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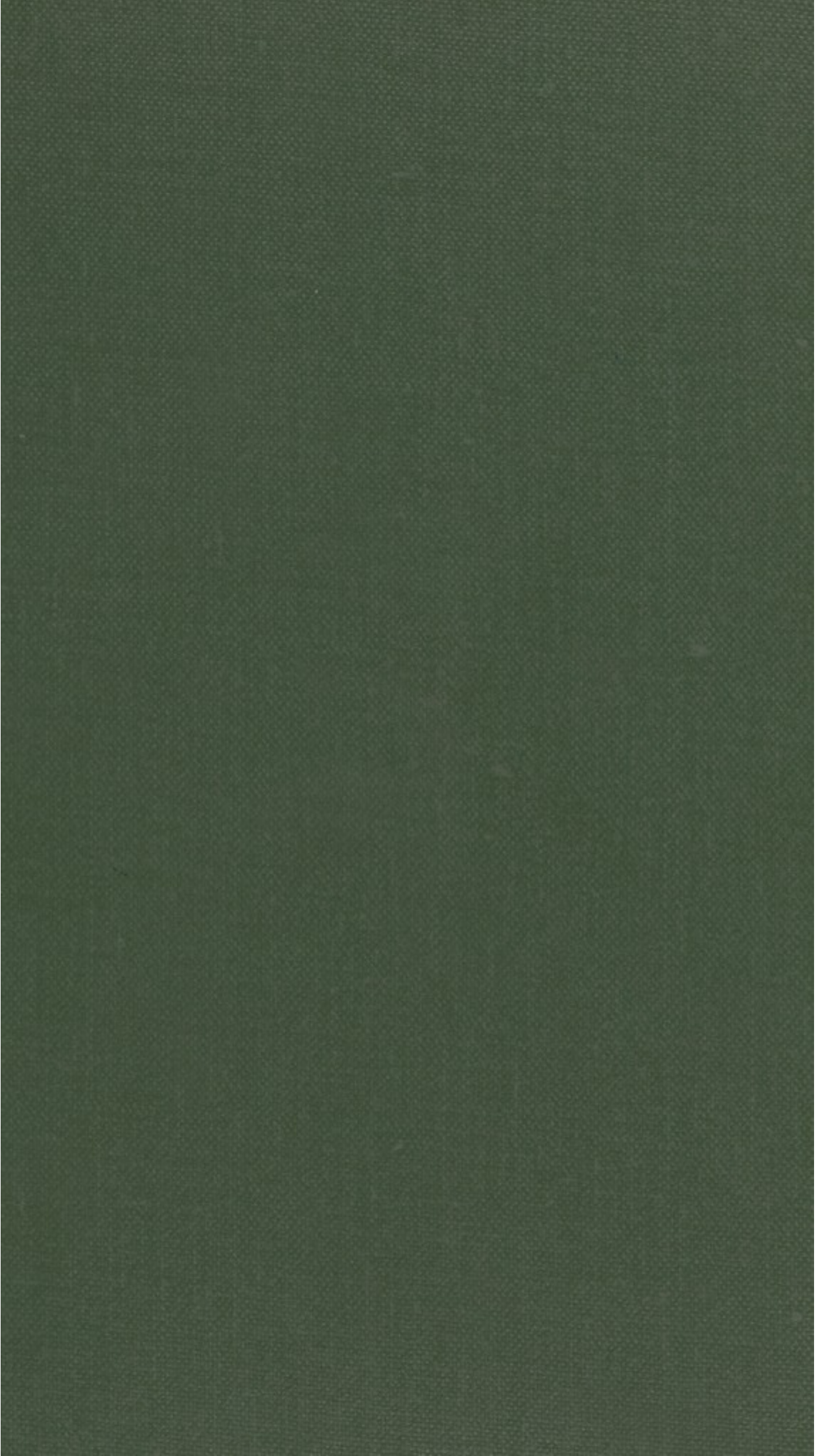
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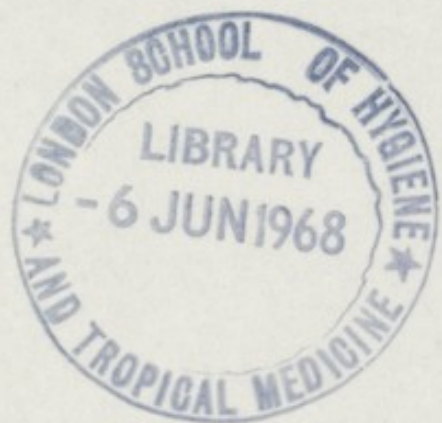
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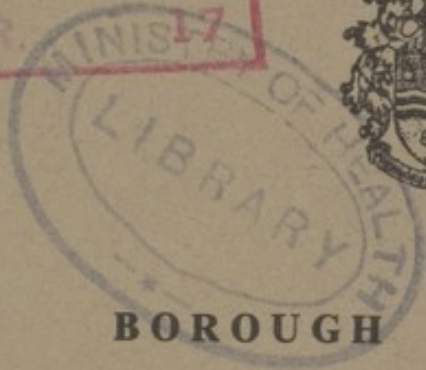
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BOROUGH OF BEXLEY

Annual Report

of the

Medical Officer of Health

and

Report on the
School Health Services

For the Year 1955

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

68004





BOROUGH OF BEXLEY

Annual Report

of the

Medical Officer of Health

For the Year 1955

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

Medical Officer of Health

Borough of Bexley.

Mayor: Councillor J. W. Bateman, J.P.

Deputy Mayor: Councillor D. C. Clarke.

HEALTH COMMITTEE.

Chairman: Alderman Mrs. H. F. Piggott.

Vice-Chairman: Alderman M. J. Corr.

Alderman J. M. Pawson.

Councillor Mrs. E. M. Sheppard.

Councillor S. H. Philpot.

Councillor Mrs. J. Tatham.

Councillor Mrs. D. A. Shearn.

Councillor W. P. Webster.

Councillor N. S. Harrild.

PUBLIC HEALTH STAFF, 1955.

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 Cleansing Officer and Shops Acts Inspector.	*†	G. Hind, M.S.I.A.
Deputy Chief Sanitary Inspector	*†	J. T. Boocock.
District Sanitary Inspectors	...	*† F. W. Willington (Retired 30.9.55). *† G. F. Lovegrove (Resigned 4.5.55). *† W. E. Moses. *† D. W. Townsend (Appointed 17.6.55). *† J. R. Greig (Appointed 24.10.55).
Chief Clerk	...	G. A. Pearson.
Senior Clerk	...	R. V. Hoad.
Clerks	...	E. M. Pearmine (Miss). M. E. Smith (Miss) (Shorthand Typist). I. D. Dashfield (Mrs.) (Tem- porary Shorthand Typist, Appointed 16.11.55).
Public Analyst	...	H. E. Monk, B.Sc., F.R.I.C.
Refuse Foreman	...	G. E. Packman.
Public Health General Assistant		A. C. Ward (Appointed 2.11.55).

* 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 submit my Annual Report for the year, 1955, the tenth which it has been my privilege to present.

The widening of our conception of health in recent years to include mental as well as physical aspects imposes special difficulties on anyone who attempts an objective assessment of the health of a community. The Medical Officer of Health of the Urban District Council of Bexley in the year 1901, on the other hand, could have suffered from no such inhibitions faced, as he was, with a heavy load of infectious disease, an infant mortality rate of 136.6 per thousand live births and a wide variety of environmental problems which survive only as a faint echo in the present day health administration of the Borough. It should be borne in mind that the population of the district at the turn of the century was barely 13,000 but, even so, there were 9 cases of smallpox with 1 death, 35 cases of diphtheria with 8 deaths, and 5 deaths from measles and whooping cough, respectively. School closure was a frequent occurrence on account of infectious disease, and mass exclusion of children took place during that year on no less than 6 occasions.

Sewerage schemes were in their infancy and, even in 1909, house refuse was removed by the Council once a fortnight, placed on agricultural land and ploughed in. The first Midwives Act had yet to be passed (1902) and maternal mortality was high (about 5 deaths per thousand total births) due, largely, to the ministrations of midwives of the Sairey Gamp type who were entirely untrained and were, in addition, dirty, dishonest and intemperate. Nutritional standards were much lower than they are today and the health of schoolchildren, in particular, was a source of great concern. The School Health Service did not come into operation until 1907. The general level of health of the population was well exemplified by the fact that, of all recruits examined in 1901, 40% were found to be unfit for army service on account of lack of physical development, defective vision, bad teeth and heart disease.

A comparison with the vital statistics for 1955 will, therefore, show the extent of the progress which has taken place in the intervening 50 years as a result of improvements in environmental hygiene, in standards of living generally, in the techniques of health education and through the introduction of a wide range of personal health services. Yet in spite of all this, it would be to take a superficial view to say that the present day health of the community can be regarded as entirely satisfactory. Considerable emphasis is, nowadays, being placed on mental health and there is a widespread feeling that neurosis and anxiety states are on the increase. It is, certainly, true that a very high proportion of hospital beds in the country as a whole is devoted to the treatment of mental disease. There are no statistics on which to base realistic assessment of the mental health of our community and general impressions, even when they are the result of careful enquiry, may not be altogether reliable. The mental health of schoolchildren is nowadays receiving greater attention than it did a decade ago but this may be the result, not of an actual increase in maladjustment and behaviour problems, but of a reorientation of medical outlook and an increase in the ascertainment of such children. In other words, higher levels of health are now being sought than in days gone by.

One significant development is the widespread and growing use of the class of drugs known as the "chemical tranquillizers" of which phenobarbitone is, perhaps, the best known and which are used to reduce anxiety and tension with a view to making life more tolerable in an age in which it is not, always, easy to achieve that inward peace of mind which is, undoubtedly, a pre-requisite of the health of the individual.

On a more optimistic note, an important criterion of the health of a community, as of an individual, is the degree of activity which it undertakes. Judged by this standard, the Borough acquits itself well. The official list of organisations operating in the Borough runs into seven pages of typescript and covers a very wide range of activities with the cultural, social and charitable organisations much in evidence. The cumulative work of these organisations represents a very considerable force working for the good of the community. Many instances could, also, be quoted in which neighbourly help and solicitude by individuals have made it possible for the old and infirm to remain in their own homes in conditions of relative peace and contentment. It would not be an exaggeration to say that never in the

history of the Borough has greater voluntary effort been expended in the care of the elderly and the handicapped than is the case today.

Turning to those aspects of health in which definite information is available, the vital statistics for the Borough were, once again, satisfactory. The birth rate at 12.6 per thousand showed an increase over the rate of 11.8 in 1954, which was the lowest birth rate ever recorded in the Borough but there has been no discernible upward or downward trend over the past five years. The standardised birth rate, which allows for comparison with other parts of the country, was 13.0 and was well below that for England and Wales which was 15.0 per thousand. The still-birth rate at 16.7 per thousand total births showed an increase over 1954 (13.26), but this has no special significance and the rate was considerably lower than that for England and Wales.

The death rate for the Borough rose slightly to 9.1 per thousand of the estimated whole population (8.1 in 1954) but the standardised death rate of 10.4 was below the death rate for England and Wales for 1955 which was 11.7 per thousand. Cancer of the lung was responsible for 48 deaths and showed an increase of 16 as compared with 1954. Forty-two of the 48 deaths were in males. There has been much controversy over the part played by smoking in the causation of lung cancer and it is safe to say that, while statistical evidence does not provide definite proof that cigarette smoking directly causes cancer of the lung, the accumulated evidence is such as to denote a cause and effect relationship. In the circumstances it seems reasonable to advise young people not to take up smoking and, in the case of heavy smokers of middle age, to say that published data indicate that there may be some diminution in risk to those who give up smoking even after many years of addiction.

The infant mortality rate for 1955, that is the number of children dying in the first year of life for every thousand live births, was 17.0 compared with 22.1 per thousand in 1954. The rate compares favourably with that for England and Wales, which was 24.9.

There was one maternal death during the year, giving a maternal mortality rate of 0.88 per thousand live and still-births.

In regard to infectious diseases, measles reached epidemic proportions in 1955, 1,762 cases being notified. There were no deaths from this disease and, indeed, there

has been no death in the Borough from this cause for four years. The year, also, saw an increased incidence of acute poliomyelitis, 8 paralytic and 3 non-paralytic cases being notified in the Borough. There were no deaths. At the time of writing, vaccination against this disease has, recently, commenced under arrangements made by the Local Health Authority and it is hoped that the development of this technique will bring this disease under some measure of control. During the year, 82 new cases of tuberculosis were notified compared with 89 in 1954 and 91 in 1953. The number of deaths from this disease increased to 13 compared with 5 in 1954 and 9 in 1953. For the seventh year in succession no case of diphtheria occurred in the Borough. A warning that diphtheria could return as a killing disease is contained in the fact that in certain parts of the country outbreaks of diphtheria have occurred, recently, resulting in the death of a number of children. Parents should take heed of this and should not fail to have their children immunised as the continued freedom from this disease depends on the maintenance of a high level of immunisation among the child population.

Standards of food hygiene, while greatly improved in recent years, still leave much to be desired in many cases. The protection of food exposed for sale from dust and flies and from the hazards inherent in its preparation and handling will call for increased efforts by the Health Department, as well as the food traders; and housewives, too, have a two-fold duty, firstly, to insist on adequate standards of cleanliness in food shops and in their own homes and, also, to exercise forbearance in the unnecessary handling of food in shops prior to purchase. The new Food Hygiene Regulations strengthen the hand of the Local Authorities but their successful operation will demand a staff of sanitary inspectors adequate to the task. The present shortage of these officers is, therefore, a very serious problem.

Cleanliness depends, ultimately, on an attitude of mind and the development of a sense of social responsibility and one of the results of the failure to develop the latter is the widespread litter in our streets, parks and open spaces. It may be considered that this is not primarily a health matter but its implications in regard to hygiene in general, and the mental distress which it causes to large numbers of people in the Borough, justifies a reference to it in an annual report. Adults are the worst offenders and it is not surprising, therefore, that children should follow their example. There is no doubt that much more could be done in the home and in

the schools to inculcate a desire to preserve local amenities which play such a large part in promoting the health of the community.

Among the environmental problems which remain, the most important is, undoubtedly, the lack of adequate housing, particularly for young married couples and for the aged and this in spite of great strides which have been made in recent years by the housing authority.

Problems of atmospheric pollution are coming more and more into the foreground and, although in this Borough the problem may not be so acute as it is in more highly industrialised areas, smoke emissions from the domestic grate add considerably to the impurities which are discharged into the atmosphere. Now that the Clean Air Bill has finally reached the Statute Book, the powers of local authorities are, to some extent, strengthened and, no doubt, the development of smokeless zones will have to be considered in the years to come.

The work of the Bexley, Erith and Crayford Home Safety Committee continued to make progress. In an attempt to prevent accidents from poisoning in the home, display cards were sent to all doctors and chemists in the Borough for use in their waiting rooms and shops, urging parents to keep drugs and medicines in places where children would not have access to them. A brains trust and film show were, also, held which was well attended particularly by senior schoolchildren. It is hoped to intensify this propaganda by giving regular talks and demonstrations to the latter and one is driven more and more to the conclusion, in these days when television and other distractions tend to keep people tied to the homes, that in the senior schoolchildren of the Borough lies the main hope of any future development in regard to health education in general.

It is pleasing, once again, to record that the Bexley Old People's Welfare Committee has continued to do excellent work in alleviating the lot of many old people by friendly help, by assistance in kind when necessary, by making arrangements for inexpensive holidays and in other ways. Their work, to some extent, co-ordinates and is complementary to, that of the many Old People's organisations in the Borough providing clubs and other recreational facilities. The work of this voluntary organisation is of immense value to the old people in the Borough. The domestic help service and more recently the night attendance and family help services provided by the Local Health

Authority, also play a vital part in relieving the lot of many old people who would otherwise have to be admitted to institutions.

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

I am,

Your obedient servant,

JOHN LANDON,
Medical Officer of Health.

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

Area.

4,869 acres.

Population.

Registrar General's
Estimate mid-
year, 88,780.

New Dwellings Erected.

Houses 529

Relative figures for previous years.

Population—Mid-Year.

New Houses Erected.

1931 (Census)	...	33,150	1945	...	2
1935	...	59,970	1946	...	82 + 64 rebuilt
1940	...	77,670	1947	...	199 + 216 rebuilt
1945	...	75,040	1948	...	334 + 286 rebuilt
1950	...	89,410	1949	...	138 + 73 rebuilt
1951 (Census)	...	88,420	1950	...	102 + 15 rebuilt
1952	...	88,160	1951	...	319
1953	...	87,990	1952	...	355
1954	...	88,180	1953	...	265
			1954	...	503

Number of inhabited houses at end of 1955

(according to Rate Books) approximately 27,443

Rateable Value £695,649

Sum represented by a penny rate £2,695

Unemployment.

	Men	Women	Boys	Girls	Total
December 31st, 1954	167	118	19	13	317
December 31st, 1955	120	86	13	9	228

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 a 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.

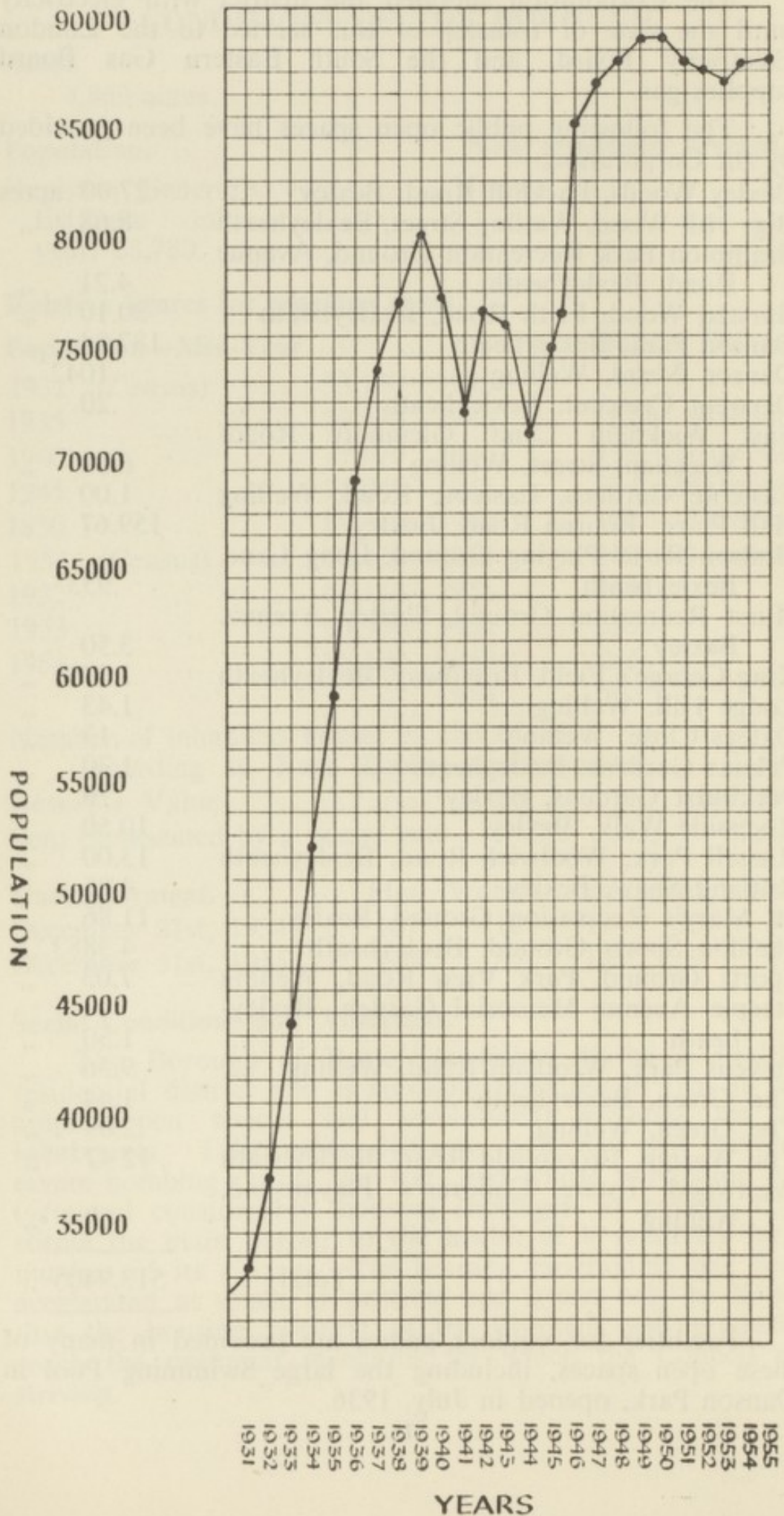
The Corporation supplied the district with electricity until the date of transfer of this service to the London Electricity Board, and the South Eastern Gas Board supplies gas.

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

Bexley Woods, Parkhill Road, Bexley ...	27.00	acres
Bigs Hill Wood, Watling Street, Bexleyheath	8.68	..
Brampton Park Recreation Ground, Avenue Road, Bexleyheath	4.21	..
Bursted Wood, Erith Road, Bexleyheath ...	30.10	..
Danson Park, Bexleyheath	187.84	..
Danson Mead, Welling ... ..	.1042	..
Derwent Crescent, Bexleyheath ... ..	.20	..
East Wickham Land, Glenmore Road/Wickham Street, Welling	6.80	..
Eastcote Gardens, Eastcote Road, Welling	1.00	..
Hall Place, Bourne Road, Bexley	159.67	..
Hudson Road Playing Ground, Long Lane, Bexleyheath ... ..	.953	..
Hurst Recreation Ground, Shirley Avenue, Bexley	3.50	..
King George's Field, Broadway, Bexleyheath	1.235	..
Lodge Hill, Welling	1.43	..
Oxleas Close, Welling ... ..	.13	..
Palmar Gardens, Bexleyheath	1.30	..
Parkhurst Gardens, Bexley ... ..	.70	..
Riverside Walk, Bexley	10.50	..
Russell Park, Woolwich Road, Bexleyheath	13.00	..
Rutland Shaw, Bexley	4.85	..
St. Mary's Recreation Ground, Bexley ...	11.86	..
Sheldon Sports Ground, Bexleyheath ...	4.3883	..
Sports Ground, Park View Road, Welling	7.03	..
Steeple Avenue Memorial Garden, Bexleyheath	1.50	..
Stevens Park, Wrotham Road, Welling ...	9.36	..
The Green, Bexleyheath	1.44	..
The Green, Welling	2.09	..
The Warren, Broomfield Road, Bexleyheath	12.47	..
Westwood Estate Children's Playground, Welling ... ..	.60	..
Total ...	513.9405	..

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 1931



SUMMARY OF VITAL STATISTICS

	England and Wales.	Borough of Bexley.
	Rates per 1,000 Home Population.	
Births—		
Live	15.0	12.6
Still	{ 0.35	0.21
	{ 23.1(a)	16.7(a)
Deaths—		
All Causes	11.7	9.1
Typhoid and Paratyphoid	0.00	—
Whooping Cough	0.00	—
Diphtheria	0.00	—
Tuberculosis	0.15	0.15
Influenza	0.07	0.01
Smallpox	—	—
Acute Poliomyelitis (including Polio- encephalitis)	0.01	—
Pneumonia	0.51	0.36
Notifications (corrected)		
Typhoid Fever	0.00	—
Paratyphoid Fever	0.02	0.02
Meningococcal Infection	0.03	0.01
Scarlet Fever	0.73	0.54
Whooping Cough	1.78	1.98
Diphtheria	0.00	—
Erysipelas	0.10	0.20
Smallpox	—	—
Measles	15.61	19.85
Pneumonia	0.63	0.33
Acute Poliomyelitis (Including Polioencephalitis)		
Paralytic	0.08	0.09
Non-Paralytic	0.06	0.15
Food Poisoning	0.29	0.11
Puerperal Pyrexia	17.79(a)	7.91(a)
	Rates per 1,000 Live Births.	
Deaths		
All causes under one year of age ...	24.9	17.0
Enteritis and Diarrhoea under two years of age	0.75	Nil

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

(b) Per 1,000 related live births.

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

Maternal Mortality

	England and Wales	Borough of Bexley
	Rates per 1,000 total live and still births	
Maternal causes, excluding abortion	0.54	0.88
Due to abortion	0.10	Nil
Total maternal mortality ...	0.64	0.88

EXTRACTS FROM VITAL STATISTICS FOR THE Year 1955.

The Registrar General's Estimate of home population for the mid-year is 88,780 and this figure is assigned for the purpose of calculation of all rates.

Births.	Males	Females	Total
Live Births—Total	579	540	1,119
Legitimate	566	523	1,089
Illegitimate	13	17	30

Birth Rate.

Rate per 1,000 estimated home
population 12.6

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

1945 Birth Rate	18.81 per thousand	
1946	19.75	
1947	18.72	
1948	15.36	
1949	14.02	
1950	13.13	
1951	12.79	
1952	12.00	
1953	12.70	
1954	11.80	
Rate per 1,000 for England and Wales 1955		15.0

30 illegitimate live births were registered against 35 in 1954.

The Registrar-General has supplied a comparability factor for 1955. The standardised birth rate which allows for comparison with other parts of the country is 13.0.

Stillbirths.	Males	Females	Total
Total	15	4	19
Rate per 1,000 total (live and still) births		16.7	

19 Stillbirths were registered during the year. This represents a rate of 0.21 per 1,000 population against 0.16 per 1,000 population in 1954.

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

Year	Rate per Thousand	
	Total Live and Still Births	Population
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
1953	12.94	0.28
1954	13.26	0.16

Rate per 1,000 for England and Wales, 1955 0.35

There was 1 Stillbirth registered as illegitimate.

Deaths.	Males	Females	Total
All causes	416	396	812
Death rate per 1,000 of estimated home population			9.1
Number of women dying in, or in consequence of, childbirth:			
From Puerperal and Post Abortive Sepsis		—	—
From other Puerperal Causes		1	1
Death rate per 1,000 total (live and still) births			0.88
Deaths of Infants under one year of age	10	9	19
Legitimate	10	9	19
Illegitimate	—	—	—
Death rate of Infants under one years of age:			
Total per 1,000 live births ...			17.0
Legitimate per 1,000 legitimate live births			17.4
Illegitimate per 1,000 illegitimate live births			Nil.
Deaths from Measles (all ages)	—	—	—
" " Whooping Cough (all ages) ...	—	—	—
" " Diarrhoea (under 2 years of age) ...	—	—	—
" " Cancer (all ages)	99	76	175
Rate per 1,000 for England and Wales, 1955			11.7

Death Rate of Area during last ten years:—

1945	...	...	9.28	per thousand.
1946	...	...	8.55	„ „
1947	...	...	9.17	„ „
1948	...	...	7.53	„ „
1949	...	...	8.15	„ „
1950	...	...	8.56	„ „
1951	...	...	9.6	„ „
1952	...	...	9.14	„ „
1953	...	...	8.8	„ „
1954	...	...	8.1	„ „

The rate for Bexley compares favourably with that for England and Wales. The Registrar-General has supplied a comparability factor for 1955. The standardised death rate which allows for comparison with other parts of the country is 10.4.

**CAUSES OF DEATH IN THE BOROUGH
REGISTERED DURING THE YEAR 1955.**

Causes of Death.	M.	F.	Total
All Causes	416	396	812
1 Tuberculosis, respiratory ...	6	5	11
2 Tuberculosis, other	1	1	2
3 Syphilitic disease	1	—	1
4 Diphtheria	—	—	—
5 Whooping Cough	—	—	—
6 Meningococcal infections ...	—	—	—
7 Acute poliomyelitis	—	—	—
8 Measles	—	—	—
9 Other infective and parasitic diseases	—	—	—
10 Malignant neoplasm, stomach ...	13	13	26
11 Malignant neoplasm, lung, bronchus	42	6	48
12 Malignant neoplasm, breast ...	—	16	16
13 Malignant neoplasm, uterus ...	—	10	10
14 Other malignant and lymphatic neoplasms	44	31	75
15 Leukaemia, aleukaemia	3	2	5
16 Diabetes	2	5	7
17 Vascular lesions of nervous system	38	64	102
18 Coronary disease, angina ...	82	51	133
19 Hypertension with heart disease	6	19	25
20 Other heart disease	36	44	80
21 Other circulatory disease ...	19	25	44
22 Influenza	—	1	1
23 Pneumonia	15	17	32
24 Bronchitis	28	16	44
25 Other diseases of the respiratory system	7	3	10
26 Ulcer of stomach and duodenum	7	6	13
27 Gastritis enteritis and diarrhoea	3	6	9
28 Nephritis and nephrosis ...	1	6	7
29 Hyperplasia of prostate ...	5	—	5
30 Pregnancy, childbirth, abortion	—	1	1
31 Congenital malformations ...	4	5	9
32 Other defined and ill-defined diseases	28	28	56
33 Motor vehicle accidents ...	7	4	11
34 All other accidents	10	3	13
35 Suicide	8	8	16
36 Homicide and operations of war	—	—	—

INFANT MORTALITY, 1955

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

These relate to deaths occurring in 1955 but not necessarily registered in that year.

CAUSES OF DEATH AS CERTIFIED.	DAYS												MONTHS											
	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-14	14-21	21-28	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12				
Congenital Malformation, Premature Birth	4	1	1					1						2					1					
Acute Tracheo-bronchitis... ..														2										
Anencephaly			1																					
Atelectasis	1																							
Atelectasis, Prematurity	1		1																					
Collapse of Lungs, Low Forceps Delivery for Disproportion ...	1																							
Broncho Pneumonia, Atelectasis								1																
Syringomyelocele ...																				1				
Totals	7	2	2	—	—	—	—	1	1	—	1	—	—	4	—	1	—	—	1	—	—	—		

The number of infants under one year of age who died during the year 1955 as shown by the table is 20. 14 of these deaths, that is 70 per cent. occurred in the neonatal period (within one month of birth). In 1954 the corresponding figure was 82.6 per cent.

19 were registered during the year giving an infantile mortality rate per 1,000 live births of 17.0

Rates over previous years have been:—

1945	...	...	33.9	per	1,000	live	births
1946	...	...	29.5	..	..	..	..
1947	...	...	28.6	..	..	..	..
1948	...	...	19.03	..	..	..	..
1949	...	...	24.0	..	..	..	..
1950	...	...	14.48	..	..	..	..
1951	...	...	24.76	..	..	..	..
1952	...	...	11.34	..	..	..	..
1953	...	...	14.36	..	..	..	..
1954	...	...	22.1	..	..	..	..

Maternal Deaths.

There was one maternal death during the year giving a maternal mortality rate of 0.88 per 1,000 Live and Stillbirths.

Rates over previous years have been:—

1945	...	...	Nil	per	1,000	live	and	stillbirths
1946	...	...	1.73	..	..	..	..	..
1947	...	...	1.19	..	..	..	..	..
1948	...	...	Nil	..	..	..	..	..
1949	...	...	0.78	..	..	..	..	..
1950	...	...	0.84	..	..	..	..	..
1951	...	...	Nil	..	..	..	..	..
1952	...	...	0.93	..	..	..	..	..
1953	...	...	2.63	..	..	..	..	..
1954	...	...	Nil	..	..	..	..	..

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, but it was found necessary to invoke the National Assistance (Amendment) Act, 1951 to effect the removal of an old lady, living alone, to hospital.

Action taken under Section 50.

It was not necessary to arrange any burials 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 156 occasions and 153 post-mortem examinations were made. 18 inquests were held.

LABORATORY FACILITIES.

Pathological and bacteriological specimens are sent to the Public Health Laboratory at Maidstone. This service ceased to be the responsibility of the County Council as from the 1st October, 1955, when it was taken over by the Public Health Laboratory Service, directed by the Medical Research Council for the Ministry of Health.

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	78
Total ...	83
No. of Homes first registered during year	—
No. of patients provided for:—	
Maternity	—
Others	—
Total ...	—
No. of Homes on the Register at end of year	4
No. of patients provided for:—	
Maternity	5
Others	64
Total ...	69

SECTION C.

SANITARY CIRCUMSTANCES OF THE BOROUGH.

List of Adoptive Acts, etc., in force.

Acts.	Date Adopted
Public Health Acts (Amendment) Act, 1890	
Parts 1, 2, 3 and 5	Apr. 1891
Infectious Diseases (Prevention) Act, 1890 ...	Apr. 1891
Public Libraries Act, 1892-1919	Oct. 1896
Private Street Works Act, 1892	Jan. 1899
Public Health Acts Amendment Act, 1907,	
Parts 8 and 9	Apr. 1909
Part 2—the whole	} May 1909
„ 6—the whole	
„ 10—Sec. 95	
Public Health Act, 1925, Part 2	Jan. 1926
Slaughter of Animals Act, 1933	Jan. 1934

Byelaws.

Wireless Loudspeakers, Gramophones, etc. ...	Mar. 1939
Fouling by Dogs of Footways	July 1938
Baths, Wash-houses, Swimming Baths and 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	„
Deposit of Dangerous Substances	„
Organs	„
Loitering at Church Doors	„
Indecent Language, etc	„
Noisy Hawking	„
Touting	„
Noisy Animals	„
Violent Behaviour, etc., on School Premises ...	„
Nursing Homes	June 1940
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. There have been no important extensions of trunk mains and there have been no changes in the general scheme of supply to the Borough during 1955 except that the area supplied from Castlewood reservoir now has water from Bexley well and not Thames-derived and Deptford well.

Bacteriological analyses are made at least five times a week from all supplies and in the case of the wells the water is sampled both before and after chlorination. The water derived from the River Thames is sampled at each stage of the purification process and tanks to provide an adequate period of contact of the chlorine with the water are now in operation at all the well stations and at Walton works.

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

During the year 12 samples of water from piped supplies were taken and submitted to the Public Health Laboratory for bacteriological examination and all were found to be satisfactory.

(ii) **Drainage and Sewerage.**

Sewers have been constructed on the following estates:—

Halcot No. 3 Estate

S.W. Sewers = 178 lin. yds.

Foul Sewers = 104 lin. yds.

Cold Blow Crescent

Foul Sewer = 115 lin. yds.

In addition to the above mentioned works, short lengths of sewers of back drainage system have been constructed to serve small numbers of houses erected by private developers.

2. **Rivers and Streams.**

One case of pollution of rivers or streams was found during the year.

CHIEF SANITARY INSPECTOR'S REPORT.

Health Department,
8, 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 1955.

During the year Mr. F. W. Willington, District Sanitary Inspector, retired by reason of permanent ill-health, and Mr. G. F. Lovegrove resigned to take up an appointment in Uganda. Mr. Willington had been with the Council for 20 years, and Mr. Lovegrove, for a similar period. Their going was a distinct loss to the Department, particularly as some difficulty was experienced in filling these posts.

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.

	Inspec- tions	Re-in- spections
Houses inspected (all particulars recorded) ...	8	56
Houses inspected (defects only recorded) ...	187	722
Houses inspected (certificates of disrepair)...	12	13
Houses inspected (improvement grants) ...	19	1
Houses inspected (Housing Act, 1936, Over- crowding)	28	15
Houses inspected <i>re</i> Infectious Disease (including scabies)	179	79
Factories with mechanical power	193	13
Factories without mechanical power	28	2
Outworkers' premises	54	—
Other premises under the Act	18	3
Bakehouses	82	7
Water Samples	20	—
Food and Drugs Act <i>re</i> Samples	266	—
Dairies and distributors	99	—
Ice Cream premises	151	21
Restaurants, etc.	225	24
Fish premises	189	17
Meat Shops	620	57
Public Houses	38	4
Shops <i>re</i> unsound food	300	17
Other premises where food is prepared	538	33
Offensive accumulations	36	25
Stables	39	—
Keeping of Animals	26	13
Rats	345	295
Drains inspected	949	743
Drains tested (water, smoke or colour)	142	13
Dustbins	21	23
Verminous premises	40	35
Smoke observations	27	12
Tents, Vans and Sheds	2	—
Refuse Tips	512	3
Refuse Removal and Salvage	617	25
Conveniences	233	3
Pet Animals Act, 1951	36	2
Cleansing Station and Mortuary	19	—
Council House applicants	468	185
Shops Act, 1950	718	12
National Assistance Act, 1948—Sec. 47	17	5
Miscellaneous inspections	986	74

TABLE No. 2.**Improvements effected and defective sanitary conditions remedied.**

Houses—	No.
Provided with sufficient w.c. accommodation ...	19
Provided with sufficient ashplace accommodation	11
Provided with sufficient water supply	4
Houses Improved Internally—	
Dirty rooms cleansed	17
Walls and ceilings repaired	35
Dampness in rooms remedied	72
Defective floors repaired	25
Ventilation of Rooms improved	14
Windows repaired	31
Stoves, fireplaces, etc. provided or repaired ...	16
Houses Improved Externally—	
Roofs repaired	25
Eaves gutters and down spouts fixed or repaired	27
Yards paved or repaired	1
Chimney stacks repaired	4
Walls repointed or repaired	20
Miscellaneous repairs	24
Drainage—	
Drains cleansed or repaired	632
New drains constructed	5
New Gullies provided	4
Ventilation of drainage system improved ...	2
Inspection chambers built or improved ...	20
Waste pipes provided or improved	5
New sinks provided	2
Offensive accumulation removed	6
Nuisances from animals abated	3
Other nuisances abated	1

TABLE No. 3.**Infectious Diseases.**

Cases removed to Isolation Hospitals	49
Houses visited including revisits	258
Rooms disinfected	16
Notices delivered to Education Authorities, etc. ...	212

TABLE No. 4.

Food Inspection.

The following is a summary of unsound food surrendered.

Beef	...	...	...	...	...	lbs.	1,008
Offals	...	...	...	...	...	"	354 $\frac{1}{2}$
Pork	...	...	...	...	...	"	55
Bacon	...	...	...	...	...	"	115 $\frac{3}{4}$
Sausages	...	...	...	...	...	"	69
Corned Beef	...	...	...	...	...	"	615 $\frac{3}{4}$
Lamb	...	...	...	...	...	"	4
Ham and Cooked Meats	...	...	...	...	...	"	723 $\frac{1}{4}$
Kidneys	...	...	...	...	...	"	84
Black Pudding	...	...	...	...	...	"	12
Cheese	...	...	...	...	...	"	483
Flour	...	...	...	...	...	"	32
Suet	...	...	...	...	...	"	—$\frac{1}{2}$
Dried Fruit	...	...	...	...	...	"	72 $\frac{1}{2}$
Biscuits	...	...	...	...	...	"	85 $\frac{1}{4}$
Confectionery	...	...	...	...	...	"	8
Fish	...	...	...	...	...	"	353 $\frac{1}{2}$
Fish	...	...	...	...	...	Tins	149
Meat	...	...	...	...	...	"	356
Milk	...	...	...	...	...	"	365
Vegetables	...	...	...	...	...	"	983
Fruit and Fruit Juices	...	...	...	...	...	"	934
Preserves	...	...	...	...	...	"	49
Soups	...	...	...	...	...	"	120
Gravy Powder	...	...	...	...	...	"	12
Tomatoes	...	...	...	...	...	Boxes	87
Cereals	...	...	...	...	...	Pkts.	24
Preserves	...	...	...	...	...	Jars	8
Cream	...	...	...	...	...	"	3
Pickles and Sauces	...	...	...	...	...	"	63
Wafer and Chocolate Biscuits	...	...	...	...	...	"	159
Veal and Ham Pies	...	...	...	...	...	"	27
Miscellaneous Items	...	...	...	...	...	"	47

Condemned food is disposed of by burying at the Council's refuse tip.

TABLE No. 5.
Factories Act, 1937.

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

Premises. 1	Number of :—		
	Inspections. 2	Written Notices. 3	Prosecutions. 4
Factories without mechanical power	84	—	—
Factories with mechanical power	295	4	—
*Other Premises under the Act (including works of building and engineering construction but not including outworkers' premises)	21	—	—
*Electrical Stations should be reckoned as factories.			
Total	400	4	—

2. Defects Found.

Particulars. 1	Number of Defects.			Number of Prosecutions. 5
	Found. 2	Remedied. 3	Referred to H.M. Inspector. 4	
Want of cleanliness (S.1)	5	4	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	2	2	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)—				
Insufficient	—	—	—	—
Unsuitable or defective	2	2	—	—
Not separate for sexes	—	—	—	—
Other Offences	1	1	—	—
(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.)				
Total	10	9	—	—

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 and Disposal.

Some difficulty was again experienced at certain periods of the year in maintaining a weekly collection of refuse, largely owing to shortage of labour. In these days of full employment, vacancies for refuse collectors are not easy to fill, and having regard to the nature of the work, the rate of pay is not in my opinion sufficient to attract the right type of recruit.

During the year trials were held with several of the larger types of refuse collecting vehicles, and as a result of these the Council decided to purchase two Karrier Loadmasters and three Shelvoke & Drewry Fore and Aft tippers to replace old vehicles. These have now been delivered, and are proving very satisfactory.

All refuse was disposed of by controlled tipping at the East Wickham Tip. A muledozer is used for consolidating and levelling the refuse, and covering material is obtained by excavating soil from the site by means of a Chaseside Shovel.

The decision of the Minister of Housing and Local Government with regard to the proposal to fill certain chalk and gravel pits in the North West Kent area with house refuse has now been received, and consent has been given to fill the two gravel pits at Stone, near Dartford, in which the Council are interested. Negotiations are at present in progress with the Associated Portland Cement Manufacturers, who are the owners, for a long term agreement to fill these pits, and when completed they will provide the Council with tipping space for at least twenty years. When filling is commenced at Stone, the average haul to the disposal point will be increased from $2\frac{1}{2}$ miles to 7 miles, and it is largely for this reason that the Council are replacing their existing freighters with vehicles of a larger carrying capacity.

Salvage.

Details of salvage sales for the financial year ended 31st March, 1956, are set out below:

	Tons.	cwts.	qrs.	£	s.	d.
Waste Paper	590	12	1	4,842	17	11
Textiles	22	16	2	463	19	0
Ferrous Metal	62	11	3	162	16	3
Non-Ferrous Metals	1	10	1	97	16	3
Miscellaneous Items	5	2	1	20	9	0
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	682	13	0	5,587	18	5
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

The arrangement whereby kitchen waste from the communal street bins in the area is collected 2-3 times weekly by a contractor was continued, and has worked satisfactorily.

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.

Riverside Walk, Bexley

Russell Park, Bexleyheath.

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 further conveniences at Avenue Road, Bexleyheath, and these were completed in May, 1956.

ATMOSPHERIC POLLUTION.

The Council is represented on the Thameside Advisory Committee for the Abatement of Atmospheric Pollution. By arrangement with this Committee a deposit gauge is installed on the roof of the Education Office in Brampton Road, Bexleyheath, and the following table gives the results obtained during 1955.

MONTH	TONS PER SQUARE MILE.									
	Rainfall inches	Total water insoluble matter	Soluble in C.S.2.	Ash	Other combustible matter	Total water soluble matter	Calcium	Chlorine	Sulphates	Total solids
January	2.38	12.27	0.34	8.54	3.40	11.68	1.81	1.17	4.51	23.95
February	1.24	8.93	0.23	6.38	2.32	8.56	1.44	1.07	3.39	17.48
March	0.90	8.73	0.17	6.90	1.66	7.30	1.11	0.81	2.39	16.02
April	0.65	10.26	0.23	7.83	2.20	6.18	1.14	0.49	2.30	16.43
May	3.82	9.25	0.23	7.06	1.95	9.06	1.21	0.91	3.36	18.31
June	2.10	10.02	0.17	7.77	2.07	10.57	1.68	0.84	3.25	20.59
July	0.026	14.32	0.12	10.49	3.71	8.69	1.58	0.54	2.96	23.02
August	0.81	18.04	0.07	9.46	8.51	9.06	1.75	0.62	3.89	27.10
September	2.46	6.83	0.15	4.68	1.99	5.44	0.67	0.67	1.05	12.27
October	3.21	9.90	0.10	6.52	3.28	11.14	0.94	1.34	3.54	21.04
November	0.48	6.98	0.11	5.15	1.71	5.44	0.87	0.52	2.47	12.42
December	1.75	6.98	0.05	5.03	1.89	7.58	1.14	1.01	3.15	14.57

A Lead Peroxide instrument for estimating atmospheric sulphur-dioxide was installed on the 1st July, 1956, and the results obtained to the end of the year are set out below:—

MONTH	Area Exposed	Weight of Ba SO ₄			Wt. of SO ₃ Collected	Mg. of SO ₃ /day Collected by 100 sq. cm. of Batch A P6 O ₂ (Louvered Cover)
		In Sample	In Control	Due to Exposure		
	Sq. Cm.	Mg.	Mg.	Mg.	Mg./100 sq. Cm./day	
July	100	99.6	3.6	96.0	1.03	0.93
August	100	112.0	6.4	105.6	1.21	1.09
September	100	109.2	6.8	102.4	1.10	0.99
October	95	190.0	4.6	185.4	2.31	2.08
November	95	197.6	5.2	192.4	2.32	2.09
December	100	191.2	3.2	188.0	2.02	1.82

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 disinfection 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	856	
Number of Inspections	3,527	
Number of Infestations found: Rats — Major	1	
Minor	294	
Mice ...	42	
Number of Properties Treated	Rats	Mice
Local Authority's premises ...	3	—
Dwelling Houses	274	29
Business Premises	18	13

PET ANIMALS ACT, 1951.

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

One contravention of the conditions of the Licence was found and a warning issued to the person concerned.

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 775 shops on the Council's Register at the end of the year.

During the year 730 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 bacteriological examinations have been satisfactory on each occasion.

Results.

(Minimum and maximum numbers of organisms.)

No. of organisms per c.c. capable of growth on Agar at:			B. coli presumptive
	37° C.	22° C.	
Deep end	0 - 59	0 - 2	Absent
Shallow end	0 - 69	0 - 6	Absent

Verminous Premises.

During the year a total of 17 premises found to be infested with bed bugs were treated with satisfactory results: 9 of these were Council Houses, and 8 other premises.

Seven 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. These visits take up considerable time, but there is no doubt that they serve a useful purpose in preventing the spread of infestations.

Infestations at other premises were dealt with as follows: Cockroaches 2, Woodworm 1, Flies 2, Moths 3.

Wasps.

The destruction of wasps nests is undertaken by the Department and during the year 16 nests were destroyed. A charge of 5s. 0d. is made for this service.

Schools.

There are 32 County Modern and County Primary Schools, a Day Technical School for Girls and a Grammar School in the Borough.

SECTION D — HOUSING.

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

		Houses	Flats
Welling—			
Welling Estate	428		
Westwood Lane Estate	126		
Carlton Road	16		
Dovedale Close	14		
John Newton Court	—	132	
Marwood Estate	—	22	
Lodge Hill	306		
Wickham Street	72		
East Wickham—			
Glenmore Road No. 1	116		
Glenmore Road No. 2	87		
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)	126		
Faygate Estate	58		
Bristow Road	—	60	
Upton Close	15		
Bexley—			
Hartford Road Estate and Victoria Road Estate	54		
Royal Park Estate No. 1	57		
Royal Park Estate No. 2	74		
Midhurst Hill	20		
Newick Close	14		
Henfield Close	8		
Rye Close and Extension	38		
Glenhurst Avenue	34		
Merlin Road	1		
S.D.A. Houses	9		
Hurst Place Estate	144		
	2,405	252	

1. Inspection of Dwelling Houses during the year.	
(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	195
(b) Number of inspections made for the purpose (including re-inspection) ...	973
(2) (a) Number of dwelling houses (included under subhead (1) above) which were inspected and recorded under the Housing Consolidated Regulations ...	8
(b) Number of inspections made for the purpose (including re-inspection) ...	64
(3) Number of dwelling houses to be in a state so dangerous or injurious to health as to be unfit for human habitation	6
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	159
2. Remedy of Defects during the year without service of Formal Notice.	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	134
3. Action under Statutory Powers during the year.	
A. Proceedings under Section 9, 10 and 16 of the Housing Act, 1936—	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	4
(2) Number of dwelling houses which were rendered fit after service of formal notices:	
(a) By owners	3
(b) By local authority in default of owners	—
B. Proceedings under Public Health Acts—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	1

(2) Number of dwelling houses in which defects were remedied after service of formal notices—	
(a) By owners	6
(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	4
(2) Number of dwelling houses demolished in pursuance of Demolition Orders ...	1
(3) Number of dwelling houses demolished by informal action	12
D. Proceedings under Section 12 of the Housing Act, 1936—	
(a) Number of Closing Orders made ...	—
(b) Parts of Buildings closed	—

Slum Clearance.

In accordance with Section 1 of the Housing Repairs and Rents Act, 1954, proposals for dealing with a total of 441 houses within five years were submitted to the Minister of Housing and Local Government and were approved.

261 of these houses are the East Wickham Hutments, which are the subject of compulsory Purchase Orders, and the remaining 180 are privately owned houses which will be dealt with by action under either Section 11 or Section 25 of the Housing Act, 1936, during the five years.

During 1955 the remaining seven hutments on the Lodge Lane Estate were demolished, and the re-development of the estate continued.

Improvement Grants.

32 applications were made for Improvement Grants under the Housing Act, 1949, but grants were approved in three cases only up to the end of the year. The cost of the improvements in these three cases totalled £716 9s. 0d., and the grants made amounted to £331 6s. 6d.

Housing Repairs and Rents Act, 1954.

Only five applications were received for certificates of disrepair under the above Act during the year, and four certificates were issued. Two certificates were revoked on the application of the owners.

SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

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

No. of Distributors with Dairy Premises	...	5
No. of Distributors with Shop Premises	... ..	30
No. of Distributors from outside area	... ..	6

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:—

Dealers' Licences:—

Pasteurised Milk	... ..	30
Tuberculin Tested Milk	... ..	29
Sterilised Milk	... ..	38

Supplementary Licences:—

Pasteurised Milk	... ..	5
Tuberculin Tested Milk	... ..	5
Sterilised Milk	... ..	6

15 samples of school milk were forwarded to the Public Health Laboratory for the Methylene Blue and Phosphatase Tests, and all were satisfactory.

(b) Slaughterhouses.

There are no slaughterhouses in the area, and the majority of the butchers obtain their supplies through Smithfield Market.

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

The following table summarises the 238 samples taken during the year.

	Formal	Informal
Milk	12	—
Soup, Meat Extracts	5	2
Pastes, Potted Meat	—	6
Pudding or Cake Mixture, Flour, etc.	2	4
Jellies, Custard Powders, etc.	2	6
Patent Medicines	2	4
Sausages, Sausage Meat, etc.	8	3
Tea	1	2
Condiments, Sauces, Pickles, Spices, etc.	6	20
Pure Coffee, Coffee Extracts, Coffee and Chicory	3	—
Meat Pies and Puddings	—	1
Cereals	4	—
Sweets and Confectionery	21	26
Essences	—	4
Butter and Fats	5	8
Water Ices	1	2
Ice Cream	10	1
Minerals	1	13
Beverages	—	1
Wines and Spirits	7	—
Peanut Butter	—	1
Preserves	1	1
Condensed Milk	—	2
Ground Almonds	—	1
Cream	1	5
Dried Fruit	3	1
Baking Powder	—	2
Cakes	1	—
Cheese and Savoury Spreads	—	4
Fish	—	5
Glace Cherries	—	1
Olive Oil	—	2
Desiccated Coconut	3	1
Stewed Steak	—	1
Beans in Tomato Sauce	—	1
Butter Beans and Baked Beans	—	2
Biscuits	1	3
Bread	—	1
Arrowroot	—	1
	<hr/> 100	<hr/> 138

Legal Proceedings.

The following Legal proceedings were instituted during the year:—

- (1) Bread—Foreign matter in bread. Fined £20 plus £2 12s. 6d. costs.
- (2) Milk—Dirty Bottle. Fined £10 plus £2 12s. 6d. costs.
- (3) Fruit Cake—Nail in Cake. Fined £5 plus 10s. witness expenses.

(d) Food Shops and Food Manufacturing Premises.

The classification of the various food shops and food manufacturing premises in the Borough is as follows:—

Butchers	...	...	...	...	...	44
Cafes and Restaurants	...	...	...	...	...	22
Greengrocers	...	...	...	...	...	45
Sweet Shops	...	...	...	...	...	62
General Provisions	...	...	...	...	...	90
Bakers and Confectioners	...	...	...	...	...	25
Wet and Fried Fish Shops	...	...	...	...	...	20
Public Houses	...	...	...	...	...	41
						<hr/>
						349
						<hr/>

During the year 2,422 visits were made and the following is a summary of various improvements carried out.

Hot water supply provided or improved	...	...	...	...	...	1
Floors, walls, ceilings, etc. repaired	...	...	...	...	...	6
Cockroach infestation dealt with	...	...	...	...	...	1
Rooms Cleansed	...	...	...	...	...	29
Water closet accommodation improved	...	...	...	...	...	6
Additional protection provided for foodstuffs	...	...	...	...	...	2
Accumulation of refuse removed	...	...	...	...	...	6
Accommodation for storage of refuse improved	...	...	...	...	...	10
Food preparing room improved	...	...	...	...	...	2
Washing accommodation improved	...	...	...	...	...	3
Drainage repaired or improved	...	...	...	...	...	6
Food storage accommodation improved	...	...	...	...	...	1
Yard paving repaired	...	...	...	...	...	1
Accommodation for clothing improved	...	...	...	...	...	1

Registration of Premises under Food and Drugs Act, 1938.

No. of premises registered for:—

Manufacture and Sale of Ice Cream	...	...	...	...	...	1
Sale of Ice Cream	...	...	...	...	...	136
Preparation of Sausages, etc.	...	...	...	...	...	47

23 samples of Ice Cream were submitted for examination under the Ice Cream (Heat Treatment) Regulations, 1947.

**SECTION F.—PREVALENCE OF AND CONTROL
OVER INFECTIOUS DISEASE AND OTHER
DISEASES.**

Scarlet Fever.

During the year 48 cases were notified as compared with 123 the previous year. Of these 5 were isolated in hospital and 43 were isolated at home.

No. of deaths	Nil
Return cases from Hospital cases	Nil
Return cases from home nursed cases	Nil

During the past 15 years the character of this disease has changed from one of considerable severity to one of 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, 1955.

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, 1955:—

(A) Diphtheria Immunisation.

Year of Birth	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	Total
Primary Inoculations	32	572	58	7	8	12	48	15	7	15	3	5	—	1	—	783
Re-inforcing Inoculations	—	—	—	1	11	354	100	29	18	17	21	65	2	3	1	622

(B) Vaccination.

Year of Birth	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	Before 1941	Total
Primary Vaccination	472	262	4	6	2	2	5	4	—	—	2	2	—	—	3	46	810
Re-vaccination... ..	2	—	1	—	1	2	1	2	1	1	1	1	—	—	3	86	102

Immunisation against Diphtheria, 1955.

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, 1955, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1941).

Year of Birth	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	Total
Last complete course of injections (whether primary or booster)																
1951—1955	70	148	261	274	475	1055	1354	1049	1021	1151	1002	958	960	713	32	10523
1950 or earlier	623	588	571	853	440	86	89	290	555	8	—	—	—	—	—	4103

Typhoid Fever and Paratyphoid Fever.

There were 2 cases of paratyphoid fever notified during the year and both were treated in hospital.

Puerperal Pyrexia.

9 cases were notified during the year, of which 5 were from Bexleyheath Maternity Hospital, where they were isolated and treated. No cases were removed to other hospitals and 4 cases were isolated at home.

Ophthalmia Neonatorum.

There were no cases notified during the year.

Measles.

1,762 cases were notified during the year. 5 cases were treated in hospital.

Whooping Cough.

176 cases were notified, 1 of which was treated in hospital.

Acute Poliomyelitis.

8 Paralytic cases and 13 Non-Paralytic cases were notified and with the exception of 1 Non-Paralytic case treated at home, all were treated in hospital. There were no deaths.

Scabies.

5 cases notified during the year.

Food Poisoning.

14 cases were notified during the year, all were treated at home.

Malaria.

2 cases were notified, both were contracted abroad.

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

NOTIFIABLE DISEASES (Other than Tuberculosis) DURING THE YEAR 1955.

DISEASE.	Total cases notified	Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 & over	Age unknown	Cases admitted to Hospital	Total Deaths
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	48	—	5	4	34	2	2	1	—	5	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	9	—	—	—	—	—	4	5	—	5	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—
Acute Paralytic Poliomyelitis	8	—	1	1	2	1	—	3	—	8	—
Acute Non-Paralytic Poliomyelitis	13	—	3	2	2	5	—	1	—	12	—
Pneumonia	29	—	2	3	3	—	—	21	—	9	1
Erysipelas	18	—	—	—	1	—	—	17	—	—	—
Food Poisoning	14	—	1	1	1	—	1	10	—	—	—
Dysentery	3	1	—	—	2	—	—	—	—	1	—
Typhoid Fever... ..	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	2	—	—	—	1	—	1	—	—	2	—
Meningococcal Infection	1	—	—	—	—	—	—	1	—	1	—
Measles	1,762	29	312	393	993	21	8	6	—	5	—
Whooping Cough	176	10	35	48	80	2	—	1	—	1	—
Scabies	5	—	—	—	2	2	—	1	—	—	—
Malaria	2	—	—	—	—	—	—	2	—	—	—
Totals	2,090	40	359	452	1,121	33	16	69	—	49	1

TUBERCULOSIS.

During the year 82 new cases were notified.

Particulars relating to the same, and also to the deaths which occurred during 1955 are contained in the following table:—

Age Period	New Cases				Deaths			
	Respiratory		Non Respiratory		Respiratory		Non Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 ...	2	1	—	—	—	—	—	—
5—14 ...	—	1	1	—	—	—	—	—
15—24 ...	12	12	—	—	—	—	—	—
25—44 ...	15	6	2	1	1	2	—	—
45—64 ...	21	4	1	—	4	2	1	—
65	2	1	—	—	1	1	—	1
Age Unknown	—	—	—	—	—	—	—	—
Totals ...	52	25	4	1	6	5	1	1

There were no deaths from non-notified cases during the year.

	Pulmonary.		Non-Pulmonary.		Total.
	M	F	M	F	
No. on Register at commencement of year	512	347	43	44	946
No. on Register at end of year	516	343	39	42	940

Rehousing.

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



BOROUGH OF BEXLEY

COMMITTEE FOR EDUCATION

Annual Report

on the

School Health Services

For the Year 1955

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**

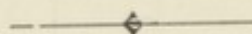
Chairman: Councillor J. C. Canton.

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

Alderman M. J. Corr	Alderman Mrs. H. F. Piggott
Councillor S. H. Philpot	Councillor Mrs. E. M. Sheppard
Councillor Mrs. J. Tatham	Councillor W. P. Webster

Co-opted Members:

Miss D. C. Collins, O.B.E.	Revd. E. Maynard Wilson
	Revd. A. E. Ramsbottom, B.D.
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. (Full-time from 3.10.55).
		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 ...	...	P. G. Arnold, L.D.S., R.C.S. (Eng.). (Part-time).
		G. Wilson Lawrence, L.D.S., R.C.S.
Orthodontist ...	...	Neil K. Thorn, L.D.S., R.C.S., (London). (Part-time).

Health Visitors	Miss K. P. Hart, S.R.N., S.C.M., and Health Visitor's Certificate. Mrs. A. E. Matthews, S.R.N., S.C.M. (Temporary). Miss L. G. Exley, S.R.N., S.C.M., and Health Visitor's Certificate (Part-time). Mrs. C. A. Tucker, S.R.N., S.C.M., and Health Visitor's Certificate (Part-time). Mrs. M. T. Layton, S.R.N., S.C.M., and Health Visitor's Certificate (Part-time). Mrs. M. Ayers, S.R.N. (Part-time).
Physiotherapist	Miss R. Cheeseman, M.C.S.P., M.S.R.
Speech Therapists	Mrs. D. Rant, L.C.S.T. Mrs. R. Pyett, L.C.S.T. (from 21.3.55).
Dental Attendants	Mrs. Ivy Birtchnell. Miss K. Dunkley. Mrs. V. Sproul. Miss J. A. Smith — Hygienist.
School Health Service Clerk ...	Miss M. C. A. Smith.
General Clerks	Miss O. G. Turnbull. Miss R. Thomas. Miss E. Turner.

REPORT ON THE SCHOOL HEALTH SERVICE DURING THE YEAR 1955.

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

MR. CHAIRMAN LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1955.

Once again it is my pleasant duty to report that nutritional standards among the school children were high during the year. The recognition by medical officers that some degree of subjectivity is unavoidable in such assessments ensures that no undue emphasis is placed upon them but it can be maintained that these results, which are based on height and weight, posture, muscularity and the amount of subcutaneous fat and general appearance, when combined with a knowledge of school performance and, in some cases, of the home environment of the child as well, can be a useful and practical guide. During 1955 children were classified into three groups, A, B and C, and it will be seen from Table IIB on page 68 (Classification of General Condition) that only 2.38% of the 5,003 children assessed in this way were in the lowest category.

It is now 20 years since the term "malnutrition" was omitted from the return required by the Board of Education and the fourfold A, B, C, D Classification adopted. The latter has, for some years, been superseded by the three categories used in this report. As from the 1st June, 1956, the heading "General Condition" will be amended to "Physical Condition", and it is intended that this will be a summing up of the medical officer's opinion of the child's physical condition as a whole. In addition, the A, B, C, Classification will be replaced by only two categories, "Satisfactory" and "Unsatisfactory". The reason for this change is a practical one in that every child whose physical condition is considered unsatisfactory will be thoroughly investigated and this will include his home circumstances, sleep, diet, etc. and the appropriate remedies applied.

It is, sometimes, not sufficiently appreciated that the periodic medical inspection of school children which was designed when the School Health Service first came into operation in 1907 to detect, as early as possible, any physical defects which might prevent the child from profiting from his

education has become, with the passage of time, what has been well called "a periodic health audit of the whole child" which is taken to mean not only the physical aspects of health, but his mental and personality aspects as well. It will be evident that, in recent years, our conception of health has widened considerably and, as has been said elsewhere in this report, higher levels of health are being sought which are linked up, not merely with the discovery of overt disease but with the functional wholeness of the child and his ability to make the best use of his natural endowments and his educational opportunities.

It follows from this that greater emphasis must, nowadays, be placed on the psychological health of the child, and this is well exemplified in a report which I have received from one of our medical officers. "Work in the Minor Ailment Clinic in this area, during the last year, has been remarkable for the shift of emphasis from physical disease to psychosomatic disorders and overt behaviour problems which now account for about 75% of the time spent there. The change is thought to be due to the increased awareness on the part of parents and teachers to the importance of these difficulties and their social implications. The general practitioners, too, with whom there is excellent co-operation, are usually pleased to be relieved of responsibilities in this field.

The specialized training required for this very responsible work is, in the nature of things, still lacking, but increased liaison with the Child Guidance Clinic helps to bridge the gap. The Minor Ailment Clinic now corresponds, in its concern with nurture in its widest sense, to the Welfare Clinics for the pre-school child". I should like to acknowledge the help which we receive from Dr. Zausmer, the Director of the Crayford Child Guidance Clinic, and his staff in elucidating the many problems of this nature which are so frequently encountered.

During 1955, routine gramophone audiometry was continued and the 9 year age group, numbering 1,348 children, was examined. Routine audiometry will, in future, become an intrinsic part of the School Health Service in the Borough of Bexley and, at the time of writing, arrangements are in hand for the purchase of a Pure Tone Sweep Frequency Audiometer which has many advantages over the gramophone audiometer and can be applied even to the youngest school age groups as writing is not required. Further advantages are that the apparatus is easily portable and the tests can be done in a small room, thus reducing dislocation

of school work to a minimum. As in previous audiometric surveys, children found to have a significant hearing loss will, after examination by the medical staff, be referred, if necessary, to the Ear, Nose and Throat Clinic at the West Hill Hospital, Dartford. The services provided by this clinic leave little to be desired. Appointments are made promptly and there is an excellent liaison between the specialists and their staff and ourselves.

The staffing position in the School Dental Service is still unsatisfactory, arising from the difficulty in recruiting dental staff. There is no easy solution to this nation-wide problem and relief may only be forthcoming with the appointment of dental auxiliaries in accordance with the provisions of the new Dentists Act. It may well be there are certain dental procedures which could be handed over to technicians but it will always be necessary for the latter to work under the close supervision of dental surgeons. It is regrettable that such a scheme should be necessary but the alternative appears to be an indefinite continuation of the present shortage which places great difficulties in the path of any comprehensive scheme of preventive dentistry. A second possible measure which would require governmental action is the fluoridation of water supplies with a view to preventing the onset of dental caries and if this had the desired effect, the available dental staffs would be in a better position to cope more adequately with the smaller burden of caries resulting therefrom. It is not sufficiently recognised that the water supplying this area is, practically, devoid of fluorine while there is growing experimental evidence that the presence of this element in the proportion of about one part per million in the water supply may make the teeth of children much less liable to decay. Experimental fluoridation projects are in operation in a number of areas in the United Kingdom and it is hoped that this area will one day reap the benefit of the results of these investigations.

Unfortunately, both are long term projects, which are unlikely to affect the present unsatisfactory position for a number of years to come. Of more immediate assistance would be the recognition that excess of sugar is an enemy of dental health in children. At a recent conference on preventive dentistry it was generally agreed that sugar taken at meal times is comparatively harmless to the teeth but that the frequent eating of sweets and the sucking of iced lollies in between meals were the chief dangers. Regular cleaning of the teeth is essential but one often meets cases

where children clean their teeth before retiring and then are allowed to eat sweets or biscuits before going to sleep. This is, undoubtedly, asking for trouble.

The opening of the new Grammar School and the Gravel Hill County Primary School during the year has meant increased responsibility for the School Health Service but, with a suitable adjustment in the medical staff, the additional work has been assimilated without difficulty.

A feature of the health of schoolchildren in the Borough for many years has been the exceptionally low rate of infestation of schoolchildren with vermin. This is now being recognised by a substantial reduction in the number of school inspections by Health Visitors for this purpose. In future, cleanliness inspections will be carried out in secondary schools only when they are requested by head teachers. In primary schools regular cleanliness inspections will be discontinued where, at three consecutive inspections, no cases of uncleanness have been found but further inspections will be made if requested by the head teacher or it appears that special circumstances warrant an intensification of this work.

Once again I am happy to report on the greatly improved facilities for speech therapy, arising out of the extended facilities now provided at the Murchison Avenue Clinic. Staff and parents alike are pleased that children can now be sent for within a very short time of referral.

The Ophthalmic Clinic has, over the past nine years, reached a high degree of stability and for this reason has not called for any special comment. A study of the statistics of the work carried out at this clinic on page 59 will show that a considerable amount of work has been carried out during the year by Dr. Chambers and his staff. It is our intention, in future, to institute an eye examination for 5 year old as soon as possible after admission to school and this will increase still further the work of this clinic. In effect, each child will have a routine eye test on at least five occasions during his school life, which should ensure that no child experiences educational difficulty on account of defective vision.

Once again, I wish to acknowledge the excellent co-operation that exists between head teachers, parents, school medical officers, health visitors and the various specialist services upon which we call. The work of the Education Welfare Officers is especially valuable and their careful case reports on individual children are often the starting point of an investigation of considerable importance to the health of the children concerned.

The School Health Service has, in the course of a year, to cope with an enormous amount of detail, which calls for an efficient and painstaking office administration. Particularly important is the follow-up system which ensures that the health of the school child is kept under constant review, as nothing is so calculated to forfeit the confidence of parents as a promised appointment in, shall we say, a year's time, which is not promptly made. I wish, therefore, to record my appreciation of the help which I have received during the year from Miss Smith, the Senior Clerk, and her assistants. I wish, also, to express my thanks to all my colleagues in the School Health Service and to the County Medical Officer and his staff and the Borough Education Officer and his department for much help and assistance.

Finally, I wish to thank the Chairman and Members of the Welfare and School Attendance Sub-Committee for the great interest which they take in the work of the School Health Service and for the encouragement which I have received from them at all times.

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 Grammar School.

Average number on Roll at 31st December, 1955 155

Bexley County Technical School for Girls.

Average number on Roll.

Bexley 993

Wilmington Annex 213

Seven County Secondary Schools.

Average number on Roll 3,191

Twenty-five County Primary Schools.

Average number on Roll 7,563

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,
9.0-10.0 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.

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

Bexleyheath—315, Broadway.

Thursday, Friday, Saturday morning 9.30-11 a.m.

Thursday, Friday afternoon, 2-4 p.m.

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 and Friday, 9.30-11 a.m., 2-4 p.m.

Thursday, 2-4 p.m.

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.

Bexley—Murchison Avenue.

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

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

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

Speech.

Bexley—Murchison Avenue.

Each morning, except Saturday 9.30-12.30 p.m.

Each afternoon, except Saturday 2-4.30 p.m.

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-year-olds 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.

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 67 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—1955.

Average number of pupils in attendance:—

Primary School	...	...	...	...	6,842
Secondary Schools	...	...	...	...	4,295
					<hr/>
					11,137

Average number of dinners served to children daily:—

				<i>Paid</i>	<i>Free</i>	<i>Total</i>
Primary	...	...	...	3,181	63	3,244
Secondary	...	...	...	2,554	80	2,634

Milk.

Average number of pupils taking milk daily:—

Primary	...	...	...	...	...	6,883
Secondary	...	...	...	...	...	2,584
				Total	...	<u>9,467</u>

Orthopædic Clinic.

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

The Orthopædic Clinic at Welling has continued throughout the year on the first and third Wednesday mornings of the month. There has been some decrease in the numbers attending, but there has been no change in the type of case sent up.

Miss Cheeseman has continued as Physiotherapist for the past year and her services are very much appreciated by all.

The observations in my previous reports about lack of accommodation still applies, and we are still cramped in our activities.

And to Mr. B. Lawson, F.R.C.S., for the following:—

The Orthopædic Clinic for 1955 has shown no great variation from 1954. The patients were referred mainly for abnormalities of the feet, legs and posture, which included three severe scolioses. Operations on the feet were mainly confined to flexor extensor transplants for claw toes and isolated operations on individual toes. One congenital dislocation of the hip was transferred to West Hill Hospital and is making satisfactory progress under my treatment there.

X-Ray facilities generally would be better if nearer at hand. There is some delay between seeing the patient and reviewing the X-Rays, as clinics are only held at one monthly intervals. However, in cases of semi-urgency I have transferred these to West Hill.

Dental Treatment.

I am indebted to Mr. N. K. Thorn, L.D.S., R.C.S., for the following report:—

In a general way, orthodontic work is in great demand and is a very popular side of dentistry. Not many private practitioners are eager to do this type of treatment and therefore orthodontics should be an important part of the School Dental Service.

Ophthalmic Clinic.

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

The attendance at Little Danson Ophthalmic Clinic has been well maintained during the year and the waiting list has rarely exceeded four weeks. The following tables illustrate some of the special cases seen at the clinic during the year:—

Congenital.

Ptosis	...	...	...	...	...	...	16
Nystagmus	...	...	...	...	...	...	12
Lens Opacities	...	...	...	...	...	...	8
Epicanthus	...	...	...	...	...	...	7
Colour Defects	...	...	...	...	...	...	45

Acquired.

CONSTITUTIONAL.

Migraine	...	...	...	...	...	...	25
Anxiety States	...	...	...	...	...	...	30
(with ocular symptoms).							

INFECTIVE.

Styes	...	...	...	...	...	...	14
Acute Conjunctivitis	...	...	...	...	...	...	7
Corneal scars	...	...	...	...	...	...	8

OTHERS.

Meibomian Cysts	...	...	...	...	...	...	5
Squamous Blepharitis	...	...	...	...	...	...	33

Refractions Referred to Hospital 22

I would like to record my appreciation of the ready help I have received from the Head Teachers of the various schools whose pupils come to me.

Speech Therapy.

I am indebted to Miss Joan Pollitt, Chief Speech Therapist to the Kent Education Committee for the following report:—

During March, 1955, the Speech Therapy Clinic was transferred from Wrotham Road to rooms adjoining the Murchison Avenue School and Maternity and Child Welfare Clinic. Two Rooms are now available for use as "full-time" Speech Therapy Clinics. It has therefore been possible for Mrs. Rant to work at the clinic during eight sessions instead of two sessions as formerly, and for Miss Beaumont to give a further four sessions each week. Throughout the year, two students, attending Speech Therapy Training Schools in London, have gained experience in clinical practice by each attending for two sessions per week. These new arrangements have had the effect of reducing the waiting list from eighty-one at the end of 1954 to eleven at the end of 1955; of these eleven, six are "Bexley" children. One "Bexley" child is on the waiting list at the Crayford Clinic.

The cases of seventy-two children, who are under the care of the Bexley Authority, have been closed during 1955. Sixty-one of these children have attended at the Bexley Clinic, eight at the Sidcup Clinic and three at the Crayford Clinic.

The cases of these seventy-two children have been closed for the following reasons:—

Satisfactory result	27
Treatment incomplete owing to parents discontinuing appointments or owing to family leaving the district after some progress had been made	9
Found to have improved when first seen by the therapist	7
Reported to have improved prior to appointments being offered or when appointments were offered	5
Investigation incomplete	2
Appointments offered but no appointments kept. Owing to the long waiting list which was in existence at the end of 1954, some of these cases had been referred two or more years before appointments were offered	22

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Fifty-eight cases under the care of the Bexley Authority, who were attending at the clinics during 1955 will continue to attend into 1956. One of these children attends at the Crayford Clinic, three attend at the Sidcup Clinic and the remaining fifty-four children attend at the Murchison Avenue Clinic.

Cleanliness Inspections.

(See Table III).

During the year the School Nurses carried out 12,233 examinations of children in School and 26 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.

Attention is drawn to the foreword to this report for details of the new arrangements in regard to these inspections.

PHYSICAL EDUCATION.

I am indebted to the Physical Education Advisers, Mr. J. M. Pell and Miss J. Hulton, for the following report:—

During recent years some experiments and investigation has been in progress in an effort to determine the most effective type of Physical Education for building strong healthy members of the community. It is now time to take stock to see whether our present schemes are on the right lines and whether we are achieving our aims.

The realisation that a child has need of many and varied outlets for development, makes it more than ever necessary to formulate provision during the full school course for a wider range of physical activities than formerly, which will be fully developmental and which may be usefully continued as recreation in adolescence and adult life. If we are to enable an individual to reach his full capacity there can be no standard formula or mass production methods that can be applied to large groups of children with their differing backgrounds and personalities, taught under widely varying conditions. But this freedom from standardised lessons does imply greater responsibility for the teacher; it places great demands on the teacher's powers of observation and requires more detailed understanding of

the individual pupil and of the fundamental principals underlying schemes of work. These fundamental principles must not be lost sight of in the widening programmes ahead.

The growing interest in Television was generally thought to be disadvantageous to participation in practical activities and conducive to an age of physical comfort and inactivity. Instead however, it seems as though this medium can be harnessed to form a splendid ally; the sports programme, technical training series and competitions of varying physical activities have provided additional interest in techniques and generally stimulated effort to the right direction.

During the year 1955 physical education in the schools in the Bexley area has been generally alive, interesting and progressive and the standard of effort at all levels has been fully maintained, despite considerable movement of teachers to schools in other areas.

Gymnastics.

On the boys' side, gymnastics have remained the primary means of physical education, but increased attention has been given to some non-gymnastic activities popular in the boys' post-school life. During the year under review, indoor work in boys' schools has developed along two distinct lines, and opportunities have been afforded to assess the relative merits of each:—

- (1) *General Schemes* in which individual lessons were devoted to developmental work of a gymnastic nature, together with a number of separate skills from various sports and games.
- (2) *Blocked Schemes* in which one particular facet of physical education was allocated a number of consecutive periods, the various branches of Physical Education being given due attention throughout the academic year.

In Boys' Secondary Schools "circuit training" has been introduced as a means of developing strength and of providing challenge to older boys. It is hoped that this method of training will give a new incentive to the less skilful performer, since it relates an individual's performance to his physical ability.

Some experiments have been made in Secondary Schools during 1955 to allow a certain amount of choice of activity to

older boys and girls. In doing so, recognition has been given to the wide range over which human physique can vary and to the fact that successful performance in the different fields of physical education is often closely related to physique. Where there is adequate accommodation and sufficiently qualified physical education staff, this development has proved most successful and appears worthy of closer attention in the future.

Outdoor Games and Sports.

Games, once again, suffered most from the vagaries of inclement weather during the early months of the year and the unsuitable footgear often worn by many pupils, especially girls, has definitely limited the scope of training.

Training in the basic skills of the major games, sports and athletics has continued as part of the normal curriculum, and facilities have on the whole been well used. More attention has been paid to increasing the number of track and field events in athletics and to choosing more than one major game during winter and summer. With the increase in the number of outdoor activities covered there remains, in some cases, much to be done to improve teaching methods and teaching technique if the playing field activities are to be taught with the precision which has been accorded in the past to indoor gymnastics. In some cases it is anticipated that, in the future, more time will need to be given in games lessons to training individual and team skills if the different outdoor games and sports are to be grounded effectively, and the limited time available is to be used to the best advantage.

An account of the physical education scheme in Schools would be incomplete without reference to its full expression in competitions and tournaments outside school hours. To this end numerous teachers have given freely of their time and energy in organising and conducting inter-house, inter-school and inter-district matches in a variety of activities, thus enabling a host of children in the Borough to get a weekly game at their appropriate level in the seasonal sports.

Swimming Instruction.

It is encouraging to find in the schools of the Borough an increasing awareness of the value of the teaching of swimming. One school situated some distance from a

Swimming Bath, has prepared plans and collected enough money to install a small training bath on the school site; it is hoped to begin work on the project during 1956.

Attendances, during the Summer Term, at Plumstead, Eltham Hill, Eltham Park and Danson Park were:—

Schools.	Attendances.	No. of Children.
6 Secondary	15 classes (25-30 children)	approx. 455 per week.
11 Primary	27 classes (25-35 children)	approx. 820 per week.
	Total	... <u>1,275</u>

A total of 286 Swimming Certificates for distances between 25 yards and 1 mile was issued during the year; two schools continued swimming at the Plumstead Bath throughout the Autumn and Spring Terms.

Further Training of Teachers

The further training of teachers is an essential factor in the introduction of new ideas and methods of teaching. During the year opportunities have been provided for attendance at the following Courses:—

- (i) *Physical Education* for men and women teachers in Junior Schools.
- (ii) *Physical Education* with special reference to climbing apparatus for women teachers in Infant Schools.
- (iii) *Movement training* for teachers in Primary Schools.
- (iv) *Gymnastics* for men teachers in Secondary Schools.

All these Courses attracted encouraging support and attendances were appreciable throughout.

In conclusion, I wish to express my thanks to the Borough Education Officer and his staff for their valuable support, as well as my appreciation of the good work done by the Head and Assistant Teachers in the schools.

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 Groups:

Entrants	...	...	...	...	1,110
Second Age Group	...	...	...	...	1,224
Third Age Group	...	...	...	...	793

Total ... 3,127

Number of other Periodic Inspections ... 1,876

Grand Total ... 5,003

B. — Other Inspections.

Number of Special Inspections ... 1,792

Number of Re-Inspections ... 3,500

Total ... 5,292

C. — Pupils Found to Require Treatment.

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

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	48	170	182
Second Age Group	116	237	299
Third Age Group	68	126	174
Total (prescribed groups)	232	533	655
Other Periodic Inspections	190	283	396
Grand Total	422	816	1051

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year ended 31st December, 1955.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring Treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4.	Skin ...	136	169	80	13
5.	Eyes—				
	a. Vision ...	422	534	64	15
	b. Squint ...	85	78	10	3
	c. Other ...	80	51	38	9
6.	Ears—				
	a. Hearing ...	37	275	37	64
	b. Otitis media ...	12	71	6	3
	c. Other ...	52	75	8	5
7.	Nose or Throat ...	121	583	99	69
8.	Speech ...	18	53	19	4
9.	Cervical Glands ...	11	286	4	7
10.	Heart and Circulation ...	10	104	11	34
11.	Lungs ...	23	318	42	78
12.	Developmental—				
	a. Hernia ...	11	23	—	1
	b. Other ...	26	159	4	3
13.	Orthopædic—				
	a. Posture ...	89	163	2	4
	b. Flat Foot ...	132	203	10	5
	c. Other ...	73	419	35	28
14.	Nervous System—				
	a. Epilepsy ...	6	25	2	14
	b. Other ...	4	34	14	22
15.	Psychological—				
	a. Development ...	5	79	31	103
	b. Stability ...	12	321	90	77
16.	Other ...	48	157	174	176

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

Age Groups (1)	No. of Pupils Inspected (2)	A. (Good)		B. (Fair)		C. (Poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	1110	428	38.56	653	58.83	29	2.61
Second Age Group ...	1224	602	49.19	598	48.85	24	1.96
Third Age Group ...	793	405	52.00	379	47.00	9	1.00
Other Periodic Inspections ...	1876	792	42.22	1010	53.84	74	3.94
Total ...	5003	2227	45.49	2640	52.13	136	2.38

**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	12,233
(ii) Total number of pupils on roll of schools visited	10,122
(iii) Total number of individual pupils found to be infested	26
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Grammar and Technical Schools.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	—
(ii) Total number of pupils on roll of schools visited	—

- (iii) Total number of individual pupils found to be infested —
- (iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) —
- (v) Number of individual pupils in respect of 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	...	...	8	—
	(ii) Body	...	...	10	—
Scabies	...	...	...	5	—
Impetigo	...	...	...	4	—
Other skin diseases	...	...	...	109	—
Total				136	—

Group II.—Eye Diseases, Defective Vision and Squint.

				No. of Cases dealt with by the Authority otherwise	
External and other, excluding errors of refraction and squint	...	...	...	210	—
Errors of refraction (including squint)	...	...	...	1,922	22
Total				2,132	22
				—	—
Number of pupils for whom spectacles were					
(a) Prescribed				667	—
(b) Obtained				538	—

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

	Number of cases treated by the Authority otherwise	
Received operative treatment		
(a) for diseases of the ear ...	—	—
(b) for adenoids and chronic tonsilitis 	—	75
(c) for other nose and throat condition 	—	4
Received other forms of treatment	—	12
	—	—
Total	—	91
	—	—

Group IV.—Orthopædic and Postural Defects.

(a) Number treated as in-patients in hospitals 	12	
	by the Authority	otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out- patients departments ...	188	25

Group V.—Other Treatment Given.

	Number of cases treated by the Authority otherwise	
(a) Miscellaneous minor ailments	806	—
(b) Other		
1. Minor Eye Defects ...	114	—
2. Minor Ear Defects ...	114	—
3. Minor Injuries 	30	—
	—	—
Total	1,064	—
	—	—

TABLE V.
Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers—		
(a) Periodic age groups	... ..	1,660
(b) Specials	... ..	1,712
	Total (1)	3,372
(2) Number found to require treatment 2,450		
(3) Number referred for treatment 2,450		
(4) Number actually treated 1,646*		
(5) Attendances made by pupils for treatment 4,013*		
(6) Half days devoted to: Inspection 11		
	Treatment	688
	Total (6)	699
(7) Fillings: Permanent Teeth 1,574		
	Temporary Teeth	1,511
	Total (7)	3,085
(8) Number of teeth filled: Permanent Teeth 1,467		
	Temporary Teeth	1,477
	Total (8)	2,944
(9) Extractions: Permanent Teeth 267		
	Temporary Teeth	772
	Total (9)	1,039
(10) Administration of general anæsthetics for extraction 375		
(11) Other operations: Permanent Teeth 1,057*		
	Temporary Teeth	178
	Total (11)	1,235

* These figures include orthodontic work.

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) Educationally sub-normal	(8) Mal-adjusted	(9) Epileptic	TOTAL (1) to (9)
On or about 31 January, 1956:—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils newly placed in Day Special Schools or Boarding Homes	—	—	—	3	—	4	9	1	—	17
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	1	—	—	2	39	4	6	5	—	57
On or about 31st January, 1956:—										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as:										
(a) Day Pupils	—	3	4	1	—	11	23	—	—	42
(b) Boarding Pupils	3	1	1	1	16	5	5	6	—	38
(ii) Attending independent schools under arrangement made by the Authority	—	—	—	1	—	—	—	—	—	1
(iii) Boarded in Homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	—	—	—
Total (C)	3	4	5	3	16	16	28	6	—	81
D. Were being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(i) In hospitals	—	—	—	—	—	1	—	—	—	1
(ii) In other groups (e.g. units for spastics)	—	—	—	—	—	—	—	—	—	—
(iii) At home	1	—	—	—	1	5	1	—	—	8
E. Were requiring places in special schools:—										
(i) TOTAL (a) day... ..	—	—	—	—	—	—	7	—	—	7
(b) Boarding	—	—	—	—	—	4	2	—	—	6
Please state how many pupils are included in the totals above:—										
(ii) who had not reached the age of 5:										
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places...	—	—	—	—	—	—	—	—	—	—
(iii) who had reached the age of 5, but whose parents had not consented to their admission to a special school:										
(a) awaiting day places	—	—	—	—	—	—	2	—	—	2
(b) awaiting boarding places...	—	—	—	—	—	—	—	—	—	—
Number of children reported during the year:—										
(a) Under Section 57(3) (excluding any returned under (b))										3
(b) " " " relying on Section 57(4)										—
(c) " " " 57(5)										3
of the Education Act, 1944.										

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