

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

Contributors

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LONDON BOROUGH OF BEXLEY



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1971

LONDON BOROUGH OF BEXLEY

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
and
PRINCIPAL SCHOOL MEDICAL OFFICER
for the year
1971

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MEMBERS OF THE HEALTH COMMITTEE

(as at December, 1971)

Ex-Officio: The Worshipful the Mayor
(Councillor Kenneth J. Smith, M.B.C.S.)

Chairman: Councillor L.E. Francis

Vice-Chairman: Councillor J.A. Clark

Alderman	J.F.L. Gates	Councillor	Mrs. R.M. Irvine
"	Mrs. A.E.F. Orange	"	Mrs. A. Jamieson-Harvey
"	Mrs. M. Roberts	"	Mrs. K.E. Lloyd
Councillor	N.C. Austin	"	Mrs. A.M. Martin
"	M.A. Barrett	"	J.D. Minett
"	Mrs. D.P.C. Beazley	"	A.A. Pease
"	J.A. Clark	"	A.N.L. Stuttle
"	L.E. Francis	"	Mrs. M.E. Vago
"	G. Green	"	G.H.F. Mead

Co-opted Members:

Councillor J.C. McLean
Dr. M.J. Barnard
Mr. J.N. Powrie

South East Metropolitan Regional Hospital Board
Kent Local Medical Committee
Executive Council for South East London and Kent

PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

(at 31st December, 1971)

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER:

Dr. H. James, L.R.C.P., L.R.C.S.(E)., L.R.F.P.S.(G)., D.P.H.

Deputy Medical Officer of Health & Principal School Medical Officer:

Dr. F. Stang, M.D., L.R.C.P., L.R.C.S., D.P.H.

Principal Medical Officers:

Dr. S. Syrop, M.D., D.T.M. & H., D.P.H., D.C.H.
Dr. G. Sethi, M.B.B.S., D.T.M. & H., D.P.H., D.I.H.

Senior Medical Officers:

Dr. M.B. Edge, M.B.Ch.B., D.P.H.
Dr. R.M. Stellman, M.B., Ch.B.
(1 vacancy)

Medical Officer in Department (Senior):

Dr. V.G. Wad, M.B., B.S., D.P.H.
(Medical Officers in Department – 5)
Full time equivalent.

Principal Dental Officer:

Mr. J.H. Forrester, L.D.S., R.C.S. (Eng.)

Chief Administrative Officer:

Mr. C. Burgess

Senior Dental Officers:

Mrs. J.E. Sansom, B.D.S., L.D.S., R.C.S.
Miss E.M. Scutt, L.D.S., R.C.S., B.D.S.
Dental Officers – 5 (1.7 vacancies)
Dental Auxiliaries – 4 (2.2 vacancies)
Dental Surgery Assistants – 7

Head of Administrative Support Division:

Mr. G.A. Pearson
Office Manager – 1
Administrative Officers – 4
Administrative & Clerical Staff – 35
Clinic Clerks – 9 (1.5 vacancies)

Chief Public Health Inspector:

Mr. P.R. Hickson, M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector:

Mr. A.W. Kent, M.R.S.H., M.A.P.H.I.
Senior Public Health Inspectors – 4
Public Health Inspectors – 6
Student Public Health Inspectors – 3 (2 vacancies)
Clean Air Technical Assistants – 2
Foreman Disinfestation – 1
Rodent Operator – 3
Mortuary Attendant – 1

Senior Area Nursing Officer and Non-Medical Supervisor of Midwives:
Miss M.C. Gooderham, S.R.N., S.C.M. Queens Certificate, H.V. Certificate

Area Nursing Officers;

Mrs. N.G.V. Cooper, S.R.N., S.C.M., H.V. Certificate
Mrs. F. Pearce, S.R.N., S.C.M., D.N. Certificate
Assistant Area Nursing Officer (Senior) – 1
Assistant Area Nursing Officers – 2
Group Adviser/Health Visitors – 3
Health Visitors – 43 (2.5 vacancies)
Student Health Visitors – 5 (1 vacancy)
Clinic Nurses – 3 (1 vacancy)
Midwives – 8 (1 vacancy)
District Nurse/Midwife – 6
District Nurses – 33
Nursing Auxiliary – 8 (1 vacancy)
Nursery Assistants – 1

Health Education Officer:

Miss M.D. Wesson, S.R.N., H.V.

Chief Chiropodist:

Mr. B.R. Marsh, M.C.H.S., S.R.C.H.
Chiropodists – 5 (1.8 vacancies)

Senior Speech Therapist – 1 (1 vacancy)

Speech Therapists – 3 (1.3 vacancy)
Physiotherapist – 1 (.5 vacancy)

Messengers – 2
Orthoptist – 1 (1 vacancy)
Caretaker – 1

Health Department,
9, Brampton Road,
Bexleyheath, Kent.

To: The Worshipful The Mayor, Aldermen and Councillors
of the London Borough of Bexley.

Mr. Mayor, Ladies and Gentlemen,

I have the honour of presenting my Report on the work of the Health Department of the Borough for the Year 1971.

During the early part of the year a great deal of the work was associated with the separation of the Social Services from the Health aspects of the Local Authority Services with the formal function of a Social Services Department commencing on 1st April, 1971. Services with a predominant health commitment remained with the Health Department, although there were inevitably services passed to the Social Services Department in which health aspects were of vital importance. It appears quite clear to me that the community must look upon each and every person as a whole; neglect of certain social principles must inevitably eventually produce medical symptoms, while many an illness will present in its wake social problems. It is for this reason that the two Departments must continue to work closely together, so that adequate links will have been produced by the time the unification of the Health Services takes place.

Another matter of considerable importance was the implementation of the Education (Handicapped Children) Act of 1970. This meant the transfer of the two junior training centres, Marlborough and Shenstone, to the control of the Education Committee. The Act's intention is that every child, irrespective of handicap, should attend a school suitable to his needs, and that in future no child will be destined to be considered unsuitable for education at school. Undoubtedly this is a far-sighted Act, which will prevent anomalies and the heartbreak of many parents having their child ascertained. These children will now come under the care of the School Health Service and very close medical observation will be maintained to ensure that no child is prevented by medical reasons from reaching its full potential.

Almost simultaneously in May 1971 the Consultative Document on the re-organisation of the National Health Service was produced. This emphasised the urgent need of setting up close and lasting liaison links with all Local Authority Departments in preparation for the day when all health functions, save Environmental Health Services, will be transferred out of the immediate control of Local Government.

One of the many decisions taken at that time was to split the Borough into three nursing areas coterminous with the Social Services area teams, each health service area having associated with it not only a Principal Medical Officer, but also an Area Nursing Officer, so trying to produce at daily working level co-operation between the field officers of the two Departments. This, to my mind, was even more important than the co-ordination of the two Departments at planning level. Incidentally, almost as a by product, this division into areas will before very long facilitate the introduction of a full Mayston structure of Nursing Management, with the appointment

of inter-disciplinary Area Nursing Officers responsible for all nursing services within their particular area of the Borough and the eventual appointment of a Chief Nursing Officer.

Attachment of Nursing Staff to General Practitioners

Probably no other single decision taken in the department will have wider reaching results than the gradual attachment of "Nursing Teams" to General Practitioner patient lists. A pilot project was agreed to in the northern part of the Borough and I am sure this will be expanded throughout the coming years across the whole Borough.

I should particularly like to show my appreciation of the Nursing Staffs' full and enthusiastic co-operation in this scheme, in the face of occasional disappointment and a generally increased work-load. No praise is too high and I am sure I speak on behalf of all the General Practitioners and Medical Officers in the department in saying "Thank you" to all members of the nursing staff.

Health Centres

The construction of the permanent health centre at Thamesmead continued and was nearing completion at the end of the year. The building was expected to become operational early in 1972, when the services would transfer into it from the temporary health centre.

Vital Statistics

The local birth rate is remaining rather higher than for the rest of the London area, being equal to that for England and Wales. In a dormitory suburb such as Bexley, family planning must be kept in the forefront of any aim to improve general health standards among the population, and it is gratifying to see the gradual increasing awareness of the public in this respect.

Looking at the causes of deaths in the Borough, it is seen that the Heart and Vascular Diseases accounted for by far the greatest number, i.e., 955 out of a total of 2149. Malignancy, for so long most feared as the terminal illness, accounted for 451 deaths. This nevertheless indicates a further rise in the number of deaths due to Carcinomas and from the classification it will be seen that by far the commonest site remains malignancy of the lungs and bronchi, the deaths in males being far higher than that in females. Perhaps one ought also to mention the increase in suicides and self inflicted injuries. One wonders how significant this really is?

More and more it appears that a far greater amount of time, money and effort requires to be spent on the elucidation of the epidemiology of the Cardio Vascular Diseases, if a long and active life is to be our aim.

Assessment Groups

A somewhat unusual feature of the use of Clinics are the assessment groups catering for pre-school children who are physically and mentally handicapped or are in need of assessment prior to placement in a suitable school by the time school entry age is reached. The usefulness

of these groups is quite apparent and fulfils a longfelt need. It gives a chance for Medical Officers to observe or have the child observed by a trained person, prior to giving their views about any handicap.

School Health Service

The Education (Milk) Act of 1971 was enacted during the year. Perhaps it suffices to say, whatever the arguments for and against, that a very large amount of time has been spent by departmental staff to ensure that no child who would benefit medically from the provision of milk was deprived of it. This has absorbed not only administrative and nursing, but also medical resources which are in very short supply. A continuing surveillance will be necessary not only to ensure that children are regularly examined to see whether they still require milk but also to assess any possible long term effect for good or ill.

The Department has given considerable attention during the year to ensuring that the diagnosis and assessment of handicaps is made at a very early stage, and, in view of limited available resources, the "At Risk" Register was carefully reviewed and perfected. This has enabled the doctors to focus their attention and skills on children in most need, and efforts were made to provide in-service training facilities for Medical Officers and General Practitioners in this most important field of preventive medicine.

Considerable efforts were expended in keeping communicable diseases under control and the general trend has continued in a downward direction. The continual sporadic cases of food poisoning cause some concern, particularly as so many of them are not diagnosed early enough to take effective remedial action.

Cervical cytology clinics have been expanded into "Well Women" clinics and from the report on this section of the work of the department, one of the facts highlighted is the large amount of possibly undetected gynaecological disease in the general community.

One of the most important tasks of the Department this year has been a re-appraisal of the objectives of the Department, involving the various professional disciplines, evaluating what is being done and gradually producing plans for the future. High on the priority list was the need to determine readiness by which General Practitioners might become interested in Health Centres. There already appears to be a considerable change in attitude and a gradual expansion of this programme will be seen to be fully justified.

Recruitment of the more senior members of the staff has not been very easy, especially in the medical field, but at least a positive approach to the necessary commitments of the Department will, I hope, encourage new recruits to come to Bexley or deter existing staff from seeking new positions, except in the case of promotion.

Once again, I would like to express my sincere thanks to all members of the Council and particularly the Chairman and members of the Health and Education Committees : to a wide range of colleagues in all branches of the Health Service and in the various departments of the Council, as well as all voluntary workers. Without their co-operation and helpfulness, effective provision of services to the public would have been much more difficult.

Finally, I would like to mention my gratitude to all the Staff of the Health Department, who have carried out their work so efficiently during the past year, often working far beyond the call of duty. Without their devoted help I could not have carried out my task.

I am,

Yours respectfully,

HERBERT JAMES

Medical Officer of Health &
Principal School Medical Officer.

December, 1971.

STATISTICS AND SOCIAL CONDITIONS

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HEALTH CENTRES

The first temporary Health Centre at Thamesmead came into use in 1969. By the end of this year two General Practitioners and a Dentist were providing health care for 1,240 families. The average family size in Thamesmead is 3.4 (National average 2.4). There are 576 children under the age of five.

Endeavours are being made to create a community spirit. A Tenants Association has been formed which organises a number of activities, including "A Good Neighbours Scheme", whereby all newcomers to the Estate are visited within a few days of their arrival by neighbours to inform them of the amenities available and to provide help in a practical way.

The General Practitioners are in attendance for morning and evening surgeries which are run on an appointment system.

Two Health Visitors, a Midwife and a District Nurse are attached to the Health Centre Practice, and a fairly comprehensive service is provided.

Families are continually moving into newly completed houses, and these are all visited by Health Visitors to make their acquaintanceship and give information about the medical facilities, offering advice and counselling as necessary. The elderly citizens too, are seen, to assess their needs, to decide if, for instance, a district nurse, home help or advice from the Social Services is needed. Nursing aids and luncheon club meals are also available if required. All over 65's, on coming to the Centre are offered a full medical examination by the health centre doctors, and in the Autumn the Nursing Sister arranges their anti-flu injections.

The temporary health centre offers comprehensive overall care to the whole community, and it is hoped to move into the permanent building early next year.

Dr. P.M. Higgins, General Practitioner at Thamesmead Health Centre, reports:

"During this period the temporary health centre was still in use due to delays in completing the Lakeside Centre. The list of patients, 3037 at the beginning of the quarter, rose to 3,376 by December 31st. Surgeries, child health and ante-natal clinics were staffed by the two partners, one of whom took over responsibility for the Family Planning Clinic, the other also looking after the nurses at Guy's. Although the list was comparatively small both were fully stretched: consultations continued at an abnormally high level and the constant influx of new residents, many with long standing problems requiring assessment, placed a great load on the service. The dental services also began to find themselves busy and short of space.

It became difficult to fit into the centre all the activities that were desirable: every afternoon was occupied with some form of clinic or group activity and the consulting rooms were continuously in use. A social worker attended part-time, the district nurse began to work in the centre, regular meetings with others working in the community – clergy, social workers, teachers – were held, and students from Guy's began to attend.

Only a small part of Thamesmead had been completed and there was very much a village atmosphere amongst the residents. The easy relationships that had developed amongst those working in the health centre were matched by friendly relationships with the community and with others working there. A St. John Ambulance Brigade began to hold regular first aid classes each week in the centre and other meetings were also held there from time to time. The new Lakeside Centre was nearing completion and we are all looking forward to working in more spacious accommodation with better facilities and the opportunity to expand the services available.

At this stage the following services were being provided:—

- Surgeries every morning and every afternoon except Wednesdays
- Child Health Clinic
- Developmental Assessment Clinic
- Family Planning Clinic
- Ante Natal Clinic
- Dental services
- Slimmers Club
- Mothers Group
- Audiometry
- Deaf Aid Service
- Mothercraft and Relaxation Classes

The staff included dentists, doctors, health visitors, district nurse, social workers, dental auxiliary, receptionists and secretary."

At the beginning of this year a site for a Health Centre within the redevelopment of Erith Town Centre was made available. Space is unfortunately very limited but 0.543 of an acre has been allocated. The Health Centre will be connected by a pedestrian route to the Shopping Centre.

The Health Centre is basically a single storey building with a small first floor extension. The ground floor contains the Consultation, Examination, Treatment, Dental and Chiropody rooms; the first floor contains a Common Room for Case Conferences and Professional Meetings, an office for the Centre Supervisor, one for the Health Visitors and another for a Social Worker.

This Health Centre will provide for three Group Practices (7-8 Practitioners) and facilities for Child Health Clinics, Health Education, School Dental Service, Chiropody and Family Planning. In addition, advice will be available from a Social Worker and there will be facilities for the issuing of Nursing aids and Welfare foods.

GENERAL CONDITIONS OF THE BOROUGH

One change in the physical features of the Borough was the extensive development of the new town of Thamesmead which has been taking place on the low lying ground bordering the River Thames at Abbey Wood, and will ultimately provide accommodation for approximately 17,000 additional residents in the Borough.

There is a relatively small number of immigrants in the Borough, the Erith area being the most popular place of residence.

To assist the Asian immigrants to obtain the maximum benefit from the various services available in the Borough, an interpreter is employed by the Bexley Council of Social Service, the local authority making a grant to the Council of Social Service towards her salary. The interpreter's services are freely available to the various sections of the Health Department as required. A number of immigrants are employed in the department as medical officers, health visitors, district nurses, midwives, social workers, etc. which is of great help when dealing with their compatriots.

VITAL STATISTICS 1971

Area of Borough (including foreshore)	15,896 acres
Population (Registrar General's estimate mid 1971)	216,525
Number of inhabited houses	73,443
Shops with dwellings	803
Offices, Restaurants, Hotels, etc. etc.	8,779
Rateable value (April 1971)	£11,541,470
Product of a penny rate	46,404

Births	Total	Legitimate	Illegitimate
Live Births — Male	1791	1711	80
Female	1677	1599	78
	<u>3468</u>	<u>3310</u>	<u>158</u>
Still Births — Male	19	19	—
Female	21	21	—
	<u>40</u>	<u>40</u>	<u>—</u>

Birth rate per 1,000 population	16.0
Number of deaths — all ages	2,149
Death rate per 1,000 population	11.1

Infantile Mortality	
Deaths under 1 year	57
Infant deaths per 1,000 live births	16

Maternal Mortality	
Deaths of women from diseases or accidents associated with childbirth, including abortion.	Nil
Maternal death rate per 1,000 total births	Nil

Deaths from pulmonary tuberculosis	4
Death rate per 1,000 population	0.01
Deaths from cancer of lung and bronchus	126
Death rate per 1,000 population	0.58
Deaths from all forms of cancer	469
Death rate per 1,000 population	2.17

VITAL STATISTICS – Greater London Area and England and Wales

	Greater London Area	England and Wales
Live births per 1,000 population	15.2	16.0
Deaths per 1,000 population	11.5	11.6
Infantile mortality (deaths under 1 year)per 1,000 live births	17.4	18.0
Maternal mortality per 1,000 total births	0.12	0.17

VITAL STATISTICS – LONDON BOROUGH OF BEXLEY
SUMMARY 1965 – 1971

	1965	1966	1967	1968	1969	1970	1971
Stillbirths							
Number	55	47	53	51	37	34	40
	14	15	15	14	13)	13)	12)
Rate per 1000 live and still births	14.29	12.42	14.21	14.00	11.00)	10.00)	11.00)
					8.00%	8.00%	8.38%
Illegitimate Live Births (% of total live births)	4.03%	4.52%	5.08%	5.1%	4.74%	4.80%	4.56%
Infant Mortality							
Number	56	47	58	52	54	54	57
	19	19	18	18	18)	18)	18)
All infants per 1000 live births	14.76	12.50	15.77	14.77	16.00)	16.00)	16.00)
	19	19	18	18	17)	17)	17)
Legitimate infants deaths per 1000 legitimate live births	14.56	12.90	16.04	14.89	15.00)	16.00)	16.00)
	25	25	24	23	25)	26)	24)
Illegitimate infants deaths per 1000 illegitimate live births	19.61	5.90	10.69	16.85	30.00)	18.00)	32.00)
Male infants per 1000 male live births	14.67	11.65	19.39	17.29	N/A	N/A	N/A
Female infants per 1000 female live births	14.86	13.54	11.86	12.68	N/A	N/A	N/A
Neonatal Mortality Rate							
Number	39	31	45	35	39	39	36
Males per 1000 live births	9.95	5.80	15.72	12.10	N/A	N/A	N/A
Females per 1000 live births	10.62	10.82	8.47	8.07	N/A	N/A	N/A
	13.00	12.9	12.5	12.4	12.00)	12.00)	12.00)
All infants per 1000 live births	10.28	8.29	12.23	10.08	11.00)	11.00)	10.00)
Early Neonatal Rate							
Number	33	24	41	30	35	31	29
Males per 1000 male live births	7.85	3.71	15.20	10.95	N/A	N/A	N/A
Females per 1000 female live births	9.55	9.20	6.78	6.34	N/A	N/A	N/A
	11.3	11.1	10.7	10.10	10.00)	11.00)	10.00)
All infants per 1000 live births	8.70	6.40	11.15	8.65	10.00)	9.00)	8.00)
Perinatal Mortality Rate (still births and deaths under one week of age)							
Number	88	71	92	81	72	65	69
Males per 1000 male live births	26.22	15.69	26.42	18.22	N/A	N/A	N/A
Females per 1000 female live births	19.44	21.91	23.87	27.76	N/A	N/A	N/A
	26.9	26.3	35.4	24.7	23.00)	23.00)	22.00)
All infants per 1000 live and still births	22.86	18.77	25.19	23.00	20.00)	19.00)	20.00)

VITAL STATISTICS (contd.)

	1965	1966	1967	1968	1969	1970	1971
Reproductive Wastage (still births plus all infant deaths)							
Number	111	94	111	103	91	88	97
Males per 1000 live and still male births	32.9	23.54	30.57	34.58	N/A	N/A	N/A
Females per 1000 live and still female births	24.697	26.19	28.87	23.63	N/A	N/A	N/A
All infants per 1000 live and still births	29.26	24.85	29.75	29.68	25.90	25.65	27.97
Maternal Mortality							
Number of maternal deaths	NIL	NIL	2	3	NIL	NIL	NIL
Rate per 1000 total live and still births	—	—	0.54	0.85	—	—	—
Birth Rate							
Live birth rate per 1000 of the estimated population	17.60	17.36	17.10	16.10	16.10	15.79	16.00
Live birth rate per 1000 of the estimated population England & Wales (from Reg. Gen.)	18.1	17.7	17.2	16.9	16.3	16.00	16.00
Population	215,480	215,180	215,330	215,470	215,610	215,140	216,400
Population (National)	47,763,000	48,075,000	48,391,000	48,593,000	48,827,000	48,988,000	48,815,000

Red Figures = National

VITAL STATISTICS 1971 BEXLEY LONDON BOROUGH

		Local Authority Area			England and Wales (Total)
		Males	Females	Total	
Estimated mid-year home population.		—	—	216,400	48,815,000
Live births	Total	1,791	1,677	3,468	783,165
	Legitimate	1,711	1,599	3,310	717,491
	Illegitimate	80	78	158	65,674
Stillbirths	Total	19	21	40	9,898
	Legitimate	19	21	40	8,826
	Illegitimate	—	—	—	1,072
Total live and still births	Total	1,810	1,698	3,508	793,063
	Legitimate	1,730	1,620	3,350	726,317
	Illegitimate	80	78	158	66,746
Deaths of infants under 1 year of age	Total	31	26	57	13,726
	Legitimate	28	24	52	12,140
	Illegitimate	3	2	5	1,586
under 4 weeks of age	Total	21	15	36	9,113
	Legitimate	20	14	34	8,121
	Illegitimate	1	1	2	992
under 1 week of age	Total	17	12	29	7,750
	Legitimate	16	12	28	6,903
	Illegitimate	1	—	1	847
Deaths — all ages		1,180	969	2,149	567,345

	Local Authority Area	England and Wales
	—	—
Live birth rates, etc.		
Livebirths per 1,000 home population (crude rate)	16.0	16.0
Area comparability factor	1.00	1.00
Local adjusted rate	16.0	16.0
Ratio of local adjusted rate to national rate	1.00	1.00
Illegitimate live births as percentage of all live births	5	8
Stillbirth rate		
Stillbirths per 1,000 total live and still births	11	12
Infant mortality rates		
Deaths under 1 year per 1,000 live births	16	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	16	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	32	24
<hr/>		
Neonatal mortality rate		
Deaths under 4 weeks per 1,000 per live births	10	12
<hr/>		
Early neonatal mortality rate		
Deaths under 1 week per 1,000 total live births	8	10
Perinatal mortality rate		
Stillbirths and deaths under 1 week combined, per 1,000 total live and still births	20	22
Deaths rates, etc. — all ages		
Deaths per 1,000 home population (crude rate)	9.9	11.6
Area comparability factor	1.12	1.00
Local adjusted rate	11.1	11.6
Ratio of local adjusted rate to national rate	.96	1.00

BIRTH RATES

(The Birth Rate is the number of live births per thousand population).

(The Stillbirth Rate is the number of stillbirths per thousand total live and still births).

	Birth Rate		Stillbirth Rate	
	Bexley	England & Wales	Bexley	England & Wales
1970	15.8	16.0	10.0	13.0
1971	16.0	16.0	11.0	12.0

INFANT MORTALITY RATES

	Bexley	England & Wales
1970	16.0	18.00
1971	16.0	18.00

The birth rate increased slightly from 15.8 to 16.0 per thousand live births compared with 18.00 for England and Wales. The infant mortality rate was the same as in 1970. i.e. 16.0.

It is gratifying to know that the death rate in Bexley remains lower than in England and Wales, but it would have been even more gratifying if a reduction had been achieved over the previous year.

Details of these infant deaths are shown in the following table:—

INFANT MORTALITY

Deaths from stated causes at various ages under 1 year of age

Causes of death as certified	DAYS												MONTHS											
	0	1	2	3	4	5	6	7	14	21	28	2	3	4	5	6	7	8	9	10	11	12		
Acute purulent tracheo bronchitis												1					1							
Acute tracheo bronchitis									1			3	2			1								
Bronchopneumonia				1								2		1										
Respiratory distress	2																							
Respiratory failure		1																						
Respiratory arrest	1															1								
Respiratory distress syndrome	3	1																						
Respiratory cardiac arrest	1																							
Pulmonary haemorrhage prematurity			1																					
Cerebral haemorrhage					1																			
Cerebral anoxia																1								
Cerebral venous sinus thrombosis												1												
Cardiac failure				1						1											1			
Congestive cardiac failure																			1					
Cardiac arrest			1																					
Acute cardiac failure																	1							
Acute Meningitis																1								
Meningitis								1																
Asphyxia neonatorum	3		1																					
Acute gastro-enteritis													1	1										
Primary apelectasis	2																							
Intra cranial haemorrhage	1																							
Intraparapum asphyxia	1																							
Intra ventricular haemorrhage																1								
Extreme prematurity	2		1																					
Prematurity	3							1																
Primary hyrocephalus								1																
Superior sagittal sinus thrombosis								1																
Haemorrhagic disease					1																			
Pleurisy and pneumonia								1																
	19	2	4	2	2			5	2			7	3	2		5	2	1		1				

CLASSIFICATION OF DEATHS

CAUSES OF DEATH

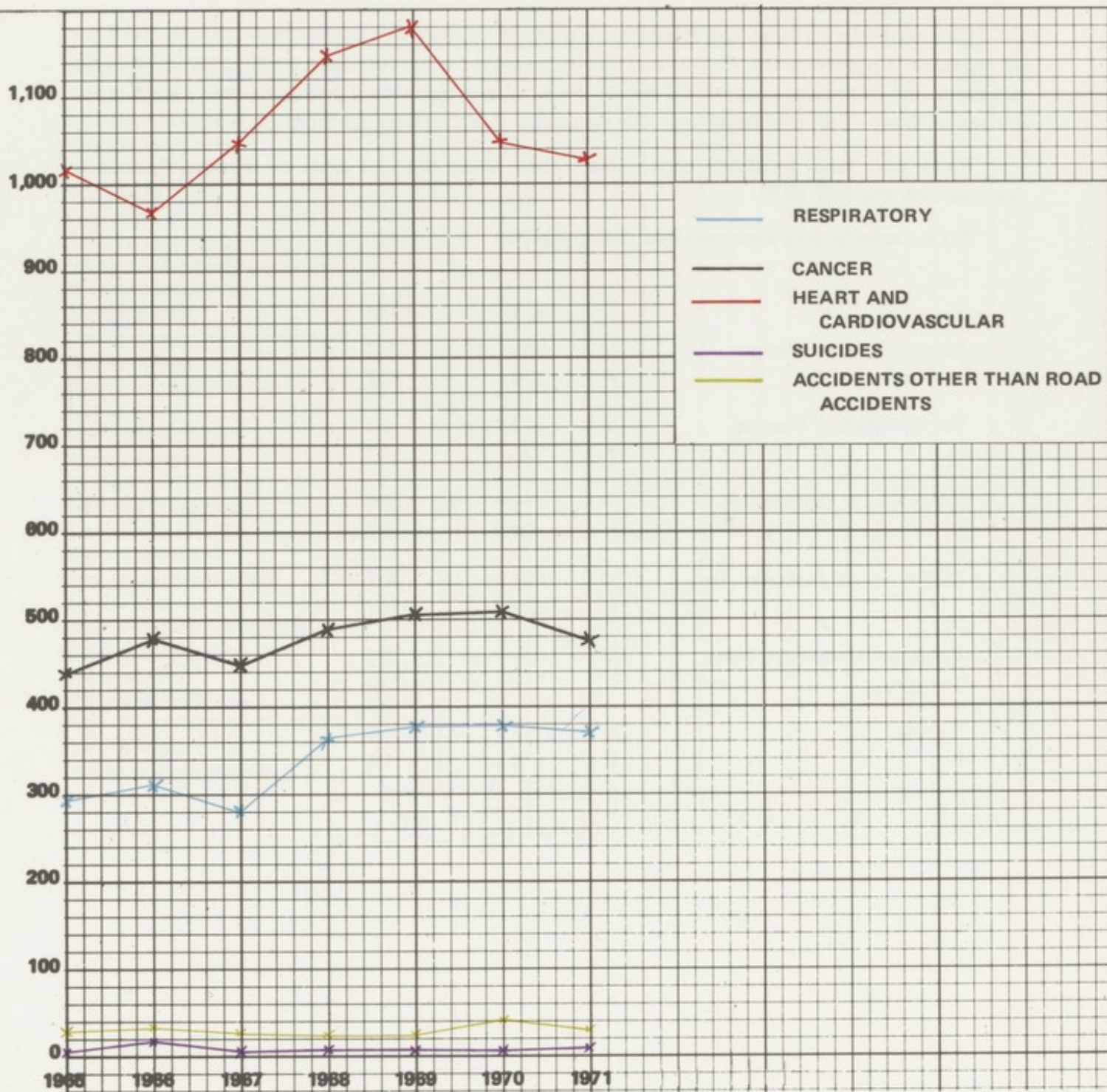
Coronary heart disease has taken the largest toll of deaths in the borough and the incidence as expected is highest in the 45 year and above age group. In second place are the cerebral vascular accidents and bronchitis is third. Cancer of the lungs and respiratory passages comes fourth in the causes of death. Can one hope that the reduction is a foretaste of things to come?

Forty-nine fatal accidents took place. There were thirteen cases of suicide. A definite increase over the year 1970.

No maternal deaths were recorded during the year.

		1971	1970
Ischaemic Heart Disease	M	361	353
	F	219	227
Cerebrovascular Disease	M	113	91
	F	126	143
Bronchitis & Emphysema	M	114	96
	F	24	37
TOTAL — All Malignancies	M	197	207
	F	122	144
Malignant Neoplasm, Lung, Bronchus	M	109	120
	F	17	19
Suicide	M	7	6
	F	6	4

DEATHS IN THE LONDON BOROUGH OF BEXLEY BY YEAR (1965-1971)



CLASSIFICATION OF DEATHS WITH AGE DISTRIBUTION 1971

DEATHS IN AGES OF RESIDENTS OF LONDON BOROUGH OF BEXLEY

CAUSES OF DEATH	Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Enteritis and other diarrhoeal diseases	M	2	-	2	-	-	-	-	-	-	-	-	-
	F	1	-	1	-	-	-	-	-	-	-	-	-
Tuberculosis of respiratory system	M	4	-	-	-	-	-	-	-	-	2	2	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Late effects of respiratory T.B.	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1	-	-	-
Other Tuberculosis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	1
Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	2	-	-	-	-	-	-	-
Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1	-	-	-
Malignant Neoplasm, Buccal Cavity etc.	M	2	-	-	-	-	-	-	-	-	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm, Oesophagus	M	9	-	-	-	-	-	-	-	1	1	5	2
	F	3	-	-	-	-	-	-	-	-	-	2	1
Malignant Neoplasm, Stomach	M	31	-	-	-	-	-	-	-	3	9	13	6
	F	20	-	-	-	-	-	-	2	2	8	2	6
Malignant Neoplasm, Intestine	M	33	-	-	-	-	-	-	1	1	8	14	9
	F	23	-	-	-	-	-	-	2	1	7	6	7
Malignant Neoplasm, Larynx	M	5	-	-	-	-	-	-	-	-	-	3	2
	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm, Lung, Bronchus	M	109	-	-	-	-	-	-	1	8	35	47	18
	F	17	-	-	-	-	-	-	1	2	6	5	3
Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	48	-	-	-	-	-	1	2	10	12	14	9
Malignant Neoplasm, Uterus	F	11	-	-	-	-	-	1	1	3	5	1	-
Malignant Neoplasm, Prostate	M	8	-	-	-	-	-	-	-	2	2	4	-
Leukaemia	M	8	-	-	-	-	1	1	-	-	2	2	2
	F	5	-	-	-	-	1	-	-	-	1	3	-
Other Malignant Neoplasms	M	68	-	-	1	1	-	-	2	4	18	20	22
	F	69	-	-	1	-	1	2	2	6	18	17	22
Benign and Unspecified Neoplasms	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	4	-	-	-	-	-	-	-	-	2	-	2
Diabetes Mellitus	M	3	-	-	-	-	-	-	-	1	1	1	-
	F	13	-	-	-	-	1	-	-	-	3	2	7
Avitaminoses, etc.	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Other Endocrine etc. diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	1	1	4
Anaemias	M	2	-	-	-	-	-	-	-	-	-	1	1
	F	2	-	-	-	-	-	-	1	-	-	-	1
Mental Disorders	M	3	-	-	-	-	-	-	-	-	-	-	3
	F	-	-	-	-	-	-	-	-	-	-	-	-

Deaths in ages of residents of London Borough of Bexley (contd.)

CAUSES OF DEATH	Sex	All Ages	Under 4 weeks	4 weeks and	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
			Under 4 weeks	4 weeks and	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Meningitis	M	3	1	-	-	-	1	-	-	1	-	-	-
	F	1	-	1	-	-	-	-	-	-	-	-	-
Multiple Sclerosis	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	5	-	-	-	-	-	-	-	1	2	2	-
Other diseases of nervous system	M	14	-	2	-	-	1	-	1	1	2	5	2
	F	12	1	-	-	1	-	-	-	-	4	-	6
Chronic Rheumatic Heart disease	M	7	-	-	-	-	-	-	2	-	-	2	3
	F	14	-	-	-	-	-	-	-	1	5	4	4
Hypertensive Disease	M	18	-	-	-	-	-	-	-	2	2	5	9
	F	26	-	-	-	-	-	-	-	2	5	6	13
Ischaemic Heart disease	M	361	-	-	-	-	-	1	7	29	92	130	102
	F	219	-	-	-	-	-	-	2	8	23	66	120
Other forms of Heart disease	M	30	-	-	-	-	-	-	-	1	-	14	15
	F	41	1	1	-	-	-	-	-	1	3	2	33
Cerebrovascular disease	M	113	-	1	-	-	-	-	3	7	16	38	48
	F	126	-	-	-	-	-	1	1	4	18	32	70
Other diseases of circulatory system	M	37	-	-	-	-	-	-	-	1	3	16	17
	F	36	-	-	-	-	-	-	1	-	3	7	25
Influenza	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	1
Pneumonia	M	68	1	1	-	-	-	-	-	2	4	12	48
	F	125	-	2	-	-	-	-	2	1	8	15	97
Bronchitis and Emphysema	M	114	-	-	-	1	-	-	-	2	15	47	49
	F	24	-	-	1	-	-	-	-	-	-	7	16
Asthma	M	2	-	-	-	-	-	-	1	1	-	-	-
	F	2	-	-	-	-	-	-	1	-	1	-	-
Other diseases of respiratory system	M	22	1	3	-	-	-	-	-	1	4	8	5
	F	8	-	5	-	-	-	-	-	-	-	2	1
Peptic Ulcer	M	9	-	-	-	-	-	-	-	-	2	3	4
	F	6	-	-	-	-	-	-	-	-	1	-	5
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Intestinal obstruction and Hernia	M	4	-	1	-	-	-	-	-	-	-	-	3
	F	4	-	-	-	-	-	-	-	-	1	-	3
Cirrhosis of Liver	M	3	-	-	-	-	-	-	-	1	-	1	1
	F	3	-	-	-	-	-	-	-	2	-	1	-
Other diseases of digestive system	M	6	1	-	-	-	-	-	-	-	2	1	2
	F	12	-	-	-	-	-	-	-	1	3	4	4
Nephritis and Nephrosis	M	3	-	-	-	1	1	-	-	-	-	1	-
	F	9	-	-	-	-	-	-	-	1	1	4	3
Hyperplasia of Prostate	M	5	-	-	-	-	-	-	-	-	-	1	4
	M	6	-	-	-	-	-	-	1	1	-	1	3
Other diseases, Genito-urinary system	F	12	-	-	-	-	-	-	1	1	-	3	7
	M	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of skin, subcutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-

Deaths in ages of residents of London Borough of Bexley (contd.)

CAUSES OF DEATH	Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Diseases of Musculo-skeletal system	M	3	-	-	-	-	-	-	-	-	-	2	1
	F	9	-	-	-	-	-	-	-	-	-	2	7
Congenital anomalies	M	5	-	-	-	-	-	-	-	2	1	1	-
	F	8	3	1	-	2	-	-	-	-	1	-	1
Birth injury, difficult labour, etc.	M	11	11	-	-	-	-	-	-	-	-	-	-
	F	5	5	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	M	6	6	-	-	-	-	-	-	-	-	-	-
	F	5	5	-	-	-	-	-	-	-	-	-	-
Symptoms and ill defined conditions	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
Motor vehicle accidents	M	21	-	-	-	2	6	8	-	3	-	2	-
	F	11	-	-	-	4	3	1	-	-	1	1	1
All other accidents	M	9	-	-	-	-	2	2	2	-	-	-	3
	F	8	-	-	-	1	-	-	2	-	-	1	4
Suicide and self-inflicted injuries	M	7	-	-	-	-	-	1	1	1	3	1	-
	F	6	-	-	-	-	2	-	-	2	1	1	-
All other external causes	M	2	-	-	-	-	-	-	1	-	-	1	-
	F	1	-	-	-	-	-	-	1	-	-	-	-
TOTAL ALL CAUSES	M	1,180	21	10	2	5	12	13	23	75	225	403	391
	F	969	15	11	2	10	8	5	22	49	142	220	485

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CONGENITAL ABNORMALITIES

During the year 128 (compared with 83 in 1970) children were notified by Doctors and Midwives in charge of confinements. Some of the children showed more than one congenital abnormality (see table).

A return of the notified abnormalities are made every month to the Director and Registrar General — Office of Population Censuses and Surveys.

A steady fall of congenital abnormalities affecting the central nervous system can be observed. This is very gratifying as survivors would be severely handicapped throughout life.

Eye, ear, alimentary system, heart and circulation show a steady rate throughout the years.

Certain malformations, however, show a rise in numbers and further scrutiny is indicated; those affecting limbs have risen from 31 in 1969 to 38 in 1971. When these figures are analysed it is found that the main increase has taken place in such deformations as talipes and dislocation of the hip. Both conditions are curable if detected early during infancy. In the group containing abnormalities of the musculoskeletal system we find a rise from 2 to 13. This is mainly due to minor defects, e.g., wider sutures, varying size of fontanelles of the skull.

Both rises can be traced to more detailed reporting of minor abnormalities since the introduction of the "Short Index of Congenital Malformation" issued by the Office of Population Census and Surveys, which formed the basis of reporting this year. Most of these abnormalities do not give rise to any symptoms as the child grows up.

These national figures may in due course provide valuable evidence for hitherto undetected hereditary, environmental, geographical or seasonal factors which may influence all development of congenital abnormalities. This it is hoped will enable us to establish the cause and diminish the occurrence.

A special blood test (Guthrie Test) is now carried out by midwives during the first ten days of life on every child born in this borough to detect phenylketonuria. This was previously the cause of severe subnormality in otherwise physically normal children and adults and often led to lifelong need for institutional care.

There are three children in this Borough who were detected in 1968, 1969 and 1970. All three are on special diets and are reported to be making good progress as regarding physical and mental development.

No case was detected this year.

INCIDENTS OF CONGENITAL ABNORMALITIES

	1970	1971
CENTRAL NERVOUS SYSTEM		
Anencephalus	4	4
Spina Bifida	2	1
Hydrocephalus	2	1
Other	3	1
TOTAL	11	7
EYE AND EAR		
Eye	1	2
Ear	4	2
Other	—	3
TOTAL	5	7
ALIMENTARY SYSTEM		
Cleft Lip	5	1
Cleft Palate	7	4
Tracheo—Oesophageal Fistula	—	4
Other	6	3
TOTAL	18	12
HEART CIRCULATORY SYSTEM	5	7
RESPIRATORY SYSTEM — OTHER	—	1
URINO-GENITAL SYSTEM		
Hypospadias or Epispadias	6	10
Undescended Testicle	—	7
Hydrocele	4	5
Other	4	4
TOTAL	14	26
LIMBS		
Polydactyly	2	2
Syndactyly	4	5
Reduction Deformity Hand or Arm	—	1
Talipes	17	22
Dislocation of Hip	3	4
Other	2	4
TOTAL	28	38

		1970	1971
MUSCULO-SKELETAL SYSTEM	TOTAL	2	13
OTHER SYSTEMS	TOTAL	2	17
OTHER MALFORMATIONS			
Mongolism		4	7
Other		4	2
	TOTAL	8	9
	GRAND TOTALS	93	137

DEATHS DUE TO CONGENITAL MALFORMATIONS

BORN IN	1971	1970	1969
Total number of malformations	137	93	91
Total number of children	128	83	71
Number of deaths due to malformations during the 1st year	10	8	12

CONTROL OF COMMUNICABLE DISEASES

Like all local Health Authorities, it is the policy of the London Borough of Bexley to give the highest priority to prophylactic immunisation against diseases of infancy and childhood. It is gratifying to see from the attached graph, that the incidence of the diseases is showing a downward trend in the under-fives especially and children of school age generally. It needs to be emphasised, however, that it becomes more important when a disease shows a downward trend, that efforts to maintain this trend should be continued.

There may be a sense of false security developing in the community whereby this decrease in the incidence of infectious diseases makes people complacent about taking advantage of the protection given by immunisation. This is the reason why one has not only to keep immunising procedures alive and active, but also explore the availability of further prophylactic measures. Particular importance has been given to boosting children's immunity to polio and tetanus before they leave school. Bexley figures compare favourably with the national figures for all immunisations, and it is only lately that smallpox, because of the policy of the Department of Health and Social Security, has ceased to be a major field of activity of health departments except in an emergency situation.

In the ever-shrinking world of to-day, no part of the world should ever consider itself free from the possibility of an epidemic, and one sees at various times of the year, fears of the import of exotic diseases like cholera, smallpox and typhoid into this country. At present the apprehension only rarely comes true, and it is due to intensive surveillance and case-finding methods applied by Officers of the Health department that major outbreaks are prevented. But the very fact that there is on occasion a great deal of alarm nationally, means that not only surveillance but advice to the travelling public outside England and Wales, as well as immunisation of those who are at risk, cannot be over-emphasised.

MEASLES

It is a fact, that but for measles immunisation, there would be many more cases of measles. There were more cases of measles notified in the year 1971 (772) as against 1970 (459), reflecting the biennial trend of measles. However, comfort can be derived from the fact that the general trend is towards a decline in the number of cases of measles. Continuous and concerted efforts have been made in the last few years to vaccinate as many children as possible across the Borough, as can be seen from the fact that there were 2,000 + cases in 1967 as against 700 this year.

Letter CMO 18/71 from the Department of Health and Social Security drew attention to the decrease in the prevalence of measles which stated that notifications in the six weeks ending 22nd October, in the whole of England and Wales ranged between 467 and 1,017 giving the lowest weekly figures for more than twenty years. Had measles prevalence followed the natural pattern in 1968-71 there might well have been some 850,000 more cases with a consequential increased number of deaths.

Concern was expressed that in four weeks 87 notifications of measles were received and investigations revealed that none of these patients had been vaccinated. General Practitioners and nursing staff were therefore urged to encourage the public to take advantage of vaccination.

FOOD POISONING

Sporadic cases of food poisoning were notified from time to time in the summer of 1971 with a total notification of 39 which is the lowest in the last five years. An analysis of cases notified is given below:

FOOD POISONING CASES 1971

Total number of cases not confirmed (cause not known)	33
Total number of cases of Salmonella Typhimurium	5
Total number of cases of Salmonella Newport	1
Total	<u>39</u>

POLIOMYELITIS

One case of Poliomyelitis was notified but on investigation it was found to be a case of Type 1 Virus naturally occurring strain of Polio Virus which unfortunately ended in fatality because of Bulbar Paralysis in an unvaccinated child.

All the contacts, adults and children, were vaccinated with Sabine Vaccine.

DYSENTERY

27 cases of Dysentery were notified to this Department. None of them was fatal and nearly all of them were in children below five years of age. Only 13 of these cases were confirmed.

It is noticeable that Shigella Sonnei notification is lower in Bexley than in many other boroughs in England and Wales, but there is a tendency for dysentery to decrease.

MENINGOCOCCAL INFECTION

9 cases of Meningococcal Infection were notified from the hospitals in the area. All of them recovered.

WHOOPING COUGH

The notification in the last five years does not show any significant trend. Whooping Cough remains an anomaly when one looks at the fact that Diphtheria has been nearly completely wiped out through triple immunisation in children. Considerable doubt must be thrown on the efficacy of whooping cough vaccine as administered at present.

MISCELLANEOUS

There were no cases of:

Diphtheria, Smallpox, Encephalitis, Typhoid, Paratyphoid Fever or Tetanus, in this Borough during the year.

INFECTIVE JAUNDICE

Since the introduction of this notification in 1968, the number of cases notified remains steady. All of them were hospitalised and recovered.

TUBERCULOSIS

From the Chest Clinic, Dr. M. Price, the Consultant Chest Physician, informed us of 25 cases of Pulmonary Tuberculosis and 10 cases of Non-Pulmonary from the hospitals and Chest Clinics in the area.

TUBERCULOSIS IN THE LONDON BOROUGH OF BEXLEY 1967/71

No. of Cases	Pulmonary	Non-Pulmonary	Deaths
1967	46	9	12
1968	23	13	2
1969	26	9	5
1970	12	4	3
1971	25	10	5

PREVENTION OF TUBERCULOSIS

Chest Clinics are held at:

Erith & District Hospital, Erith	}	Consultant: Dr. M. Price
Queen Mary's Hospital, Sidcup		
West Hill Hospital, Dartford) Consultant: Dr. P. Goldman

During the year, 58 babies were vaccinated at birth, 162 children were referred following positive results of Heaf tests carried out in schools. There was no infective positive case detected in the Day Nurseries, Play Groups or Schools among the children or staff during the year.

A. CONTACTS

i	Skin tested	133
ii	Found positive	9
iii	Found negative	118
iv	Vaccinated	178
v	Babies vaccinated at birth	58

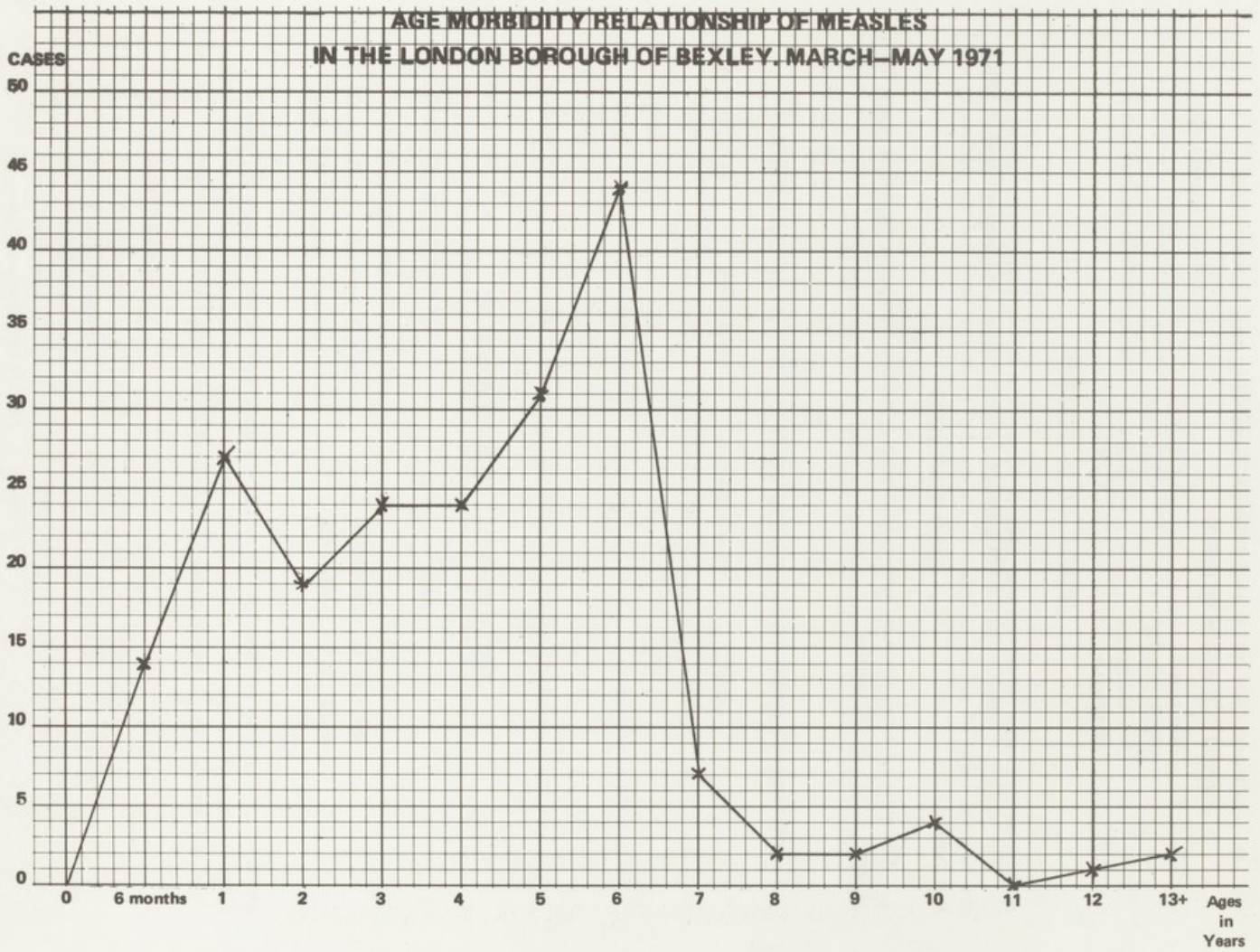
B. SCHOOL CHILDREN AND STUDENTS excluding those known to have received BCG vaccination already.

i	Skin tested	1,878
ii	Found positive	231
iii	Found negative	1,526
iv	Vaccinated	1,526

The number of new notifications of pulmonary tuberculosis in 1971 has continued to follow the national trend of general decrease in the number of notifications but the decline is now less marked.

The cases of non-pulmonary tuberculosis are also less common but a significant proportion of these occurs in the elderly.

AGE MORBIDITY RELATIONSHIP OF MEASLES
IN THE LONDON BOROUGH OF BEXLEY, MARCH—MAY 1971



INFECTIOUS DISEASES 1965, 1966, 1967, 1968, 1969, 1970 & 1971

	1965	1966	1967	1968	1969	1970	1971		Total
							Males	Females	
Scarlet Fever	89	81	109	100	125	83	41	44	85
Whooping Cough	59	41	197	88	16	61	29	35	64
Poliomyelitis									
(a) Paralytic	—	—	—	—	—	—	—	1	1
(b) Non-paralytic	—	—	—	—	—	—	—	—	—
Measles	1,762	2,000	2,431	400	584	459	377	395	772
Diphtheria	—	—	—	—	—	—	—	—	—
Dysentery	20	81	31	62	43	14	14	13	27
Meningococcal Infection	—	1	—	—	1	8	7	2	9
Acute Pneumonia	11	21	27	7	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—
Acute Encephalitis									
(a) Infective	—	—	—	—	—	1	—	—	—
(b) Post Infective	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	1	1	1	2	1	—	—	—
Paratyphoid Fever	1	—	—	—	—	1	—	—	—
Erysipelas	8	8	7	8	Not notifiable	—	—	—	—
Food Poisoning	5	58	55	119	44	20	8	5	13
Tuberculosis									
(a) Respiratory	24	44	46	23	26	12	11	14	25
(b) Meninges & CNS	—	1	9	10	—	—	—	—	—
(c) Other	5	11	—	3	9	4	4	6	10
Puerperal Pyrexia	34	22	23	20	Not notifiable	—	—	—	—
Ophthalmia Neonatorum	2	1	—	1	—	—	—	—	—
Anthrax	—	—	—	1	—	—	—	1	—
Infective Jaundice	Not notifiable	—	—	Part 15 year	36	24	5	19	24
Tetanus	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—
Acute Meningitis	—	—	—	—	11	—	—	—	—
Malaria	—	—	—	—	—	1	—	—	—

VACCINATION AND IMMUNISATION

Total adjusted live births 1971 – 3442

NUMBER OF PRIMARY COURSES GIVEN

Disease Against which Protection Given	YEAR OF BIRTH					Others under 16 years	Total
	1971	1970	1969	1968	1967–4		
Diph/Tet/Pert	59	2,000	750	62	37	8	2,916
Diph/Tet	—	69	24	4	32	19	148
Tetanus	—	48	6	—	—	602	656
Poliomyelitis	53	1966	758	74	101	334	3,286
Measles	5	1,080	940	266	357	18	2,666
Rubella	—	—	—	—	—	2,002	2,002

NUMBER OF BOOSTER DOSES

Diph/Tet/Pert	—	24	154	132	343	15	668
Diph/Tet	2	3	25	35	2,784	71	2,920
Tetanus	—	1	5	5	18	309	338
Poliomyelitis	6	27	158	146	2,857	1,134	4,328

CHILDREN IMMUNISED

PRIMARY COURSE		BOOSTER COURSE	
Diph/Tet/Pert	2,917	Diph/Tet/Pert	668
Diph/Tet	148	Diph/Tet	2,920
Tetanus	656	Tetanus	338
Poliomyelitis	3,286	Poliomyelitis	4,351
Measles	2,666		
Rubella	2,002		

SMALLPOX VACCINATION

	AGE WHEN VACCINATED							Total
	3 – 6 Months	6 – 9 Months	9 Months – 1 Year	1 – 2 Years	2 – 4 Years	4 – 5 Years	5 – 15 Years	
Number Vaccinated	4	2	30	516	874	14	204	1,644
Number Re-vaccinated	—	—	—	10	34	16	456	516

CARE OF MOTHERS AND YOUNG CHILDREN

(a) Child Health Clinics.

There are twenty-two Health Service Centres in the borough (7 purpose built or converted, 5 in hired accommodation), providing some or all of the following services: Ante-natal Care, Cervical Cytology, Family Planning, Mothercraft and Health Education (including Slimming Clubs), advice to parents and developmental screening of children, dental care and distribution of Welfare foods.

Ante-natal care is now provided mainly by General Practitioners in conjunction with the Midwives in their own practises or by the Midwives in Local Authority Clinics. All Ante-natal patients are referred for relaxation and mothercraft classes to the Clinics supervised by Midwives or Health Visitors.

Mothercraft and Health Education, described in greater detail later on in this report, now include Slimming Clubs. The first such Club was started voluntarily by a Midwife. It met with such success and demands for more facilities that during the year the following Clinics have made this service available: Wren Road, Colyers Lane, Hainault and Sidcup Hill. They are supervised by Midwives and Health Visitors and form a fruitful medium for Health Education in correct nutrition and have shown an additional bonus in that several women stopped smoking and have encouraged their husbands to stop also. Each applicant to a Slimming Club has her weight checked and the General Practitioner is contacted to keep him informed of the diet used and any problems arising. The Clubs are very popular and the only difficulty has been to stop women attending after they have reached their ideal weight.

The Child Health Service is increasingly being undertaken by sessional Doctors, quite often local General Practitioners. The number of children seen in Child Health Clinics by Doctors shows a steady decline from 1969, indicating that more of this work is being carried out by General Practitioners in their practices.

Our own Clinics are increasingly geared to developmental screening by Doctors and Health Visitors. The rise in specific screening by Health Visitors is reflected in the increase in their sessions: 129 in 1969 and 250 in 1971.

In view of the need for training in developmental screening, three courses have been held in the borough for Doctors. These were recognised by the Executive Council under Section 63 and each course of about twenty Doctors was divided approximately equally between General Practitioners and Departmental Medical Officers; our two neighbouring Boroughs seconded a number of their Departmental Medical Officers to these courses. A further course was held for Health Visitors, dealing with the special aspect of screening for early hearing defects. New members of the Nursing Staff are sent from time to time to relevant courses in this field.

The dental care of the under fives is receiving increased attention by Health Visitors and the Dental Staff, and is described in more detail by the Chief Dental Officer.

Welfare foods and certain proprietary brands are sold during Child Health Clinic sessions. In addition, dried milk and vitamin compounds are available at the Brampton Road Health Department, Town Hall, Erith and Sidcup Hill during office hours.

CHILD WELFARE CLINIC ATTENDANCES

	MURCHISON AVENUE	EX-SERVICEMEN'S CLUB, BEXLEY	315 BROADWAY, BEXLEYHEATH	WROTHAM ROAD, WELLING	STATION APPROACH, WELLING	R.A.C.S. HALL, FALCONWOOD PARADE	BEDSFIELD CLINIC	CONGREGATIONAL HALL STATION ROAD, SIDCUP	ST. ANDREW'S HALL, WREN ROAD	THE OVAL CLINIC	71 SIDCUP HILL, SIDCUP	HAINAULT CLINIC	CONGREGATIONAL HALL PICARDY ROAD	ST. AUGUSTINE'S SCHOOL	BEDONWELL SCHOOL	TOWN HALL, CRAYFORD	COLYERS LANE	COMMUNITY CENTRE SLADE GREEN	METHODIST HALL, RISEDALE ROAD	THAMESMEAD TEMPORARY HEALTH CENTRE	TOTAL FOR THE YEAR — ALL CLINICS —		
																					Comparative Figures		
																					1971	1970	1969
CHILDREN ATTENDING FOR THE FIRST TIME IN 1971 WHO WERE BORN DURING:																							
1966-69	392	228	570	496	676	329	149	352	232	778	107	169	195	184	349	239	53	162	237	320	6,190	6,230	7,178
1970	169	95	302	175	281	89	52	94	99	365	43	138	129	124	234	194	79	91	202	115	3,070	3,088	3,504
1971	127	51	260	167	295	89	44	113	71	321	57	145	142	149	175	184	178	99	144	110	2,921	2,954	3,160
TOTAL ATTENDANCES	3,533	1,396	5,792	4,207	5,953	2,039	1,702	3,103	2,651	6,196	1,462	3,034	2,501	2,942	3,921	3,735	3,512	3,246	3,487	2,239	66,651	69,496	72,617
ATTENDANCE OF CHILDREN SEEN BY MEDICAL OFFICER	1,320	520	2,280	1,734	2,287	955	559	920	758	2,690	640	1,059	815	1,026	1,337	1,210	1,247	612	1,132	915	24,016	25,996	24,090
NO. OF CHILDREN REFERRED ELSEWHERE	44	30	82	55	106	64	25	16	12	109	8	6	4	2	22	1	28	35		12	661	616	694
NO. OF SESSIONS																							
(a) MEDICAL OFFICERS	9	1	11	76	87	94	44	3	2	51	45	66		29	34	45	22	39	4	6	668	813	1,056
(b) SESSIONAL G.P.'s	92	47	140	39	68	10	1	57	50	113	4	35	101	67	69	57	82	13	69	78	1,192	1,085	833
(c) HEALTH VISITORS	38			3	1		43	40	50		1	2		6		2		47	2	15	250	118	129

DISTRIBUTION OF WELFARE FOODS 1971

	N.D. Milk	C.L.O.	A, D & C Drops	A & D Tablets	Orange Juice
St. Approach, Welling	95	363	—	321	6,925
Wrotham Road, Welling	57	181	9	130	5,576
Falconwood, Welling	76	123	—	76	2,863
315 Broadway, Bexleyheath	120	204	29	156	5,951
Bexley Village	3	88	3	87	2,696
Murchison Avenue	16	112	—	121	4,074
Barnehurst	9	466	—	68	4,634
Colyers Lane	113	191	—	103	3,371
Crayford	250	224	—	112	4,088
Hainault	23	129	—	65	2,282
Bedonwell	16	380	—	123	5,009
Picardy Road	63	335	—	49	1,915
St. Augustines	255	221	—	33	2,043
69 Sidcup Hill	108	169	10	198	4,031
Slade Green	135	6	—	15	1,796
Station Road, Sidcup	83	252	—	217	5,728
Wren Road, Sidcup	13	79	—	64	2,508
The Oval, Sidcup	82	464	—	341	7,528
Bedensfield	2	58	—	15	1,149
Thamesmead	—	131	—	16	1,340
Town Hall, Erith	214	11	1	5	633
9, Brampton Road	54	108	24	105	2,699
TOTAL	1,787	4,295	76	2,420	78,839
PREVIOUS YEAR 1970	2,256	2,084	—	3,364	82,488

DISTRIBUTION OF WELFARE FOODS 1971

	Adexolin (Liquid)	Cow & Gate (Milks)	Chocolate (Milk)	Farex	Glucose	Lactogel	Marmite	Ostermilk	Robinson's Mixed Cereal	Trufood (Full cream)	Trufood (Half cream)
St. Approach, Welling	1,811	730	243	252	34	—	1,390	1,520	—	—	—
Wrotham Road, Welling	1,261	381	103	133	—	—	1,320	351	—	—	6
Falconwood, Welling	445	176	129	57	—	—	635	727	9	—	—
315 Broadway, Bexleyheath	1,050	524	212	201	46	—	1,339	1,280	—	—	—
Bexley Village	229	86	55	34	—	—	466	192	5	—	—
Murchison Avenue	839	95	59	43	1	—	519	1,043	8	—	—
Barnehurst	537	322	242	32	3	—	826	656	—	—	204
Colyers Lane	394	391	184	87	—	1	697	790	8	—	—
Crayford	662	477	199	78	—	2	904	909	—	—	—
Hainault	411	406	107	104	44	—	767	670	—	—	—
Bedonwell	892	277	284	136	29	—	1,639	1,565	—	251	8
Picardy Road	461	488	77	93	41	6	422	714	—	—	—
St. Augustines	327	587	93	114	113	4	391	1,113	—	—	—
69, Sidcup Hill	106	13	24	38	—	—	292	690	1	10	2
Slade Green	250	363	108	94	18	2	524	993	—	—	—
Station Road, Sidcup	1,380	90	185	168	57	2	1,012	1,381	—	—	—
Wren Road, Sidcup	635	147	91	79	12	—	568	831	—	—	—
The Oval, Sidcup	1,541	308	339	217	64	—	1,934	2,459	—	—	—
Bedensfield	116	15	63	37	18	—	483	515	2	—	—
TOTAL	13,347	5,876	2,857	1,997	480	17	16,128	18,399	33	261	220
PREVIOUS YEAR 1970	18,042	7,766	3,764	2,622	466	72	15,304	24,964	875	—	—

DISTRIBUTION OF WELFARE FOODS 1971 (contd.)

	Trufood (Humanised)	Trufood (Follow-on)	S.M.A.	Cow & Gate (Special)	Farleys F.C.	Adexolin (Capsules)	Scotts Baby Cereal	Cow & Gate Cereal Food
St. Approach, Welling	92	-	342	-	-	-	-	-
Wrotham Road, Welling	121	3	248	46	-	-	-	-
Falconwood, Welling	48	-	99	4	4	-	-	-
315 Broadway, Bexleyheath	303	-	250	16	-	-	-	-
Bexley Village	3	-	45	-	-	-	-	-
Murchison Avenue	54	-	118	-	-	-	-	-
Barnehurst	177	-	256	4	-	-	-	-
Colyers Lane	181	-	214	-	-	1	-	-
Crayford	389	-	482	-	-	-	-	-
Hainault	64	-	260	-	-	-	-	-
Bedonwell	-	-	305	-	-	-	-	-
Picardy Road	98	-	247	-	-	-	-	-
St. Augustines	159	-	231	-	-	-	-	-
69, Sidcup Hill	29	-	24	-	-	-	-	-
Slade Green	150	-	330	-	-	-	-	-
Station Road, Sidcup	141	-	329	-	-	-	-	-
Wren Road, Sidcup	49	-	129	-	-	-	-	-
The Oval, Sidcup	191	-	505	-	-	-	-	-
Bedensfield	-	-	53	-	-	-	-	-
TOTAL	2,249	3	4,473	70	4	1	-	-
PREVIOUS YEAR 1970	3,071	-	5,353	20	-	12	446	565

(b) Cervical Cytology

Cervical cytology, a test for the early detection of cancer of the neck of the womb, was introduced in 1966. Regular sessions are held at 3 clinics. In addition, during this year 12 sessions were held on the premises of Standard Telephone's and Cables Ltd. These tests are also carried out by General Practitioners and in Family Planning Clinics. (See Table).

Until October the examination was limited to cervical smears only. Since then additional examinations of the breast and abdomen have been added. This has reduced the number of women who can be examined per session, and has laid the foundation for a "Well Women's Clinic" which is perhaps an even more important factor in view of our findings. During the year 3,218 were examined with the following results:—

2,549	—	completely satisfactory
440	—	referred to General Practitioners for other conditions
228	—	needed further tests
1	—	case was positive

	1969	1970	1971
F.P.A.	1677	1971	2394
Standard Telephones	272	90	282
General Practitioners	1136	1451	1923
	—	—	—
	3085	3512	4599
	—	—	—

(c) Family Planning

Family Planning is provided in this borough through the agency of the Family Planning Association. The Council makes nine clinic premises available free of charge and two hospitals; Erith and Queen Mary's Hospital also provide premises for this purpose; in this way nineteen sessions per week are available.

These sessions provide advice on contraception and include I.U.D. (Insertion of Intra-Uterine Device), sub fertility and marital problems.

The Council give a block grant of £2,700 to provide a free service for women in whom pregnancy would be detrimental to health.

FAMILY PLANNING ASSOCIATION CLINICS

Location	Day	Time
Bedensfield F.P.A. Clinic Child Welfare Centre, Ellenborough Road, North Cray, Kent.	Wednesday	1.30 – 3.30 p.m.
Belvedere F.P.A. Clinic, School Health Centre, Bedonwell Road, Erith, Kent.	Monday	2.00 – 4.00 p.m.
	Monday	7.00 – 9.00 p.m.
	Tuesday	7.00 – 9.00 p.m.
Bexleyheath F.P.A. Clinic, 315 Broadway, Bexleyheath.	Monday	7.00 – 9.00 p.m.
	Tuesday	1.30 – 3.30 p.m.
	Wednesday	7.00 – 9.00 p.m.
	Thursday	7.00 – 9.00 p.m.
Colyers Lane F.P.A. Clinic, 154 Colyers Lane, Erith, Kent.	Thursday	7.00 – 9.00 p.m.
	Friday	9.30 – 11.30 a.m.
Crayford F.P.A. Clinic, Welfare Centre, Rear of Town Hall, Crayford, Kent.	Wednesday	7.00 – 9.00 p.m.
	Thursday	10.00 – 12.00 noon
Erith F.P.A. Clinic, Out-patients Department, Erith & District Hospital, Park Crescent, Erith.	Tuesday	7.00 – 9.00 p.m.
	Thursday	7.00 – 9.00 p.m.
Sidcup Oval F.P.A. Clinic, The Welfare Centre, The Oval, Sherwood Park Avenue, Sidcup.	Monday	10.00 – 12.00 noon
	Tuesday	7.00 – 9.00 p.m.
Sidcup Queen Mary's F.P.A. Clinic, The Out-patients Department, Queen Mary's Hospital, Frogna Avenue, Sidcup.	Wednesday	7.00 – 9.00 p.m.
	Thursday, 1st in month	7.00 – 9.00 p.m.
	Thursday, 3rd in month	7.00 – 9.00 p.m.
St. Augustine's F.P.A. Clinic, Child Welfare Centre, Abbey Road, Belvedere.	Thursday	10.00 – 12.00 noon
Thamesmead Temporary Health Centre, F.P.A. Clinic, Thamesmead.	Wednesday	2.00 – 4.00 p.m.
Welling F.P.A. Clinic, Child Welfare Clinic, Station Approach.	Wednesday	7.00 – 9.00 p.m.
	1st & 3rd Thursday in month	7.00 – 9.00 p.m.
	2nd & 4th Thursday in month	7.00 – 9.00 p.m.

AT RISK REGISTER FOR 1971

		Year of Birth					Total	Died	Left Dist- rict	To Handi- capped	Clear- ed	Observa- tion	
		1966	1967	1968	1969	1970							1971
Pre-natal	1. Rubella or Virus Infection				2	0	17	19		1		0	18
	2. Blood Incompatability					1	41	42	1	2		1	38
	3. Hyperemesis					0	6	6		0		0	6
	4. Ante partum haemorrhage				1	0	86	87		5		3	79
	5. Chemo-Therapy Major surgery				1	0	9	10				0	10
	6. X-ray during pregnancy					1	102	103		3		3	97
	7. Thyrotoxicosis					0	1	1				0	1
	8. Diabetes					2	6	8				0	8
	9. Toxaemia of pregnancy			1	1	3	220	227	2	9		10	206
	10. Other comps. of pregnancy				1	1	49	51		2		4	45
	11. Psychiatric illness					0	20	20		1		2	17
Peri-natal	12. Prolonged or difficult labour		1	4	1	9	475	490	2	19		30	439
	13. Post-maturity					3	172	175	4	5		7	159
	14. B.W. 4 lbs. Gestation 36 weeks			2	3	3	142	150		3		6	141
	15. Foetal distress					0	88	88		6		3	79
	16. Birth asphyxia					5	163	168	1	2		7	158
	17. Prolonged poor sucking				1	0	90	91	1	1		6	83
	Post-natal	18. Jaundice					3	228	231	1	6		3
19. Convulsions						0	13	13		1		0	12
20. Respiratory distress cyanotic attacks						1	43	44		2		2	40
21. Congenital abnormality					1	7	137	145	5	2	2	15	121
Genetic	22. Family history of deaf, blind, etc.					3	84	87		2		4	81
	23. No applicable factor	1	6	9	8	14	70	108	1	7		13	87
	24. Diseases		1	4	4	3	4	16		1	1	0	14
	25. Social conditions		1	3	4	4	72	84	1	4		5	74
	26. Special reasons				2	4	13	19		1		1	17

"AT RISK" REGISTER

A register is kept of all children who are reported by the Doctor, Midwife or Health Visitor, because of some factor noted either before, during or after pregnancy, which may make them more liable than others to develop a mental or physical abnormality.

These children are periodically examined until they are either cleared or transferred to the register for handicapped children. These are children in need of special arrangements to enable them to benefit from education to their fullest capacity.

This register is kept up to date, and children are removed or added following screening tests and examination in hospital or clinics.

ASSESSMENT GROUPS

The Council has continued and extended the provision of special assessment groups – described in detail in the previous report. They are held in clinic premises, and cater for pre-school children who are physically or mentally handicapped, or have a home environment which may render them so. These groups meet on 2 mornings each week; they are kept small in number – 6 to 10 – and are sometimes extended to include children not handicapped. At the end of the year 2 new groups were established, at Bedonwell and Colyers Lane, in addition to Ellenborough Road and Murchison Avenue. The reports of the supervising Medical Officers are given below.

All the Groups suffered from the fact that transport has so far not been provided but it is hoped to remedy this in the coming year.

Dr. R.M.F. Stellman, who supervises the groups at Bedensfield and Murchison Avenue reports:

In each group there is a Supervisor who has had special experience in Nursery Nursing and two or three assistants, all of whom have put much thought and preparation into the care of the children. At Bedensfield the speech therapist visited once a fortnight till July, but owing to shortage of staff and pressure of work these visits were reduced to once a month from September. At Murchison Avenue, the speech therapist has called in frequently and the physiotherapist has given advice to parents and treatment to children.

There is frequent contact with doctors and other hospital staff and with head teachers of Infant Schools and Special Classes. During the year many student nurses, teachers and social workers have visited the group to observe the activities and to discuss the progress of particular children.

Each child who has left for a special school or class has been assessed in the clinic, and reports and recommendations have been sent to the Education Authority. Parents are encouraged to discuss their difficulties and are involved in assessing the progress made by their children. Most mothers are very appreciative of the help given in this way and many have been helpful to other mothers who have problems similar to their own.

The following table shows the number of children admitted and discharged, with the reasons for admission and the placements on discharge.

	Bedensfield	Murchison
Number still in Group from 1970	6	5
Number of new admissions	15	12
Reasons for Admission:		
Physically handicapped	4	3
Retarded	2	5
Speech Defect	1	
Visual Defect	1	
Behaviour, social reasons	6	4
Handicapped Parents	1	
Placements on Discharge:		
Marlborough Special School	2	4
Infant Special Class	1	1
Education Nursery Class	2	1
School for Physically Handicapped	—	1
Ordinary Playgroup	5	1
Ordinary Infant School		2
Left area	2	
Still in Group December 1971	9	7

The following table shows the length of time the children remained in the Groups.

	Bedensfield	Murchison
Up to 1 term	5	3
2 terms	2	3
3 terms	3	4
4 terms	—	1
5 terms	1	
6 or more	1	
Still in Group	9	6

Dr. S. Cohen, Medical Officer in Department, who supervises the Colyers Lane Assessment Group reports:

“The Colyers Lane Assessment Group was started in March, with five handicapped children, meeting Monday and Wednesday mornings. The needs of three at least of these children were so urgent that we started the Group even before the special play equipment arrived, which was not until some weeks later. This was unforeseen but educative since we found that the children made use of the space and a minimum of ordinary clinic toys, each other and each other’s parents, in a most interesting way and that this sufficed for the first four weeks to bring a sense of belonging to the Group.

Parent participation has been a feature of this Group from the beginning. For maximum benefit this needs careful supervision and control, i.e. not all the mothers stay all the time.

Problems have arisen from time to time owing to parent participation, but our experience has been that the discussion and working out of these problems has greatly enriched our understanding of the children, the parents and of each other.

The first five children were (ages given are those on admission):

Simon, aged 3 years – tuberosc sclerosis, with uncertain degree of mental retardation, poor spatial sense, and much obsessional activity. Withdrawn after a short time because of difficulty of transport and mother's illness. Provision of local authority transport would have enabled us to do more for him. He now attends a school for severely sub-normal children.

Helen aged 2½ years – ambulant hemiplegic child, with some intellectual handicap. After a short time with us was ready for admission to normal playgroup.

Peter, aged 4½ years – over protected, misguidedly pressurised child, with mild congenital heart disease, distorted speech and unusual pattern of retardation, with strongly autistic features. Aggressive and disruptive on admission. He formed a strong attachment to the Group Supervisor and through this it was possible to modify his behaviour and definite educational potentials were revealed.

Susie, aged 4½ years – severely retarded child with a history of infantile spasms and without speech. Some autistic features. Showed some promise of personality development for a few months but deteriorated, following return of fits. Little over-all improvement.

Trevor, aged 3½ years – emotionally deprived child born with cleft lip and palate. Severely affected by separation for hospitalisation to the point of showing classic infant depression. On admission he was withdrawn and rejected play and relationships. He has made steady progress since and is now co-operating in play and speech training and asserting himself within the Group. It is too soon to say how far his emotional damage is remediable. He is still a very retarded but a much happier child.

FURTHER ADMISSIONS: Donald, aged 2½ years – child with fits from early infancy and for first year no useful vision or hearing could be demonstrated. Provision of a hearing aid at eighteen months seemed to bring him to life and on admission he could see and hear (without his aid) and was using single words readily and in imitation, although his behaviour was very disturbed. He had screaming spells and was often "out of reach". Has improved considerably – no longer screams when frustrated. Using short sentences. Much more amenable in general. Our observations suggest vision may be below par and this will be investigated.

Patrick and Stewart. Both of these are normal 2 to 3 year olds, whose mothers were going through a depressive phase owing to family troubles and were unable to meet the demands of this age Group. Both children showed speech delay, excessive shyness and rejection of adults and children alike. They required careful, individual integration into the Group. The mothers

were encouraged to attend with them and were mutually supportive. The children improved dramatically and subsequently integrated very well into normal playgroup. Their presence in the Group was very stimulating to the others and it is interesting that following their admission the three year old brother of Susie elected to stay and join the Group. This child had caused us a good deal of concern because of his excessive shyness, tendency to "scribble talk" and obvious needs for more attention from his mother, whose time was so fully taken up by the handicapped child. We feel that although Susie improved only a little, this young brother benefited a great deal from being in the same Group and having individual attention and understanding in his own right.

Lee, aged 4 years – a slow starter, very little development in first year of life due to athetoid cerebral palsy. On admission the problem was an apparently intractable block in expressive speech, although some understanding was clearly there. She was otherwise a normal, attractive looking child. Attends the Nuffield Centre monthly for speech therapy and we have worked in liaison with this unit. Has improved greatly in understanding, quality of play and has made excellent relationships with staff, parents and the other children. Emotional problems which we feel may be related to the amount of therapy this child has needed, are beginning to resolve.

The Group has also been found to be a useful setting for the assessment of children attending the routine child health clinic, who show emotional or developmental disturbance. They invariably join in afterwards and their response to the Group play situation adds useful information to that gained in individual testing.

At present we have eight children regularly attending, three of whom we expect to leave at the end of this term. There is a waiting list of 4, with a possible fifth one who (a child with spina bifida) we are prepared to take now if the mother consents. Two siblings with potentially serious speech delay as a result of emotional deprivations (maternal depression) are only able to attend on one day though they urgently need two, and this is due to the inability of the mother to provide transport twice a week."

Dr. M.B. Edge, Senior Medical Officer who supervises the group at Bedonwell, reports:—

BEDONWELL

"This group was started in October and within a few weeks there were eight children attending regularly. Five of these children had been fully assessed by the end of the year and future provision discussed with the parents and the consultants concerned with their primary care. Where indicated formal recommendation has been sent to the appropriate authority.

The ages of the children and the handicapping conditions are listed, (in the table) with an indication as to future placement:-

Handicapping condition	D.O.B.	Possible future provision
Spastic athetoid quadriplegia	13.12.68	School for physically handicapped as evidence of intellectual ability has been observed.
Blind and Deaf. (Mother had rubella during pregnancy and is unsupported).	1.2.69	Pathways Assessment Unit prior to Residential School for Blind-Deaf children.
Down's disease	16.10.68	School for severely subnormal recommended; may warrant E.S.N. School.
Congenital heart lesion	3.6.69	Ordinary playgroup – ordinary school.
Post encephalitic hemiparesis, and speech disorder	16.3.68	Day School for physically handicapped recommended. For trial in Nursery School and may cope with ordinary school.
Blind. (Mother had rubella during pregnancy)	19.8.69	Moved from area.
Overactive normal child – behaviour problems.69	Nursery school and ordinary school.
Spina bifida	18.6.69	Day school for physically handicapped pupils.

All the children made noticeable progress even in this short period and benefited considerably from the stimulation and opportunities provided. The good attendance record (often involving long journeys for the mother) is an indication of the success of the group and the need for such a unit – not only to help the children reach their potential, but to afford social contact and support for other members of the family."

NON-ACCIDENTAL INJURY TO CHILDREN

(Battered Baby Syndrome)

This subject was discussed in detail in my previous report. The standing advisory committee met for the third time at the Brook Hospital this year. Twenty-one cases have been notified this year and added to the register. Each child is followed up after conditions are satisfactory for at least twelve months. In any child moving out of the district while under observation the Deputy Medical Officer of Health contacts the Medical Officer of the Authority into which the child is moving, on the telephone, and records are then sent to the responsible Medical Officer. This avoids delays in the continuity of supervision and provides help which is usually required by these families.

Primary prevention: We have concentrated on signs of **impending** battering. In monthly lunch time working seminars Doctors and Health Visitors have discussed early symptoms. It is therefore interesting to note that the cases which have come to light during the last year appear to be of a less damaging nature to the child than in previous years. Some may already have been prevented as Health Visitors and Doctors are identifying stress situations in families which might have escaped observation previously, and is reflected in the number of "threatened" injured and the action taken.

Secondary prevention: Hospital staff, General Practitioners and Local Authority staff from Health and Social Services Departments have established good links and suspected cases of wilful injury receive immediate attention in the Health Department, whose Deputy Medical Officer of Health is the co-ordinating Officer. Immediate help to parents is made available by admitting the child to hospital, by making a Social Worker or Health Visitor available for intensive work with the family, and/or by calling in other supportive services. Thus, rehabilitation of the family is carried out as a team effort.

An analysis of the twenty-one cases reported shows that:

In six cases no actual injury was inflicted on the child, but injury was threatened and reported to General Practitioners, Health Visitors or Social Workers, and the help given consisted of rehousing, foster care and later adoption, intensive visiting by a Health Visitor and Social Worker and in three cases psychiatric treatment of the mother. In four cases reported with scalds or burns (none of severe degree) : one was established as accidental, one older sibling was admitted to E.S.N. School, one was taken into care and one is receiving more intensive visits by the Health Visitor. In four cases reported with bruising or scratches : one only needed intensive family counselling and three were cleared during follow-up as accidental and needed no further treatment or advice.

In six fractures reported by clinics or hospital staff : one was cleared on X-ray, one needed intensive counselling by the Senior Medical Officer and Health Visitor, as the mother suffered from a rare muscular weakness and lacked insight into her own condition before she was able to guard against injury to her child. One child conceived before marriage, whose parents are only 18 years old, was adopted by the grandparents after a greenstick fracture which healed under their care without residual handicap. In one case, with parents of low ability, mother was sterilised and the child taken into care. One unsupported mother stopped work and was put on Social Security and rehoused and appears to be doing well. One remains under intensive supervision by Health Visitor and Social Worker.

One death was reported by the mother, whose child was admitted and died in hospital, while she was on a visit to her maternal grandmother. The mother is unsupported but no previous shortcomings in the child's care had been observed. Enquiries from the hospital established sudden death from brain haemorrhage and a blood disorder which could have caused this. The mother appeared very anxious for reassurance.

All the children reported, except two, were under the age of 2 years. Of the ten confirmed as having had wilful injuries inflicted all were under the age of two.

Thus it can be seen that ten children must be assumed to have been subjected to wilful injury by a parent, but another six were in need of help which, but for the present vigilance and publicity – as all these were reported either by the patients themselves or relatives – might have resulted in injury to the children.

However, these findings should not be taken complacently as it is generally felt that we deal at present only with a small number who come to our attention who might be compared with the tip of an iceberg. It is the submerged large number which still causes us concern who are in need of help which at present is not made available to them.

Further efforts will therefore be made to detect these.

THE WORK OF THE COMMUNITY NURSING SERVICES

Miss M.C. Gooderham, the Senior Area Nursing Officer reports:

HEALTH VISITING

The pattern of health visiting work carried out in this Borough includes routine duties in connection with expectant mothers, mothers and young babies, the young child, the school child, the elderly and the family with problems. The Health Visitor helps those awaiting hospital admission and needing advice and reassurance. Where parents or children are to be admitted for hospital treatment their parents often need guidance in order to prepare the child and minimise any mental trauma which may result from this enforced separation.

Health Visitors organise Child Health, Cytology, Slimming and Health Education, etc. and take an active part in the School Health Services.

It is inevitable that the Borough with varying degrees of social needs demands an extensive knowledge and aptitude of the Health Visitor and makes the home visiting aspect extremely varied and worthwhile. Where extensive help is thought desirable and where this is acceptable to the family the health visitors are ready to ask for the help required from the Social Services Department. They keep in contact with social workers and other services, including voluntary, and wherever possible build up close personal relationships with them. Social/medical problems continue to be one of the main concerns of the health visitor. The health visitor, as she becomes increasingly involved in general practice, finds the volume and variety of her work growing rapidly.

STUDENT HEALTH VISITORS

Four Student Health Visitors have been sponsored by the Council during the year. The theoretical training is given at various Technical Colleges.

The Health Visitors who have completed the field work instructor's course take students for practical training.

CLINIC NURSES

Owing to the nation-wide shortage of health visitors the establishment is made up with clinic nurses (S.R.N.s.).

These nurses assist the health visitors in clinical sessions, school medical inspections and selected follow-up visiting.

The clinic nurses are a valuable section of the nursing personnel and efforts are being made to increase their job satisfaction by extending their scope e.g. to infectious disease visiting and possibly family planning in the future. This could be a full time speciality or in addition to general duties; in the School Medical Service, simple health education after hygiene inspections in schools and some follow-up visits after school medical inspections.

MIDWIFERY

Domiciliary midwives attended 417 confinements during the year and also undertook the care of 474 patients discharged home after hospital confinements before the tenth day; the latter figure consists mainly of those cared for under the Council's planned early discharge scheme. Also included in this figure are those who took their own discharge from hospital. The planned early discharge scheme has now been extended to the hospitals in the Woolwich Group used by Bexley residents. At Queen Mary's Hospital and Hainault the planned early discharge scheme in which the general practitioner obstetrician and domiciliary midwife deliver and care for specially booked mothers in hospital, is working well. The mother is discharged home as soon as practicable and being cared for by the same doctor and midwife, this gives a degree of continuity of care that has been found most desirable. 275 of the 474 early discharges came into this category.

We are most appreciative of the co-operation and consideration we have had from Queen Mary's, West Hill and Hainault Hospitals colleagues.

PUPIL MIDWIVES

We have continued to take part II pupils from Queen Mary's, British Hospital for Mothers and Babies Hospitals during the year and 49 pupils have completed with us the District part of their training. The new integrated scheme for training pupil midwives will commence at Queen Mary's Hospital in May 1972.

OBSTETRIC NURSE EXPERIENCE

Facilities are provided for nurses in general training to accompany the Domiciliary Midwives on the District and to attend sessions at the Ante-Natal Clinics, and during the year 48 nurses received this experience.

TRAINING FOR CHILDBIRTH

The demand for psychoprophylaxis continues to rise. The training and the traditional relaxation class is offered in conjunction with mothercraft teaching sessions to expectant mothers.

DISTRICT NURSING

The function of the home nurse is not only limited to carrying out treatments as instructed by the general practitioner but also to instructing and advising the patient and relatives in the best methods of nursing and feeding. In addition she has to ensure that the most efficient methods are employed to make the patient as comfortable and as mobile as possible and to reduce to a minimum the inevitable loneliness of a housebound patient who may be living alone.

MARIE CURIE MEMORIAL FUND

There was an increase in the number of persons who were assisted through the Marie Curie Memorial Fund grant to the Council this year; (16 patients received this service) the existence of this Fund makes a valuable contribution to a selected group of patients who need whatever assistance can be given to them. They and their relatives are grateful for it and have sent several donations to the Marie Curie Memorial.

TRAINING FOR THE NATIONAL CERTIFICATE IN DISTRICT NURSING

State Registered Nurses are given training for three months in association with the Kent County Council for the National Certificate of District Nursing. This scheme is sponsored by Bexley Council and the students are required to work within the Borough for a further year on completion of the course. During the year 5 students completed their District Nurse Training.

REFRESHER COURSES

These continue to be arranged regularly for the nursing staff enabling them to keep up to date with modern nursing techniques. 25 members of staff went on refresher courses during the year.

NURSE TRAINING

The 1969 General Nursing Council Syllabus recommended a period of three months community experience as one option for a student nurse training for State Registration. Arrangements have been made with the Queen Mary's Hospital Nurses Training School to provide the experience commencing January 1972. The General Nursing Council has approved a scheme whereby student nurses spend six weeks of their training in the community to see all aspects of the Local Authority Health Services.

PRACTICAL WORK INSTRUCTORS

We have had eight of our more experienced District Nurses trained as practical work instructors in order that the students obtain full benefit from their period on the District.

NURSING AUXILIARIES

These valuable members of the staff have an important role to fulfil within their own right as well as helping the District Nursing Sisters.

The basic work of nursing auxiliaries is bathing, washing, dressing and undressing (especially the aged, but not patients who are acutely ill), assisting patients in carrying out walking exercises in order that they remain ambulant, foot hygiene and assisting District Nursing sisters with the care of heavy cases.

All have a planned course of preparation for their work, as a nursing auxiliary in hospital or who have been trained through the St. John Ambulance or Red Cross Nursing Aids Schemes, or by District Nurses practical work instructors.

They will be essential members of the teams which we hope to build up for Attachment Groups.

ATTACHMENT OF THE NURSING STAFF TO GENERAL PRACTITIONERS

A new scheme for attachment of nursing staff to family doctor practices was started during 1971 in the Northern part of the Borough as a pilot project.

The nursing team consists of Health Visitors, District Nursing Sisters, Midwives, and is responsible for providing services to persons (at least those within the Local Authority Boundary) on the lists of specified general practitioners to whom they are attached and with whom they have regular consultation. They may be attached to more than one practitioner or group. In the case of the District Nursing Sister and Midwife she will not normally provide services to patients not on the doctors lists but, for the time being health visitors may still retain some responsibility for providing local authority services e.g. child health, school health and health teaching to persons not on the lists of the practitioners to whom they are attached.

Although the expected antipathy to any change was evident in the early discussions, the nursing staff involved became increasingly enthusiastic after some experience of working in this way. They state that their own work is much more satisfying and there is no doubt that the patients get a better service. This enthusiasm is spreading to unattached staff, many of whom are now enquiring about the possibility of schemes being considered in the centre and southern areas. Staff are to be congratulated on their enthusiasm in embarking on this new pattern of work; they have made outstanding progress during the year. Success and progress in any organisation depend on team work and I would like to take this opportunity of thanking all the nursing staff for their co-operation and help in such a rapidly changing health service.

THE COMMUNITY NURSING SERVICE

CASES VISITED BY HEALTH VISITORS

Total number of visits to children under 5 years.	13,567
Persons aged 65 or over.	356
Mentally Disordered Persons	25
Persons, excluding maternity cases discharged from Hospital (Other than mental hospitals).	21
Number of Tuberculous Households visited.	162
Number of Households visited on account of other infectious diseases.	1,105
Other cases visited, i.e. Nurseries and Child Minders, Expectant mothers, etc.	1,964

HEALTH VISITORS AND CLINIC NURSES

ATTENDED THE FOLLOWING SESSIONS

Screening of Hearing, Relaxation and mothercraft, Slimmers Clubs, Mothers Clubs, etc.	2,145
M. & C.W. Clinic Sessions	5,323
Staff Medicals	123
Time equivalent to 2,550 sessions was taken up by clerical work, i.e. keeping of children's records (0-5 years), school records, correspondence, etc.	

HEALTH VISITORS

(A) SESSIONS WORKED	1971	1970
Number of sessions (half days) devoted to:		
i) Health Visiting	5,542	5,484
ii) Child Welfare Centres	5,323	5,347
iii) Ante-natal, Post-natal, Relaxation Mothercraft etc. Clinics	2,145	2,240
iv) School Clinics	638	354
v) Other School Nursing	1,528	1,627
vi) Staff Medicals	123	143
vii) Health Education	296	238
viii) Clerical	2,550	2,421
	18,145	17,854
Total Sessions	18,145	17,854

(B) CASES VISITED FOR THE FIRST TIME IN THE YEAR	1971	1970
i) Children born in 1966-69	7,312	7,890
" " " 1970	2,660	2,729
" " " 1971	3,595	3,646
ii) Persons aged 65 or over	356	213
iii) Others (excluding School Nursing cases)	2,913	3,364
	<hr/>	<hr/>
Total	16,836	17,842

(C) NUMBER INCLUDED IN ITEM (B)

i) Mentally disordered persons	25	13
ii) Persons discharged from hospital (other than Mental Hospitals)	21	11
iii) Tuberculosis households	162	661
iv) Households visited on account of other infectious diseases	1,105	825

(D) NUMBER INCLUDED IN ITEM (B) AND, WHERE APPROPRIATE, ITEM (C) WHO WERE VISITED AT THE SPECIAL REQUEST OF A GENERAL PRACTITIONER OR HOSPITAL

i) Persons aged 65 or over	184	102
ii) Mentally disordered persons	19	5
iii) Persons discharged from hospital (other than Mental Hospitals)	9	6

(E) TOTAL NUMBER OF VISITS TO:—

i) Children under 5 years of age	32,767	
ii) Persons aged 65 years or over	730	No Access Visits
iii) Other, excluding School Nursing Cases	6,492	
	<hr/>	
Total 1971	39,989	8,719
Total 1970	40,976	9,464

(F) INTERVIEWS OR REFERRALS IN GENERAL PRACTITIONER SURGERIES (NOT INCLUDED IN ABOVE)

Total 1971 1,015

Health Visitors and Clinic Nurses attended the following Sessions for the School Health Service :—

Periodical School Medical Inspections	963
School Hygiene Inspections	298
Vaccination and Immunisation (including BCG)	262

HEALTH EDUCATION

Prior to June of this year, when a Health Education Officer was appointed, health education was undertaken by individual members of the Health Department as the need arose, and by professional staff in their daily contact with the public in the home, and at clinic sessions.

Miss Wesson, Health Education Officer, reports:

Since June the acquisition of basic equipment has played an important part in the setting up of this section, together with the establishment of lines of communication with statutory and voluntary bodies. A Health Education Committee has been inaugurated to decide health education policy throughout the Borough, and a multi-disciplinary working party has been set up.

A regular supply of posters on health topics and home safety subjects have been distributed to clinics, hospitals and general practitioners. The public have availed themselves of the services of the section, and students from schools and colleges have made frequent visits for information and literature for projects. Requests for speakers, from many sources, have been met as far as possible, but due to lack of staff this service has had to be limited. The help given by doctors and nursing staff has been greatly appreciated particularly as much of this work has entailed evening sessions.

MATERNITY AND CHILD WELFARE SECTION

As will be seen from the statistics, relaxation and mothercraft classes have flourished, and co-operation with local maternity hospitals has enabled health visitors to participate in hospital classes and pupil midwives to visit local authority classes.

PARENTCRAFT CLASSES

These classes are held in the evenings to enable fathers to attend, but they have not proved to be the success visualised.

MOTHERS DISCUSSION GROUPS

Mothers discussion groups conducted by health visitors have been successful, many health topics have been introduced into these sessions, and outside speakers have been invited for specific subjects. These groups have also been valuable for young children, who have been given an opportunity to play together. This has been especially valuable to those unable to attend a play group.

HEALTH EDUCATION IN SCHOOLS

Four senior schools have health visitors visiting regularly to conduct courses on child care and health subjects. Other schools have had occasional speakers on various subjects.

A pilot scheme in a Primary school on the subject of "Growing Up" was undertaken at the end of the Christmas Term. Parents of fourth year junior pupils were invited to see two films on this subject followed by discussion with the staff and Health Education Officer. The parents were then invited to return on another evening with their children to view the films together. This proved to be a most acceptable way of coping with this subject, parents appreciating the support the school was able to give without taking the responsibility away from the parents.

Teachers and medical and nursing staff had a combined seminar on the subject of "Drugs" in November. The speaker was Dr. Anthony Wood from the Health Education Council. This subject naturally stimulated a great deal of discussion and interest and further action is being considered.

In the Spring Term an exhibition is to be arranged at the Teachers' Centre in Sidcup to stimulate more interest amongst teachers on the subject of health education in school.

YOUTH CLUBS

Youth Clubs have taken an interest in health education and speakers have been requested on various subjects. In October a Senior Medical Officer and the Health Education Officer took part in a day conference on Drugs arranged by the youth leaders for all those concerned with the guidance of young people.

SLIMMING CLINICS

A most successful venture has been the introduction, since June, of slimming groups at various clinics throughout the Borough. These groups are conducted with the approval of the participant's general practitioner, and the demand has been such that waiting lists have had to be compiled. In addition to discussions on sensible eating and problems of dieting; films, demonstrations and discussions on many aspects of health have been introduced. It is interesting to note that although these groups are open for men as well as women, only one gentleman has enrolled, but there have been many reports that overweight husbands have also lost weight (sometimes more than their wives)! The credit for this effect has been given to the fact that increased knowledge about nutrition has been reflected in family menus, and therefore both parents and children have benefited.

THE ELDERLY

Concern by the Health and Social Services departments on the subject of Hypothermia led to two interesting lectures given by Dr. William Budd, Consultant Geriatrician from Joyce Green Hospital, Dartford, to the combined professional staff of the two departments. Arrangements have now been made for a symposium to be held early in the New Year for the home-helpers on this important subject.

The importance of stressing good nutrition, and the prevention of home accidents has been carried out by all district nurses and health visitors in their daily contact with the elderly. Talks on these subjects have also been given to groups of senior citizens.

THAMESMEAD

In Thamesmead the residents have formed a health education group which meets once a month. The general practitioners and health visitors are working closely with this group, and it is hoped that when the new health centre opens next year, more support will be given to the group from the community.

DENTAL HEALTH

Dental health education has been undertaken in close co-operation with the Chief Dental Officer, and has included visits to schools and clinics, as will be seen in the Chief Dental Officer's report. At the end of the year play group leaders were invited to participate in a new project on dental health education for under fives. The dental auxiliary commenced visits to play groups to talk to the children and their parents on this important subject; following each talk a toothbrush, mug and toothpaste was given to each child and individual counselling for the parents was available if required. The response to this project has been overwhelming, and next year a programme will be planned to incorporate as many playgroups as possible into the scheme.

SMOKING AND HEALTH

Following the report of the World Health Organisation on Smoking and Health, a report was submitted to the Health Committee who agreed that a pilot scheme be set up for an anti-smoking clinic for council employees who were heavy smokers. This clinic commenced in the Autumn for a period of ten weeks and has been led by one of the principal medical officers who also smokes cigarettes. Group discussion techniques were used for the course and the majority of participants have been able to reduce their consumption of cigarettes. An evaluation will be undertaken when the course finishes early in the New Year.

The first six months following the establishment of the Health Education Section have revealed the enormous potential there is for health education within the Borough. The demands on the service have gained momentum with each passing day, and it is obvious that in the coming year activities in the health education field will need to be extended over a wide area to enable the general public to obtain the maximum benefit from this form of positive health.

Summary of sessions

SHOWING PARTICIPANTS IN HEALTH EDUCATION

Type of Session	No. of Sessions	Number attending
Relaxation	451	3618
Parentcraft	7	114
Mothers Discussion Groups	444	6980
Slimmers Group	123*	1926*

* Figures for six months only.

HOSPITALS

Good liaison exists with hospitals in the Borough and the many situated in neighbouring boroughs, but caring for the citizens of Bexley.

In the three hospitals receiving maternity cases, the Deputy Medical Officer of Health and Senior Area Nursing Officer attend the maternity liaison committee.

The following hospitals are situated in the Borough:

Bexley & Welling Hospital, Upton Road, Bexleyheath

Bexley Maternity Hospital, Erith Road, Bexleyheath

Russell Stoneham Maternity Hospital, Perry Street, Crayford

Erith & District Hospital, Park Crescent, Erith

Hainault Maternity Hospital, Lesney Park Road, Erith

Queen Mary's Hospital, Sidcup

The hospitals adjoining the Borough are:

Brook General Hospital, Shooters Hill Road, S.E.18.

Joyce Green Hospital, Dartford.

The Memorial Hospital, Shooters Hill, S.E.18

St. Nicholas Hospital, Tewson Road, S.E.18.

West Hill Hospital, Dartford.

In addition, the following teaching hospitals receive the bulk of referrals from this Borough:

Guy's Hospital, Newcomen Street, S.E.1.

King's College Hospital, Denmark Hill, S.E.5.

Detailed paediatric assessment is at present carried out at Guy's Hospital (Newcomen House). The Paediatrician at the Brook Hospital hopes that an assessment centre will be equipped at the Brook Hospital in the next year. This will enable Medical Officers in the Department to work in close co-operation with a multidisciplinary team. Parents will in this way save long journeys to Guy's Hospital and benefit from on-going guidance and help by one team.

ADAPTATIONS OF HOMES FOR RENAL DIALYSIS

Hospital authorities provide and maintain the kidney machines for the use of patients in their own homes. The homes are converted by the Council and a charge is made according to the Council's assessment scheme. In cases where the applicant is found unable to contribute, the installation is made free of charge.

By the end of the year 5 homes were adapted, all privately owned homes. The earliest adaptation took place in October 1969 and the most recent in May 1970. One additional conversion was stated at the end of 1971.

For this purpose, one room, usually a bedroom, has been converted to take the necessary equipment. This includes a sink and special shelving to hold a month's supply of concentrated fluid used for dialysis and sterile dressings. Floors are made water-proof, and walls and ceilings easily washable. The room is further equipped with a telephone paid by the hospital authorities to enable the patient to contact the hospital in case of any difficulty during dialysis.

By the end of the year, one district nurse had been specially trained at Kings College Hospital to assist patients with problems of home dialysis.

CHIROPODY SERVICE

The Council provides a chiropody service for men and women over 65, expectant mothers, and physically handicapped persons at a reduced fee of 35p per treatment which, can be further reduced or supplied free on assessment.

All persons on social security receive a free service.

Mr. B.T. Marsh, Chief Chiropodist reports:

The service is maintained by Chiropodists employed by the Council (Direct Service) and by Private Chiropodists (Contractual Service).

Treatment is available in Council clinics, private surgeries, and for housebound cases, in the patients' homes and the Council's Old Peoples' Homes.

Basically the Chiropody Service has remained unaltered except that a higher proportion of new patients have been treated through the Direct Service Chiropodists with a consequent reduction of treatment of new cases by the Contractual Chiropodists.

The Direct Service operating in 4 Old People's Homes was increased to provide treatment in Dovedale Old People's Home opened during the year.

The Verruca service for school children introduced in 1970 by the Chief Chiropodist, and assisted by a trained nurse, expanded rapidly in this year. The service is provided at 315 Broadway, Bexleyheath, and 69 Sidcup Hill, Sidcup.

	New Cases	Clinic Attendances	Cases treated during the year
Children	516	2,436	3,234

The direct domiciliary service is maintained by the Chief Chiropodist and 2 sessional chiropodists, and by the end of the year, amounted to 15 sessions a week, equivalent to 1.5 full time chiropodists.

The direct clinic and Old People's Homes service is maintained by one full time chiropodist and six sessional chiropodists and by December amounted to 25 sessions a week (equivalent to 2.5 full time chiropodists).

There are 5 clinics in the Borough, which provide chiropody treatment as follows :

Clinic	No. of sessions a week
315 Broadway, Bexleyheath	9
69 Sidcup Hill, Sidcup	4
Wren Road, Sidcup	3
Town Hall, Crayford	3
St. Augustines, Belvedere	3

DIRECT SERVICE	No. of	No. of	No. of
	Sessions	Treatments	Patients
Clinics	884	4,233	975
Domiciliary	494	2,240	517
Old People's Homes	128	917	249
CONTRACTUAL SERVICE	No. of Treatments		No. of
	Surgery	Domiciliary	Patients
	6,288	3,753	1,182

REHOUSING ON PRIORITY MEDICAL GROUNDS

This report is confined to one specific issue — Priority Rehousing on Medical Grounds. Duties and functions of Local Authority appertaining to public health aspects of housing are dealt with elsewhere in the Report.

The present scheme of rehousing on priority medical grounds has been operating successfully with slight alterations for several years. The scheme overrides the points system and in extreme cases even the required twelve months period on the waiting list is waived.

The procedure at present adopted after full consultation with the Housing Manager is as follows:—

The Housing Manager notifies the Medical Officer of Health of any applicant bringing forward medical reasons for rehousing. After obtaining the written consent of the applicant to approach the family doctor and/or hospital consultant, either or both of them are contacted by individual letter, routine questionnaire or telephone call as appropriate.

Similar procedure is adopted for a small proportion of cases (6%) referred to me from other agencies, i.e., the Health Department staff, general practitioners, Director of Social Services. Not infrequently a direct approach is made by a prospective applicant.

Where there is any possibility that the applicants claim can be substantiated, my Principal Medical Officer or a Senior Medical Officer visits the home by appointment and writes out a detailed report at the time of the visit. The Housing Manager is subsequently advised whether or not the application has my support.

The borderline cases are discussed at the Group Officers Meeting held once a month.

If the application does not have medical support it is dealt with in the usual way, i.e., on the points system.

I feel I ought to make it very clear that because of council housing shortage, the medical criteria are not only very stringent but also faithfully adhered to.

The visit from my Senior Medical Staff fulfil an additional role since their visit often brings forth a hitherto unmet need, e.g. urgent repair to property, various social needs including closer supervision from medical or social agency.

Once a month a group officers' meeting is held. The Housing Manager or his Deputy takes the Chair, his Department being represented by the Applications and Lettings Officer, Senior Housing Assistant and the Home Visitor. The Principal Medical Officer and a Senior Medical Officer attend. The recommendation of this meeting gives the Housing Manager executive power to proceed.

The breakdown of applications dealt with between 1st January 1971 to 31st December 1971 is given below.

Figures for 1970 are given in brackets.

No. of new referrals including second applications after a lapse of 12 months	Review cases (in addition to previous column)	Applications supported	Applications not supported	Applications still being dealt with	No. of visits by Medical Officers	No. of interviews with applicants in Health Department
498	50 (approx)	147	208*	193	325	60 (approx)
(501)		(164)	(185)	—	(336)	—

* These will proceed on the points system as mentioned in paragraph 5.

It is generally held that the scheme described above when viewed against the scarcity of resources is satisfactory.

However when faced with the health problems of today, many of which are directly connected with the environment, one cannot but reflect how many of them could have been prevented had the health aspect been fully considered at the inception of the planning stage. In looking to the future I hope for strong links to be forged between all professions involved in providing the community with the best possible housing.

STAFF MEDICAL EXAMINATIONS

A Staff Medical Service is run by this Department to ensure that the person employed is physically fit to carry out the duties of the post to which he has been appointed by the Council.

All candidates entering Teacher Training Colleges are examined irrespective of their case history and so are all those which are required by the Department of Education and Science (28 RQ). In addition, all canteen assistants, midday meal supervisors, school secretaries, clerical assistants and laboratory technicians employed by the Education Department are called for full medical examination.

All heavy vehicle drivers have the statutory medical examination after clearance of their previous history with their general practitioner.

We are also concerned with the examination of employees referred to us who have been absent from work for a longer period, or who appear to be unfit for their job.

Examinations are held with a view to consideration of retirement due to ill health, of an employee on medical grounds.

It is the Council Policy to examine Manual Staff after 4 months employment, the Employing Department providing the information about their job requirement.

During the year 950 medical examinations were arranged as against 1,268 in 1970. The difference is explained by the fact that more frequently a medical enquiry was established before the person was called for a medical examination. Thereby resulting in more people being passed on the reports received from the General Practitioners and Consultants as well as X-ray reports.

In 1971, all medical histories and medical reports were made available for the medical officer before conducting the session, thus less employees needed to be medically examined and could be passed without being called for medical examination.

	1970	1971
No. of health statements submitted	1,537	1,463
No. of sessions arranged	139	103
Medical Examinations arranged.		
Staff and Manual	883	530
Review and Special Cases	74	120
Teacher Training College Admissions	233	231
Medical Certificates completed for Department of Education and Science	70	55
Medicals arranged for other authorities	8	14
TOTAL	<u>1,268</u>	<u>950</u>
Males examined	363	237
Females examined	905	713

SOCIAL SERVICES DEPARTMENT

The closest possible working relationship has been maintained with this newly established Department at all levels to avoid disruption of existing services and enhance new ones. As an example of the former the continuing screening of applications for day nurseries, playgroups and childminding may be quoted and for the latter the involvement of the Deputy Medical Officer of Health as medical adviser to the Adoption Committee.

The Department acts in all matters where medical advice is required. Medical and nursing staff have visited old people's homes and children's homes, and a Senior Medical Officer has continued the supervision at the hostel for mentally severely handicapped children.

Applications for installation of telephones are also cleared on medical grounds in doubtful cases, and 4 were cleared in this way during the year.

NURSERY AND CHILD MINDERS

The Health Department has continued to supervise this service at the request of the Director of Social Services.

During the year no new Day Nurseries have been registered but two new Play Groups have been established. At the same time, the number of registered child minders has increased from 272 approved to 330. In all, 1735 children are in regular part time or full time day care in private Day Nurseries or Play Groups throughout the borough. An additional 568 children are looked after by Child Minders.

Three applications were received from applicants not considered suitable, who were persuaded not to proceed with their application for registration.

Courses for Play Group and Day Nursery Staff are available in evening classes provided by Adult Education. Lectures at these courses were given by Doctors and Nurses as well as staff from the Education Department. These classes attract an average of thirty students and attendance is usually very good.

NURSERIES AND CHILD MINDERS REGULATIONS, 1948

	1971	1970
Premises registered at end of year:		
Number of premises	53	51
Number of places provided	1,735	1,625
Persons registered at end of year :		
Number of persons	330	272
Number of places provided	568	526

RECUPERATIVE CARE

This Scheme provides holidays for persons who are recovering from illness or operations. Applications are usually received from General Practitioners on behalf of their patients. In co-operation with the Director of Social Services medical recommendations are received in the Health Department and authorised by the Medical Officer of Health for action by the Director of Social Services. Applicants have to complete an assessment form and accordingly receive a free service or have to contribute.

During the year 27 applications were received. Of these, 20 were supported and 4 decided not to proceed with their application. Of the 20 successful applicants:—

9 were over the age of 60

7 were over the age of 70

2 were over the age of 80

The remaining applicants suffered:—

one from mental ill health, and one from the effects of a sudden bereavement.

It is noteworthy that 18 out of 20 applications were, in fact, elderly citizens.

DAY CARE FOR UNDER 5's ON MEDICAL GROUNDS

The Borough does not provide a day nursery. Day care is, however, provided free of charge for special cases recommended by the Medical Officers, General Practitioners and Health Visitors. The children are placed in suitable private nurseries, playgroups or with childminders.

At the end of the year there was one child placed by the Council in a day nursery, and eleven in playgroups. In these cases no charge fell on the parents.

REASONS FOR PLACEMENT OF UNDER 5's ON MEDICAL GROUNDS

MEDICAL	
Withdrawn child — unsupported mother	1
Behaviour problems reactive to difficult home situation	2
Recommended by Child Guidance Clinic for language stimulation	1
Retarded general development and speech	2
Developmental retardation	1
Visual handicap	1
Asthma	1
Deafness + associated speech defect	1
Behaviour problem due to parental involvement with blind, partially deaf, epileptic brother	1
Behaviour problem in single parent family	1
	12

REGISTERED NURSING HOMES

There are four private nursing homes registered in the borough.

These homes are visited periodically by Senior Nursing Staff and Principal Medical Officers when special concern is expressed or a complaint received.

During inspection visits, which are usually made without prior notice, attention is drawn to such matters as general care and nursing, diet and fire prevention. Special visits are paid during the cold weather to ensure that adequate heating is provided.

During the year one home has undertaken extensive alterations to comply with new regulations in fire prevention and satisfactorily carried out.

Organisation or Proprietor	Address	Type of Home	No. of Residents	Remarks
Mrs. Knight, S.R.N.	The Elmhurst Nursing Homes, 11 Victoria Road, Sidcup.	Chronic sick and aged	14 Female patients	May be prepared to consider male patients
Mr. P. Fitchett	The Winston Nursing Home & Clinic Ltd., 31 Crook Log, Bexleyheath.	Chronic sick and aged	22 Male or Female patients	Does not take senile or mentally handicapped patients
Mr. M.J.W. Dent, S.R.N., R.M.N.	Hatherley Nursing Home, 12 Hatherley Road, Sidcup.	Chronic sick and aged	9 Male and Female patients	
Mrs. Memsley, S.R.N.	The Eaves Nursing Home, 64 Picardy Road, Belvedere, Kent.	Chronic sick and aged	18 Female	

REPORT
of
PRINCIPAL SCHOOL MEDICAL OFFICER

SCHOOL HEALTH SERVICE

The School Health Service is the longest established mandatory service to cover a specific population group. As far back as 1904 medical policy makers stressed the negative effect of physical defects on school performance and suggested that discovery of such defects be made a matter for team work between school Medical Officers and teachers.

Subsequent changes in the social pattern brought about the Education Act 1944 which gave a much wider remit to the School Health Service. Whilst it is the duty of the Local Education Authority to provide every child with education according to his age, ability and aptitude, it is the duty of the School Health Service to seek out and assess children requiring educational provision either as an alternative or a complement to the "normal" school.

To achieve the objective that every child is given help to attain its full potential the Service must fulfill three conditions:

1. Involve itself with the child before his school entry age.
2. Evolve a simple but foolproof procedure to cover the whole school population.
3. It must be truly comprehensive i.e. capable of calling in all the specialist services to advise on conditions likely to affect the child's educational and social growth adversely.

EARLY DIAGNOSIS

The Health Department is alerted to a handicapping condition in one of many ways.

1. The "At Risk" register – this is reported on in the Maternity and Child Health Section.
2. The information and/or request for action can come from members of the M.O.H's staff e.g. Health Visitors; other Local Health Authorities on change of address, family doctors or Hospital Consultants.

As soon as practicable a full assessment by a suitably qualified and experienced Medical Officer is arranged, preferably at the child's home where the conditions for examining the child and counselling the parents are optimal.

Before the initial assessment is made an on going two way communications is put in train between our own specialists in developmental paediatrics and the Hospital Paediatrician.

Following such an assessment, ancillary support services can be brought in e.g. rehousing, day placement, with or without subvention of fees.

A child requiring skilled handling and/or observation is placed in one of the four assessment groups. From the educational aspect, such early and accurate assessment has manifold advantages to the child. When a sufficiently firm diagnosis is made the Chief Education Officer is advised

regarding future school placement. Early recommendation gives the Chief Education Officer a better chance of securing special placements which are in short supply.

The following table illustrates the handicaps ascertained for special schooling.

Category of Educational Handicap	YEAR OF BIRTH				TOTAL
	1968	1969	1970	1971	
E.S.N. (including S.S.N.)	7	5	12	5	29
Physically handicapped	11	3	6	1	21
Blind	2	—	—	—	2
Partially sighted	3	1	—	—	4
Deaf	—	—	—	—	—
Partially hearing	3	2	1	—	6
Epileptic	1	—	—	—	1
Delicate	1	6	—	—	7
Speech defects	—	—	—	—	—
Maladjusted	—	—	—	—	—
TOTAL	28	17	19	6	70

CHILDREN IN NORMAL SCHOOLS

On the 31st December 1971 the total school population in London Borough of Bexley stood at 36,705.

9,400 pupils received periodic medical examinations and of these 17 i.e. .06% were found to be in an unsatisfactory condition.

In addition, there were 642 special inspections, and 3,578 re-inspections.

The following table gives the number of defects found at periodic and special medical inspections during 1971.

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	45	76	80	201	
		O	269	92	104	465	
5	Eyes (a) Vision	T	93	102	133	328	2
		O	223	196	150	569	
	(b) Squint	T	46	4	12	62	
		O	57	9	20	86	
	(c) Other	T	11	5	7	23	
		O	42	24	16	82	
6	Ears (a) Hearing	T	30	12	18	60	6 18
		O	118	24	48	250	
	(b) Otitis Media	T	17	5	3	25	
		O	162	6	15	183	
	(c) Other	T	3	2	—	5	
		O	42	7	20	69	
7	Nose and Throat	T	38	14	8	60	1
		O	530	41	99	670	
8	Speech	T	25	3	5	33	3
		O	110	6	10	126	
9	Lymphatic Glands	T	8	1	3	12	
		O	211	6	22	240	
10	Heart	T	15	1	2	18	
		O	167	15	33	216	
11	Lungs	T	25	6	14	45	
		O	150	33	43	226	
12	Developmental (a) Hernia	T	9	—	—	9	
		O	31	2	4	37	
	(b) Other	T	11	—	7	18	2
		O	78	5	25	108	
13	Orthopaedic (a) Posture	T	1	3	6	10	
		O	15	11	16	42	
	(b) Feet	T	8	17	16	41	
		O	86	45	89	220	
	(c) Other	T	5	24	14	43	
		O	153	60	53	266	
14	Nervous System (a) Epilepsy	T	2	3	3	8	
		O	19	4	4	27	
	(b) Other	T	—	3	—	3	
		O	32	18	22	72	
15	Psychological (a) Development	T	—	1	1	2	
		O	57	9	47	113	
	(b) Stability	T	1	1	2	4	
		O	165	27	91	283	
16	Abdomen	T	11	2	5	11	
		O	60	17	37	114	
17	Other	T	23	17	17	57	3
		O	151	84	107	342	

T denotes defect requiring Treatment
O denotes defect requiring Observation

Hygiene inspections were carried out on 21,375 (1970—19,716) pupils by school nurses and 136 (1970—74) children were found to be infested with vermin.

The periodic medical inspections are carried out three times during the child's school life i.e. on entry, during the first year in Secondary School and on reaching the school leaving age. The parent is not only advised of medical examinations but cordially invited to attend.

The "school leaver" inspection is of particular relevance regarding the child's future since the Careers Service depends on the School Health Service for guidance regarding any employment restrictions.

Over and above the periodic and special medical inspections which includes vision testing by Snellen's card the Service is responsible for:

1. Vision testing on Keystone apparatus carried out by a specialist school nurse, each child being tested at the ages of 6,8 and 10. The colour vision test on Keystone is added for the last group of children to enable advice to be given about appropriate employment. The Ishihara test for colour vision is given to all boys on leaving school since normal colour vision is essential for certain occupational fields. 22 boys failed the Ishihara test in 1971.
2. Hearing is tested clinically by the school doctor during Medical inspections. In addition all children are screened routinely by "sweep audiometry" at the age of 7. If hearing loss is suspected in a child of any age, an audiometric test can be requested by a Local Authority or family doctor, teacher or Health Visitor.

NURSERY EDUCATION

The general arguments favouring early education apply to a handicapped child with even stronger force. The importance of the early years in a child's intellectual development is now widely recognised. It is also known that a child's development proceeds in a definable sequence and that, if the acquisition of an early skill is impeded, later stages of intellectual development may be retarded or even precluded. It is therefore vitally important that positive steps should be taken at as early an age as possible to minimise the adverse effects of handicapping conditions on a young child's emotional, social and intellectual development. Nursery education can play a crucial part here, not only by helping the child directly but also indirectly by helping his parents to develop a constructive attitude to his handicap. At the other extreme to rejection, there is the more subtle danger of over-anxious protection which can deny a child the experience on which his development depends. Nursery education also provides an ideal opportunity for prolonged and systematic observation of a handicapped child, so that as part of the process of comprehensive assessment already referred to, a precise estimate can be made of his future educational needs.

The Borough has one nursery school and three nursery classes attached to Infant Schools. This is insufficient to meet the demand even of children very much in need of organized activity and education. The Principal School Medical Officer recommends children for whom nursery school admission is indicated on medical grounds. The co-operation received by the Health Department from the Chief Education Officer in the face of great shortage of nursery places is very much appreciated.

CHILDREN RECEIVING SPECIAL EDUCATION

EDUCATION (HANDICAPPED CHILDREN) ACT.

1st April 1971 is thought to be the landmark for Education of Severely retarded children. The new Education (Handicapped Children) Act transferred the responsibility for those children who previously were ascertained as "unsuitable for education at school" and were catered for by the Local Health Authorities, to the Local Education Authorities. The provision acquired a new look through the abolition of statutory examinations and the schools previously known as Training Centres became Schools for severely subnormal pupils and the training of specialised teachers was given a new impetus. The change was welcomed by staff and parents alike.

The following are the special schools within the Borough:

Woodside, Marlborough and Shenstone.

In addition there are seven special classes attached to primary schools catering for children with developmental delay.

The Partially Hearing Unit is attached to Crayford Secondary School. Partially hearing children of primary school age are accommodated at the special unit attached to Darrick Wood School (London Borough of Bromley).

Cerebral Palsy children attend the Phoenix Centre at Farnborough Hospital, London Borough of Bromley until the age of 8.

Physically handicapped children attend Charlton Park School (London Borough of Greenwich). It is anticipated that our children will be taking up possibly half the places in the new purpose-built school for the physically handicapped in Chislehurst (London Borough of Bromley).

In all there are 275 children receiving education in special schools. This number is made up as follows :—

	<u>Boys</u>	<u>Girls</u>
Marlborough	32	25
Shenstone	28	14
Meldreth	1	—
Helen Terry	—	1
Cheyne Hospital	1	—
Phoenix Centre	4	3
Woodside	68	68
	<u>134</u>	<u>111</u>

In addition 30 other children are receiving education in Out-of-Borough schools.

For obvious reasons a child in a special school calls for more time and expertise from the School Health Service than the rest of the school population. Each child is examined once a year by a Senior Medical Officer at the school; not infrequently, the medical examination is followed by an impromptu case conference in which both parent and teacher participate. The children in out-of-Borough schools are seen at home during the school holidays.

WOODSIDE SCHOOL, FOR E.S.N. CHILDREN

Dr. May Edge, the Senior Medical Officer responsible for the School, reports as follows:—

“As the new school building was not completed by September 1970, a unit for 26 E.S.N. children was started in temporary accommodation. By April 1971 it was possible to use the top floor of the purpose-built school and the original nucleus of children was amalgamated with another special unit making a total roll of 62. This was increased by September 1971 to 129, with a staff of 11 teachers. This rapid expansion, combined with problems arising from the education of older children, so called “late” admissions, added to the load of work both on the teaching and medical side. The Autumn term 1971 saw the establishment of a Diagnostic Unit for young children and the school started to function, divided into Junior, Middle and Senior Departments.

The Parent Teacher Association was formed in November, following an extremely well-attended Parents Day.

97 children were examined by the end of the year. All the parents attended for these examinations. The child's hearing is tested by the Audiometrician and children are assessed and seen regularly by the Peripatetic Teacher for the deaf. The day-to-day health care is in the competent hands of a State Registered Nurse working at this school as the Welfare Assistant and apart from her daily work she is available for counselling of children, staff and parents. The smooth running of the School Medical Officer's work is largely due to the fact that skilled nursing help is available at this school.

Shortage of Speech Therapists was responsible for insufficient time being given to the Woodside children but fortunately this situation was remedied after the new year. When the school returned to work after Christmas 1971 it held 140 pupils in 10 classes. In its first year of life this school can justifiably claim considerable success in view of many initial difficulties.”

MARLBOROUGH SCHOOL, FOR SEVERELY RETARDED CHILDREN

Dr. Rose Stellman — Senior Medical Officer responsible for the school reports as follows:—

“The school was originally known as Sidcup Training Centre, and after its transfer to purpose-built premises, as Marlborough Training Centre. During the first year under the wing of the Education Department several improvements were made, i.e. sound-proofing of the assembly hall, which doubles as the dining-hall, clerical help was made available and there was a more liberal provision of teaching and play equipment.

The School Medical Officer spent 34 sessions in examining every child at the school, in addition 14 comprehensive assessments were carried out. Over and above the regular sessions the School Medical Officer pays frequent ad hoc visits, to advise on medical problems and to comment on special equipment.

Close liaison is maintained with family doctors and consultants. The Physiotherapists and Speech Therapist attend regularly to advise the staff and treat the children.

SHENSTONE SCHOOL FOR SEVERELY RETARDED CHILDREN

This School was formerly known as Shenstone Training Centre, and the excellent work carried out in the face of many difficulties, not the least the premises, is of special credit to the staff. The medical aspect was shared between two School Medical Officers. 51 children were medically examined and 42 of their parents attended.

SPECIALIST SERVICES

Any parent of a child where Consultant opinion is required can, if he so wishes, be referred to a Hospital. There are, however, specialities with a particular bearing on education and it has always been thought advisable for the Authority to provide its own Consultant services closely attuned to local conditions.

OPHTHALMIC CLINIC

The 3 Ophthalmic Clinics under the aegis of the Health Department hold two sessions each per week. The relevant figures of 1971 are given below:—

Clinic	No. of Appointments sent	No. of Attendances	Keystone Referrals	Cases from P.H. Medical Officers	Prescription for Glasses	Errors of Refraction (including Squint)
Crayford	1716	1138	132	171	194	1131
Danson	2190	1931	211	265	577	1375
Hainault	1517	909	162	121	213	723

OTOLOGY CLINIC

The Clinic, situated at 315 Broadway, operates for two sessions a week under its Director, the Otologist Mr. D.N. Stewart.

The object of the Clinic is an early and accurate assessment of the child's hearing, leading to positive recommendation for effective treatment both on the medical and education side. The Otologist is prepared to carry out the surgical treatment personally after consultation with the family doctor, thus remaining in the overall charge of the management of the child.

The Clinic practises the team approach through invariable involvement of the Audiometricians (2 full-time officers) and the Peripathetic Teacher of the Deaf. Specialist advice is frequently given by the Educational Psychologist and the Senior Speech Therapist. The Clinic refers children for opinion to other consultants, notably the Child Psychiatrist.

The referrals come from Audiometricians (following routine or screening or special examination of school children—see page 78), School Medical Officers and Local Health Authority Child Health Clinics, and increasingly from the family doctors.

A very happy working relationship with the General Practitioners in the borough is especially noteworthy.

MEDICAL EXAMINATIONS OF SCHOOLCHILDREN PRIOR TO EMPLOYMENT

Such statutory examination is required for every child attending school to ensure that employment will not be detrimental to the child's health or educational progress.

The Departmental Medical Officers have carried out 172 such medical examinations during 1971.

CHILD GUIDANCE CLINIC

The Child Guidance Clinic is located at Crook Log. There are two part-time Psychiatrists supplying 12 sessions per week, appointed by the Regional Hospital Board, 2 Educational Psychologists engaged by the Education Department and 1 Senior Psychiatric Social Worker now attached from the Social Services Department. It has been found almost impossible to maintain a full establishment of staff, and 2 psychiatric social workers posts have been vacant during the year.

Psychologists, apart from their assessment work in the clinic, visit schools and work in close contact with school medical officers and teachers.

The Director of the Child Guidance Clinic, Dr. Margaret Munro reports:—

"542 (1970, 504) families visited the Child Guidance Clinic during the year, of these 201 (1970, 234) attended for the first time. Families with children of any age from birth to school leaving age may be seen at the Clinic, and some 10% of the children seen are pre-school age. Families are referred by the Medical Officers in the Health Department, the Social Services Department, the Education Department, family doctors, and a small number by the parents themselves".

SPEECH THERAPY CLINIC

I am indebted to our Senior Speech Therapist Mrs Christine Green for the following report:—

"The Borough was operating only a skeletal speech therapy service in 1971 due to shortage of staff. Instead of the required one senior and three basic grade therapists, there was only one basic grade therapist full-time at Murchison Avenue Clinic, and one at Sidcup Hill Clinic until 13.9.71. The latter changed to part-time (21/33 hours) until the end of the year when she left the Borough service. Consequently, only the most urgent cases could be seen.

Despite the heavy case-loads, a certain amount of the almost equally essential advisory work was carried out. Regular visits were made to the special schools and primary schools for screening purposes, consultations and advice to teachers. Talks were given to groups of parents, teachers and student nurses.

A certain amount of career work was undertaken, in the form of dissemination of information, and receiving visitors in the clinic. Students from speech therapy colleges visited the clinics regularly, for observation, and to work under the therapist's supervision.

FUTURE DEVELOPMENTS

It is anticipated that in future a much more comprehensive service will be given, since in October 1972 the full establishment of four therapists was realised.

However, it is probable that even this is insufficient to cater for the true need for speech therapy services, which has until now never been ascertained in the Borough of Bexley. To this end, a speech therapy survey is under way, and from the results already obtained, it seems that the present establishment is insufficient to provide a really efficient service, with screening, advisory and prophylactic measures in addition to basic treatment.

Even from the figures readily available, it is evident that, if the College of Speech Therapists' recommendation of a minimum of one therapist per 10,000 children is accepted, then with the population of approximately 50,000 children under 14 years of age (Registrar General's estimated population figures for the Borough of Bexley for mid 1971), an establishment of at least five full-time therapists is needed."

PROPHYLAXIS PROGRAMMES IN SCHOOLS

The overall programme can be considered under two headings.

Firstly, it is both administratively convenient and medically advisable to reinforce the immunological state of the child while still in school following the prophylaxis procedure at pre-school age.

To this end children of Secondary school age are offered Tetanus and Polio booster injections. Clearly children who missed such prophylaxis in the pre-school age are given a full course of Tetanus or Polio, or both.

Secondly, there are two prophylactic agents particularly relevant to adolescents. These are B.C.G. which protects against tuberculosis and Rubella vaccines. The latter is only offered to girls. Immunisation in schools is carried out as part of the comprehensive school Health Service and the statistics are as follows:—

Number of children immunised

1.	Tetanus	602
2.	Polio	435
3.	Rubella	2002

B.C.G.

Skin tested	1878
Found positive	231 and referred to chest physician when necessary
Found negative	1526
Vaccinated	1526

MILK IN SCHOOL ISSUED ON PRIORITY MEDICAL GROUNDS

Circular 12/71 (Provision of Milk and Meals (Amendment No. 2) Regulation 1971) abolished the supply of free milk to children of Junior School age in all schools except that for handicapped pupils. The act however, gave the Local Education Authorities the power to supply it for individual children on priority medical grounds. The Bill proved to be very controversial at every level of community life and the issue emotive. It became the task of the Health Department to identify the medical priority groups and every effort was made to ensure that no child likely to benefit from school milk was left out. An immediate total screening took place through scrutiny of school medical records by Medical Officers in the Department, in addition Head Teachers and family doctors as well as parents were invited to put forward such children for consideration. The parents were then informed of the Principal School Medical Officer's intention to recommend the child for milk on a temporary basis and were given the opportunity to indicate their wishes. Subsequently all remaining children were individually examined during School Medical Inspections and milk was continued or withdrawn according to the findings.

Figures for the above exercise are as follows:—

No. of Schools	49
No. of S.H. Records screened	13,182
No. recommended by Medical Officers	2,181
No. recommended by Headteachers	274
No. recommended by both Medical Officers and Headteachers	79
Total to receive milk	<u>2,376</u>

After completion of the screening procedure 23 children were referred from other sources e.g. General Practitioners, and social agencies. 237 parents indicated they did not wish their children to receive milk in school.

It is envisaged that the exercise will have to be repeated every year for the children transferring from Infants to Junior Schools.

REPORT
on the
DENTAL SERVICES (1971)
by the
CHIEF DENTAL OFFICER
J.H. FORRESTER, L.D.S., R.C.S.(Eng.)

Mr. Forrester, Chief Dental Officer reports:

Staffing

Estabs.	1971	1970	1971
Designation	No. of Posts	In Post	
Principal School Dental Officer	1	1	1
Senior Dental Officers	2	1	2
Dental Officers	4.25	3.4	3.7
Dental Auxiliaries	2	0.8	1.8
Superintendent Dental Surgery Assistants	1	1	1
Dental Surgery Assistants	8.25	5.8	7.8
TOTAL	18.5	13.0	17.3

The staffing situation was improved by the recent appointment of a sessional Dental Officer to a Senior Dental Officer post, 1 Dental Auxiliary to Thamesmead Health Centre and the equivalent of 2 full time Dental Surgery Assistants in support.

The Whitley Salary Scale for Dental Surgery Assistant recruitment still creates difficulty in view of the age bar, which prevents appointment of young experienced Dental Surgery Assistants because a competitive salary cannot be offered.

Clinics

The policy of replacing obsolete equipment has continued, although not at the speed envisaged, due to financial restrictions which only permitted re-equipment of Woodside Road Clinic.

Inspections

All but 9 schools were inspected in 1971 covering approximately 80% of the school population. The failure to inspect all schools was due to the prolonged illness of one of the Dental Officers.

Of the children inspected, 31% did not attend a dental practitioner for regular dental care, and 38% were found to be in need of treatment.

I wish to record my appreciation of co-operation of Head Teachers and Staff in organising these inspections.

Treatment

In 1971, 3777 school children received treatment. Of those commencing a course of treatment, 72% completed the course. The pattern of treatment provided can be indicated by the ratio of teeth filled to extracted, which was 22:1 in permanent dentition. Of permanent teeth extracted 38% were removed for reasons of orthodontic treatment. In the deciduous dentition the ration was 3.0:1. It was necessary to fit only 3 dentures. The fact that the greater number of extractions is undertaken for 5-9 age group indicated the poor state of children's teeth on entry to schools, a condition which could be resolved by fluoridation of water supplies.

In the specialised field of orthodontics, 55 removable appliances were fitted and 5 fixed. The demand for this type of treatment is rapidly increasing. It was necessary to increase orthodontic sessions to 2 a week, which was undertaken by a Senior Dental Officer who has specialist qualification in this field.

General anaesthetics were administered by general medical practitioners.

Dental Decay Prevention and Health Education

The most effective prevention is obtained through chairside instruction in the routine of oral hygiene. This is undertaken by Dental Officers and Auxiliaries for their patients.

In the general field of Dental Health Education, instruction in prevention was undertaken by a Dental Auxiliary, as indicated in the table provided.

	No. Visited	No. Instructed
Schools (Primary)	25	4232
M. & C.W. Clinics	79	2101
Mothers Clubs	5	82
Ante-Natal Clinics	1	8
Play Groups	2	90

Dental Health kits containing a plastic beaker, a tube of toothpaste and a toothbrush were distributed to 1,088 new entrants and to 90 children in Play Groups. Towards the latter part of the year talks were extended to include expectant mothers and children in play groups, as it was felt that information should be given as early as possible.

Maternity & Child Welfare

Treatment for this priority group is not offered at particular sessions but is integrated with other children's treatment in order to provide full "Family care".

Approximately 7% of dental services is given to this group. The pattern of treatment provided is increasingly orientated towards preservation, as is indicated by the ratio of extractions to

filled teeth, which is 10 : 1 in pre-school children. It is hoped that by attendance of Dental Personnel at Ante-natal Clinics and Play Groups, a greater number of pre-school children will seek early treatment, in order that such preventive measures as the application of Topical Fluoride Solution may be used in an effort to reduce the incidence of dental caries.

SECTION A

ENVIRONMENTAL AND SANITARY CIRCUMSTANCES IN THE AREA

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ENVIRONMENTAL AND SANITARY CIRCUMSTANCES

Water Supply

A generous supply of safe and wholesome water is of inestimable value to public health. The Borough is supplied with such a supply by the Metropolitan Water Board whose principal local sources are the excellent well waters of the Cray Valley.

The following extract from the Metropolitan Water Board's report on the water supplied to this Borough is reproduced by kind permission of Dr. Windle Taylor, Director of the Metropolitan Water Board's Water Examination Department:—

- "1. (a) The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1971.
- (b) All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after the analytical results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any signs of contamination or any other abnormality is immediately investigated.

- (c) (i) The Board has no record of the number of structurally separate dwellings supplied in the area, but the population supplied direct according to the Registrar-General's estimates at 30th June 1971, was 216,172.
- (ii) No houses were permanently supplied by stand-pipe.
- (d) No artificial fluoride is being added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.
2. (a) The supply was derived from the following works and pumping stations:— River Thames — derived water from the Thames Valley Group. Well water from Bexley, Crayford, Darenth, Eynsford, Horton Kirby, Wansunt and Wilmington Pumping Stations.

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

- (b) On account of their hardness content and alkaline reaction the Board's river and well water supplies are shown to be not plumbo-solvent. It should, however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed; this applies to copper, zinc, iron and also to lead."

METROPOLITAN WATER BOARD – Water Examination Department

BACTERIOLOGICAL RESULTS – YEARLY AVERAGES, 1971
OF THE WATER SUPPLIED TO THE LONDON BOROUGH OF BEXLEY

Source of supply	BEFORE TREATMENT							AFTER TREATMENT				
	Number of samples	Agar plate count per ml.		Coliform count		Escherichia coli count		Number of samples	Agar plate count per ml.		Coliform count	E. coli count
		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.	Count per 100 ml.		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
River Thames – Derived	8,154	53.9	—	40.37	12.2	54.91	5.1	3,901	8.4	—	99.51	99.97
Bexley	263	0.1	8	100.0	—	100.0	—	254	0.1	12	100.0	100.0
Crayford No. 1	161	0.0	2	99.38	—	99.38	—	256	0.0	7	100.0	100.0
Crayford No. 2	153	0.8	53	99.35	0.1	99.35	0.1					
Crayford No. 3	101	0.0	1	99.01	—	100.0	—					
Darenth	250	0.0	14	99.20	—	100.0	—	256	0.0	4	100.0	100.0
(a) Eynsford Well	161	0.0	10	98.14	—	98.14	—	255	0.1	13	100.0	100.0
(b) Eynsford Borehole	197	0.0	3	99.49	0.1	99.49	0.1					
(a) Horton Kirby No. 1	134	0.0	29	88.81	0.3	95.52	0.1	251	0.1	3	100.0	100.0
(b) Horton Kirby No. 2	169	0.0	5	98.22	—	98.82	—					
(a) Wansunt Borehole	249	0.1	14	99.60	—	100.0	—	254	1.2	8	100.0	100.0
(b) Wansunt Well	232	6.0	129	99.57	—	99.57	—					
Wilmington	248	0.8	74	97.18	0.2	100.0	—	245	0.3	13	99.18	100.0

METROPOLITAN WATER BOARD – Water Examination Department

Average results of the chemical examination of Water supplied to the London Borough of Bexley during 1971

Milligrammes per litre (unless otherwise stated)

Description of the Sample	Number of Samples	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from KMnO_4 4 hrs. at 27°C .	B.O.D. 5 days at 20°C .	Hardness (total) CaCO_3	Hardness (non carbonate) CaCO_3	Magnesium as Mg	Sodium as Na	Potassium as K
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
River Thames – Derived	364	0.029	0.084	6.1	1.04		281	90	5	23.5	5.1
Bexley	5	0.011	0.019	6.0	0.09		308	74			
(a) Crayford No.1	4	0.007	0.033	8.8	0.23		388	143			
(b) Crayford No.2	4	0.010	0.020	7.3	0.09		292	70			
(c) Crayford No.3	4	0.007	0.023	8.5	0.24		347	110			
Darenth	4	0.009	0.021	6.2	0.11		285	60			
Eynsford	8	0.009	0.016	4.9	0.06		266	52			
Horton Kirby	9	0.004	0.014	5.8	0.07		268	59			
Wansunt	53	0.160	0.038	7.6	0.19		340	99			
Wilmington	4	0.020	0.029	9.0	0.19		295	74			

Description of the Sample	Chloride as Cl	Phosphate as PO_4	Silicate as SiO_2	Sulphate as SO_4	Natural Fluoride as F	Surface-active material as Manoxol OT		Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micromhos)
(1)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
River Thames – Derived	34	2.3	10	64	0.15	0.02		0.1	13	7.8	580
Bexley	23				0.10			0.0	3	7.2	570
(a) Crayford No.1	35				0.10			0.0	2	7.1	790
(b) Crayford No.2	30				0.15			0.0	1	7.2	590
(c) Crayford No.3	31				0.10			0.0	2	7.1	670
Darenth	21				0.10			0.0	1	7.2	550
Eynsford	19				0.10			0.0	1	7.3	500
Horton Kirby	19				0.10			0.0	0	7.3	480
Wansunt	31				0.10			0.1	3	7.1	690
Wilmington	28				0.15			0.0	1	7.4	560

Sewerage and Sewage Disposal

Apart from a very few individual domestic and industrial premises which are drained to cesspools, all premises in the Borough are connected to the sewerage system.

The sewage is conveyed by trunk sewers principally to the treatment works of the West Kent Main Sewerage Board at Dartford. The exception being the premises in Thamesmead and other parts of Abbey Wood where the sewage goes to the large Southern Outfall Works of the Greater London Council at Crossness. The addition of parts of Abbey Wood to this point of treatment arises due to a rationalisation of design in connection with the development of Thamesmead.

The Borough Engineer and Surveyor states that during the year all new premises erected have been connected to the main foul system and that the work to the major scheme affecting the Northern parts of Erith and Belvedere has continued with a scheduled completion time in the first part of 1972.

Maintenance of sewers and, where necessary, pumping stations has continued as finances are allocated. For those concerned with public health and with providing and maintaining the network of sewers it is certainly not a case of 'out of sight, out of mind' and considerable quantities of finance must be regularly injected into this vital service and the ancillary service of surface water drainage.

Public Health Acts – Statutory Notices

Occasions still arise, often as a result of tenants' complaints, when the Public Health Inspector has to make use of the powers contained in the Public Health Acts to deal with conditions which are considered to be prejudicial to health or a 'nuisance'. In many cases it is considered necessary to send a preliminary written notice to the owner or agent and 138 such notices were issued. Where works are not carried out following the service of a preliminary notice an Abatement notice is served and 21 were served during the year. In no case was it necessary to seek a 'Nuisance Order' from the Courts for non-compliance with an Abatement notice.

The service of Abatement notices has been greatly facilitated by the use of delegated powers with subsequent ratification by the Council.

Swimming Pools.

The Council operates three covered swimming pools, one at Lamorbey, one at Erith and the other at Crook Log, Bexleyheath, and there are open-air pools in Danson Park and Martens Grove. In addition, a small number of schools have swimming pools principally provided by parent/teacher associations. A large factory in the area has its own open-air pool, and an indoor pool is provided at a large children's residential home belonging to one of the other London Boroughs but situated in this Borough.

The staff of the swimming pools concerned keep a careful control of the water purity but in addition regular samples are taken by the Public Health Inspectorate for bacteriological examination and routine spot checks are also carried out for chlorine control with the Lovibond Comparator apparatus.

During the year only one of the 143 samples submitted to the Public Health Laboratory Service for bacteriological examination were reported as unsatisfactory which speaks well of the efforts of the staff of the various pools in maintaining effective chlorination of the water.

Noise

The apparently ever increasing amount of noise to which people are subject continues to give concern.

The vexed question of aircraft noise is excluded from the Noise Abatement Act. Whilst the whereabouts of London's third airport was of major concern to many areas it was expected to have at most a marginal effect on this Borough perhaps arising from the flight paths involved: We knew that we would not have to endure the horror of the third airport being close at hand.

The Borough, however, is not unaffected by traffic noise either from the size of vehicles or from the volume of traffic and increasing care must be given to the routing of traffic and the incorporation into the design of roads of features that lessen the intrusion of traffic noise on work and leisure.

Complaints of noise received from the public vary through the full range of 'private' noise nuisances, those noises controlled by byelaws, for example noisy animals and wirelesses, etc., and noise from industrial sources. Many of the latter do not admit to easy investigation, judgement or remedy. Many in fact would be below the guide-lines suggested in the British Standard Code of Practice but, nevertheless, are the cause of considerable annoyance and inconvenience, and warrant such action as is possible.

During the year a Working Party of the Noise Advisory Council issued a report on 'Neighbourhood Noise' that amongst other things set out the suggested provisions of a new Noise Abatement Act in which was included provision for making Noise Abatement Areas.

Rats and Mice

It is the responsibility of occupiers of premises to notify the Council if their premises are infested to any marked degree by rats or mice and to keep their premises free from such infestations.

In practice many 'complaints' are received and in the interests of good sanitary conditions the Council provides a control service recovering, in some cases, a charge for the service provided.

Over seven hundred infestations by rats and nearly six hundred infestations by mice were dealt with by the Rodent Operators employed in the department. In addition, many more

premises were inspected either where infestations were suspected or for example, during the 'routine' inspection of food premises by Public Health Inspectors.

A service is provided for Council establishments under the control of other departments.

Infestations of rats, especially in domestic premises, are often associated with garden sheds, compost heaps, etc., and good maintenance of these and the general reduction of 'clutter' at the bottom of some gardens is often the answer to the householders' problem.

Mice in domestic premises, particularly where it is difficult or impracticable to use either of the main rodenticides used, again call for special vigilance and perseverance by the householder in order to effect total clearance and the service provided by the Council can best be regarded as supplementary to the householder's efforts.

Five written notices have been served during the year under the Prevention of Damage by Pests Act 1949.

Disinfection

Arrangements exist with a neighbouring London Borough (Greenwich) to disinfect articles of clothing and bedding that cannot otherwise be properly disinfected on site.

The few occasions that arise are supervised by a Public Health Inspector who also gives advice at the premises and, where necessary, supervises disinfection there although the gaseous disinfection of premises is now rarely required.

Disinfestation

To meet the occasions when persons or personal clothing requires disinfestation arrangements exist for their attendance at a Cleansing Station in a neighbouring Borough.

A small number of complaints of bed bugs and fleas, including animal fleas, are still received each year. Although very few of these have been 'heavy' infestations they quite naturally cause disturbance to occupiers and call for thorough attention, advice and use of appropriate insecticides.

Fox, Pigeon and Wasp Control

Complaints are received from residents regarding 'nuisances' caused by foxes, pigeons and wasps. Whilst it is not the function of this department rigorously to control any of these species, we, nevertheless, give advice and where necessary, service where considerable inconvenience is being caused.

One hundred and forty-six foxes and nearly fifteen hundred feral pigeons were killed during the year. The department received over one hundred and sixty requests, most of them during July and August, to deal with wasps' nests in and around houses, adjacent to footpaths, etc. Where these nests were accessible they were dealt with at a charge to the occupier. In other cases, for example where access behind tiles, etc., was required, the complainants were referred to a local pest control firm.

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ATMOSPHERIC POLLUTION

Atmospheric Pollution – Domestic

Towards the end of 1970 the Council, in order to meet the situation expected to arise due to shortage of solid smokeless fuel, took the advice of the Ministry and obtained suspension until the 31st March 1971 of various Smoke Control Orders covering approximately 40 per cent of premises in the Borough covered by such Orders. In fact the situation which developed, coupled with a mild winter, produced no noticeable effects.

The operative date of an Order due to come into operation late in 1970 was likewise deferred and subsequently came into operation on the 1st April 1971.

A further Smoke Control Order, the eleventh made either by this Council or its predecessors, was made and confirmed during the year and work to bring the Order into operation during 1972 was well in hand towards the latter part of the year.

The Order covers approximately 7,500 premises in the Welling and Falconwood district.

The work of processing the numerous applications for grants towards the cost of carrying out approved and necessary work of adapting fireplaces to comply with Smoke Control Orders and the final approval of works and accounts, proceeds in a well ordered fashion, in close co-operation with the various fuel suppliers and appliance fixers and the other Departments of the Council.

The evidence of the success of the Smoke Control Programme in London and locally is clearly 'visible'

Atmospheric Pollution – Industrial

Industrial processes likely to give rise to atmospheric pollution are mainly situated in the northern part of the Borough in the Belvedere, Erith, Slade Green and Crayford areas.

Heavy engineering activities have declined in recent years but various chemical, road surfacing material and other processes flourish in premises of a wide variety of sizes and when these contribute to atmospheric pollution generally or are the cause of annoyance to residents or nearby industry, they have increased rather than decreased the amount of time which has to be given to their control.

The welcome increase in public awareness of pollution and atmospheric pollution in particular, makes its contribution to keeping this important aspect of the Public Health Inspector's work in the forefront for whilst the existence of dark smoke is now rare, there are many problems of odour, dust and grit that constantly need attention.

Measurement

For the purposes of measuring the degree of certain aspects of atmospheric pollution, various gauges are in operation in various parts of the Borough.

Daily readings of smoke and sulphur dioxide are taken at four places where standard Volumetric equipment is in operation and each month the contents of the three standard Deposit gauges and the one 4-point Directional gauge are reported upon by the Analyst retained by the Thames-side Joint Committee for the abatement of Atmospheric Pollution, upon which Committee two members of this Council serve.

Apart from supplying local information e.g. in the case of the Deposit Gauges, the amount of dust from cement works, the results are used in Regional and National Surveys.

Chimney Heights

Chimneys provided for large furnaces are required to satisfy the local authority and the Clean Air Act 1968 as respects to the height of the chimney. These requirements are quite apart from any planning or other permission needed or any approval of the furnace or its ancillary plant, including any systems to clean the flue gases.

Discussions with consulting engineers and their contractors, the assessment of the technical detail and the use of published recommendations has in all cases produced an agreed height that can be approved allowing proper dispersal of flue gases.

SECTION C

FOOD AND FOOD PREMISES

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FOOD AND FOOD PREMISES

Food Inspection

Numerous requests were made during the course of the year for Public Health Inspectors to examine food considered to be unfit. In addition, food at many places of storage and sale has been subject to routine inspection by Public Health Inspectors. On no occasion was it necessary to use the powers contained in the Food and Drugs Act 1955 for the seizure of unfit food; all food having been dealt with under the established 'surrender' procedures.

Approximately 110 tons of unfit food were dealt with during the year, some 60 tons of this being accounted for by one consignment of goods damaged in a food warehouse fire. A fair proportion of the remainder surrendered as unfit resulted from breakdowns of refrigerated storage cabinets in shops and supermarkets and, whilst some failures are inevitable, the resultant loss of food emphasises the need for careful and regular servicing of equipment.

There are no premises situated in the Borough which are used as a slaughter-house or for poultry processing.

Food Sampling

Samples of food and drugs are regularly taken under Food and Drugs Act 1955 and submitted to the Public Analyst for analysis. The following table shows the number of samples taken and the number found to be unsatisfactory.

No. of Samples Taken	Unsatisfactory
847	76

The number of unsatisfactory samples was more than double that of 1970.

The main causes of the unsatisfactory samples reported by the Public Analyst were excessive preservatives, excessive tin content, prohibited colourings, unsatisfactory labelling, and deficiencies in meat content. Where possible follow-up samples were taken and matters were found to be rectified. The unsatisfactory samples were drawn to the attention of retailers and manufacturers.

All samples are submitted to Dr. Amphlett Williams who has been the Council's Public Analyst for the purposes of the Food and Drugs Act 1955 since the 1st April 1965. During the year the Council appointed Mr. S.J. Bush as an additional Public Analyst.

Imported Food Regulations

The Imported Food Regulations 1968 contain measures for the protection of public health in relation to imported food, and require that the regulations are to be enforced by both port health authorities and inland local authorities. As a result a vast increase in the work of food

inspection has taken place in the Borough, There are two large imported food warehouses in the Borough and a few smaller ones taking in special commodities e.g. fresh fruit and vegetables, meat, etc. The main sources from which the food arrives here are Italy, Spain, Canada, Israel and Ireland.

During the year 159 samples of Imported Food were taken and submitted for examination by the Public Analyst, the results are included in the paragraph on Food Sampling.

Bacteriological Examination of Food and Water

Arrangements exist with the Public Health Laboratory Service at Preston Hall near Maidstone to carry out bacteriological examination of certain samples and the following table shows the number of routine samples submitted.

Water	6
Water (Swimming Pools)	143
Ice Cream	48
Milk	24

One sample of swimming bath water, one of milk and two of ice cream were reported as unsatisfactory. Repeat samples were reported on favourably and investigations showed no problems.

Food Complaints

Some persons who have purchased food which is in their opinion unsuitable for consumption have during the course of the year complained to the department and the following table shows the number of such complaints and the number of special samples submitted to the Public Analyst.

No. of Complaints Investigated	No. of Special Samples submitted to Public Analyst
95	20

The number of complaints received was lower than in 1970. Bread, Milk and meat products continue to be the foods most complained of.

Insufficient attention to stock rotation at the retail outlet was responsible for many of the complaints.

Prosecutions in six cases were successfully taken to Court. The offences were varied — wire in yoghurt, glass in milk bottle, metal in cake, unfit ham, dirty milk bottles, and mouldy cheese cake. Fines and costs for these offences totalled £171.

In the cases where the complaints were of a minor nature or where the complainants were not willing for formal action to be taken then informal action has been taken in conjunction with the retailers, distributors or manufacturers as the case may be.

Milk Supply – General

Milk is distributed throughout the Borough by six main distributors, three of whom have large distribution depots in the Borough. There are no bottling or processing plants.

Apart from house to house deliveries there are some 130 retail outlets mainly grocers shops and supermarkets, although the increased use of waxed cartons and plastic containers has extended the sale of milk in refrigerated cabinets to other outlets as has the increased sale of "long life" milk.

All milk sold in the Borough has to be sold under a "special designation" i.e. untreated, sterilised, pasteurised or ultra heat treated and must comply with the appropriate regulations.

Twenty-four samples of milk were submitted for bacteriological examination and five samples for chemical examination; all these samples were reported as satisfactory.

In view of the virtual absence of untreated milk no samples have been submitted for special examination for the presence of brucella abortus.

Food Hygiene (General) Regulations 1970

The above Regulations set out requirements relating to premises, equipment and food handlers and apply to approximately 1,000 premises of various sizes and nature throughout the Borough ranging from the small corner shop to the large food factory.

There is a constant need to advise persons on the need and manner of complying with the Regulations which form an essential part in the process of the protection of food. Advice is also given to persons proposing to open or operate food premises to which the Regulations apply.

During the year it has been necessary, in addition to verbal notices, to serve 48 written notices on occupiers drawing their attention to various defaults. In one case, Court proceedings were instituted but the premises closed down and ceased business before the date of the Court Hearing.

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HOUSING

Housing Act 1957 – Unfit Premises

Further progress was made to deal with unfit property and during the year 2 Demolition Orders, 13 Closing Orders and 2 Closing Orders of parts of buildings, were made. In addition 3 undertakings were given by owners not to relet property and these were accepted by the Council in lieu of making Closing Orders.

There were no Clearance Areas declared during the year although certain areas of the Borough were surveyed with a view to ascertaining whether the properties fell within the scope of Part III of the Housing Act 1957 (Clearance Areas).

Housing Acts 1964-1969 – Improvements

As mentioned in the Annual Report for 1970 information is passed to this department from the Town Clerk of all applications made to the Council for Improvement Grants. This enables the department to comment in cases where a house is already subject to a Closing Order, where any action may be contemplated by way of Slum Clearance, or where any other material information is known.

Nine representations were made by tenants under Section 19 of the Housing Act 1964 with a view to providing standard amenities within their dwellings. (The standard amenities are a bath in a bathroom, a hand basin, a sink, hot and cold water supply to those fittings and an internal watercloset where this is reasonably practicable). In four cases the Council served Immediate Improvement Notices on the owners to provide those amenities. It is anticipated that Immediate Improvement Notices will be served in the forthcoming year on the remaining five properties. Seven properties were provided with the standard amenities as a result of Immediate Improvement Notices being served prior to this year.

The Department of the Environment made approaches to this authority and to the other London Boroughs with a view to launching a campaign of house improvement in April 1972. As a result a number of meetings were held between Officers of this Council and those of the Department of the Environment, London Electricity Board, South-Eastern Gas Board, and other interested parties with a view to preparing and launching the campaign.

The Council have not yet declared any General Improvement Areas although a few meetings were held at Officer level to consider the possibility of so doing. The making of a General Improvement Area, however, cannot be taken lightly as the amount of work involved is considerable not only in the Health Department but in other departments of the Council.

In the right area there is an opportunity to give impetus to house improvement by the making of General Improvement Areas, especially where this can be linked with environmental improvements and the powers contained in the Housing Act 1969 are worthy of detailed study as part of a general programme of dealing with unsatisfactory dwelling houses.

Housing Act 1961 – Houses in Multiple Occupation

Although presenting no serious problem in the Borough, a number of houses which were known to be in multiple occupation were visited to ensure that they complied with the provisions of the Housing Acts. The Borough Engineer and Surveyor is responsible for ensuring that the properties reach the required standard in so far as Means of Escape in Case of Fire is concerned and these visits are normally carried out jointly by members of that department and the Public Health Inspectorate. In some cases informal notices were served and these were generally complied with.

The Council has adopted a Code of Practice setting out minimum standards to be achieved in such premises and this code is drawn to the attention of owners whenever necessary.

Housing Act 1969 – Qualification Certificates

The Housing Act 1969 provides for properties which are fit for human habitation, in good repair having regard to their age, character and locality and with the standard amenities to become regulated tenancies within the meaning of the Rent Act 1968.

The Town Clerk receives all such applications but the technical work, inspections, etc., are carried out by the Public Health Inspectorate. The following figures are a guidance of the work involved during the year.

Qualification Certificates issued	360
Applications refused or cancelled	126
Applications held in abeyance (at 31st Dec.1971) pending negotiations with the owners, agents, etc.	20
Total applications received	<hr/> 506

In a number of cases Qualification Certificates have been issued after applications have been held in abeyance to give the owner the opportunity of carrying out repairs considered necessary to bring the house up to standard. In addition to the above, the following applications were made in cases where the properties lacked the standard amenities but where the owners intended providing the standard amenities.

Applications for Provisional Approval granted	108
Applications refused or cancelled	11
Total applications received	<hr/> 119

Dealing with these applications has involved a considerable amount of work. Well over 2,000 visits and inspections were carried out and consequently a considerable amount of administrative work was also involved.

In a number of cases it was found that the electrical installation of the properties was thought to be defective and the Borough Engineer & Surveyor's Electrical Engineering Section were asked, therefore, to call and test the electrical installations in properties. Where it was found that the properties were defective in this respect owners were required to renew the electrical installation.

Caravans and Caravan Sites

Four site licences are currently in force permitting the use of land for residential caravans. Three of these licences are in respect of single caravans and the remaining licence permits six caravans. These sites have not caused any trouble with regard to the maintenance of satisfactory conditions.

Approximately fifteen caravans have remained on the verge of the A.20 trunk road forming the Southern boundary of the Borough and immediately adjacent to the London Borough of Bromley. The actual number of caravans has varied throughout the year but the problems which started in 1966 when caravans were first regularly parked on this verge continue. The problems are aggravated by the absence of sanitary facilities and the site conditions, which are never good, are generally poor especially during and following periods of inclement weather. In order to assist with the removal of rubbish, "skips" are stationed on the site and periodic clearance of the site and ditch is carried out by the Borough Engineer and Surveyor's Department.

Discussions have continued with persons representing the caravan dwellers and preliminary layouts have been prepared for a proposed site to meet the requirements of the Caravan Sites Act 1968.

Common Lodging Houses

There are no premises in the Borough which are classified as Common Lodging Houses and to which may be applied the provisions of the Public Health Act 1936 regarding registration.

Rent Act 1968

The number of "controlled" tenants who avail themselves of the provisions contained in the Rent Act 1968 under which they can obtain from the Council a Certificate of Disrepair authorising them to reduce the rent continues to be small. During the year only three such applications were received and each of them resulted in an undertaking being obtained from the landlord to carry out the necessary repairs within the prescribed period of six months and thus avoiding the necessity to reduce the rent.

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WORKPLACES

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WORKPLACES

Offices, Shops & Railway Premises Act 1963

Premises and General Inspections.

The number of registered premises, 1,576, remained about the same as last year.

Six hundred and twenty-one visits were made to premises during the year and about one-third of the premises registered received a general inspection.

Much of the enforcement is by verbal notices although twenty written notices were served during the period.

Accidents

Forty-two notifications of accidents were received during the year none of which was fatal although two were serious.

Nine accidents were investigated in detail and recommendations made although it was not considered necessary to forward details to H.M.Factory Inspectorate. This is a slight increase on the previous year.

It is still thought that many accidents qualifying for notification are not, in fact, notified although occupiers are reminded that notification is a statutory requirement.

Hoists and Lifts

Fifteen occupiers of premises had their attention drawn to deficiencies in the operation and defects to the mechanism of hoists and lifts at their premises.

Most of these were licensed premises and it has been found that now the various brewers have become accustomed to the requirements of the Hoists and Lifts Regulations, repair work is being carried out more quickly than last year.

Factories Act 1961

Factory inspections

(a) The following table shows the number of premises on the Local Authority register of the various classes of factories. Inspections are carried out and, where necessary, defaults in complying with the Sanitary Accommodation Regulations and other applicable Regulations are drawn to the attention of the occupier.

No prosecutions have been instituted during the year.

Premises (1)	Number on Register (2)	Inspections (3)	Number of written Notices (4)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	38	10	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	494	303	2
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	40	105	—
TOTAL	532	418	2

2. Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found.			
	Found (2)	Remedied (3)	Referred	
			To HM Inspector (4)	By HM Inspector (5)
Want of Cleanliness (S1)				
Overcrowding (S2)				
Unreasonable temperature (S3)			1	
Ineffective drainage of floors (S6)				
Sanitary Conveniences (S7)				
(a) Insufficient				
(b) Unsuitable or defective	7	7	—	7
(c) Not separate for sexes				
Other offences against the Act (not including offences relating to outwork)				
	7	7	1	7

(b) Where new factories or alterations to existing factories are proposed that require Planning Permission and/or Building Regulations control and an application is made to the Local Authority for the required approval, then arrangements exist between the Borough Engineer & Surveyor and the Chief Public Health Inspector for plans to be passed between departments for perusal. Once again this year this process has been instrumental in bringing to light the need for many aspects of design and layout to be reconsidered at the plan stage.

Outworkers Premises

A total of 156 persons were notified to this Authority, by the Local Authorities in whose area their employers are in business, as being employed in their homes undertaking "outwork".

The making of various forms of wearing apparel was the most frequently notified form of outwork, 119 persons being so notified. A further 37 persons were engaged in making or finishing lampshades.

No unwholesome premises were found to be in use and no proceedings taken.

SECTION F

GENERAL

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GENERAL

Diseases of Animals Act 1950

The above Act and Orders made thereunder impose on Local Authorities duties regarding the control of specific diseases of animals for example foot and mouth disease, fowl pest, swine fever, etc. Amongst those duties is the routine control of the movement of swine and their retention for certain periods at premises (except a slaughterhouse) following authorised movement.

As in previous years functions under this Act can be more efficiently carried out on an agency basis and for several years now this Council has had a very satisfactory arrangement with the Corporation of London with whose Veterinary Officer close liaison is maintained.

Slaughter of Animals Act 1958

Any person who slaughters, or stuns prior to slaughter, an animal for food is required to do so humanely and to hold a licence under the above Act.

It is customary for licences to be issued by the Local Authority in whose area such persons are employed as slaughtermen as they are best able to determine that the person is a fit and proper person to be so licensed.

No licences have been issued or renewed by this Council since the private slaughterhouse at Belvedere ceased business during 1968.

Pet Animals Act 1951

Those persons who keep pet shops or otherwise carry on a business of selling animals as pets are required to hold a licence. Nineteen annual licences were issued during the year, a fee of £2 is payable in respect of each licence.

Inspections of premises are carried out from time to time in order to ensure that the conditions subject to which the licences are issued are being complied with.

Animal Boarding Establishments Act 1963

Premises used for the business of boarding other peoples' animals, usually dogs and cats, are required to be inspected and annually licenced. Where the boarding is incidental to another business, for example an overnight stay at a Veterinary Surgeon's establishment, no licence is required.

Three premises were licensed and appropriate conditions attached to the licences. One small premise which had been used for the boarding of cats for many years ceased to operate on being sold for redevelopment.

Riding Establishments Act 1964-1970

Any person who keeps horses for the purpose of letting them out on hire for riding or for them being used, in return for payment, for instruction in riding is required to hold a licence issued by the Local Authority under the above Acts.

Licences in respect of six riding establishments situated within this Borough were in force; two premises ceased being used as riding establishments during the year.

Prior to the issue of the licences veterinary reports on the horses at riding establishments are received from the Veterinary Officer of the Corporation of London. Inspections, inquiries and licences have had regard to the amendments and extensions of the Riding Establishments Act 1964 which are contained in the Riding Establishments Act 1970 which came into operation on January 1st, 1971.

