this is no index of the total number since the majority

are treated by their own doctors.

The provision of a Livingstone Binocular Gauge has enabled convergence and accommodational anomalies to be followed more closely. There are a number of cases needing orthoptic treatment which as yet is only available at some distance from this area. As I stressed in an earlier report I feel that this is a very real need.

I intend to investigate the problem of word-blindness which may be responsible for much backwardness among school children and hope to make a report next year.

An analysis of non-refractive cases is as follows:-

Infective.

Conjunctivitis, acute Conjunctivitis, Chronic				8
Blepharitis				9
Styes	mi			11
Dacryocystitis, acute				2
Meibomian cyst				8
Meibomian abscess	•••	•••		2
Keratitis, punctate			***	3

-					4	
	on	α	01	'nй	to	
•	UII	焉	C.	12.2	ıa	z.

Ptosis Nystagmus Ocular Palsy Optic Nerve Colobo Colour defect Acquired.	 oma	6 7 3 1 36	blind Red-C		7 11 17 1
Migraine			 	19	
Ocular Torticollis			 	4	
Corneal scarring			 	5	
Retinal oedema			 	1	
Cataract			 	1	

I would like to record my appreciation of the help which Miss Golding gave so freely during her two years attendance at this clinic.

Speech Therapy.

I am indebted to Miss Joan Pollitt, Chief Speech Therapist to the Kent Education Committee for the follow-

ing report: -

It is hoped that it will not be too long before is is possible to open a full-time clinic in the Bexleyheath district, in addition to the part-time sessions already being given at Wrotham Road. It has been possible during the year to help the waiting list in Bexleyheath a little, by transferring some cases, living adjacent to the Crayford and Sidcup Clinics to those clinics. The Sidcup clinic opened during the Autumn of 1953.

Closed Cases.

Thirty-five Bexleyheath cases have been closed during the year. The following is an analysis of the reason for closing these cases:—

Very satisfactory result.	
Wrotham Road Clinic	13
Crayford Clinic	2
Some considerable improvement but no	
further progress made for so long a	
period that, with consent of all con-	
cerned, case was closed.	
Wrotham Road Clinic	1
Improved to the extent to which nature	
of condition was likely to allow; patient	
then left district.	
Wrotham Road Clinic	1

Appointments discontinued prior to completion of treatment. In one case he mother was satisfied with progress and saw no reason to continue further. Wrotham Road Clinic	2
Found to have improved when seen at clinic. Wrotham Road Clinic Sideup Clinic	1 5
Reported to have improved prior to, or when appointment was offered. Wrotham Road Clinic Sideup Cninic	2 4
Following investigatory interviews, further appointments not kept. Wroham Road Clinic Sidcup Clinic	1 1
Appointments offered but no appointments kept. Sidcup Clinic Left school prior to appointments being	1
offered. Sidcup Clinic	<u>1</u> <u>35</u>
en Cases.	33

Open Cases.

Twenty-seven cases who were attending at the clinics during 1953, will continue attendance into 1954. Of these, seventeen are attending at Wrotham Road, six at Sidcup and four at Crayford.

Waiting Lists.

Bexleyheath cases on the waiting lists at the three clinics on 1st January, 1954, were as follows:—

Wrotham Road			 96
Crayford Clinic			 2
Sidcup	 	***	 3
			-
			111

Mrs. Rant has continued to train a student in clinical practice at the Wrotham Road Clinic. This student is working for her Speech Therapy Licentiate-ship at the Kingdon Ward Speech Therapy Training School.

Cleanliness Inspections.

(See Table III).

During the year the School Nurses carried out 9,466 examinations of children in School and 45 were found to have some infestation with vermin. In nearly all cases, the condition was cleared up by parents who were assisted, where necessary, by the School Nurses. The infestation rate is commendably low and speaks well for the standard of child care in the Borough.

Physical Education.

The review of Physical Education for the years 1951 and 1952 made special mention of the general acceptance of child-centred work, individual rates of progress and informal methods of teaching. These features, which are found to promote most effectively the physical development, self assurance and self discipline of the child, have been emphasised in the recent editions of Physical Education in the Primary School, Parts 1 and 11, published by the Ministry of Education.

The practical guidance offered to teachers in Part 11 "Planning the Programme", has provided a welcome stimulus to physical activities in the Primary Schools and has continued the opportunity and increased the scope of the work in the daily lesson. The strong work now so evident at the Primary level is desirable and should be continued in the Secondary Schools. It is hoped to establish during the coming year a closer link between the work of the upper Primary and the lower Secondary School classes.

The development of Modern Dance in the Girls' Secondary Schools has continued as it is felt that this type of work can provide an effective groundwork for movement in most branches of physical education for girls. In the Boys' Secondary Schools, the demand for more objective training techniques has again involved a prominence to games practices and sports and the developmental value of indoor gymnastic work has received due recognition.

The support of parents in the provisions of Physical Education clothing and footwear has, on the whole, been praiseworthy. Some need remains, however, to reiterate that the vigorous nature of indoor and outdoor physical activities demands special clothing for the sake of the child's hygiene, freedom of movement and safety. It is hoped that during the coming year more adequate provision will be possible to alleviate this difficulty.

Swimming.

During 1953 schools again took advantage of the facilities available for school swimming. Attendances at the baths at Plumstead, Eltham and Danson Park were:—

Schools.	Attendances.	No. of Children.
Secondary	30 classes of 25-30 children each week	approx. 900 per week.
Primary	31 classes of 30-35 children each week	approx. 1,000 per week.
	Total	1,900 per week.

THE SCHOOL HEALTH SERVICE AND HANDI-CAPPED PUPILS REGULATIONS, 1953. CIRCULAR 269, MINISTRY OF EDUCATION DATED 25.8.53.

The Minister has made new Regulations, called the School Health Service and Handicapped Pupils Regulations, 1953 (S.I. 1953 No. 1,156) to take the place of the Handicapped Pupils and School Health Service Regulations 1945. They took effect from the 4th August, 1953.

The Regulations incorporate changes which have been found to be desirable as a result of eight years experience of the working of the previous Regulations and of the Education Act, 1944

Title of School Medical and Dental Officers.

Under Regulation 5, the medical officer in charge of the School Health Service will be known in future as the Principal School Medical Officer. It is suggested that medical officers on his staff should now be called School Medical Officers instead of Assistant School Medical Officers.

A change has also been made, in Regulation 6, in the title of the dental officer responsible to the Principal School Medical Officer for the conduct of the Authority's School Dental Service. This officer will in future be called the Principal School Dental Officer instead of the Senior Dental Officer as previously.

Medical and Dental Inspection.

Regulation 10 introduces certain changes in the requirements regarding medical and dental inspections. Under the 1945 Regulations three general medical inspections were prescribed during a pupil's attendance at school, at specified periods in his school career. Under the new Regulations a minimum of three is prescribed during the period of school life, but it is left to the Authority's discretion when to arrange these and also whether to arrange for additional general inspections. Many Authorities limiting the number of general inspections to three will no doubt decide to conduct two of them during the first and last years of compulsory school attendance, and to carry out the intermediate inspection either during the last year in the primary school or during the first year in the secondary school. An arrangement of this kind has much to recommend it; in particular it is useful for record purposes for the three main inspections to cover complete age groups. Where this is done. however, it will also be desirable to inspect young children under five as soon as possible after they begin school, in addition to inspecting them with the five year age group, and to inspect during their last year at school pupils who stay at school beyond fifteen.

Authorities will notice that in Regulation 10(1)(a) the Minister may approve arrangements which do not provide for as many as three general inspections during the period of compulsory school age. This provision has been included to enable Authorities who wish to do so to experiment with other arrangements not based on periodical medical inspections. Where it is possible, for instance, for the school doctor to visit the schools regularly (e.g., at least two or three times a term), it may be found preferable for him to see on each occasion such children as are brought to his attention by parents, teachers, or the school nurse instead of seeing all the children of a particular age group at infrequent intervals, The Minister will be prepared to consider sympathetically any proposals which Authorities may wish to put forward. In deciding whether or not to approve them she will be guided by the extent to which they appear likely to make a positive contribution to the efficiency of the preventative work of the School Health Service.

Regulation 10(1)(b) requires an Authority to conduct a dental inspection of every pupil as soon as possible after his admission to a maintained school and on "such later occasions as may be practicable and necessary". The wording of this Regulation has been purposely left somewhat indefinite owing to the difficulty in recruiting sufficient school dentists. The Minister wishes to emphasise, however, that in her view, the objective should be to inspect the teeth of every pupil at least once a year—preferably more frequently—and to offer prompt treatment to such children as are found to need it.

Under the 1945 Regulation the Minister issued a direction requiring Authorities to provide for the annual medical and dental inspection of all pupils at mantained special schools. This provision is changed in the new Regulations. The requirements regarding dental inspection of special school pupils are now the same as for pupils in ordinary schools; medical inspection of special school pupils is dealt with by requirements (in Regulation 10(1)(a) and (c)) that, in addition to the three inspections prescribed for all children, an Authority shall arrange for other inspections of any pupils on such occasions as may be necessary or desirable and that the attention paid to general health and welfare of any pupil who is suffering from a disability of mind or body shall include particular attention to his disability. In practice Authorities will find it necessary to examine many handicapped children more often than once a year, particularly those whose disability is subject to change either for the better or for the worse, or about the correctness of whose placement in their present school there is some doubt.

The efficient conduct of the School Health Service depends above all on the close contact of doctors and nurses with the teachers and the children in the schools. They should be regular visitors and the teachers should be encouraged to bring forward to their notice both those children who show particular defects and those whose general condition seems to indicate the need for an expert medical examination.

Approval of Medical Officers.

Regulation 11 continues the existing requirement that Medical Officers shall be approved by the Minister if they are being employed for the ascertainment of pupils needing education in a special school as educationally sub-normal. The requirement has been slightly modified so as to make it unnecessary for an Authority to seek the Minister's approval in the case of a Medical Officer who has already been approved for similar employment by another Authority.

Special Educational Treatment.

The following changes have been made in the definitions of the different categories of handicapped pupils.

The definition of partially deaf pupils has been slightly amended with a view to clarification.

There is no longer a separate category of diabetic pupils who are now included in the general category of delicate pupils.

In the 1945 Regulations, epileptic and physically handicapped pupils were so defined as to imply that they could not be educated in an ordinary school. Many children who are in fact epileptic or physically handicapped can be educated in ordinary schools if special arrangements are made or facilities provided to enable them to overcome their particular difficulties. Such arrangements or facilities constitute a departure from the normal regime of ordinary schools, and the effect of the amended definitions is to bring within their scope all physically handicapped and epileptic children who are able, with some degree of special help, to attend ordinary school.

The definition of pupils suffering from speech defects has been slightly simplified

The definition of delicate pupils has been changed so as to make this the residual category, covering all handicapped pupils who do not specifically come under the heading of one of the other handicaps. As indicated in (b) above, diabetic pupils now come within this category. The definition has also been slightly widened to take account of the fact that some delicate pupils can be educated under the normal regime of an ordinary school but may need a change of environment to make this possible (e.g., some asthmatics and diabetics).

It is now no longer necessary to get a determination from the Minister before a physically handicapped, epileptic or aphasic pupil can be educated otherwise than in a special school, or before a blind or epileptic pupil can be educated otherwise than in a boarding school.

SCHOOL HEALTH SERVICES.

Statistical Tables.

- Table I Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.
 - A. Periodic Medical Inspections.
 - B. Other Inspections.
 - C. Pupils found to require Treatment.

Table II -

- A. Return of Defects found by Medical Inspection.
- B. Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Table III — Infestation with Vermin.

Table IV — Treatment Tables.

Group I Diseases of the Skin.

Group II Eye Diseases, Defective Vision and Squint.

Group III Diseases and Defects of Ear, Nose and Throat.

Group IV Orthopædic and Postural Defects.

Group V Other Treatment given.

Table V — Dental Inspection and Treatment including Orthodontics.

Table VI — Handicapped Children.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools.

A. — Periodic Medical Inspections.

Number of Inspections in the prescribed Entrants Second Age Group	Groups: 1,231 1,108 893
Third Age Group Total Number of other Periodic Inspections	3,232
Grand Total	5,249
B. — Other Inspections. Number of Special Inspections Number of Re-Inspections	1,953 3,370
Total	5,323

C. - Pupils Found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment:

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	. 22	374	337
Second Age Group		475	468
Third Age Group		456	396
Total (prescribed groups)	. 232	1305	1201
Other Periodic Inspections	. 245	619	699
Grand Total	. 477	1924	1900

A.—Return of Defects Found by Medical Inspection in the Year ended 31st December, 1953.

TABLE II.

20 10 20	PERI INSPEC	ODIC TIONS	SPECIAL IN	SPECTIONS	
	No. of	defects	No. of	No. of defects	
Defect Code Defect or Disease No. (1)	Requiring Treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring Treatment	Requiring to be kept under observation but not requiring treatment (5)	
4. Skin	272	153	138	16	
5. Eyes—	477	399	70	3	
a. Vision b. Squint	57	70	10	3 3 5	
c. Other	94	63	51	5	
6. Ears—					
a. Hearing	32	161	20	11.	
b. Otitis media	14	99	10		
c. Other	121	63	15	9 7	
7. Nose or Throat	203	675	133	67	
8. Speech	19	43	18	6	
9. Cervical Glands	17	286	5	15	
10. Heart and	10 4/10 40	A LITTLE TO THE	160 (1750 16	10-1	
Circulation	14	140	18	35	
11. Lungs	23	421	84	110	
12. Developmental—				Mark Mills	
a. Hernia	10	24	2	_	
b. Other	55	198	4	2	
13. Orthopædic—	200	117	,		
a. Posture	386	117	6	1	
b. Flat Foot	471	172 311	13 50	1	
c. Other	265	311	30	28	
14. Nervous System—	7	17	4	6	
a. Epilepsy b. Other	8	67	2	6 15	
15. Psychological—	O	07	-	15	
a. Develop-					
ment	4	46		7	
b. Stability	17	237	103	33	
16. Other	4 17 2	4	245	350	
o. Other				200	

B. — Classification of the General Condition of Pupils
Inspected during the Year in the Age Groups.

	No. of	A. (Good)		B. (Fair)		C. (Poor)	
Age Groups	Pupils Inspected (2)	No.	% of col. 2 (4)	No.	% of col. 2 (6)	No.	% of col. 2 (8)
Entrants	1231	481	39.0	689	55.9	61	4.9
Second Age Group	1108	458	41.3	615	55.5	35	3.1
Third Age Group	893	463	51.7	416	46.5	14	1.5
Other Periodic Inspections	2017	877	43.4	1049	52.0	91	4.5
Total	5249	2279	43.4	2769	52.7	201	3.8

TABLE III. Infestation with Vermin.

Primary and Secondary Schools.

(i)	Total number of examinations in the schools	
	by the school nurses or other authorised persons	9,260
(ii)	Total number of pupils on roll of schools	
	visited	4,998
(iii)	Total number of individual pupils found to	
	be infested	44
(iv)	Number of individual pupils in respect of	
	whom cleansing notices were issued (Section	
	54(2), Education Act, 1944)	5
(v)	Number of individual pupils in respect of	
	whom cleansing orders were issued (Section	
	54(3), Education Act, 1944)	0 1 -
Gran	nmar and Technical Schools.	
(i)	Total number of examinations in the schools	
(-)	by the school nurses or other authorised	
	persons	206
(ii)	Total number of pupils on roll of schools	
(11)	visited	227
	visitou	

(iv) number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)
whom cleansing orders were issued (Section 54(3), Education Act, 1944) TABLE IV.—Treatment Tables. Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III). Number of cases treated or under treatment during the year by the Authority otherwise Ringworm—(i) Scalp
TABLE IV.—Treatment Tables. Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III). Number of cases treated or under treatment during the year by the Authority otherwise Ringworm—(i) Scalp — — — — — — — — — — — — — — — — — — —
Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III). Number of cases treated or under treatment during the year by the Authority otherwise Ringworm—(i) Scalp — — — — — — — — Scabies 5 — — Impetigo 11 —
Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III). Number of cases treated or under treatment during the year by the Authority otherwise Ringworm—(i) Scalp — — — — — — — — Scabies 5 — — Impetigo 11 —
which see Table III). Number of cases treated or under treatment during the year by the Authority otherwise Ringworm—(i) Scalp — — — (ii) Body 84 — — Scabies 5 — Impetigo 11 —
or under treatment during the year by the Authority otherwise Ringworm—(i) Scalp — — — (ii) Body 84 — — Scabies 5 — Impetigo 11 —
ing the year by the Authority otherwise Ringworm—(i) Scalp — — (ii) Body 84 — Scabies 5 — Impetigo 11 —
by the Authority Otherwise Ringworm—(i) Scalp — — (ii) Body 84 — Scabies — 5 — Impetigo — 11 —
Ringworm—(i) Scalp — — (ii) Body 84 — Scabies 5 — Impetigo 11 —
(ii) Body 84 — Scabies 5 — Impetigo 11 —
Scabies 5 — Impetigo 11 —
Impetigo 11 —
Other skin diseases 213 —
Total 313 —
Group II.—Eye Diseases, Defective Vision and Squint.
No. of Cases dealt with
by the
External and other, excluding errors Authority otherwise
of refraction and squint 172 —
Errors of refraction (including
squint 1,938 —
Total 2,100
Number of pupils for whom
Number of pupils for whom spectacles were (a) Prescribed 527 —
(b) Obtained 448 —

Group III.—Diseases and Defects of Ear, Nose and Throat.

N	Number of ca	ises treated
	Authority	otherwise
Received operative treatment (a) for diseases of the ear	Abai to 198	2
(b) for adenoids and chronic tonsillitis		87
(c) for other nose and throat conditions	_	7
Received other forms of treatment	_	37
Total		133

Group IV.—Orthopædic and Postural Defects.

(a)	Number treated as in-patients in hospitals	12	
(b)	Number treated otherwise,	by the Authority	otherwise
(0)	e.g., in clinics or out- patients departments	288	19

Group V.—Other Treatment Given.

]	Number of cases treated by the		
				Authority	otherwise	
(a)	Mi	scellaneous minor ail	ments	1,025	-	
(b)	Ot	her				
	1.	Minor Eye Defects		96	Пше	
	2.	Minor Ear Defects		99	_	
	3.	Minor Injuries		39	_	
				10		
			Total	1,259		

TABLE V.

Dental Inspection and Treatment.

	Dental Inspection				
(1)	Number of pupils in Authority's Dental Office		by	the	
	(a) Periodic age gro	ups			3,112
	(b) Specials				1,642
			Total	(1)	4,754
(2)	Number found to requir	e treatme	ent		3,100
(3)	Number referred for trea	tment			3,100
(4)	Number actually treated				1,916*
(5)	Attendances made by pu		treatm	ent	5,896*
(6)	Half-days devoted to:				19
		Treatme			779
			Total	(6)	798
(7)	Fillings: Permanent Te	eth			1,116
	Temporary Te	eeth			283
			Total	(7)	1,399
(8)	Number of teeth filled:	Permane		eth	1,071
		Tempor	ary Te	eth	272
			Total	(8)	1,343
(9)	Extractions: Permanent	Teeth			598
	Temporary	Teeth			3,004
			Total	(9)	3,602
(10)	Administration of gener	al anæst	hetics	for	
(10)	extraction				1,422
(11)	Other operations: Pern	nanent T	eeth		715*
()	- I	porary 7			644
			Total	(11)	1,359
* Tl	nese figures include ortho	dontic w	ork.		File To

TABLE VI.

Handicapped Pupils requiring Education at special Schools or boarding in Boarding Homes.

	_									
	(1) Blind	(2) Partially sighted	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educa- tionally	(8) Mal- adjusted	(9) Epileptic	Toral (1) to (9)
In the calendar year ended 31st December, 1953:— A. Handicapped Pupils newly placed in Day Special Schools or Boarding Homes B. Handicapped Pupils newly ascer- tained as requiring education at Special Schools or boarding in		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		-		170		4	8	3	-	15
Homes	-	1	-	-	27	5	5	1	2	41
On or about December 1st, 1953:— C. Number of Handicapped Pupils from the area:— (i) attending Special Schools as						10				
(a) Day Pupils (b) Boarding Pupils (ii) Attending independent schools under arrangement made by the Authority (iii) Boarded in Homes and not already included under (i)	2	6	5 4	3	28	18 7	26 5	2	2	58 40
	_	-	1	_	-	1		3	-	5
or (ii)	_	_				_		_	_	_
Total (C)	2	6	10	3	28	26	31	5	2	103
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:— (i) In hospitals (ii) Elsewhere (Home tuition)			-			1 3			_	1 6
E. Number of Handicapped Pupils from the area requiring places in Day Special Schools (Including any such children:—	_	_	_	_	4	2	2	2	1	11
(i) who are temporarily receiving home tuition (ii) whose parents have not yet consented to their attending a Special School)		-		-	1			-	-	1
Number of children reported during the year:— (a) Under Section 57(3) (excluding any returned under (b)) 3 (b) ,, ,, relying on Section 57(4)										

INDEX.

ITEM						PAGE			
Health Committee						2			
Public Health Staff						3			
Foreword						4-7			
STATISTICS AND SOCIAL CONDITIONS.									
Acreage						8			
			***			8			
	***					8			
Unemployment						8 8— 9			
Social Conditions and Amer	nties								
Population Graph						10 11—12			
Summary of Vital Statistics			***	***		11-12			
Extracts from Vital Statistics Births and Birth Rates						12-13			
Stillbirths and Stillbirth	Pates			***		13-14			
Deaths and Death Rates						14-15			
Causes of Death						16			
Infantile Mortality			***			17-18			
Maternal Deaths						18			
minetime Dentilo			***	7.77		-			
GENERAL PROVISIONS OF HEALTH SERVICES.									
Isolation Hospital Accommo	dation					19			
General Hospitals						19			
Ambulance Facilities						19			
National Assistance Act, 194		***				19			
Public Mortuary						19			
Laboratory Facilities						20			
Registration of Nursing Hon	nes					20			
CANITARY CIRCUM	CT A NIC	TES O	c THE	DOD.	OLICE	,			
SANITARY CIRCUM		ES UI	r Inc	BUK	OUGF				
Adoptive Acts and Byelaws		***				21			
Water Supply				***		22 22			
Drainage and Sewerage Rivers and Streams						22			
Chief Sanitary Inspector's R	enort			***		44			
Tables of Inspections a	nd Im	proven	nents (etc.		24-25			
Dond Inspection						26			
Tables-Factories Act,						27			
Closet Accommodation						28			
Public Cleansing Service						28			
Refuse Collection and D						28			
Salvage						28-29			
Public Conveniences						29			
Atmospheric Pollution						30			
Prevention of Damage b	y Pest	s Act,	1949			30-31			
Pet Animals Act, 1951		.,.,		***		31			
Shops Act, 1950						31			
Swimming Pool						32			
Verminous Premises			***			32			
Wasp Destruction						32			
Schools	***					33			
Tents, Vans and Sheds						33			

ITEM							PAGE		
HOUSING.									
Council Estates Inspection of Dwel Remedy of Defects Action under Statu Clearance Schemes	without	ses formal ers	notice				34 35 35 35—36 36		
Cicarance Senemes		***		***	***				
INSPECT	ION ANI	D SUF	PERVIS	SION	OF F	OOD.			
Milk Supply Meat Inspection Adulteration of Fo Food Shops and Fo Registration of Pre	od—Food ood Manu	facturi		mises	8		37 37 37—38 39 39		
PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASE.									
Scarlet Fever Diphtheria Diphtheria Immuni Para Typhoid Feve Puerperal Pyrexia Ophthalmia Neonat Measles Whooping Cough Acute Anterior Pol Scabies Food Poisoning Tables of Infectiou Tuberculosis	sation and er torum iomyelitis			accina	ation		40 40 41 42 42 42 42 42 42 42 42 42 43 44		
SCHOOL	HEALTI	H SER	VICES	REP	ORT,	1953.			
Clinics Co-ordination— Periodic Medic School Meals a Orthopædic Cl Dental Treatm Ophthalmic Cl	al Inspect and Milk inic ent linic	ions					46 46—47 48—50 51 51—52 53 53—54 54—55 55—56		
Speech Therap Cleanliness Ins Physical Educa Swimming The School Healt Regulations, 19 Statistical Tables	pections ation		 Hand	dicapp	ed Pu		56—57 58 58 59 59—62 63—70		