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Contributors

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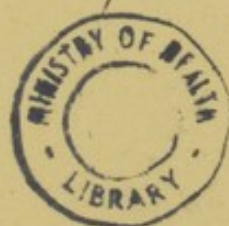
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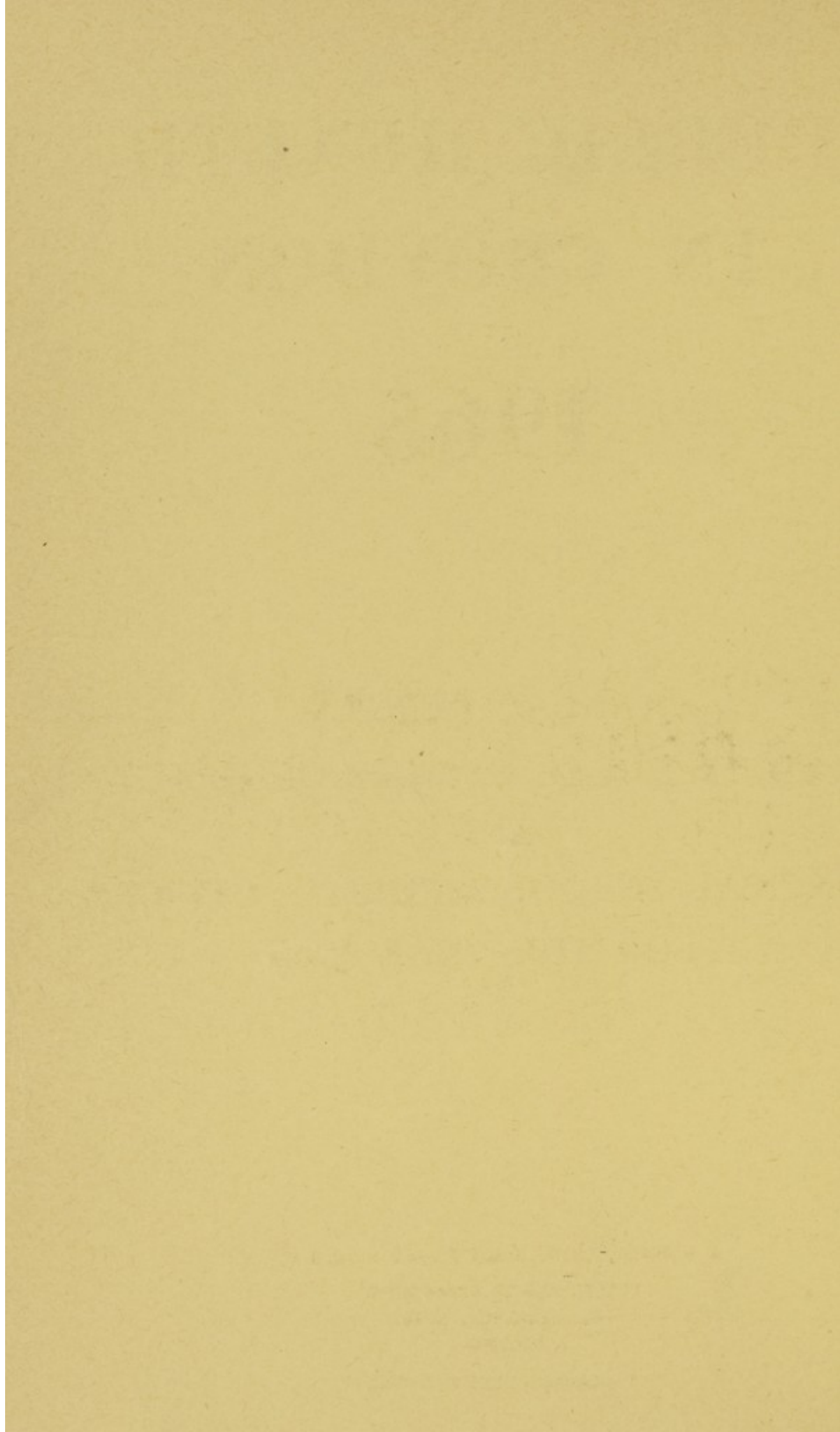
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PUBLIC HEALTH IN CROYDON 1965





PUBLIC HEALTH IN CROYDON

1965

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1965

S. L. WRIGHT, M.D., M.R.C.P., D.P.H., Q.H.P.

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1965

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LONDON BOROUGH OF CROYDON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1965

To the Chairman and Members of the Health Committee

LADIES AND GENTLEMEN

I have the honour to present the first Annual Report on the health of the people of the London Borough of Croydon and the relevant services of the Corporation, for the year ending December 31st 1965.

Statistics

Although the London Borough became the local authority as from April 1st, statistics for the first 3 months of the year for the two constituent authorities have been aggregated and added, so that a period of 12 months is covered. Comments on the figures which are deemed to reflect health conditions are difficult to make, as there are no returns for previous years which are strictly comparable. Nevertheless it seems that apart from the infant mortality rate which was greater in 1965 than in either of the constituent authority's areas in 1964, both the former County Borough and the Urban District maintained their usual pattern of steady improvements. It is especially noteworthy that although there were nearly 6,000 births, there was not a single death throughout the year associated with pregnancy or

childbirth. It has been possible to record this annual proof of the efficiency of contemporary maternity services on a number of occasions during the last few years, so that it has now become the expected pattern in Croydon and elsewhere. It represents a triumph of achievement never previously attained in human history. Nor is there any reason to believe that in pre-historic or primitive societies where women had no alternative to "natural childbirth" was there any similar approach to complete absence of maternal mortality. While adverse criticisms of some lack of amenities in our present maternity facilities may be valid, their unprecedented success in ensuring essential safety for mothers should not be forgotten.

Communicable Diseases

There were no cases of typhoid or paratyphoid fever, and a record low incidence of reported food poisoning. One case of poliomyelitis was notified, but after a period of hospital treatment the infection was not confirmed. The diagnosis was changed to polyneuritis so that 1965 was another year free from cases of poliomyelitis.

Personal Health Services

The generally accepted major defect of the National Health Service is the tripartite division of administration between the hospital boards, executive councils, and local authorities. In the former Croydon County Borough the advantages of the same boundaries for the last two named authorities, and a roughly identical catchment area for the hospital management committee facilitated the establishment of closely co-ordinated local services. On these arrangements the effect of the London Government Act was wholly adverse. The Croydon Executive Council was merged into the South West London and Surrey Executive Council, and part of the present borough came into the catchment area of a general hospital outside its boundaries. Arrangements to compensate for these difficulties were initiated. It will however take time to obtain results. Furthermore, proposals in the Ministry of Health's 10-year plan for a new district hospital "between Croydon and Redhill" indicate how deficient are present facilities, and the complications which fall upon interim schemes.

Staffing shortages were seriously aggravated by the advent of 32 new all purpose London Boroughs and affected every section of the department. Nursing personnel, particularly Health visitors, were especially difficult to recruit. Preliminary

steps were taken to establish a training course for Health Visitors at the Croydon Technical College as an endeavour to help in the solution of a national problem. Careful assessment was made of the duties of all professional staff, to ensure that work which could be delegated to other personnel was not left as an unnecessary burden on depleted establishments.

New clinic premises were opened at New Addington, and provided excellent Maternity and Child Welfare facilities for this somewhat isolated part of the borough. Discussion commenced with local general practitioners about sharing of accommodation. The approach came from some of the doctors, was a reversal of previous attitudes, and by no means unanimous. It raised considerable problems but had obvious advantages for doctors and their patients, and the Health Committee indicated their approval to schemes being put forward.

Mental Health Services continued their planned development and good progress was made in increasing facilities for industrial work. Much less successful was the establishment of group homes, which suffered from the deferment of capital expenditure, lack of suitable buildings and delays in buying suitable properties. One house was acquired and its conversion for a supervised group of mentally subnormal girls was begun. This failure to add to residential accommodation was disappointing, as increased facilities for employment would have allowed more patients to be placed in the community.

Health Education

Comprehensive programmes which co-ordinate with similar efforts in schools were extended to cover the whole of the borough. They include references to the connection between smoking and lung cancer, and to venereal diseases, but these topics were not the subjects of special campaigns.

Cervical Cytology

No success was achieved in obtaining local facilities because the Regional Board could not provide laboratory services and the Ministry of Health ruled that it was not within the powers of the Corporation.

Public Health Services

The Chief Public Health Inspector reports in detail on an exceptionally busy year. New national legislation of major importance relating to commercial premises and to houses in multiple occupation became operative, while certain extra minor duties were placed by the Council on the department.

1965 was a year of great adjustment in local government in Croydon, and every effort was made to ensure that services continued without interruption. Abrupt changes merely to ensure uniformity were avoided. It was deemed a matter for satisfaction if recipients of services were unaware of any alterations in administrative control, and on the whole these efforts were successful.

For the members of the staff I record appreciation of the manner in which they met and solved many new and perplexing problems, and for showing the sense of vocation essential in those providing health services.

Finally I take this opportunity to express to the Members of the Health Committee and the Council, the Department's and my own gratitude for sustained support and encouragement which enabled your policy to be implemented with a minimum of administrative difficulty.

I am

Yours faithfully,

S.L. WRIGHT,

*Medical Officer of Health
and Principal School Medical Officer*

SUMMARY OF STATISTICS FOR 1963

Area, 23,315 acres.

Population (Census 1961), 327,240. Total population (estimate of Registrar-General), 329,300 (midsummer, 1963).

Number of Inhabited Houses: 95,791

Rateable Value of Houses 1963 as from 1.4.63, £12,412,014

Product of a Penny Rate, for London Borough of Croydon Purposes
£76,430.

Data in the L. 186.04. (for the year 1.4.63 to 1.4.64.)

Live Births	Males	Females	Total
Legitimate	2,635	2,355	5,190
Illegitimate	292	241	539
			5,729

Illegitimate live births per cent. of total births 9.4
 Live Birth Rate (as adjusted by comparability factor 1.03) 17.5
 (England and Wales) 16.0

Stillbirths 71
 Stillbirth rate (as adjusted) 12.2
 (England and Wales) 15.3

Total Births 5,800

Infant Deaths 401

Infant Mortality rate per 1,000 live births 17.5

(England and Wales) 16.0

Infant Mortality rate per 1,000 legitimate births 17.1

Infant Mortality rate per 1,000 illegitimate births 22.1

Neonatal Mortality Rate (First four weeks)

per 1,000 total live births 12.1

(England and Wales) 13.0

Early Neonatal Mortality Rate (First week)

per 1,000 total live births 10.2

Perinatal Mortality Rate (Stillbirths + deaths during the

first week per 1,000 total live and still births 22.6

Maternal Deaths (excluding abortions) 21

(England and Wales) 21

Maternal Mortality Rate (Including abortions)

per 1,000 total live and still births 21

(England and Wales) 21.5

Deaths, 3,374. Death-rate per 1,000 of the estimated

population 11.8

(England and Wales) 11.5

Death rate (as adjusted by comparability factor 0.98) 10.1

STATISTICS

Public Health Services

The Chief Public Health Inspector reports in detail on an exceptionally busy year. New national legislation of major importance relating to commercial premises and to houses of multiple occupation became operative, while certain extra duties were placed by the Council on the Department.

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STATISTICS

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I am

Yours faithfully,

S. L. WRIGHT

Medical Officer of Health
and Principal School Medical Officer

SUMMARY OF STATISTICS FOR 1965

Area, 23,815 acres.

Population (Census 1961), 327,239 Total population (estimate
of Registrar-General), 328,380 (Midsummer, 1965)

Number of Inhabited Houses: 99,761

Rateable Value of Borough 1965 as from 1.4.65, £18,413,014

Product of a Penny Rate, for London Borough of Croydon Purposes
£76,430.

Rate in the £. 10s.0d. (for the year 1.4.65 to 1.4.66.)

Live Births		Males	Females	Total
Legitimate		2,635	2,555	5,190
Illegitimate		298	241	539
				5,729
Illegitimate Live Births per cent. of total births				9.4
Live Birth Rate (as adjusted by comparability factor 1.02)				17.8
				(England and Wales) 18.0
Stillbirths				71
Stillbirth rate per 1,000 total (live and still) births				12.2
				(England and Wales) 15.7
Total Births				5,800
Infant Deaths				101
Infant Mortality rate per 1,000 live births				17.6
				(England and Wales) 19.0
Infant Mortality rate per 1,000 legitimate births.				17.1
Infant Mortality rate per 1,000 illegitimate births				22.2
Neo-natal Mortality rate (First four weeks)				
per 1,000 total live births				12.1
				(England and Wales) 13.0
Early Neo-natal Mortality rate (First week)				
per 1,000 total live births				10.5
Perinatal Mortality rate (stillbirths + deaths during the first week) per 1,000 total live and still births				22.6
Maternal Deaths (excluding abortion)				nil
Maternal Mortality rate (including abortion)				
per 1,000 total live and still births				nil
				(England and Wales) 0.25
Deaths, 3,874	Death-rate per 1,000 of the estimated population			11.8
				(England and Wales) 11.5
Death rate (as adjusted by comparability factor 0.88)				10.4

Marriages

When supplying these figures Mr. Stevens, the Croydon Superintendent Registrar, kindly analysed recent trends and commented "Of the total number of persons giving me notice of intention to marry at either Church or Register Office in the year 1954, 13.8% were under the age of 21 years rising in 1965 to 22%."

The number of marriages solemnised in 1965 was as follows:-

	Church of England.	Non- Conformist.	Register Office
<i>County Borough of Croydon</i>			
March Quarter	206	91	254
<i>London Borough of Croydon</i>			
June Quarter	232	108	170
September Quarter	443	179	262
December Quarter	221	126	250
	<u>896</u>	<u>413</u>	<u>682</u>

Notification of Births

Notifications were received in respect of confinements conducted by:-

	Live Births	Still Births	Total
Midwives	3,662	29	3,691
Doctors	1,550	32	1,582
	<u>5,212</u>	<u>61</u>	<u>5,273</u>

Accommodation for Confinements

The following table shows where babies were born in the Borough of Croydon during the whole of 1965. 513 residents had babies outside Croydon and 389 non-residents were confined in Croydon.

	Number	Percentage
In Private Houses	1,546	29.57
In Public Institutions	3,447	65.96
In Registered Maternity Homes	219	4.194
Total	<u>5,212</u>	

Urban District of Coulsdon and Purley

In the Surrey Urban District of Coulsdon and Purley the total births for the first three months of 1965 were 256.

<i>Born in Surrey</i>	In private houses	87
	(within Urban District)	
	In Public Institutions elsewhere in Surrey	61
		<u>148</u>
<i>Born Outside Surrey</i>	In private houses	1
	In registered Nursing Homes	8
	In Public Institutions	99
		<u>108</u>

The total number of births for the year 1965, including the Urban District of Coulsdon and Purley, plus the County Borough of Croydon, and the London Borough of Croydon was 5,519.

COMMUNICABLE DISEASES

COMMUNICABLE DISEASES

Measles was again the most prevalent infection (3,589 cases) and for the first time since 1937 a death from measles was recorded. This gives a mortality rate over the years of 1 death in some 18,000 notified cases.

The details of the case were as follows. An infant of 7 months of age after 3 days of illness was found dead in her cot. Following a post mortem ordered by the Coroner death was recorded as due to Measles virus pneumonia. 2 older siblings were suffering from measles, but the baby had been in bed for 2 days before the illness began. There is evidence in the case history that the child was not directly such a case of measles virus but that the infection was transmitted from the other children in the household.

As previously noted the case was not reported as measles but as pneumonia and the child died on 12th April 1941.

COMMUNICABLE DISEASES

The following table shows the number of cases of communicable diseases reported in the year 1941.

Tuberculosis continued to be the most prevalent disease and a total of 4 deaths from all forms of this infection is a record low figure. Comparable figures are 1938 - 25 deaths, 1939 - 47 deaths.

For details see Appendix Page 131.

COMMUNICABLE DISEASES

Measles was again the most prevalent infection (3,589 cases) and for the first time since 1957 a death from measles was recorded. This gives a mortality rate over the years of 1 death in some 18,000 notified cases.

The details of the case were unusual. An infant of 7 months of age after 2 days indefinite malaise, was found dead in her cot. Following a post mortem ordered by the Coroner death was recorded as due to Measles viraemia and Bronchopneumonia. 2 older siblings were suffering from measles, but the baby had neither rash nor Koplik's spots. Vaccination as advised at about 12 months of age could obviously not influence directly such a case history, but protection of the older children in the family might have prevented the introduction of illness into the household.

As previously noted the one case of supposed poliomyelitis was subsequently diagnosed as a quite different illness, so that 1965 was another year free from cases of this disease.

Total notifications of food poisoning was a record low number.

Tuberculosis continued to decline in prevalence, and a total of 4 deaths from all forms of this infection is a record low figure. Comparable figures are 1956 - 26 deaths; 1946 - 47 deaths.

For details see Appendix, Page 131.

FOOD POISONING

The food poisoning notifications, as corrected, for 1965 were:-

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
4	6	3	7	20

Outbreaks due to identified agents:-

Total Outbreaks	Total Cases
1	2

Outbreaks due to:-

(a) Chemical poisons ... Nil	(d) botulinum ... Nil
(b) Salmonella Organisms 1	(e) welchii ... Nil
(c) Staphylococci (including toxin) ... Nil	(f) Other Bacteria Nil

Outbreaks of undiscovered cause:-

Total Outbreaks	Total Cases
2	5

Single Cases:-

Agent identified	Unknown Cause	Total
6	7	13

Cases due to:-

<i>Salm. panama</i>	<i>Salm. typhi-murium</i>	<i>Salm. enteritidis</i>
2	1	1
<i>Salm. Mendoza</i>		<i>Salm. Virchow</i>
1		1

Salmonella Infections not food-borne:- ... Nil

REPORT ON CASES ADMITTED TO WADDON HOSPITAL IN 1965

J.J. Linehan, Esq., M.D., D.P.H.
Physician Superintendent, Waddon Hospital

A total of 451 patients were admitted to the infectious diseases wards giving an average occupancy of 22.77 beds and an average stay in hospital of 17.689 days.

The following are the final diagnoses of patients admitted together with brief details of the common infectious diseases treated. Where patients were admitted from outside the Borough of Croydon, the Croydon cases are shown separately in brackets.

Gastro-enteritis	98 (88)	Ptyriasis Rosea	1
Measles	89 (73)	Pemphigus	1
Chicken-pox	42 (39)	Papular Urticaria	3
Scarlet Fever	36 (32)	Erythema Multiforme	1
Dysentery	22 (14)	Allergic Rash	5 (3)
Glandular Fever	13 (9)	Jaundice	1
Pneumonia	12 (10)	Gall Stones	1
Infective Hepatitis	10 (7)	Diverticulitis	2 (1)
Meningitis and Encephalitis	9 (7)	Carcinoma of Colon	1
Erysipelas	5	Intestinal Adhesions	1
Whooping Cough	4 (3)	Ulcerative Colitis	1
Mumps	3 (1)	Asthma	1
Rubella	3	Sub-arachnoid Haemorrhage	4 (2)
Herpes Zoster	3	Polyneuritis	1
Salmonella enteritis	2	Anxiety Neurosis	1
Malaria	2 (1)	Nervous Debility	1
Typhoid Fever	1	Convulsions	1
Paratyphoid Carrier	1	Sunstroke	1
Syphilis	1	Diabetes Mellitis	1
Bronchitis	10 (9)	Temporal Arteritis	1
Tonsillitis	7 (6)	Nephritis	1
Otitis Media	7	Urinary Infection	2 (1)
Quinsy... ..	3	Anaemia	1
Rhinitis	2	Thalassaemia	1
Stomatitis	5	Aneurism	1
Pharyngitis	5	Dog Bites	1
Laryngitis	1	Fractured Ankle	1
Gastritis	2	Coronary Thrombosis	1
Furunculosis	2	Retention of Faeces	1
Adenitis	2	Pyrexia of Unknown Origin	2 (1)
Cellulitis	2	Nil Abnormal Detected	2 (1)
Rheumatic Fever	2	Non-patient Baby	1
Pediculosis	1		

For details of cases see Appendix, Page 131

THE PREVENTION AND CONTROL OF TUBERCULOSIS

Dr. R.H.J. Fanthorpe, M.D., M.R.C.P.
Chest Physician

Measures for the prevention and treatment of Tuberculosis are directed from the Chest Clinic and the results during 1965 may be regarded as satisfactory.

The number of deaths from all forms of Tuberculosis during 1965 was 4.

The General Practitioner Miniature X-Ray Service continues to function in a satisfactory way and is well used by the Local practitioners.

The results of this service are summarised below:-

Number of miniature films taken	...	...	...	4,976
Number of patients recalled for examination and large film	...	...	...	651
Number of active cases of Pulmonary Tuberculosis				18
Number of cases of lung cancer found	...	...		39

Incidence

81 cases of Respiratory Tuberculosis and 9 cases of Non-Respiratory Tuberculosis were notified on Form A during 1965 (Table I - Formal Notifications). Of these 56 males and 25 females were Respiratory cases and 5 males and 4 females were Non-Respiratory. In addition 63 Respiratory cases and 5 Non-Respiratory cases came to our notice as new cases otherwise than by notification. (Table II - Supplemental Return).

The total number of new cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the year 1965 by notification or otherwise was 158.

144 of these were cases of Respiratory Tuberculosis; 91 in males and 53 in females.

There was 1 case of Non-Respiratory Tuberculosis among children under 15 years. The number of cases in adults was 13.

The incidence rate of Tuberculosis of all forms was 0.47 per 1,000 of the population; for Respiratory Tuberculosis 0.43 and for Non-Respiratory 0.04 per 1,000 population. The notification rate was 0.27 per 1,000.

Notification Register

Number of cases of Tuberculosis remaining on the Notification Register on 31st December, 1965:-

RESPIRATORY			NON-RESPIRATORY			Total Cases
Males	Females	Total	Males	Females	Total	
1,018	722	1,740	62	88	150	1,890

CLASSIFICATION OF NEW PATIENTS

Respiratory Tuberculosis

During 1965, 66 of the new patients examined at the Clinic were found to be in the undermentioned stages of the disease on the first examination

A, or T.B. minus (Sputum negative or absent)	38	or	57.6
B, or T.B. plus, 1 (early cases, sputum positive)	6	or	9.1
B, or T.B. plus, 2 (intermediate cases, sputum positive)	22	or	33.3
B, or T.B. plus, 3 (advanced cases, sputum positive)	-		-
	66		100.0%

Non-Respiratory Tuberculosis

There were 10 cases examined at the Clinic and found to have Non-Respiratory Tuberculosis in the following forms:-

Bones and Joints	...	...	...	...	-
Abdominal	...	...	...	...	1
Other Organs	...	...	...	...	2
Peripheral Glands	...	...	...	...	7
					<u>10</u>

Ages at Death from Respiratory Tuberculosis

Year	0-5	5-15	15-25	25-45	45-65	over 65	TOTAL
1965	-	-	-	-	2	2	4

All but 3 cases were notified during life.

Where patients have not been notified during their lifetime a visit is paid by the Tuberculosis Health Visitor to the home of the deceased, to obtain particulars of the contacts and to endeavour to persuade them to attend the Clinic for examination.

In 1965 the death-rate from all forms of Tuberculosis was 0.01 per 1,000 population.

The rate from Respiratory Tuberculosis was 0.01 and the rate for Non-Respiratory Tuberculosis 0.00.

In 1965 the total number of deaths was 4. All of the deaths occurred in the age groups 45 years and over. There were no deaths in children of school age.

Deaths from Non-Respiratory Tuberculosis

During 1965 no deaths were certified to be due to Non-Respiratory Tuberculosis.

Co-ordination with the Health Department

During the year 9 children were referred by the School Medical Service, and 6 cases from the Maternity and Child Welfare Section of the Public Health Department.

Extra Nourishment

Provision of special nourishment in the form of milk was granted to 36 selected cases for varying periods during the year and 31 cases were in receipt of extra nourishment at the end of the year.

Residential Treatment

58 men and 17 women were admitted to Residential Institutions in Croydon during 1965, suffering from tuberculosis.

The Chest Clinic and Home Visiting

1,971 new cases were examined during the year. 76 were found to be definitely tuberculous.

The total number of attendances for examination at the Chest Clinic was 17,671.

The Clinic doctors paid 181 home visits and the Tuberculosis Visitors 2,568 visits for Clinic purposes. In addition the Tuberculosis Visitors made 170 primary visits for the purposes of the Notification Register. There were also 1,233 unsuccessful visits made.

Patients requiring home nursing or surgical dressings are attended to by the nurses from the Croydon Nursing Association, by arrangement with that organisation. Their assistance is a valuable adjunct in the care of domiciliary cases.

Contact Examination

The examination and subsequent supervision of persons coming into contact with patients suffering from Tuberculosis plays an important part in the prevention of the spread of infection. During 1965, 544 persons were examined for the first time as contacts of notified cases of Tuberculosis, giving a contact-case ratio of 6 for each notified case during the year.

Of these contacts, 4 were found to be tuberculous. This is equal to a Tuberculosis rate per 1,000 contacts of 8 compared with 0.47 per 1,000 of the general population. In addition, there were 3 found to be tuberculous who had been under observation from previous years.

B. C. G. Vaccination

The use of B. C. G. vaccination for contacts has been continued during 1965 and regular sessions are held at the Clinic for this purpose. 330 contacts were successfully vaccinated during the year. In addition 11 nurses and domestics were successfully vaccinated, and 61 babies of tuberculous parents were vaccinated in hospital during the neonatal period.

During the year under review the scheme for the B. C. G. Vaccination of all school children between 13 and 14 years of age was continued in Croydon. Staff from the Chest Clinic visit the Schools and carry out the necessary Skin Testing and vaccination with B. C. G. The response by parents to this protection for their children has been satisfactory and there were no untoward difficulties or complications.

The Staff for this scheme are provided by the Local Authority but work under the direction of the Chest Physician, and this affords another practical example of co-operation between those responsible for treatment and prevention of Tuberculosis.

B. C. G. Vaccination for School Leavers

The total number of children skin tested	-	2,936
Number found to be negative	... ..	- 2,435
Number vaccinated with B. C. G.	... ..	- 2,423

Rehousing of Tuberculosis Patients

8 families were re-housed specifically on the grounds of the presence of infective tuberculosis, so that the patient could have a separate bedroom.

X-Ray Service

It is necessary for all members of the staff of the Corporation whose duties bring them into contact with children to have an X-Ray examination of the chest on their appointment and thereafter annually. In this connection 339 examinations were carried out in 1965

For detailed figures see Appendices, page 138

MASS RADIOGRAPHY 1965

The following figures kindly supplied by the Medical Director of the Surrey Area of the South-West Metropolitan Regional Hospital Board Mass Radiography Service include all attendances at public and private sessions:-

	No. of Persons Examined	Significant Pulmonary Tuberculosis	Primary Carcinoma of Lung
Male	8,686	11	9
Female	9,249	7	3
TOTAL	17,935	18	12

New addington General Practitioner Chest X-Ray Service

	No. of Persons Examined	Significant Pulmonary Tuberculosis	Primary Carcinoma of Lung
Male	329	2	4
Female	296	-	-
TOTAL	625	2	4

AFTER-CARE OF THE TUBERCULOUS PATIENT

The general pattern of after-care of the tuberculous patient has continued in the form of advice and assistance with finances or personal problems, supervision and follow-up.

From 1st April of this year, the after-care work has included tuberculous patients living in Coulsdon and Purley. Both Croydon and the Coulsdon and Purley areas did have their own Care Committees, but now the two Committees have combined. Assistance has been given by the new Committee on similar lines to previously and in the same generous way. As the area now being served is larger the number of requests for assistance made to the Care Committee has increased. Grants have been given for holidays and varied needs, and at Christmas grocery vouchers to the value of £90 were distributed, and £144 for fuel.

Retirement Pensions were raised at the beginning of this year together with National Insurance and Unemployment Benefits and National Assistance Rates. The increase in the National Assistance scales included the special Tuberculosis Treatment Allowance. The increases generally have helped to meet the rise in the cost of living, but it is still difficult for the sick person to manage on Pension or National Insurance, supplemented by National Assistance.

In 1965, the tuberculous patient has had little difficulty in finding suitable employment. The one exception is the very frail patient who is only fit for the lightest work in a job close to his home. The Disablement Resettlement Officer gives help and advice, but it may be impossible to place this type of patient in employment and, generally, the patient is then referred to the Occupational Therapist.

Help has been given to a number of tuberculous patients by the Home Help Service. The Children's Department has also been contacted on certain cases and has arranged for the care of the children when the mother of a family has to be admitted to Hospital for treatment. The co-operation received from all Departments over the past year, as well as the assistance which has been given from time to time by voluntary organisations, is greatly appreciated.

OCCUPATIONAL THERAPY

1965 has again been a very active year in the Occupational Therapy Department at the Chest Clinic. There have been more new patients on treatment than usual, partly due to the extra people attending Purley Chest Clinic, but largely due to an increasing interest in home Occupational Therapy.

The possibility of Chest Patients doing some Industrial Homework has been discussed with the Welfare Department and with the Croydon Disablement Resettlement Officer, and if the Scheme can be made to work, will be very satisfactory and beneficial to the patients.

The Christmas Sale of Work was held at Queen's Hospital again at the beginning of December, and most of the articles made during the year were sold.

VENEREAL DISEASES

New cases of Syphilis were fewer in 1965 than in 1964, but still above the numbers for previous years. There was a substantial rise in cases of gonorrhoea and these included 2 girls under 16 years of age. Our routine health education programmes including those for older school children, stress the avoidance of these infections and the importance of prompt and effective treatment.

For detailed figures see Appendix Page 140

PUBLIC HEALTH LABORATORY SERVICE

Very considerable use has been made of the facilities for bacteriological and other laboratory examinations of Public Health nature. I take this opportunity to thank Dr. W.R.G. Thomas, Consultant Bacteriologist at Mayday Hospital who took over this work on 10th February 1965, for his ready assistance and most helpful advice which have been available at all times.

For detailed figures, see Appendix Page 133

CARE OF INFANTS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics

For the former County Borough area the Joint Maternity Midwifery and Hospital Obstetric services continued to operate under the united clinical supervision of the Consultant Obstetricians. One of the Obstetricians is an ex-officio member of the local authority Health, Maternity and Welfare Sub-Committee.

No similar united service could be arranged for the former Urban District, served by Radcliffe Hospital, because the pressure of work on the staff of the Hospital Maternity unit did not allow this unit to take on the duties of a general obstetric unit. However, the staff of the Hospital Maternity unit have agreed to co-operate in forwarding and further efforts will be made.

There were meetings of the Maternity Liaison Committee where questions of improvement in arrangements for early discharge of mothers were discussed.

At present, a total of 7,401 mothers attended

PERSONAL HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT

For Venereal Disease

Care of Premature Babies

Arrangements for the supervision of premature babies after discharge from hospital were extended to the whole borough within the extensive area of Mayday Hospital. These included special attention to the care of babies with congenital defects or those who had been transferred to the hospital of any infant found to have less than 30%.

For detailed figures see Appendix Page 103.

Phenylketonuria

All babies had a urine test by a midwife at home or in hospital at 5 - 10 days after birth, and a second test by a Health Visitor between 5 and 6 weeks of age. In 1963 Health Visitors carried out 6,190 tests. No child was found to be suffering from Phenylketonuria in 1963.

"At Risk" Register

Since 1962 Midwives and Health Visitors have reviewed babies who may have a greater liability than the ordinary infant to develop physical defects, so that they may be kept under special surveillance. These "At Risk" babies are as follows:-

PERSONAL HEALTH SERVICES
UNDER THE
NATIONAL HEALTH SERVICE ACT

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics

For the former County Borough area the joint domiciliary midwifery and hospital obstetric service continued to operate under the unified clinical supervision of the Consultant Obstetricians. One of the Obstetricians is a co-opted member of the local authority Health, Maternity and Welfare Sub-Committee.

No similar unified service could be arranged for the former Urban District, served by Redhill Hospital, because the pressure of work on the staff of the Hospital Maternity unit did not allow their attendance at outlying clinics. Nevertheless their agreement to co-operate was forthcoming and further efforts will be made.

There were meetings of the Maternity Liaison Committee where questions of improvements in arrangements for early discharge of mothers were discussed.

At ante-natal clinics a total of 7,491 mothers attended during the year. 1,780 mothers attended the post-natal clinic. At relaxation classes 715 mothers made 4,329 attendances. 335 mothers attended Mothercraft courses each consisting of 7 lectures. 3,624 patients had an initial blood test. 35 were found to have Rh. anti-bodies. 21 were referred to the Special Clinic for Venereal Disease.

Care of Premature Babies

Arrangements for the supervision of premature babies after discharge from hospital were extended to the whole borough within the catchment area of Mayday Hospital. These include routine estimations of haemoglobin with reference back to the hospital of any infant found to have less than 60%.

For detailed figures see Appendix Page 109.

Phenylketonuria

All babies had a urine test by a midwife at home or in hospital at 9 - 10 days after birth, and a second test by a Health Visitor between 5 and 6 weeks of age. In 1965 Health Visitors carried out 5,190 tests. No child was found to be suffering from Phenylketonuria in 1965.

"At Risk" Register

Since 1963 Midwives and Health Visitors have notified babies who may have a greater liability than the ordinary infant to show congenital defects, so that they may be kept under special surveillance. These "risks" are as follows:-

- Genetic:** Family history of deafness, blindness, etc.
- Pre-natal:** Rubella or other virus infection in first 16 weeks of pregnancy.
- Rhesus incompatibilities.
- Severe illness necessitating chemotherapy or major surgery in early months of pregnancy.
- Peri-natal:** Prolonged or difficult labour.
- Prematurity.
- Neo-natal jaundice.
- Post-natal:** Treatment with streptomycin for any illness.
- Otitis Media.
- Cerebral Palsy.
- Not speaking at the age of two years.
- Mother worried about child's hearing.

980 children were reported during 1965.

Care of the Unmarried Mother

Three voluntary organisations act as agents of the Corporation. Grants are made to them to cover the work of their Social Welfare Officers and the costs of sending mothers to Mother and Baby Homes. These arrangements continue schemes in operation in the former constituent authority areas. The Southwark Catholic Children's Society covering the whole London Borough; the Croydon Association for Moral Welfare the former County Borough; and the Southwark Diocesan Association the former Coulsdon and Purley areas. Merging the work of the two latter organisations was possible but would have resulted in a substantial loss of voluntary contributions. No administrative difficulties arose during the year under review.

During the year under review:-

267 cases were dealt with by the Social Workers

61 girls were admitted to Mother and Baby Homes

34 cases were financially assisted by the Local Authority

(This includes mothers who applied for help in 1964 whose babies were born in 1965 and those who applied in 1965 whose babies were not due until 1966).

2 babies were stillborn, 4 babies died.

*Ages of the younger mothers
when they applied for help.*

Age when baby was born

13 years old	...	1
14 " "	...	3
15 " "	...	10
16 " "	...	11
17 " "	...	18
18 " "	...	22

13 years old	...	-
14 " "	...	1
15 " "	...	8
16 " "	...	10
17 " "	...	15
18 " "	...	23
19 " "	...	6

Domiciliary Midwifery

Emphasis continued to be placed on admission to hospital of mothers who had borne 4 or more children. For such mothers early discharge is sometimes a concession which obtains their consent. The domiciliary midwives dealt with nearly a third of all confinements in the borough, in addition to an increasing number of mothers discharged from hospital early in the puerperium.

For detailed figures see Appendix page 104

Midwives Acts 1902-51

The number of midwives who notified their intention to practice as midwives within the Borough (including those in hospitals) and who were practising at the end of the year was 100. All held the certificate of the Central Midwives' Board. The Medical Supervisor of Midwives visits midwives in private practice and nursing homes, and the superintendent Municipal Midwife carries out these duties for the domiciliary midwives.

Child Welfare Centres

There was a considerable rise in the number of attendances. Toddler clinics and Health Education facilities were steadily augmented during the year. Stress was laid upon the diagnosis of remediable defects at as early an age as possible. New premises were opened at New Addington.

For other detailed figures see Appendix page 112.

Congenital Malformation

The scheme introduced in 1963 continued unchanged, regular returns being made to the Registrar General. A total of 74 babies with congenital conditions was notified in 1965.

See Appendix, page 119.

Welfare Foods and Medicaments

In the area of the former County Borough only Ministry of Food dried milk and vitamins were sold, and Clinic medical officers prescribed from a strictly limited list of "household" medicines. Where suppliers of proprietary items had clinic voucher schemes these were allowed to operate. Such arrangements were based on the concept that the functions of Welfare Centres are the prevention of disease, advice to parents on child care, health education, and supervision of the progress of children. Food, vitamins and medicines are available for convenience, but the war-time advent of the Welfare Foods scheme covered all essential nutritional needs and the National Health Service the supply of medicines. In the former Urban District, Infant Welfare Centres (as is common in many parts of the country) sold a wide variety of proprietary preparations in "clinic" packs. Medical Officers also had powers to prescribe whatever medicines they deemed necessary. After very careful consideration the Committee resolved to apply the former County Borough policy.

Issue of Welfare Foods in 1965:-

National Dried Milk	...	...	56,903
Cod Liver Oil	...	...	6,019
Vitamin A and D Tablets	...	...	8,532
Orange Juice	...	...	97,831

THE WORK OF THE HEALTH VISITOR

Mrs. M.I. Pointer, S.R.N., S.C.M., M.T.D., H.V.

Assistant Superintendent Nursing Officer for Health Visitors

A momentous year has drawn to a close and we can now look forward to the future with greater optimism than we probably did this time last year.

Despite many discussions and consultations which took place before the first of April, we found in practice that in order to select from each amalgamating authority the most progressive ideas for developing our services in the new Borough, many adjustments still had to be made.

We hope we have taken the "best of both worlds" and established a united team of Health Visitors. District boundaries have been re-arranged and new areas created, all of which has helped to foster the concept of one complete Authority. There has also been an exchange of areas between Health Visitors of the two former Authorities.

During the year the Health Visitors have faced many pressures, staff shortage being the most acute problem. Vacancies are difficult to fill and the hope of increasing our establishment of Health Visitors to cope with the growing population seems rather remote. The situation has been eased in school work by increasing the number of school nurse assistants but several Health Visitors are still carrying double case loads in maternity and child welfare.

The movement of families within and into the Borough involves a great deal of extra work, particularly in maintaining contact with the families who move about frequently, for it is often those families who most need help.

Overseas immigrants have presented special problems and one Health Visitor has been assigned to deal with matters concerning their welfare and integration into the community.

More and more mothers are finding themselves obliged to go out to work, thus giving rise to concern for the care of their young children. One Health Visitor has been appointed to deal with the supervision of play-groups, foster-mothers and daily minders, including the inspection of premises and equipment of prospective daily minders.

We are very much aware that the changes in the social and economic life of the community require changes in the scope of our service. We have taken a close look at our established patterns of work to see where we can adapt them to these new conditions and to prepare today to meet the challenge of tomorrow.

It is unfortunate that because of staff shortage enthusiasm for expansion and the introduction of new mediums of service is often frustrated through sheer weight of case loads. Meanwhile the day to day work of advising mothers on the care of their children, dealing with family social problems and the promotion of health education for all age groups continues as before.

By consolidating proved and established procedures and applying such new ideas and techniques as time may bring, we hope in 1966 to achieve the maximum beneficial impact on the community.

Figures of work carried out are shown in Appendix, page 110.

IMMUNISATION

Last year I reported to the County Borough Health Committee on the adoption of a new schedule for the timing of the various procedures now available for protection against Poliomyelitis, Whooping Cough, Diphtheria, Tetanus, Smallpox and Tuberculosis. The expert advisory committee which drew up schedules for the Ministry of Health recommended local authorities to select one of two programmes. The first was based on the supposed need to protect very young infants against whooping cough, and began with injections of triple vaccine as soon as possible after the baby reaches one month of age. The second had regard to the age at which the child will respond best to a minimum of injections, discounts the early risk from whooping cough, and commences with oral poliomyelitis vaccine at 6 months of age. Of recent years whooping cough in Croydon (and Surrey) has been mild in character with negligible mortality. Whooping cough vaccine is a relatively crude antigen, producing local or general reactions in half the children injected and I have always been reluctant to suggest its use as the introduction to a series of protective inoculations. For all these reasons the second alternative was used in the former County Borough. Surrey, however, advocated the first schedule. Abrupt change of advice to parents should obviously be avoided. It was left to the judgment of medical officers to explain and alter arrangements as opportunity allowed so that the second schedule was gradually applied to the London Borough area.

No special campaigns were possible in view of the need to consolidate administrative arrangements. Against a fortunate background of absence of cases of disease, acceptance rates showed the usual tendency to fall. Action for joint campaigns with other London Boroughs was under discussion for application in 1966.

For Tables see Appendix page 134.

HOME NURSING

This continued as a direct responsibility of the Corporation. Suitable training arrangements were made and students accepted for courses leading to qualification as district nurses through the Queen's Institute for District Nursing.

For details of work carried out see Appendix page 114.

CONVALESCENCE

The Corporation accepts financial responsibility for convalescence recommended by general practitioners. Each patient recommended must have had a definite illness or accident and must go to a recognised Convalescent Home. The Corporation recovers part or all the cost according to the income of the patient and in accordance with a definite assessment scale. Certain patients may receive convalescent treatment free, including Old Age Pensioners. Every effort is made to suit the patient to the particular Home, as different Homes cater for different age groups and different kinds of medical or surgical condition.

During the year 38 cases were so dealt with, 27 women, 10 men and 1 child under 5 years. There were in addition, 9 cases where the patients cancelled their applications after the arrangements had been made.

These figures include the Surrey Urban District of Coulsdon and Purley as from the 1st April 1965, they do not include children for whom arrangements are made by the Education Committee.

HOME HELP SERVICE

Difficulties in recruiting Supervisors and Home Helps persisted. Owing to these and delays in completion of adaptations to the rooms in the basement flat at St. James's Road, it was not possible to begin the in-service training school for Home Helps. One very encouraging factor emerged from a new approach to staff recruitment, applied towards the end of the year. Stress was laid on the vocational aspect of this work, and the fact that it transcends mere domestic duties. Response was coming from a new section of the community, raising hopes that long standing vacancies might be filled. The value of a training scheme was emphasised and I anticipate being able to report upon its success in a future report.

For details of work carried out see Appendix page 118.

HEALTH EDUCATION AND HOME SAFETY

Miss D.S. Elliott, S.R.N., H.V. Cert., Dip. H.E.
Health Education Officer

The health education section has tried to remain 'in statu quo' in spite of changes in the team and during the integration of existing services into the larger London Borough of Croydon.

Opportunities were made to welcome staff from the new part of the town, often by meeting formally and informally in the health education unit; there its purpose and the help that could be given to them was explained by the staff and there were demonstrations of the types of teaching and reference material which are always at their disposal.

One assistant health education officer has been made responsible for the southern part of the town. To prevent staff from that area from wasting time by calling at the central office for equipment a small subsidiary office has been opened at 115, Brighton Road. The assistant health education officer attends there every Wednesday morning and on other occasions as necessary, and is available for reference, advice, encouragement, taking orders for equipment and introducing new visual aids.

There are now twelve toddlers' clinics at which, beside medical examinations conducted by doctors, proper discussion groups organised by health visitors and dealing with mental, physical and social subjects, are running regularly. The parents in the majority of these groups are given the opportunity to suggest the subjects in which they are most interested, for the programmes this is an important educational principle and the subjects chosen usually coincide fairly closely with those which the professional staff would have suggested and it has been found that there is never any shortage of ideas.

Public knowledge about the extent of the environmental, personal and school health services and how they may be used is still very poor and an increasing number of talks have been given by members of the respective staffs to all kinds of groups during the year.

One assistant health education officer trained in the Marie Stopes Memorial Clinic in contraceptive techniques is working in co-operation with the Croydon Family Planning Clinic in explaining the social aspects of Family Planning to women; the department has purchased a special female pelvis and other material for demonstration purposes.

Until a year or so ago almost any form of cancer education was resisted by both the public and the staff. However, since the publicity given to the possibility of smear tests being made available for healthy women to detect the early signs of cervical cancer, there have been a number of requests from women's groups to discuss this. The opportunity was always taken to explain the outward signs of early cancer in accessible parts of the body and the importance of the giving up of cigarette smoking in the prevention of lung cancer.

The health education team has enjoyed co-operating with Dr. Gibbons in her Weight Control Clinics for school children. (See the "School Health Section" page 64). These have been held in the health education lecture room and help and advice have been given with visual aids to stimulate discussion. This project demonstrates the practical application of health education in a particular condition and aims to prevent future mental and physical ill health.

Home Safety

In 1964 information had been received from the Croydon Ambulance Service of the number of children taken to hospital following poisoning accidents. During 1965 extra efforts were made to educate young mothers and school children about this risk. Poisoning accidents also formed the main theme of the stand for the Ashburton Flower Show; we were greatly indebted to the curator at Kew Gardens who donated many common poisonous plants and berries free of charge for the occasion and this part of the stand was a great attraction to the public.

Following a recommendation from the Medical Officer of Health, the Housing Committee and Borough Engineer's Architects agreed at the end of the year to the "Barry Bucknell Safety Device" being fitted to medicine cupboards which in future will be incorporated in standard kitchen equipment, one to each dwelling unit.

In recognition of the Golden Jubilee of the Royal Society for the Prevention of Accidents in 1966 a recommendation was also made to the Housing Committee that bath rails should be fitted in all council houses and flats built in Croydon in future.

Demonstrations of Mouth to Mouth Resuscitation were given to many groups during the year. The department purchased a Resuscitation Anne model and the complete set of Admiralty Films on this subject.

The evaluation of home safety education will now be extremely difficult because the London Ambulance Service is unable to provide a breakdown according to cause of the accident cases admitted to hospital. Perhaps the introduction of computers in Local Government Service in the future will overcome this difficulty.

Details of Home Safety Statistics see Appendix page 126.

DENTAL TREATMENT (MATERNITY AND CHILD WELFARE)

W.G. Everett Esq., L.D.S., R.C.S., (Eng.), Principal Dental Officer

Dental treatment is provided for all expectant and nursing mothers, also children under five who are not yet eligible for treatment within the School Dental Service. Expectant and nursing mothers may be referred by doctors and consultants at Ante- and Post-natal clinics. They are also accepted if referred from other sources. Pre-school children are seen at the request of parents and health visitors, or are referred from Toddlers' Clinics held at Welfare Centres. Inspection and treatment is carried out at the school dental clinics by the dental officers, who devote a small part of their time to this work.

As is the case of the School Dental Service statistics, the geographical increase of the Borough and the increase in staff and clinic premises has made detailed comparison of this year's figures with those of previous years impossible. It would appear that the trend of the decrease in numbers of mothers seen, and the increase in numbers of pre-school children, has been maintained.

As has been mentioned in previous reports, it is more desirable for mothers to attend their general dental practitioners regularly, rather than attending Local Authority clinics only during and after pregnancies.

The effort in the future must be to persuade mothers to bring their children for inspection long before school age is reached. Children have most of their temporary teeth by the time they are two years old. Unwise feeding habits and indiscriminate sweet eating can and do create havoc in these teeth. From every point of view it is most desirable that the first visit to a dental surgeon should not be associated with toothache, or pain from extensive conservative work necessitated by grossly carious teeth.

In order to achieve early inspection it is planned to introduce a birthday card scheme. By this method all three year old children are sent a birthday card, calling the parents' attention to the need for early inspection and treatment, and offering them an appointment at a clinic near their home. Sessions would be specifically organised to cater for such young patients.

Arrangements also are being made for all children seen at Toddlers' Clinics to be invited to attend the dental surgery at the same visit. Where Clinics are held in the same premises this poses no problem. Whenever new clinics are designed and built, it is most desirable that medical and dental facilities should be combined.

Dental Health Education talks are undertaken for mothers attending Toddlers' Clinics. It is hoped to develop this aspect of Dentistry, and the appointment of an oral hygienist will be most helpful.

The usual tables are given in the Appendix, page 121.

MENTAL HEALTH SERVICES

The year 1965 has seen a number of important developments in the Mental Health Services. These include the opening of a second day hospital, the establishment of a sheltered workshop catering for both mentally and physically disabled persons, the formal establishment under the Local Health Authority of a single social work team to serve the needs of mentally disordered persons and their families and the opening of a mental health office in the Purley and Coulsdon part of the Borough at 115, Brighton Road. In addition to these particular features the year has seen a general advance in the service on many fronts.

Administration

The Medical Officer of Health was in administrative control, and the Deputy and two Assistant Medical Officers of Health were approved for the purpose of the Mental Health Act, Dr. A.R. May who was Psychiatric Adviser to the Local Health Authority and the Medical Director of their Community Mental Health Services was appointed as a Principal Medical Officer to the Ministry of Health. Dr. J.D.W. Fisher, Consultant Psychiatrist at Warlingham Park Hospital, succeeded Dr. May as Psychiatric Adviser and Medical Director. Dr. B.W. Richards, Consultant Psychiatrist at St. Lawrence's Hospital continued as Adviser in Mental Sub-normality to the Local Health Authority.

The continued successful operation and development of the Mental Health Services depends on the help and co-operation of medical colleagues, whether in hospitals or in general practice, and I should like again to record my thanks to all of them for their continued willing support.

Voluntary Associations

The guardianship Society looked after eleven severely sub-normal patients on behalf of the Local Health Authority (9 under guardianship and 2 placed informally).

The Mental After Care Association both through its temporary stay Hostel in Croydon and through its long stay homes elsewhere continued to give invaluable help to Croydon patients of whom there were 35 in the care of the Association at the end of the year.

The Mental Health Service continued to have close and friendly ties with the Croydon and District Society for Mentally Handicapped Children and it is hoped that these will now extend equally to include the Purley and District Society. The Croydon Society continued to provide social club activities for severely handicapped patients, and is currently helping in the establishment of a small group home for mentally handicapped working girls.

The interest and help afforded by the Croydon Guild of Social Service has again been greatly appreciated, and it is hoped that useful links can now also be established with the Guild's work in the Purley and Coulsdon area.

Thanks are due to all the voluntary organisations and individuals whose assistance in one way and another has been so much appreciated and readily given.

Mental Health Act 1959

As might be expected the larger London Borough area has given rise to more calls on the Mental Welfare Officers in respect of their statutory duties under the Mental Health Act than arose from the County Borough area the preceding year. However, the increase is attributable more to the inclusion of Netherne and Cane Hill Hospitals in the area of the London Borough of Croydon and to duties in respect of patients in these hospitals, than to the increased population of the Borough. In fact the recent slow but steady decline in the number of cases where statutory admissions become necessary appears happily to be continuing.

Details of admissions by mental welfare officers of all categories of patients under different sections of the Mental Health Act are given below:-

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Informally	32	37	69
Under Section 25 (For Observation)	55	31	86
Under Section 26 (For Treatment)	30	43	73
Under Section 29 (For Observation in Emergency)	71	103	174
Under Section 136 (Police Action)	2	1	3
Under Section 60 (Hospital Order Through Court)	3	-	3
Investigated but not Admitted	13	12	25
	<u>206</u>	<u>227</u>	<u>433</u>

In Netherne and Cane Hill hospitals mental welfare officers were concerned with 63 Section 25 procedures and 55 Section 26 procedures. This more than accounts for the increase in procedure under these sections as shown in the table.

Admissions of mentally subnormal patients to hospital during the year are shown below.

To Psychiatric hospital - subnormality	...	...	23
To psychiatric hospital - mental illness	...	...	-
Transfer from one hospital to another	...	...	4
Admitted for short term care	...	...	32
Total number of patients in hospital	...	...	485

On 31st December 1965, 10 patients were awaiting hospital beds.

Guardianship

No patients were placed under guardianship during the year and 2 were discharged, bringing the total number under guardianship to 18 at the end of the year.

Training Centres

(i) Junior Training Centre

The difficult working conditions occasioned in 1964 by commencement of building operations on the site of the new adult centre still continue. Despite this the work of the Centre has continued as satisfactorily as conditions allow, and appreciation is due to the Supervisor and staff of the Centre for the hard work put in and the way training standards have been maintained under discouraging and difficult conditions. In February the conversion of rooms in the former Supervisor's flat was completed to allow an extension of the special care facilities. While not ideal this special accommodation did permit the admission of an additional 10 children too handicapped for the ordinary classes of the Centre. At the end of the year there were 63 trainees on the books of the Centre (40 boys and 23 girls).

(ii) Bensham Adult Training Centre

This continued to provide training and work for subnormal and severely subnormal persons. Most entrants were from the Junior Training Centre, and some progressed to the Crosfield Industrial Unit.

On the 31st December, 63 trainees (36 male and 27 female) were attending. Work included laundering, tool assembly, filling and packing, soldering and simple electronic sub-assemblies. The hours were 9 a.m. to 4 p.m. Mondays to Fridays throughout the year, except on Bank Holidays. Incentive pocket money was paid based on aptitude ability, and regularity of attendance. A bonus scheme applied when the money earned exceeded the pocket money rate. Protective clothing was provided, and meals at a low cost. Coaches took trainees to and from the Centre, but encouragement was given to those capable of making their own way.

Crosfield Industrial Unit

Despite the inadequacy of these premises there were considerable developments during the year under review. On the administrative side the co-ordination of all industrial work for the local authority and for the mental hospital was ensured by the joint appointment of the Corporation's Industrial Organiser by the Hospital Management Committee, who reimbursed 2/11ths of salary. In August part of the Unit was approved by the Ministry of Labour as a sheltered workshop, so that two sections were formed (i) an assessment, training and rehabilitation unit, (ii) a sheltered workshop.

By agreement with the Welfare Services Committee both sections admitted physically as well as mentally handicapped persons. Acceptance, review, and discharge of trainees, were covered at weekly meetings attended by a Psychiatrist, Psychologist, Disablement Rehabilitation Officer, Social Worker, and a representative of each Centre. A Social Club was held on one evening per week, with a Social Worker acting as the Club leader. An average of 30 trainees attended. Music, table games, handwork, and tuition in reading, writing and simple arithmetic, were the main activities. Rambles and visits to places of interest were also arranged. At the 31st December there were 57 patients in the Assessment unit - 46% were mentally ill, 23% were subnormal, 14% severely subnormal, and 17% were physically disabled. On the same date there were 43 patients in the Sheltered Workshop - 44% were mentally ill, 14% subnormal, 28% severely subnormal and 14% physically handicapped. Terms and conditions of service were as agreed with the Ministry of Labour, and conformed in essence to those at "Remploy". A full 40 hour week was worked, travelling expenses up to 2/-d per day repaid, and a free mid-day meal provided. Employees were free to join a Trade Union, and a physically handicapped person acted as a shop steward. Work processes included assembly and packing, wire bending and spot welding, soldering, drilling and fly press work, and manufacturing breeze blocks.

Hospital Group

The experiment of allowing a group of mentally ill patients to attend from Warlingham Park Hospital was surprisingly successful. Of the 20 patients referred during the year, 6 had to be withdrawn but 9 progressed to employment in the sheltered workshop, 1 to open employment, and 4 remained under assessment at the end of the year.

Work Group Placement

The possibility of open employment for groups of severely disabled persons, whose mental and physical handicaps might be balanced by suitable selection of individuals, had been considered for some time, and one opportunity arose to place a group of 4 in a factory to deal with machine operating and packing. 5 female trainees were involved, and 1 mentally ill and 1 physically handicapped patient were unsuccessful and had to be withdrawn. Another physically handicapped patient obtained employment with the firm, and two others remained on extended trial. Despite the limited success, this procedure of placing a group initially with an instructor in a factory was thought to be practicable, and further opportunities will be sought.

A co-ordinated Industrial Work Service

When we were considering some years ago the establishment of facilities in Croydon for mentally disordered persons, visits to the Government Industrial Training Centre at Waddon made clear the advantages of a single service for the mentally and physically handicapped. These observations were on individuals far less handicapped than those with whom the local authority are required to deal, but our experiences have upheld this original conclusion. With reasonable preparation and selection, severely disabled persons of all types can benefit by mixing in a work situation, and so far there has been no evidence to indicate the need for a fixed ratio between the physically and mentally ill. We have also confirmed that a few severely subnormal persons can reach wage-earning standards, and be trained to be proficient in more than one type of job. The distinction between a Rehabilitation Unit and a Sheltered Workshop, which must be maintained to meet definitions imposed by the Ministry of Labour, seemed difficult to justify when there was a preponderance of mentally ill patients. This is probably due to the fact that the work limitations of the physically handicapped can be assessed with some accuracy, but with psychiatric patients there may be very considerable variations with exacerbations and remissions of the mental illness.

Residential Care

(i) Temporary Care

Continued use has been made during the year of the Mental After Care Association Hostel in Croydon to provide temporary care for patients recovering from mental illness.

Short term care in hospital has been arranged for 32 subnormal patients during the year and 3 patients have had convalescent holidays arranged for them.

*(ii) Long Term Care**(a) Boarding Out Scheme*

During the year a further 33 patients were placed in lodgings under the scheme. Of these 23 were still boarded out at the end of the year, 6 had moved on to other accommodation outside the scheme, 2 had been re-admitted to hospital and two had died.

The help and interest of the many landladies who participate in this scheme are vital to its success and appreciation of their work must be recorded. If the scheme is to continue to expand additional landladies will be required, and increasing difficulty in finding them has to some extent limited the number of patients placed during the year.

The scheme remains of great benefit to patients and by the end of the year 132 persons had been helped by it since its inception in 1962. The average weekly cost per patient remains at about £1. 16s. 0d.

(b) Small Group Homes

The first Small Group Home which was established in 1964 has continued to run very satisfactorily. The home is rented from the Housing Department and the five residents are supervised by the Boarding Out Officer. One resident became ill during the year but has now recovered and is back at work. The other residents have kept well and all appear to have benefited from the support of the home which has greatly facilitated their rehabilitation in the community.

(c) Voluntary Homes

At the end of the year there were 28 patients placed in long stay voluntary homes, and for whom the Corporation had accepted financial responsibility, including 15 under the Mental After Care Association and 11 under the Guardianship Society.

Social Work

From 1962 to 1965 Warlingham Park Hospital and the Local Health Authority have by agreement staffed and operated a joint social work service. This service was available to help mentally disordered patients and their families whether or not the patient was in hospital or undergoing medical treatment. The scheme has proved beneficial in practice and in 1965 this informal arrangement was given formal shape by a further agreement

between the two authorities. This provided for all the social workers in the Mental Health Service to be employed by the Local Health Authority and for an appropriate re-imbursement to be made by the Hospital Authority, and thus confirms and consolidates the joint arrangements.

The first half of 1965 saw some further staff losses among the social workers, but it was possible to make these good towards the end of the year. The enlargement of the Borough by the addition of the Purley and Coulsdon area had the immediate effect of increasing by about 100 the number of mentally subnormal patients to be cared for in the community. There has also been an increase in the number of mentally ill patients needing social work help, but the full impact of the new area in this respect has not yet been felt. An additional Mental Health Office has been established at 115 Brighton Road to deal with the work of the new area.

In the service generally the demand for social work continues to grow. The first table shows the actual number of active cases carried by the social workers at the end of 1965. The second table shows the actual number of cases referred to the social workers for help during 1965.

Active Caseload of Social Work

<i>Date</i>	<i>Subnormal and Severely Subnormal</i>	<i>Mentally Ill</i>	<i>Others</i>	<i>Total</i>
31st Dec. 1965	527	499	81	1,107

Numbers of Cases referred for Social Work

<i>Date</i>	<i>Subnormal and Severely Subnormal</i>	<i>Mentally Ill</i>	<i>Others</i>	<i>Total</i>
1965	251	657	232	1,140

Social Clubs

Three clubs are run at The Oaks Day Hospital, one on Tuesday afternoons for mentally infirm old people and two on Thursday and Monday evenings for psychiatric patients. Another club for psychiatric patients is now run at The Crescent Day Hospital, New Addington.

A fifth club is run by the Local Health Authority on Wednesday evenings at the Causton Hall for trainees attending the Crosfield Industrial Unit and other physically or mentally handicapped people. A sixth club is run for severely mentally subnormal people by the Society for Mentally Handicapped children and is held at St. James's Church Hall on Monday evenings.

Students

Throughout 1965, 8 students from the training course in Social Work at the Croydon Technical College have attended for practical work at the Mental Health Centre, 49 Wellesley Road.

A number of students from University Social Science Departments have also come for periods of practical work in the Mental Health Service, as have also Mental Health Course students from Manchester University.

In addition medical, nursing, social work and administrative students of various kinds have been on visits of observation to the service. All training matters and student activities are the responsibility of the Training Officer.

Visitors

The Croydon Psychiatric Service continues to attract its quota of visitors. In addition to the various students, visitors in 1965 have included representatives of a wide range of medical and other professional personnel. Some of these have been from other parts of the country, and over 20 from overseas representing some 10 different nations.

CORPORATION DAY NURSERIES

There are now two Day Nurseries in the London Borough of Croydon, one at Whitehorse Road, West Croydon and the other at Sanderstead Road, Sanderstead. They are available for children whose mothers are required to work because they are widows, unmarried, legally separated or divorced. By prior Committee permission, children from families with temporary difficulties - illness of the mother or father - may also be accepted.

The minimum charge is 4/- per day. It may be increased according to net income, on a scale approved by the Corporation. Subject to places being available, children may be accepted at the full rate of 21s.7d. per day.

	Whitehorse Road	Hazleglen Sanderstead Road
Details of attendances -		
Capacity	50	30
Number on books at the end of year	46	24
Attendances: Under 2	3,024	1,219
Over 2	5,055	3,568
<i>Total</i>	<u>8,079</u>	<u>4,787</u>
Number of days opened ...	256	255
Average daily attendance	31¼	18¾

DEAFNESS

Schemes for testing all infants during the first year of life, whose names were included on the "At Risk" register, were continued.

Furthermore this assessment of hearing ability was extended to all infants attending Infant Welfare Centres, and where staffing permitted, by home visits of Health Visitors.

For detailed figures see Appendix page 122.

CHIROPODY

The system of using the services of approved Chiropodists working in their own surgeries was continued and attendances rose steadily. Satisfactory reports on the premises and mode of practice of all Chiropodists in the scheme were received from the Corporation's visiting specialist. Domiciliary treatment was also included, but the fees paid came out of the financial allocation allowed to each practitioner. It was thus left to individual Chiropodists to decide how they allocated services within their global budgets.

The scheme covers elderly persons, expectant mothers and the permanently handicapped.

On December 31st 1965, 24 Chiropodists were operating this scheme. During the period April 1st to December 31st 1965 they gave 14,659 treatments at their surgeries and 1,491 by domiciliary visits.

4,727	8,079	Total
222	222	Number of days opened ...
124	214	Average daily attendance

GRAPHICS

Schemes for testing all infants during the first year of life, whose names were included on the "At Risk" register, were continued.

Furthermore this assessment of hearing ability was extended to all infants attending Infant Welfare Centres, and where staffing permitted, by home visits of Health Visitors.

For detailed figures see Appendix page 122.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

WORK OF THE PUBLIC HEALTH INSPECTORS

Norman Smith, M.R.S.H., M.A.P.H.I.

Chief Public Health Inspector.

I have the honour to submit my annual report for the year 1965, and following the practice of previous reports, the statistical details are presented in the tables which follow.

Following the amalgamation of the late County Borough with the Coulsdon and Purley Urban District Council in April, 1965 the figures quoted include those of the former Urban District Council as from the 1st January, 1965.

The administration of much new legislation enacted late in 1964 has had its effect during 1965 on the work of the Department. Amendments to former Statutes have been made enabling more positive action to be taken in certain housing matters. Technical Assistants have been engaged and Specialist Inspectors have been appointed to deal especially with Clean Air, Offices, Shops and Railway Premises, and Houses in Multiple Occupation.

Progress in Clean Air continued when the Council made its No.8 Smoke Control Order in December, 1965 which now awaits confirmation by the Ministry of Housing and Local Government.

Comment is made in the report on the progress made in the administration of the Offices, Shops and Railway Premises Act, 1963. The Council has made its first Registration Order respecting houses let in multiple occupation covering one ward in the Borough, and this has been submitted to the Ministry of Housing and Local Government for confirmation.

During the year the responsibility for the administration of the following Statutes has been directed to this Department:

Consumer Protection Act, 1961, and Regulations made thereunder covering Heating Appliances (Fireguards); Oil Heaters; Childrens' Nightdresses; Fabrics Misdescription Regulations; Mines and Quarries Act, 1954, Scrap Metal Dealers Act, 1964.

The redevelopment which is continually taking place throughout the Borough has caused time-consuming efforts by the Inspectors in tracing and arranging for the sealing off of the former drain connections to the Corporation sewers.

The increase in acreage and population occasioned by the formation of the new London Borough has, not unnaturally, increased the number of problems to be dealt with together with their attendant anxieties.

I have, however, received the utmost help and loyalty from the staff of my Department to whom my thanks are due for their efforts in the administration of the many and varied duties we are called upon to effect.

This is the last report I shall make as I am due to retire in May, 1966 following some 39 years service in this Department of the Corporation.

I would wish to express my thanks to Dr. Wright for the guidance, advice and counsel which he has at all times afforded to me, and to the Chairman, Vice-Chairman and Members of the various Committees for their kindly support and encouragement.

HOUSING

Number of parts of houses on which Closing Orders have been made	...	...	...	...	...	...	10
Number of houses on which Closing Orders have been made							7
Number of houses on which Demolition Orders have been made	...	...	...	...	...	...	3

During the year 1,237 houses were rendered fit following the service of notices requiring repairs.

Rent Act, 1957 - Certificates of Disrepair

	Since Commencement of Act	Applications made in 1965
Number of Applications for Certificates	950	24
Number of decisions not to issue Certificates	51	1
Number of decisions to issue Certificates	899	23
Number of undertakings given by Landlords	537	8
Number of Certificates issued	358	12

Applications by Landlords to Local Authority for cancellation of Certificates	250	5
Cancellation of certificates refused	50	-
Certificates cancelled by Local Authority	200	5
Applications for certificates as to the remedying of defects which the Landlords have undertaken to remedy	133	3
Certificates issued as to the remedying of defects which landlords have under- taken to remedy	133	3

Housing Acts, 1961/1964 - Houses in Multiple Occupation

From the date of the commencement of the Act:-

Number of Houses Inspected	...	451
Number of Statutory Notices served		204
Number of Notices complied	...	74
Number of Notices sent to Housing Manager for default action	...	20

Number of Applications for Certificates	...	24
Number of decisions not to issue Certificates	...	1
Number of decisions to issue Certificates	...	23
Number of undertakings given by Landlords	...	8
Number of Certificates issued	...	12
Applications by landlords to local Authority for cancellation of Certificates	...	2
Cancellation of certificates refused	...	2
Certificates cancelled by local Authority	...	2
Applications for certificates as to the remedying of defects which the landlords have undertaken to remedy	...	2
Certificates issued as to the remedying of defects which landlords have under- taken to remedy	...	2

West Croydon Men's Hostel

This is situated at Pitlake and is available for use by nightly lodgers. It has 104 cubicle beds, four of which are reserved for staff. The charge was 4s.6d. per night or 30s.0d. per week. Cooking facilities are provided. Hot baths may be taken any time after 9 a.m. Clothes may be washed and dried in the wash-house provided. The average number of nightly lettings during the year was 92, and the total number of lettings 33,415. The receipts during the year were £6,284, and the expenditure £6,866.

There are no private common Lodging Houses.

FACTORIES ACT, 1961

During the year the under-mentioned inspections have been made and defects were found as set out

Part I of the Act

Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	103	39	5	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,237	263	37	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	224	149	10	-
TOTAL	1,564	451	52	-

Cases in which Defects were found:*

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	2	2	-	-	-
Overcrowding (S.2) ...	-	-	-	-	-
Unreasonable temperature (S.3)	2	-	-	-	-
Inadequate ventilation (S.4)	4	1	-	-	-
Ineffective drainage of floors (S.6)	4	-	-	-	-
Sanitary conveniences (S.7):-					
(a) Insufficient ...	4	2	-	-	-
(b) Unsuitable or defective ...	23	15	-	2	-
(c) Not separate for sexes	1	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)... ..	53	22	1	3	-
TOTAL ...	93	42	1	5	-

Part VIII of the Act

Outwork

Nature of Work (1)	Section 110			Section 111		
	No. of outworkers in August list required by Sect. 110 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing Apparel	264	-	-	-	-	-
Household Linen	113	-	-	-	-	-
Lace, lace curtain and nets	2	-	-	-	-	-
Curtain and furniture hangings	13	-	-	-	-	-
Paper bags	-	-	-	-	-	-

continued on next page.

Nature of Work (1)	Section 110			Section 111		
	No. of out- workers in August list re- quired by Sect. 110 (1)(c)	No. of cases of default in send- ing lists to the Council	No. of prose- cutions for failure to supply lists	No. of in- stances of work in unwhole- some premises	Notices served	Prose- cutions
	(2)	(3)	(4)	(5)	(6)	(7)
Tool Assembly	9	-	-	-	-	-
Carding, etc. of buttons, etc.	194	-	-	-	-	-
Stuffed toys	40	-	-	-	-	-
Brush making	2	-	-	-	-	-
Sachet making	23	-	-	-	-	-
Tapestry printing	6	-	-	-	-	-
Cosaques, Christ- mas crackers, Christmas stock- ings, etc.	199	-	-	-	-	-
Lampshades	16	-	-	-	-	-
TOTAL	881	-	-	-	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Inspection of offices and shops of all types has progressed through the period under review.

Unsatisfactory conditions have been found and remedied and an analysis of Contraventions of the Act is given below.

During inspection of offices in particular, it is common for a wash basin in the lobby to the sanitary convenience to be used for washing up cups and saucers used for light refreshments. Wash basins have been found filled with crockery and accumulations of milk bottles beneath the basins, obstructing access to the water closet compartment. A good deal of work has been accomplished in requesting firms to install sinks with hot and cold water supplies in some other part of the office premises, and co-operation in this respect has been received.

A feature found in some office blocks is so to partition offices as to provide unventilated inner offices usually appointed as reception and telephone areas. Ventilation or total rearrangement of these inner rooms has been requested and obtained.

Investigation into the cause of accidents has proved interesting. Iron steps to a boiler house in a new office block were found to be railed on one side only. A serious accident was sustained by an employee falling off the unrailed side. Persons slipping on passage floors and staircases have sustained serious accidents even where the surfaces have been of non-slip construction, usually of terrazzo, although some surfaces, stated to be non-slip- leave much to be desired in this respect. Accidents due to falling on restaurant and canteen floors upon which liquids have been accidentally deposited on so-called non-slip floors have also been reported. A total of 113 accidents to employees in offices and shops were reported, and investigations into the causes were made in all cases. In a number of these, recommendations were submitted with the object of preventing a recurrence.

Insufficient attention has been given to some office staircases where there is too much blending of colour of staircases and wall surfaces. Edges of treads could often better be indicated by inserted material of prominent and different colour than the remainder of the staircase, and non-slip tiles inserted in treads.

Inspections of staircases used as means of escape from fire have revealed obstructions and deposits, and too little attention at times has been given to storage of refuse bins, their adequacy and for the disposal of their contents.

The comfort of receptionists at office entrances has sometimes been overlooked. In some offices of normally good standard amenities, the receptionist has suffered discomfort through draughts and insufficient heating. A number of these complaints have been remedied by screening or resiting the heating apparatus.

During the month of November, two members of the Specialist Staff carried out a survey of shops and offices in order to present a report, which had been specially requested by the Ministry of Labour, on the standard of natural and artificial lighting found in this type of premises. A similar survey has been carried out throughout the whole country and will form the basis on which a National Standard will eventually become operative in prospective Regulations.

As regards action in cases of default, three cases were referred to the Town Clerk.

In the first case, a firm was prosecuted for not having a conveyor belt securely fixed, permitting injury to a young person. A fine of £20 was imposed with £1. 15s. -d. costs.

In the second case, a firm failing to renew a defective sink, to provide hot water, to renew a cold water supply tap, to ventilate adequately the water closet and to provide handrails to a staircase, was sent a warning letter by the Town Clerk, and the notice was duly complied.

In the third case, respecting undue delay in notification of accidents, the Town Clerk did not consider legal action to be advisable.

TABLE A - Registrations and General Inspections

<i>Class of Premises</i>	<i>Number of Premises Registered during the year</i>	<i>Total Number of Registered Premises at end of year</i>	<i>Number of Registered Premises receiving a general inspection during the year</i>
(1)	(2)	(3)	(4)
Offices	126	1,015	210
Retail Shops	263	1,918	1,307
Wholesale Shops, Warehouses	15	97	40
Catering Establishments open to the public, Canteen	6	168	116
Fuel Storage Depots	-	2	-
TOTALS	410	3,200	1,673

TABLE B - Number of Visits of all kinds by Inspectors to Registered Premises

4,564

TABLE C - Analysis of Persons Employed in Registered Premises by Workplace

<i>Class of Workplace</i>	<i>Number of Persons Employed</i>
(1)	(2)
Offices	23,065
Retail Shops	11,999
Wholesale Departments	
Warehouses	2,176
Catering Establishments open to the public	2,247
Canteens	420
Fuel storage depots	22
TOTAL	39,929
Total Males	18,840
Total Females	21,089

TABLE D - Exemptions

No exemptions were granted under the Act during 1965.

TABLE E - Prosecutions

<i>Section of Act or Title of Regulation or Order</i>	<i>No. of Persons or Companies Prosecuted</i>	<i>No. of Informations Laid</i>	<i>No. of Informations Leading to a Conviction</i>
Section 17	One	One	One

The number of Inspectors appointed under the Act is twenty-five and three members of the clerical staff are employed full-time on work in connection with the Act.

As regards action in cases of default, three cases were referred to the Town Clerk.

CONTRAVENTIONS

Accident Prevention Measures	...	...	...	26
Abstract of Act required	...	...	...	541
Clothing Accommodation required	...	...	...	37
Drainage insufficient or defective	...	...	...	11
Lack of Cleanliness	...	...	...	166
Drinking Water/Vessels required	...	...	...	31
Lack of Eating Facilities	...	...	...	7
First Aid Equipment required	...	...	...	437
Lack of First Aid Staff	...	...	...	2
Floors, Stairs, Passages defective etc.	...	...	...	219
Insufficient Heating	...	...	...	67
Insufficient Lighting	...	...	...	101
Machines not guarded	...	...	...	47
Overcrowding	...	...	...	42
Premises not registered	...	...	...	131
Sanitary Accommodation insufficient	...	...	...	39
Sanitary Accommodation defective	...	...	...	227
Staff seating facilities insufficient	...	...	...	16
Thermometers required	...	...	...	351
Ventilation insufficient	...	...	...	113
Walls, Ceilings etc. defective	...	...	...	245
Washing facilities insufficient/defective	...	...	...	193

SHOPS ACTS

The Shops Acts regulate the closing hours of shops and the working hours of Shop Assistants. Closing hours have during the year given little cause for complaint. 703 inspections were made under the Shops Acts, and the infringements found were as follows:-

Hours of Closing	...	...	...	...	...	7
Notices to be exhibited or amended	...	...	...	...	...	227
Meal Intervals not granted to Staff	...	...	...	...	...	5

PROSECUTIONS UNDER SHOPS ACT, 1950

One case was taken against a local shopkeeper for the sale of goods not permitted on a Sunday. A fine of £4 was imposed.

Another local shopkeeper was fined for failing to close the shop for the serving of customers after half past one o'clock on the Early Closing Day.

Inspection of Schools

The kitchens and serveries, washing facilities and sanitary accommodation are inspected and any defects or amendments requiring attention are referred to the Chief Education Officer.

During the year 163 inspections were made and defects found were referred to the Chief Education Officer.

HAIRDRESSING ESTABLISHMENTS

Legislation calls for the registration of hairdressers and barbers premises. During the year 74 inspections were made of registered premises to check that the Byelaws in force were being observed. Generally little cause for complaint was found at such inspections. Following the amalgamation with the Coulsdon and Purley Urban District Council, application for the administration of new Byelaws has been made.

DRAINAGE

2,741 visits of inspection were made to underground drains in course of repair. Of 577 Statutory Orders served, in 206 cases work was carried out in default of the owners.

POLLUTION OF RIVERS AND STREAMS

During the year 17 inspections were made to ascertain if any evidence of pollution or obstruction was apparent in the water courses within the Borough and in addition samples of the waters were taken for analysis.

During 1963 an Effluent Inspector was appointed to the Borough Engineer's Department.

CONSUMER PROTECTION ACT 1961

The provisions of the Heating Appliances (Fireguards) Act, 1952 and Regulations made thereunder have now been incorporated in the Consumer Protection Act, 1961 which empowers the Secretary of State to make Regulations in respect of any goods which he may prescribe, imposing such requirements as he may think expedient, to prevent or reduce risk of death or personal injury.

The Oil Heaters Regulations 1962, which came into force in June 1962 impose requirements as to construction, design and performance of domestic space heaters, which burn paraffin oil and are not designed for use with a flue, came into operation.

In October 1964, the Children's Nightdresses Regulations 1964 came into operation. These Regulations require all nightdresses coming within the scope of the Regulations to be made of a fabric which conforms to the low flammability requirements of a British Standard.

Visits are made to shops trading in these articles to ensure that the requirements of the Regulations are complied with.

THE FABRICS (MISDESCRIPTION) ACT, 1913.

THE FABRICS (MISDESCRIPTION) REGULATIONS 1959

The above mentioned Regulations prescribe standards of non-inflammability for textile fabrics to which is attributed the quality of non-inflammability or safety from fire or any degree of that quality.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

The above Act came into operation on the 1st January, 1964, and prohibits the keeping of a boarding establishment for animals (which in the Act means cats and dogs) except under the authority of a licence granted by the local authority.

Licences are granted subject to conditions attached thereto and during the year seven such licences were issued.

MINES AND QUARRIES ACT, 1954

This Act requires compliance with provisions designed to prevent accidents arising through lack of proper fencing or too easy access.

Routine visits are made to quarries in the district as necessary.

THE SCRAP METAL DEALERS ACT, 1964

This Act required dealers in scrap metal to be licenced by the local authority. Dealers are required to maintain, in a prescribed manner, records of their business transactions. Special provision is made for "itinerant" dealers who may be exempted from the keeping of full records of their transactions and this, and other provisions of the Act, are administered in co-operation with the local police. During the year 88 licences were issued to local dealers.

THE RIDING ESTABLISHMENTS ACT, 1964

This Act came into operation during the year and provides for the licencing and inspection of riding establishments by the local authority. Licences are granted subject to conditions attached thereto and inspections are carried out, at six-monthly intervals, by authorised veterinary surgeons. Seven licences have been granted to local establishments.

CAMPING SITES

The Caravan Sites and Control of Development Act, 1960, confers on Local Authorities powers for the control of caravan sites and apart from improved planning powers it provides for a system of site licencing to be administered by District Councils.

Site Licences in force during the year were as follows:-

<i>Address</i>	<i>No. of Caravans</i>	<i>Period of Licence</i>
Dean Lane Park, Dean Lane, Merstham.	180	3 years from 21.12.63.
Hall & Co., Depot, Marlpit Lane, Coulston.	1	1 year from 10.12.63.
Windmill Farm, Coulston Common.	2	5 years from 29.12.60
Caterham Drive, Old Coulston.	1	3 years from 8.8.64.
Royal Russell School, Coombe Road, Croydon.	1	2 years from 9.12.63.

Site licence conditions in all cases require a water carriage system of drainage, main water supply and fire precautions. In the case of Dean Lane Park, communal ablution and laundry facilities with a constant supply of hot and cold water are additional requirements.

CLEAN AIR ACT, 1956

The Council has implemented the relevant provisions of this Act in making Smoke Control Orders covering the South, West and Northern areas of the Borough and it is the intention that one Smoke Control Order shall be made each year. The progress of these Orders is shown below:-

<i>Smoke Control Order</i>	<i>No. of premises (incl. Factories and Commercial)</i>	<i>No. of dwellings</i>	<i>Acreage</i>	<i>Date of Order</i>	<i>Date of Operation</i>
No. 1	2,076	1,916	620	22.12.58	1.4.61
No. 2	3,042	2,686	265	26. 2.60	1.10.61
No. 3	4,501	3,915	332	22.11.60	1.10.62
No. 4	5,547	4,112	710	24.11.61	1. 7.63
No. 5	7,042	6,651	570	17.12.62	1. 7.64
No. 6	6,220	5,885	470	18.11.63	1. 7.65
No. 7	8,198	7,788	1,060	21.12.64	1. 7.66
No. 8	7,198	6,777	460	20.12.65	1. 7.67

The District Inspectors keep observation on the various factory chimneys within their districts with a view to observing any contravention of the Clean Air Act in respect of Smoke and Grit Emissions. During the year 23 plans showing the construction and heights of new chimneys have been examined and in 19 cases additional height has been requested and agreed. 32 notices of the installation of new furnaces have been received, 27 of these being oil fired plants.

DISINFECTION

The Borough Disinfecting Station is situated at Factory Lane. Two steam disinfectors are in use supplied with steam from a gas fired boiler within the Station.

The following articles were disinfected at the Disinfecting Station during the year:-

By Steam	10,013	articles
By Formalin Gas	150	"
<i>Total</i>	<u>10,163</u>	articles

51 articles were destroyed on request.

Disinfection of bedding and upholstered articles is carried out for traders, who deliver them to, and collect them from, the Station. For this service a charge is made. During 1965, 61 articles were disinfected, the receipts amounting to £5.3s.6d.

Disinfection was carried out after infectious or contagious diseases at the following premises:-

77 rooms at 18 houses, hospital wards, clinics etc.

42 library and other books were disinfected.

On request disinfection was also carried out for conditions other than notifiable infectious diseases and for which a charge is made. During the year £24.16s.-d. was paid for such services.

884 Medical Aids in Home Nursing were disinfected.

CLEANSING OF VERMINOUS, ETC., PERSONS

A cleansing Station consisting of a reception room, four bathrooms and a discharge room, is attached to the Disinfecting Station, and is used for dealing with verminous, etc., conditions in adults and children. A woman attendant deals with children and women. During the year 12 adults and 5 children were cleansed of verminous conditions and 16 adults and 21 children were treated for scabies.

DISINFESTATION OF PREMISES

The new insecticides have provided a ready and easily applied remedy for vermin and pest infestation of premises, etc. and occupiers are advised and instructed in their use by the Inspectors. The department assisted in the more difficult cases numbering 91, either by spraying or fumigation.

NOISE ABATEMENT

During the year 39 complaints were made regarding noise alleged to be a nuisance. In 9 cases no action was warranted.

In 12 instances the noise complained of was finally abated, in 13 cases the noise was reduced so as not to be a nuisance and 5 cases are still under investigation.

PHARMACY AND POISONS ACT, 1933

The object is to regulate the sale of certain poisonous substances.

During the year the number of applications granted for entry of names on the list of persons entitled to sell poisons under Part 2 of the Act was 12. In addition, 239 applications were made for the retention of names on the list for a further period of 12 months. No infringements of the Act were found.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The Act regulates the manufacture and sale of materials used as fillings for upholstery, bedding, toys, etc., with the object of compelling the use of clean fillings. Only two firms are now engaged in this type of business within the Borough.

Six samples of various fillings, as listed below were taken. All of these samples conformed with the requirements of the Regulations made under the Act:-

<i>Article</i>						<i>No. of Samples</i>
Curled Feathers	...	...	...	...	...	3
Cotton Felt	...	...	...	...	...	1
Down	...	...	...	...	...	1
Hair	...	...	...	...	...	1

PET ANIMALS ACT, 1951

19 persons were licenced for the purpose of keeping Pet Shops. During the year 37 inspections were made and there were no infringements of the conditions, specified in the licences.

DISEASES OF ANIMALS ACTS

One case of suspected swine fever notified was confirmed and appropriate action was taken in conjunction with the Officers of the Ministry of Agriculture, Fisheries and Food to provide against the spread of the disease.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

This Act is mainly concerned with the destruction of rats and mice and it places a duty on the occupier of any premises to report to the Local Authority any infestation by such rodents. Two rodent operatives are employed to deal with such complaints.

During the year, 2,997 private dwellings were inspected following complaints and in 2,283 instances infestation was confirmed and dealt with by the rodent operatives. 165 business premises were found to be infested with rats or mice and these were all disinfested during the year. Regular inspections are made of premises where food is prepared or sold and particular attention is given to methods of prevention of rodent infestation. Corporation owned premises including sewage works, refuse tips, depots, school kitchens and serveries, etc., are periodically inspected for the presence of rodents and if infestation is confirmed action is taken by the department to eradicate the pests. 68 infestations at such premises were dealt with during the year.

The baiting of the Corporation's foul water sewers is carried out annually.

During the early part of the year the whole of the sewerage system in the Borough was test baited and showed takes of bait at 52 manholes. These manholes were treated until no further baits were taken.

FOOD SUPPLY

The supervision and inspection of the food supplies is carried out by the Public Health Inspectors who are all qualified in food inspection.

Of the premises in the Borough where food is stored, manufactured or sold, 1,132 are registered under Section 16 of the Food and Drugs Act, as follows:-

Retail sale of ice-cream	925
Manufacturers of ice-cream	Nil
Preparation or manufacture for sale of sausages, or potted, pressed, pickled or preserved food ...	207

During the year 7,145 inspections and re-inspections were made of food businesses (for details see Page 86).

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The following table shows the premises in the Borough at which food is sold, manufactured or stored. These premises are subject to the above Regulations and special reference is made to the provision of wash hand basins (Section 16) and sinks (Section 19) at premises where unwrapped food is handled.

Description	No. of Premises	Wash hand basins provided during 1965	No. to which Sec. 19 applies	No. fitted to comply with Sec. 19 during 1965
Bakehouses ...	64	1	64	-
Bakers Shops	131	2	131	1
Sugar Confectioners	626	7	594	5
Cafes, Restaurants, Snack Bars, etc.	571	5	571	6
Works & Club Canteens	251	2	251	1
Licensed Premises	204	1	204	1
Off Licences ...	84	-	6	-
Grocers ...	665	8	630	6
Butchers ...	241	2	241	1
Wholesale Meat Markets	3	-	8	-
Chemists ...	94	-	90	-
Greengrocers ...	296	3	296	2
Fishmongers ...	74	1	74	-
Fried Fish Shops	42	-	42	-
Milk Distributors and Dairies ...	191	3	170	2
Premises from which Roundsmen & Mobile Shops operate	12	-	12	-
Stalls ...	119	-	119	-
Food Manufacturers	24	-	24	-
Other Food Premises not enumerated above	51	4	26	3

INFRINGEMENTS OF FOOD AND DRUGS ACT, 1955 AND FOOD HYGIENE REGULATIONS 1960

Structural defects in shops and stores	...	...	...	...	16
Defective condition of walls and ceilings	...	...	...	...	182
Defective condition of floors, utensils, fixtures, etc.	...	...	...	...	71
Defective or insufficient drainage	...	...	...	...	16
Insufficient lighting or ventilation	...	...	...	...	15
W.C. accommodation - repair or cleansing required	...	...	...	...	41
" " - artificial lighting required	...	...	...	...	16
" " - want of intervening ventilated space	...	...	...	...	17
Food - not stored 18" off floor	...	...	...	...	5
" - means to prevent risk of contamination required	...	...	...	...	28
" - store required or defective	...	...	...	...	20
Accumulations in yard or stores	...	...	...	...	40
Offal and refuse bins defective or uncovered	...	...	...	...	17
Yard paving defective	...	...	...	...	30
Hand washing notice not exhibited	...	...	...	...	59
Ablutions - Wash basins required	...	...	...	...	57
" - Hot water supplies required	...	...	...	...	90
" - Nail brushes, soap and towels required	...	...	...	...	63
Clothing accommodation required	...	...	...	...	17
Insufficient or defective sinks	...	...	...	...	15
Smoking offences	...	...	...	...	24
Defective or unsuitable table tops, etc.	...	...	...	...	15
First Aid kits required or insufficient	...	...	...	...	51
Cleanliness - advice given	...	...	...	...	18
Cracked crockery	...	...	...	...	2
Rats/Mice Infestation	...	...	...	...	5

Condemned Foodstuffs

Summary of meat and other articles of food found to be unfit and condemned by the Inspectors during 1965:-

<i>Article</i>	<i>Weight in lbs.</i>
Carcase Meat	6,357
Offal	4,642
Sundry Foodstuffs	10,509
Canned, Bottled and Packeted Foods	18,030
<i>Total</i>	<u>39,538</u>

Disposal of Condemned Foodstuffs

Meat condemned at wholesale meat markets or at shops is disposed of, after being dyed green, and other condemned foodstuffs are destroyed by incineration.

MEAT INSPECTION

The District Public Health Inspectors inspect home killed and imported carcase meat and offal at the 8 wholesale Meat Depots in the Borough, and meat exposed for sale in the Butcher's Shops.

The Diseases of Animals (Waste Foods) Order, 1957

The Order provides that, in general, all waste food must be boiled before feeding to animals to minimise the spread of animal diseases. Licences to operate boiling plants and equipment are issued after inspection of the premises and plants. 18 inspections of licenced plants were made during the year.

MILK SUPPLY

During the year 153 inspections were made of dairies and premises from which milk is sold.

The Milk (Special Designation) Regulations 1963

The following licences, which are valid for a period of five years, have been granted to dealers distributing milk from premises in Croydon:-

Licences to use the designation "Pasteurised" -

(a) Dealer's (Pasteuriser's) Licences	...	...	2
(b) Dealer's (Pre-packed Milk) Licences	...	...	178

Licences to use the designation "Sterilised" -

(a) Dealer's (Pre-packed Milk) Licences	171
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Licences to use the designation "untreated" -

(a) Dealer's (Pre-packed Milk) Licences	42
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Licences to use the Designation "Ultra Heat Treated" -

(a) Dealer's (Pre-packed Milk) Licences	13
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Frequent inspection of these licenced premises is carried out during the year to see that the conditions of the licences are observed.

Bacteriological Examinations of Milk

During the year the following samples of milk were examined:

Pasteurised Milk	...	...	...	...	208
Sterilised Milk	...	...	...	...	42
Untreated Milk	...	...	...	...	6

The following table summarises the results of the bacteriological examinations of Pasteurised, Sterilised and Untreated milk samples during the year:-

Untreated Milk	Methyline Blue Test	
No. Samples Taken	Not Satisfied	Satisfied
6	-	6

The above samples of raw milk were also examined for the presence of brucella abortus and antibiotics. In all cases the results of the tests were negative.

	Pasteurised Milk			
	Methyline Blue Test		Phosphatase Test	
No. Samples Taken	Not Satisfied	Satisfied	Not Satisfied	Satisfied
208	7	201	-	208

Sterilised Milk		
No. Samples Taken	Turbidity Test	
	Not Satisfied	Satisfied
42	-	42

Bacteriological Examination of Milk Bottle Rinses

Bottle Rinse Samples - 18	Satisfactory	-	18
	Unsatisfactory	-	-

BACTERIOLOGICAL EXAMINATION OF CREAM

Five samples of fresh cream were examined and produced satisfactory results.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

142 samples were taken, the results being as under:-

Grade					No. of Samples
1	...	...	...	...	99
2	...	...	...	...	21
3	...	...	...	...	19
4	...	...	...	...	3

In all cases after the results of sampling are known, the vendors and/or manufacturers are made aware of the results, and where the gradings are 3 or 4, a visit is made, methods of service or manufacture are investigated, faults rectified and further samples taken.

CHEMICAL EXAMINATION OF ICE CREAM

Five samples were taken from local shops and were found to comply with the standard.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

These Regulations provide that liquid egg shall be pasteurised before use in food intended for human consumption. There are no egg pasteurisation plants in Croydon and eight samples of liquid egg obtained from local bakeries and submitted to the prescribed alpha-amylase test proved satisfactory.

FOOD AND DRUGS ACT, 1955

During the year, 190 samples of Milk and Cream, and 531 other samples were taken, of which number, 16 were found to be "Not Genuine".

Summary of Samples

During 1965 samples were obtained and submitted to the Public Analyst as follows:-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Ale, Mild	1	1	-	-	-
Almond Flavoured	1	1	-	-	-
Apples	1	1	-	-	-
Angelica	1	1	-	-	-
Apple Juice	1	1	-	-	-
Artificial Colour	1	1	-	-	-
Arrowroot	2	2	-	-	-
Ascorbic Acid Tablets	3	3	-	-	-
Aspirin Tablets	2	2	-	-	-
Baby Food	3	3	-	-	-
Bacon	5	5	-	-	-
Baked Beans	1	1	-	-	-
Baking Powder	1	1	-	-	-
Batter Mixture	3	3	-	-	-
Beefburgers	3	3	-	-	-
Beer Bitter	13	13	-	-	-
Bicarb Soda	4	4	-	-	-
Biscuits	5	5	-	-	-
Black Currant Juice	4	4	-	-	-
Black Pudding	2	2	-	-	-
Black Treacle	3	3	-	-	-
Blancmange Powder	2	2	-	-	-
Boracic Ointment	2	2	-	-	-
Brandy	1	1	-	-	-
Brisket of Beef	1	1	-	-	-
Bread, Brown	1	1	-	-	-
Bread, White	2	2	-	-	-
Bread, Wholemeal Brown	1	1	-	-	-
Bread Crumbs	1	1	-	-	-
Bread, Milk	6	1	5	-	-
Bread Mix	1	1	-	-	-
Brewers Yeast	1	1	-	-	-
Browning	3	3	-	-	-
Butter, Australian	2	2	-	-	-
Butter, Danish	2	2	-	-	-
Butter, English	1	1	-	-	-
Butter, New Zealand	3	3	-	-	-
Butter, Unsalted	3	3	-	-	-
Butter Beans	1	1	-	-	-
Buttered Bread	2	1	1	1	-
Buttered Rolls	4	2	2	2	-
Buttered Scone	1	1	-	-	-
Buttered Toast	3	3	-	-	-
Calamine Lotion	2	2	-	-	-
Camphorated Oil	2	2	-	-	-
Candied Peel	1	1	-	-	-
Cake Mix	4	4	-	-	-
Cakes Various	6	6	-	-	-
Cheese, Cheddar	5	5	-	-	-
Cheese, Cottage	4	4	-	-	-
Cheese, Danish Blue	3	3	-	-	-
Cheese Sauce	1	1	-	-	-
Cheese Spread	2	2	-	-	-
Cheese Biscuits	1	1	-	-	-
Chocolate Biscuits	1	1	-	-	-
Chicken Croquettes	1	1	-	-	-
Chocolate	5	5	-	-	-
Chocolate Spread	2	2	-	-	-
Chutney	2	2	-	-	-
Christmas Pudding	2	2	-	-	-
Cod Liver Oil	3	3	-	-	-
Cocoa	3	3	-	-	-
Coconut, Dessicated	2	2	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Coffee (Hot)	6	6	-	-	-
Coffee and Chicory	1	1	-	-	-
Coffee and Chicory Essence	1	1	-	-	-
Chopped Ham with Pork	1	1	-	-	-
Condensed Milk	2	2	-	-	-
Cooking Fat	3	3	-	-	-
Corned Beef	7	7	-	-	-
Cornflakes	2	2	-	-	-
Cornish Pasty	2	2	-	-	-
Corn Oil	2	2	-	-	-
Cough Mixture	1	1	-	-	-
Cough Pastilles	3	3	-	-	-
Crab, Dressed	1	1	-	-	-
Crab Spread	1	1	-	-	-
Cream, Tinned	5	5	-	-	-
Cream, Fresh	4	4	-	-	-
Cream, Clotted	2	2	-	-	-
Cream Buns and Cakes	3	3	-	-	-
Cream Biscuits	1	1	-	-	-
Crumpets	1	1	-	-	-
Custard Powder	3	3	-	-	-
Dates	1	1	-	-	-
Dried Milk Powder	2	1	1	-	-
Drinking Chocolate	4	4	-	-	-
Dripping	1	1	-	-	-
Evaporated Milk	3	3	-	-	-
Faggots	3	3	-	-	-
Fish Cakes	5	5	-	-	-
Fish (Frozen)	1	1	-	-	-
Figs	2	2	-	-	-
Fish Fingers	3	3	-	-	-
Fish Paste	3	3	-	-	-
Flavour Essence	3	3	-	-	-
Flour (incl. S.R.)	1	1	-	-	-
Friars Balsam	2	2	-	-	-
Fruit, Dried	1	1	-	-	-
Fruit, Washed	4	4	-	-	-
Fruit Pie	3	3	-	-	-
Gees Linctus	2	2	-	-	-
Gin	7	7	-	-	-
Ginger Beer	1	1	-	-	-
Golden Syrup	1	1	-	-	-
Grapefruit Juice	2	2	-	-	-
Gravy Powder	1	1	-	-	-
Ground Ginger	1	1	-	-	-
Ground Almonds	1	1	-	-	-
Ground Mixed Spice	1	1	-	-	-
Ground Nut Megs	3	3	-	-	-
Ground Nut Oil	2	2	-	-	-
Ham	4	4	-	-	-
Ham and Chicken Roll	1	1	-	-	-
Hay Fever Tablets	1	1	-	-	-
Honey	2	2	-	-	-
Horseradish Relish	1	1	-	-	-
Ice Lollies	2	2	-	-	-
Ice Cream Lolly	1	1	-	-	-
Ice Cream	5	5	-	-	-
Instant Whip	3	3	-	-	-
Instant Non-Fat Milk	1	1	-	-	-
Insect Bite Lotion	1	1	-	-	-
Iodine Ointment	2	2	-	-	-
Indigestion Tablets	1	1	-	-	-
Jam	3	3	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Jelly	3	3	-	-	-
Jellied Veal	3	3	-	-	-
Lard	1	1	-	-	-
Lemonade	2	2	-	-	-
Lemon Flavouring	2	2	-	-	-
Lemon Curd	2	2	-	-	-
Lemons	1	1	-	-	-
Luncheon Meat	5	4	1	-	-
Liquid Paraffin	2	2	-	-	-
Lamb Tongues	1	1	-	-	-
Liver, Calves	1	1	-	-	-
Liver, Lambs	4	4	-	-	-
Liver, Ox	1	1	-	-	-
Macaroni, Creamed	2	2	-	-	-
Margarine	5	5	-	-	-
Marmalade	1	1	-	-	-
Marzipan	1	1	-	-	-
Meat Extract Cubes	3	3	-	-	-
Meat Extract Spread	1	1	-	-	-
Meat Paste	1	1	-	-	-
Meat Pie	5	5	-	-	-
Meat Pudding	1	1	-	-	-
Mentholated Balsam	1	1	-	-	-
Meringue	1	1	-	-	-
Milk	186	185	1	-	-
Milk of Magnesia	2	2	-	-	-
Milk Filled Chocolate Eggs	1	1	-	-	-
Minced Beef	4	4	-	-	-
Mince-meat	1	1	-	-	-
Mint Sauce	2	2	-	-	-
Mint Jelly	1	1	-	-	-
Mixed Herbs	1	1	-	-	-
Mushrooms, Tinned	2	2	-	-	-
Mustard, French	1	1	-	-	-
Mustard	2	2	-	-	-
Oatmeal	2	2	-	-	-
Oranges	1	1	-	-	-
Orange Juice	1	1	-	-	-
Orange Crush	2	2	-	-	-
Peanut Butter	3	3	-	-	-
Pearl Barley	1	1	-	-	-
Peas, Garden	1	1	-	-	-
Pepper	1	1	-	-	-
Pepper, Cayenne	1	1	-	-	-
Pickled Onions	3	3	-	-	-
Pickled Cabbage	1	1	-	-	-
Pickled Gherkins	1	1	-	-	-
Pickles	1	1	-	-	-
Pork Pies	3	3	-	-	-
Pork Sausage Meat	3	2	1	-	-
Porridge Oats	2	2	-	-	-
Prepared Meal	1	1	-	-	-
Red Cabbage	1	1	-	-	-
Roes Tinned	2	1	1	-	-
Rice	3	3	-	-	-
Rice, Creamed Pudding	1	1	-	-	-
Pie Filling	2	1	1	-	-
Rum	8	8	-	-	-
Salad Cream	1	1	-	-	-
Sandwich Spread	3	3	-	-	-
Saveloys	1	1	-	-	-
Salmon Paste	1	1	-	-	-
Sausage, Beef	3	3	-	-	-
Sausage, Breakfast	1	1	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Sausage, Pork	5	5	-	-	-
Sausage, Liver	2	2	-	-	-
Sausage, Smoked	1	1	-	-	-
Sausage, Luncheon	1	1	-	-	-
Sausage Roll	2	2	-	-	-
Sausage, Chipolata	1	-	1	-	-
Sherry, Cooking	1	1	-	-	-
Soda Mint Tablets	1	1	-	-	-
Spaghetti, Bolognese Sauce ...	1	1	-	-	-
Steak and Kidney Pie	3	3	-	-	-
Steak and Kidney Pudding ...	1	1	-	-	-
Steak Pie	3	3	-	-	-
Suet, Packed	1	1	-	-	-
Suet Pudding Mix	1	1	-	-	-
Sponge Pudding, Tinned ...	1	1	-	-	-
Sweets	2	2	-	-	-
Surgical Spirit	1	1	-	-	-
Sugar, White	2	2	-	-	-
Sugar, Castor	1	1	-	-	-
Sugar, Brown	1	1	-	-	-
Sugar, Icing	1	1	-	-	-
Sugar, Demerara	1	1	-	-	-
Soup Powder	2	2	-	-	-
Stewed Steak, Tinned	2	2	-	-	-
Stuffing, Sage and Onion ...	1	1	-	-	-
Stuffing, Parsley and Thyme ...	1	1	-	-	-
Syrup of Figs	2	2	-	-	-
Table Salt	2	2	-	-	-
Tea	2	2	-	-	-
Tinned Asparagus	1	1	-	-	-
Tinned Jam	1	1	-	-	-
Tinned Drink	1	1	-	-	-
Tinned Fruit	6	6	-	-	-
Tinned Peas	3	3	-	-	-
Tinned Sardines	1	1	-	-	-
Tinned Vegetables	1	1	-	-	-
Tinned Baked Beans and Sausages	2	2	-	-	-
Tinned Beetroot	1	1	-	-	-
Tinned Vegetable Salad	1	1	-	-	-
Tinned Soup	5	4	1	-	-
Tinned Fish	3	3	-	-	-
Tinned Salmon	3	3	-	-	-
Tinned Rhubarb	2	2	-	-	-
Treacle	1	1	-	-	-
Tomato Ketchup	1	1	-	-	-
Tongue, Calves	1	1	-	-	-
Tongue, Ox	1	1	-	-	-
T.C.P.	1	1	-	-	-
Veal and Ham Roll	2	2	-	-	-
Veal and Ham Pie	3	3	-	-	-
Vinegar	3	3	-	-	-
Vitamin A. & D.	1	1	-	-	-
Vitamin C. Capsules	2	2	-	-	-
Vitamin Drink Powder	1	1	-	-	-
Vodka	2	2	-	-	-
Whiskey	12	12	-	-	-
Yeast Tablets	1	1	-	-	-
Yoghurt	4	4	-	-	-
TOTALS	721	705	16	3	-

Result of Analysis of Milk Samples

The samples of milk were obtained as follows:-

Taken on Milk Rounds	...	...	89
Taken at Dairies	...	...	134
Taken at Institutions	...	...	9
<i>Total</i>			<u>232</u>

Average composition of samples:-

Milk (excluding South Devon and Channel Islands Milks)

Solids not Fat	...	...	...	8.68
(Legal standard is 8.5%)				
Milk Fat	...	...	...	3.56
(Legal standard is 3%)				

South Devon and Channel Island Milk

Solids not Fat	...	...	...	9.0
(Legal standard is 8.5%)				
Milk Fat	...	...	...	4.44
(Legal standard is 4%)				

DETAILS OF NON-GENUINE SAMPLES TAKEN

Article	Nature of Adulteration or Deficiency	Remarks
Milk Bread (5 samples)	All five samples had been made with skimmed milk powder and were not entitled to the description "Milk Bread".	Manufacturers warned
Milk Powder	Milk powder was not an appropriate name for this article as it contained fat other than milk fat.	Vendor warned. Article now being sold as Baby Food.
Sterilised Milk	This sample was deficient in milk solids other than milk fat, in that it contained a small amount of added water.	The water has entered this bottle during the sterilisation process, due to a faulty cork liner of cap. Fault now rectified.
Pork Sausage Meat	Consisted of preserved pork sausage meat.	A Notice declaring the presence of preservative in this article has now been exhibited on the Vendors Premises.
Chipolata Sausages	Consisted of preserved sausage meat.	A Notice declaring presence of preservative in this article has now been exhibited on the Vendors Premises.

Article	Nature of Adulteration or Deficiency	Remarks
Pure Pork	This article carried an unsatisfactory description, as the sample contained pork with ham trimmings and flavourings.	The packers have now amended the label to "Picnic Pork".
Bread and Butter	Consisted of Bread and Margarine.	Vendor Prosecuted.
Buttered Roll (2 samples)	Consisted of Bread Roll and Margarine.	Vendors Prosecuted.
Blue Berry Pie Filling	The ingredients of this article were not specified on the label in accordance with the Labelling of Food Order 1953.	The label on this article has now been amended by the Packers.
Tinned Scotch Broth Soup	Did not contain significant proportion of meat in soup, should contain 6% meat including bone and fat or 3% boned meat.	Meat deficiency due to fault in canning. Four cans were found to contain more than 3% boned meat.
Soft Herring Roes	This sample of herring roes contained in a tin which had been leaking round the top seam where the lid is super-imposed.	All stocks were withdrawn and destroyed.

ANALYSIS OF PROSECUTIONS UNDER FOOD AND DRUGS ACT, 1955 AND FOOD HYGIENE (GENERAL) REGULATIONS, 1960.

OFFENCE	RESULT
Two Christmas Puddings unfit for human consumption.	Fined £20 in each case.
Two loaves of bread, one containing a nail and one containing plaster.	Fined £20 in each case.
Two loaves of bread containing grease.	Fined £40 and £50 respectively.
Selling roll with margarine instead of buttered roll (2 cases)	First case had a conditional discharge for one year, the other case a fine of £5 was imposed.
Chocolate covered roll unfit for human consumption.	Fined £25.
Unsound Gingerbread cake.	Fined £20.
Mould in sausage roll.	Fined £15.
Two cases of smoking whilst handling open food.	Fined £5 and £3 respectively.

**Summary of Inspections made by the Public Health Inspectors, and
other Departmental Work.**

Total number of houses inspected for housing defects under Public Health or Housing Acts	4,354
Houses inspected where zymotic diseases have occurred	31
Houses inspected following applications for certificates of disrepair	35
Inspections of underground rooms	89
Special inspections in connection with the Housing Survey	425
Houses inspected for overcrowding conditions	86
Re-inspections of work outstanding on housing notices	7,544
Number of visits regarding infectious diseases	633
Number of visits regarding food poisoning	36
Inspections of drainage work during repair	2,741
House drains tested with smoke and colour - routine and complaint	1,343
House drains tested with smoke during repair	36
House drains tested with water during repair	112
Inspections of cesspools and earth closets	51
" " schools and school sanitary conveniences	87
" " public conveniences	106
" " verminous premises	67
" " ponds and ditches	26
" " yards, stables and passages	110
" " theatres, cinemas, halls, etc.	14
" " pig styes	87
" " tents, vans and similar structures	79
" " premises in connection with Improvement Grants	1,011
Inspections and re-inspections in connection with Smoke Control Orders	11,918
Sundry visits regarding Smoke Abatement	541
Smoke Observations	308
Visits regarding exhumation	2
Visits to premises for food condemnation	571
Inspections of swimming baths	128
" " wells	7
" " gathering grounds of water supply	26
" " gipsy encampments, camps, fairs, etc.	8
" " scrap metal dealers premises	104
" " rivers and streams for pollutions	5
" " hairdressers	74
Food and Drugs Acts; Food and drugs samples taken	535
Food and Drugs Acts: Milk samples taken (special designations)	186
Ice Cream samples taken (bacteriological)	142
Samples taken of Fertilizers and Feeding Stuffs	10
" " swimming baths water	177
" " drinking water (bacteriological and chemical)	365
" " subsoil water	7
" " private wells	75
" " rag flock and other filling materials	6
" " sundry specimens (food poisoning etc.)	30
Visits in connection with Food Complaints	183
Inspections under Merchandise Marks Act	154
" " of butchers premises	242
" " meat premises (wholesale)	735
" " poultry and game dealers premises	176
" " fishmongers premises	95
" " fried fish premises	42
" " grocers premises	545
" " fruiterers and greengrocers premises	557
" " bakers premises - including bakehouses	167
" " dairies	37
" " Milk shops	118
" " general shops and their premises	71

Inspections of premises where cooked meats, etc. are prepared or sold	120
Inspections of confectioners premises	297
" " confectionery manufacturers premises	4
" " cafes, snack bars, canteens, hotels and their kitchens	582
" " school kitchens and serveries	76
" " hospital kitchens	36
" " ice cream vendors premises	167
" " ice cream barrows and carts	17
" " market and barrows	206
" " other food premises not enumerated above	233
Re-inspections of food premises	432
Inspections of premises where offensive trades are conducted	2
" " factories with mechanical power	263
" " factories without mechanical power	39
" " works of building and engineering	149
" " shops (under Shop Acts)	447
Special early closing, evening and Sunday trading patrols of shops	286
Appointments kept with owners, builders, etc.	2,698
Investigations of complaints other than housing matters	1,504
Re-inspections of works outstanding (other than houses)	3,129
Inspections under Fertilizers and Feeding Stuffs Act	16
" " Diseases of Animals Act	12
" " Pets Act	29
" " Pharmacy and Poisons Act	39
" " Noise Abatement Act	746
" " Consumer Protection Act	196
Sundry Inspections and Visits	3,962
Visits regarding rats and mice infestation	13,084
Informal Notices outstanding 31.12.63	1,266
Informal Notices served	1,066
Informal Notices complied	1,012
Informal Notices outstanding 31.12.64	1,320
Statutory Notices outstanding 31.12.63	755
Statutory Notices served	851
Statutory Notices complied	747
Statutory Notices outstanding 31.12.64	859
Total number of callers and complaints received at the office	5,601
Total number of letters received at the office	15,690

Nuisances, Infringements of Acts, Byelaws, Regulations or Orders, ascertained by the Public Health Inspectors during the year 1965 and for which action was taken to enforce compliance:

(1) NUISANCES AND HOUSING DEFECTS AT HOUSES, ETC.

Insufficient means of ventilation:	
Defective ventilation, windows and sashcords	462
Conditions causing dampness:	
Defective roofs	359
Defective window frames	272
Defective walls, etc.	354
Want of efficient damp-proof course	37
Defective gutters and downspouts	265
Other structural defects:	
Defective plaster	375
Cleansing and redecorating required	24
Defective floors and stairs	289
Insufficient ventilation under floor	34
Defective brickwork, sills lintels, chimneys	226
Defective stoves and fireplaces and flues	171

Defective drains, sanitary fittings, etc:				
Defective sinks and waste pipes	...	...	...	105
Defective W.C's.	...	...	...	142
Defective drainage	...	...	...	171
Stoppages in drains	...	...	...	95
Defective water services and tanks	...	...	...	5
Domestic nuisances:				
Want of cleanliness	...	...	...	19
Verminous conditions	...	...	...	15
Other nuisances and infringements:				
Offensive accumulations	...	...	...	110
Overcrowding	...	...	...	15
Sundry nuisances or defects	...	...	...	29
Particulars not inserted in Rent Book (Housing Act)	...	...	...	33
Public Urinals	...	...	...	2
Noise	...	...	...	30

(2) INFRINGEMENTS OF CROYDON CORPORATION ACT

Food cupboards defective or required	141
--------------------------------------	-----	-----	-----

(3) INFRINGEMENTS OF PUBLIC HEALTH ACT, PAVING, ETC.

Defective Yard Paving	88
Want of a sanitary dustbin	43

(4) SMOKE ABATEMENT

Nuisances observed	16
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WATER SUPPLY

The London Borough is served by local statutory supply authorities, as indicated below:

Supply Authority	Supply M.G.D.	Estimated Population
London Corporation (Central and Southern part of the Borough)	17.8	275,000
Metropolitan Water Board (Amptham Park and New Addington)	2.2	71,000
East Surrey Water Company (Wimbledon, Putney, Fulham, and Chelsea West)	13.5	50,000
South London Water Supply (Croydon)	1.0	14,000

PUBLIC HEALTH SERVICES

The waters in supply are of good organic quality and moderately hard. They have no pronounced characteristics and the fluoride content averages about one-sixth of a part per million. All houses are supplied from mains and there are no reservoirs for this purpose. Excluding 2 M.G.D. supplied to the water works for refuse incineration, 2.7 M.G.D. of water goes into supply were tested bacteriologically. For results of consumer samples of water sent by the Health Department to the Public Health Laboratory Service see Appendix page 133.

WATER SUPPLY

The London Borough is served by four statutory supply authorities, as undermentioned:-

<i>Supply Authority</i>	<i>Square Miles.</i>	<i>Estimated Population.</i>
Croydon Corporation (Central and northern part of the Borough)	17.0	227,000
Metropolitan Water Board (Spring Park Estate and New Addington)	2.8	27,000
East Surrey Water Company (Sanderstead, Selsdon, Kenley, Purley and Coulsdon West)	15.5	59,500
Sutton District Water Company (Woodcote and Coulsdon East)	1.9	14,500
	37.2	328,000

The waters in supply are of good organic quality and moderately hard in character. They have no plumbo-solvent characteristics and the fluoride content averages about one-sixth of a part per million. All houses are supplied from mains and there are no standpipes for this purpose. Excluding M.W.B. supplies, 1,811 samples of raw water and 2,713 samples of water going into supply were tested bacteriologically. For results of consumer samples of water sent by the Health Department to the Public Health Laboratory Service see Appendix page 133.

SEWAGE DISPOSAL

I am indebted to the Borough Engineer, A.F. Holt, Esq., M.I.C.E., for the following information:-

"I make the following comments on the progress of the new Sewage Treatment Works at Beddington.

The scheme provides for an entirely new Sewage Treatment Works to serve a population of 365,000. A preliminary Civil Engineering Contract (£320,000) is in progress and about 75% complete. Several contracts for machinery required in the new Works have now been let at an approximate total cost of £450,000.

A major Civil Engineering Contract for the bulk of the new treatment plant will be let early in 1966 at an estimated value of over one million pounds.

The programme of construction is such that it is anticipated that the new Works will be in operation by 1969/70,"

MEDICAL EXAMINATION OF CHILDREN FOR THE CHILDREN'S DEPARTMENT

During the year 275 children were medically examined prior to admission to a Children's Home or private foster home.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Full time Registered Child Minders are 16 in number.

Providing places for 127 children

Part time Child Minders (Playgroups) 33 in minders own homes

Providing places for 349 children

Playgroups on Premises other than

private homes 27 premises

Providing places for 722 children

In addition to the above places there are assisted daily minders, partly paid for by the Council for the aid of the unsupported mother. Chest X-rays are demanded as for Registered Child Minders and all homes are inspected by a Fire Officer and Senior Health Visitor.

Number of homes passed as suitable

at 31st December, 1965 10

Children placed 16

BLINDNESS

I am indebted to the Chief Welfare Officer for access to his records regarding blind persons registered during the year.

These show that of the 126 cases registered:-

23 were due to glaucoma and
50 to cataract.

Of the cases where surgical treatment had been recommended, subsequent follow-up showed it had either been performed or would be carried out except:-

6 patients had died.

2 patients had removed from the Borough.

1 patient had refused treatment.

EPILEPTICS

Reference is made in the School Health Section regarding number of cases known to the Department. In addition the Chief Welfare Officer informs me that 74 adult cases are registered with his Department, 11 of whom are in special Homes.

NATIONAL ASSISTANCE ACT, 1948, SECTION 47

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

During 1965 no order for compulsory removal was required. 2 cases (both women) were reported as possibly requiring this action, but on investigation were dealt with by other means.

Admitted to private Nursing Home	...	...	...	1
Statutory action not appropriate - no further				
action necessary	...	...	...	1
			<i>Total</i>	<u>2</u>

VITAL STATISTICS - 1965

APPENDIX TABLES

Population (thousands)	Birth and death rates
460	21
450	20
440	19
430	18
420	17
410	16
400	15
390	14
380	13
370	12
360	11
350	10
340	9

BLINDNESS

I am indebted to the Chief Welfare Officer for various records regarding blind persons registered during the year.

There were 121 blind persons registered during the year.

Of the cases where surgical treatment had been recommended, 10 had been operated on and 11 had not.

3 patients had died.

2 patients had recovered from the blindness.

1 patient had refused treatment.

EPILEPTICS

Reference is made to the School Health Section for number of cases known to the Department. In addition to the cases known to the Department, 11 cases are registered with the Department, 11 of whom are in special homes.

NATIONAL ASSISTANCE ACT, 1948, SECTION 47
NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

During 1951 an order for compulsory removal was required in 1 case (both women) were reported as possibly requiring action, but no investigation was dealt with by other

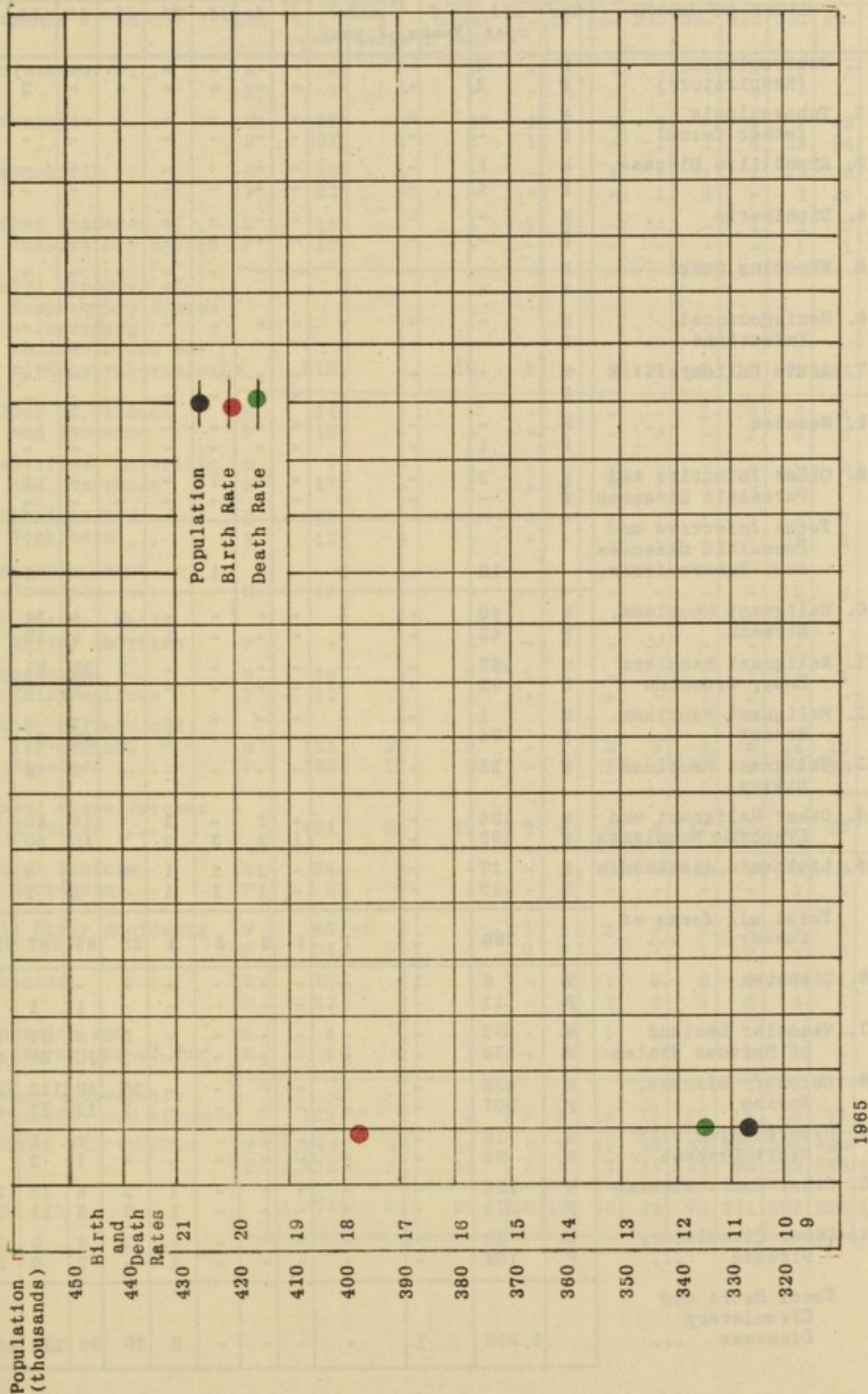
Admitted to private nursing home

Statutory action not appropriate - no further

action necessary

Total

VITAL STATISTICS - 1965



REGISTRAR GENERAL'S TABLE OF DEATHS ACCORDING TO CAUSE, AGE AND SEX

CAUSE OF DEATH	Sex	Total all ages	Under 4 Weeks	4 weeks and under 1 year	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over	
1. Tuberculosis, (Respiratory)	M	2	-	-	-	-	-	-	-	-	-	-	-	2
	F	2	-	-	-	-	-	-	-	-	2	-	-	-
2. Tuberculosis (other forms)	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic Disease	M	1	-	-	-	-	-	-	-	-	-	-	1	-
	F	4	-	-	-	-	-	-	-	-	-	2	-	2
4. Diphtheria ...	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections ...	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles ...	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	1	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	M	2	-	-	-	-	1	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Infective and Parasitic diseases inc. Tuberculosis.		12	-	1	-	-	1	-	-	-	3	3	-	4
10. Malignant Neoplasm, Stomach ...	M	40	-	-	-	-	-	-	1	4	14	12	-	9
	F	42	-	-	-	-	-	1	-	3	10	9	-	19
11. Malignant Neoplasm Lung, Bronchus	M	162	-	-	-	-	-	-	2	23	61	50	-	26
	F	35	-	-	-	-	-	-	-	5	8	11	-	11
12. Malignant Neoplasm Breast ...	M	1	-	-	-	-	-	-	-	-	-	-	-	1
	F	74	-	-	-	-	-	1	5	13	21	16	-	18
13. Malignant Neoplasm Uterus ...	F	23	-	-	-	-	-	-	-	2	8	7	-	6
14. Other Malignant and Lymphatic Neoplasms	M	184	-	-	-	1	-	2	7	16	40	53	-	65
	F	193	-	-	1	2	3	2	7	18	40	48	-	72
15. Leukaemia, Aleukaemia	M	17	-	-	-	2	1	1	3	-	4	3	-	3
	F	15	-	1	-	1	1	1	-	1	1	5	-	4
Total all forms of Cancer ...		786	-	1	1	6	5	8	25	85	207	214	-	234
16. Diabetes ...	M	6	1	-	-	-	-	-	1	-	-	1	-	3
	F	11	-	-	-	-	-	-	-	1	1	3	-	6
17. Vascular Lesions of Nervous System	M	192	-	-	-	-	-	-	3	6	31	49	-	103
	F	350	-	-	-	-	-	-	1	10	29	64	-	246
18. Coronary Disease, Angina	M	438	-	-	-	-	-	-	16	46	113	141	-	122
	F	301	-	-	-	-	-	-	2	12	31	68	-	188
19. Hypertension with Heart Disease	M	15	-	-	-	-	-	-	-	1	2	4	-	8
	F	32	-	-	-	-	-	-	-	1	2	5	-	24
20. Other Heart Disease	M	126	-	-	-	-	-	1	2	4	16	24	-	79
	F	275	-	-	-	-	-	1	3	5	13	38	-	215
21. Other Circulatory Disease ...	M	60	-	-	-	-	-	-	2	8	8	19	-	23
	F	103	-	-	-	-	-	1	-	2	6	26	-	68
Total Heart and Circulatory Diseases ...		1,909	1	-	-	-	-	3	30	96	252	442	-	1,085

CAUSE OF DEATH	Sex	Total all ages	Under 4 Weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over
22. Influenza ...	M	2	-	-	-	-	-	-	-	-	1	1	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
23. Pneumonia ...	M	188	3	6	1	-	1	1	-	1	7	42	126
	F	201	1	3	1	-	-	1	1	4	12	24	154
24. Bronchitis ...	M	134	-	-	-	-	1	-	1	7	30	50	45
	F	62	-	-	-	-	-	1	4	-	7	14	36
25. Other Diseases of Respiratory System	M	13	-	1	1	-	-	-	-	1	2	3	5
	F	12	-	-	-	-	-	-	-	-	1	1	10
Total diseases of Respiratory System - including influenza and ex- cluding tuberculosis		613	4	10	3	-	2	3	6	13	60	135	377
26. Ulcer of stomach and Duodenum	M	14	-	-	-	-	-	-	1	2	2	4	5
	F	19	-	-	-	-	-	-	-	1	3	5	10
27. Gastritis, Enteritis and Diarrhoea	M	7	-	1	1	-	-	-	-	-	-	3	2
	F	17	-	1	1	-	-	-	1	-	2	-	12
28. Nephritis and Nephrosis ...	M	11	-	-	-	-	-	1	1	1	4	3	1
	F	12	-	-	-	-	-	-	-	1	2	1	8
29. Hyperplasia of Prostate ...	M	18	-	-	-	-	-	-	-	-	2	3	13
30. Pregnancy, Child- birth, Abortion	F	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital Malformations	M	16	6	5	1	-	-	-	1	1	1	1	-
	F	12	7	-	-	1	-	-	1	2	-	-	1
32. Other Defined and ill-defined diseases ...	M	122	34	3	-	1	3	5	2	6	14	18	36
	F	183	17	5	-	2	1	2	10	8	17	34	87
Total Miscellaneous diseases ...		431	64	15	3	4	4	8	17	22	47	72	175
33. Motor Vehicle accidents ...	M	34	-	-	-	1	9	4	3	6	6	3	2
	F	8	-	-	-	1	-	-	-	-	2	2	3
34. All Other Accidents	M	18	-	-	1	1	1	-	2	2	3	5	3
	F	21	-	4	2	-	-	-	1	-	-	5	9
35. Suicide ...	M	18	-	-	-	-	1	3	4	3	3	1	3
	F	22	-	-	-	-	2	4	5	4	4	1	2
36. Homicide and operations of War	M	1	-	-	-	-	1	-	-	-	-	-	-
	F	1	-	1	-	-	-	-	-	-	-	-	-
Total - accidents suicide and violence		123	-	5	3	3	14	11	15	15	18	17	22
TOTAL ALL CAUSES	M	1,842	44	16	5	6	19	18	52	138	365	494	685
	F	2,032	25	16	5	7	7	15	41	93	222	389	1,212
		3,874	69	32	10	13	26	33	93	231	587	883	1,897

CANCER

Deaths from Cancer occurred at the following Ages:-

Age Period	Male	Female	Total
Under 25 years ...	4	9	13
25 and under 35 years	3	5	8
35 and under 45 years	13	12	25
45 and under 65 years	162	130	290
65 years and over	222	226	448
Total ...	404	382	786

Sites of Fatal Cancer

Site	Male	Female	Total	Percentage of Total
Skin ...	5	8	13	1.65
Oesophagus ...	4	12	16	2.04
Stomach ...	40	42	82	10.43
Liver ...	4	4	8	1.02
Bowel ...	29	36	65	8.27
Rectum ...	22	25	47	5.98
Bladder ...	20	15	35	4.45
Prostate ...	25	-	25	6.19
Larynx and pharynx ...	7	4	11	1.40
Uterus ...	-	12	12	3.14
Cervix ...	-	11	11	2.88
Breast ...	1	74	75	9.55
Ovary ...	-	29	29	7.60
Pancreas ...	16	13	29	3.68
Gall Bladder and Duct ...	2	2	4	0.51
Tongue and Mouth ...	2	8	10	1.27
Bones ...	4	2	6	0.77
Lungs and Bronchus ...	162	35	197	25.06
Kidney ...	5	2	7	0.89
Brain and Nervous System ...	8	9	17	2.16
Lymphatic Glands and Connective Tissue ...	6	5	11	1.40
Haematopoietic Tissues ...	-	-	-	-
Hodgkin's Disease ...	2	-	2	0.25
Leukaemia ...	17	15	32	4.07
Genital Organs ...	2	6	8	1.04
Ureter ...	-	1	1	0.13
Supra Renal Gland ...	1	-	1	0.13
Ear ...	1	-	1	0.13
Undefined ...	19	12	31	3.94
Total ...	404	382	786	

WARD STATISTICS

	Estimated Population	Births (live)	*Birth Rate	Deaths	*Death Rate	Deaths under 1 year	Deaths under 1 year per 1,000 births	Deaths from Diarrhoea (under 2 years)	*Death Rate from Diarrhoea (under 2 years)	Deaths from Bronchitis and Pneumonia	*Death Rate from Bronchitis and Pneumonia	Deaths from Pulmonary Tuberculosis	*Death Rate from Pulmonary Tuberculosis	Deaths from Non-Pulmonary Tuberculosis	*Death Rate from Non-Pulmonary Tuberculosis	Deaths from Heart and Circu- latory Diseases	*Death Rate from Heart and Circu- latory Diseases	Deaths from Cancer	*Death Rate from Cancer	Natural Increase of Births over Deaths
Addiscombe ...	15,860	330	20.8	207	12.7	8	24	-	-	36	2.3	-	-	-	-	27	3.6	38	2.4	+129
Bensham Manor ...	16,320	306	18.8	198	12.0	2	7	-	-	33	2.1	-	-	-	-	66	4.0	38	2.3	+110
Broad Green ...	15,160	331	21.8	168	11.1	6	18	1	0.07	30	2.0	1	0.07	-	-	48	3.2	39	2.6	+163
Central ...	15,450	266	17.2	280	18.2	12	45	1	0.06	37	2.4	1	0.06	-	-	93	6.0	42	2.7	- 14
Couladon East ...	15,070	281	18.5	302	20.0	4	14	-	-	76	5.0	-	-	-	-	89	5.9	41	2.7	- 21
East ...	16,470	183	11.1	183	11.1	5	27	-	-	19	1.2	-	-	-	-	66	4.0	34	2.1	N11
New Addington ...	21,630	425	19.7	99	4.6	10	24	-	-	10	0.5	-	-	-	-	10	0.5	21	1.0	+326
Norbury ...	16,580	206	12.4	211	12.7	1	5	-	-	23	1.4	-	-	-	-	68	4.1	43	2.6	- 5
Purley ...	16,490	197	11.9	180	10.9	4	20	1	0.06	9	0.5	-	-	-	-	35	2.1	32	1.9	+ 17
Sanderstead North	17,260	288	16.7	197	11.4	3	10	-	-	21	1.2	-	-	-	-	59	3.4	29	1.7	+ 91
Sanderstead & Seladon	16,180	242	14.9	142	8.8	5	21	1	0.06	10	0.6	-	-	-	-	40	2.5	27	1.7	+100
Shirley ...	16,230	217	11.9	148	8.1	3	14	-	-	20	1.1	-	-	-	-	43	2.4	40	2.2	+ 69
South Norwood ...	16,820	407	24.2	220	13.1	6	15	-	-	21	1.3	1	0.06	-	-	73	4.3	46	2.7	+187
Thornton Heath ...	15,370	295	19.2	167	10.9	5	17	-	-	15	1.0	-	-	-	-	44	2.9	54	3.5	+128
Upper Norwood ...	16,110	297	18.4	185	11.5	5	17	-	-	21	1.3	-	-	-	-	62	3.8	32	2.0	+112
Waddon ...	16,950	266	15.8	279	16.5	11	41	-	-	49	2.9	-	-	-	-	99	5.8	53	3.1	- 11
West Thornton ...	15,500	283	18.3	171	11.0	2	7	-	-	25	1.6	-	-	-	-	43	2.8	46	3.0	+112
Whitehorse Manor	16,410	338	22.0	170	11.0	4	12	-	-	24	1.6	-	-	-	-	58	3.6	35	2.3	+168
Woodcote & Coulsdon West ...	15,720	236	15.0	199	12.6	1	4	-	-	26	1.7	1	0.06	-	-	58	3.7	36	2.3	+ 37
Woodside ...	15,800	333	21.0	174	11.0	4	12	-	-	23	1.5	-	-	-	-	52	3.3	55	3.5	+159
Borough ...	328,380	5,729	17.4	3,874	11.8	101	17.6	4	0.01	585	1.8	4	0.01	-	-	1,350	4.1	781	2.4	+1,855

*Death rate per 1,000 population and excluding those who died in Queen's Hospital

DETAILS OF INFANT MORTALITY

The following table gives the cause of death during the first month of life (Neo-natal mortality):-

(1) Complications of Labour -

Trauma at Birth	7
Anoxia	-

(2) Foetal States -

Congenital Malformities	13
Atelectasis	1
Haemorrhagic Disease of Newborn ...	2

(3) Prematurity 41

(4) Post-Natal Causes 5

Total ... 69

	Percentage Deaths under 1 year per Total Infantile Deaths		Deaths under 1 year per 1,000 Births	
	1965		1965	
Injury at Birth and Congenital	18.8		3.32	
Premature Births	40.6		7.15	
Respiratory Diseases	14.9		2.62	
Atelectasis, Debility and Marasmus	1.0		0.17	
Diseases of Digestion*	2.0		0.35	
Other Causes	22.8		4.02	

*These from Gastro Enteritis

Perinatal Deaths

Stillbirths - 71 Perinatal Rate - 22.6 per 1,000
Deaths in first week - 60 Total (live and still) births

Causes of Death in first week

Prematurity - 39	Pneumonia - 1
Congenital conditions - 10	Haemorrhagic Disease
Atelectasis - 1	of the Newborn - 2
Birth Trauma - 7	

DEATHS UNDER ONE YEAR, ARRANGED IN DAYS, WEEKS AND MONTHS

CAUSES OF DEATH	1st day	2nd day	3rd day	4th day	5th day	6th day	7th day	8th - 14th day	15th - 21st day	22nd - 28th day	Total Under 1 month	1 + months	2 + months	3 + months	4 + months	5 + months	6 + months	7 + months	8 + months	9 + months	10 + months	11 + months	TOTAL
All Causes	43	10	4	1	2	-	-	3	4	2	69	5	2	6	4	-	3	6	1	3	1	1	101
Meningo-Encephalitis ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Chicken Pox	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Measles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Scarlet Fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Whooping Cough	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diphtheria and Croup ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Tuberculous Meningitis ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Abdominal Tuberculosis ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other Tuberculous Diseases ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Meningitis (not tuberculous)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Convulsions	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Laryngitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Bronchitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pneumonia (all forms) ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diarrhoea and enteritis ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Gastritis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Syphilis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Rickets	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Congenital Malformations ...	4	2	2	1	1	1	1	1	1	1	13	1	2	1	1	1	1	1	1	1	1	1	19
Premature Birth	30	7	1	1	1	1	1	2	1	1	41	1	1	1	1	1	1	1	1	1	1	1	41
Atrophy, Atelectasis, Debility and Marasmus ...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Injury at Birth	5	1	1	1	1	1	1	1	1	1	7	1	1	1	1	1	1	1	1	1	1	1	7
Haemorrhagic disease of newborn	2	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	3
Other Causes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11
TOTALS	43	10	4	1	2	-	-	3	4	2	69	5	2	6	4	-	3	6	1	3	1	1	101

MIDWIFERY SERVICE

The work of the municipal midwives was as follows:-

N.B. S.C.C. = Surrey County Council i.e. Prior to April 1965

1. Number of deliveries (including 86 for S.C.C.)	...	...	1,604
2.	Primigravida	...	221
	Multipara	...	1,383
3. Midwifery cases	...	...	107
Maternity cases	...	...	1,458
4. Live Births	...	...	1,597
5. Still Births (1 S.C.C.) (2 Breech, 4 Macerated, 1 Intra-uterine death)	...	...	7
6. Neo-natal deaths (3 days Congenital Heart)	...	...	1
7. Premature Infants (including 2 Stillborn)	...	...	24
(1) 36 weeks - 4 lbs. 8 oz. - Admitted to Hospital			
(2) 37 weeks - 5 lbs. 4 oz.			
(3) 36 weeks - 4 lbs. 8 oz.			
(4) 39 weeks - 4 lbs. 8 oz.			
(5) 36 weeks - 5 lbs. 1 oz.			
(6) 29 weeks - 2 lbs. - B.B.A. Hospital booked case - Transferred			
(7) 38 weeks - 5 lbs.			
(8) 36 weeks - 4 lbs. 8 oz.			
(9) 38 weeks - 4 lbs. 12 oz.			
(10) 37 weeks - 5 lbs. 4 oz.			
(11) 34 weeks - 4 lbs. 4 oz. - Admitted to Hospital			
(12) 37½ weeks - 5 lbs. and 4 lbs. - Undiagnosed twins - admitted to Hospital			
(13) 35½ weeks - 3 lbs. 12 oz. - Admitted to Hospital			
(14) 34 weeks - 6 lbs. (Premature by dates and behaviour)			
(15) 36 weeks - 4 lbs. 12 oz. - Admitted to Hospital			
(16) 37 weeks - 5 lbs. 8 oz. and 3 lbs. 4 oz. - Undiagnosed twins - Admitted to Hospital			
(17) 36 weeks - 4 lbs. 8 oz. - Admitted to Hospital			
(18) 38 weeks - 4 lbs. 8 oz. - Admitted to Hospital			
(19) 38½ weeks - 5 lbs. 4 oz.			
(20) Term - 4 lbs. 2 oz. - Admitted to Hospital			
(21) 38 weeks - 4 lbs.			
(22) 36½ weeks - 4 lbs. 8 oz.			
(23) Gestation - 4 lbs. 8 oz. - Emergency - no A/N care macerated S.B.			
(24) 33½ weeks - 2 lbs. - Breech S.B.			
8. Trilene Analgesia given	(45 for S.C.C.)		259
9. Gas and Air analgesia given	(41 for S.C.C.)		1,237
10. Post partum haemorrhage cases	35 treated at Home) 6 transferred to Hospital)	(5 for S.C.C.)	41
11. Retained Placenta	12 transferred to Hospital		15
12. Manual removal of placenta at home	...	...	1
13. Flying Squad calls	...	...	5
14. Blood transfusions at home	...	...	3
15. Toxaemia of pregnancy treated at home	...	...	8
16. Prolonged labour (over 24 hours)	...	...	18
17. Forceps deliveries (11 for S.C.C.)	...	...	16
18. Ventouse Vacuum Extractions	...	...	3

19. Breech deliveries (1 for S.C.C.)	...	...	...	...	6
20. Twins delivered (1 for S.C.C.)	...	...	...	...	3 sets
21. Triplets delivered	...	...	...	...	Nil
22. Puerperal Pyrexia	...	...	...	...	27
	Genital	...	5		
	Extra Genital	...	22		
23. Congenital Abnormalities	...	...	...	...	20
	Congenital Heart - N.N.D. at home	...	1		
	Congenital Heart with Talipes	...	1		
	Mongol	...	1		
	Webbed Toes	...	1		
	Haemorrhagic Disease (I.N.N.D. in Hospital)	...	2		
	Septic spots at Birth	...	1		
	Hiatus Hernia	...	1		
	Atelectasis N.N.D. in Hospital	...	1		
	Cleft Palate	...	1		
	Talipes	...	6		
	Malformed left arm	...	1		
	Right hand absent	...	1		
	Deformed thumbs both hands	...	1		
	Multiple abnormalities	...	1		
24. Patients given Pethedine or Pethelorfan	...	...	...	...	1,026
25. Patients sent to Hospital	...	...	...	...	342
	Ante-natal	225			
	During labour	99			
	After Delivery	18			
26. Patients sent home for nursing	...	...	...	...	1,286
	Home nursing	448			
	Hospital nursing	838			

27. Reasons for summoning Medical Aid

DURING PREGNANCY

Multiple pregnancy	...	1
Raised Blood Pressure	...	7
Raised Blood Pressure with Albuminuria	...	1
Premature Ruptured Membranes	...	1
Ruptured Membranes with Toxaemia	...	1
High Head	...	1
Dizziness ?Epilepsy	...	1
Post-Maturity with Oedema of Legs	...	1
Low Haemoglobin	...	1
Ante-Partum Haemorrhage	...	5
Appendicitis	...	1

DURING LABOUR

Delay in 1st Stage	...	2
Delay in 2nd Stage	...	3
Ruptured Membranes over 24 hours	...	3
Intra-uterine death	...	2
Episiotomy	...	1
Rigid Perineum	...	5
Ruptured Perineum	...	28
Post partum Haemorrhage	...	6
Retained Placenta	...	1
Foetal Distress	...	5
Undiagnosed Twins	...	1

DURING PUERPERIUM

For Mother:-

Full Breasts	...	2
Mastitis	...	3
Phlebitis	...	8
Sub-involution	...	3
Pyrexia	...	19
Heavy Blood loss	...	1
Haematoma	...	1
Maternal Blood Test	...	6
Suppression of Lactation	...	9
Influenza	...	1
Supervision of Unsatisfactory unbooked case	...	1

For Baby:-

Inflammation of eyes	...	14
Feeding difficulty	...	1
Cough	...	1
Catarrhal cold	...	5
Prematurity	...	2
Jaundice	...	2
Sore Buttocks	...	1
Paronychia	...	1
Blood in Stools	...	1
Poor Colour and rapid respirations	...	1
Talipes	...	1
Vomiting	...	2
Asphyxia Pallida	...	1

The following table gives the details of the reasons for Midwives summoning medical aid:-

FOR COMPLICATIONS DURING PREGNANCY

Abortion	...	...	-	Other Causes	...	...	...	17
Miscarriage	...	...	-			
Total								17

FOR COMPLICATIONS DURING LABOUR

Breech	...	...	2	Episiotomy	...	...	11
Malpresentation	...	-		Post-partum haemorrhage	...	5	
Premature Labour	...	2		Adherent and Retained Placenta		-	
Delayed Labour	...	8		Torn Perineum	...	46	
Anti-partum haemorrhage	3			Other Causes	...	24	
				Total	...	101	

FOR COMPLICATIONS DURING PUERPERIUM

Pyrexia	21	Pain in Breasts	-
Pain in Legs	6	Other Causes	15
Rhesus Negative Blood	5		
		Total	47

FOR COMPLICATIONS IN REGARD TO THE BABY

Inflammation of Eyes	15	Still Birth	...	...	...	3
Other Causes	...	...	14			
				Total		<u>32</u>
				Grand Total		<u>197</u>

The figures include the Surrey Urban District of Coulsdon and Purley area as from the 1st April, 1965.

**MATERNAL AND INFANT MORTALITY
FOR THE YEAR 1965**

Year	Births (Live and Still)	Maternal Deaths	Maternal Mortality Rate	Infant Mortality Rate
1965	5,800	-	-	17.6

Midwife	Mileage	Deliveries	Mid- Maternity				Gas and Air	Ante-Natal Visits		Post-natal Visits		Bookings	Office Bookings	Home Visits
			Normal	Abnormal	Normal	Abnormal		Midwife	Pupil	Midwife	Pupil			
1.	3745	49 + 4	4	-	43	2	43	325	98	467	167	45	65	6
2.	1856	61 + 2	1	-	54	6	-	593	-	538	-	43	11	-
3.	2788	46 + 2	-	-	45	1	44	482	-	843	-	68	4	-
4.	2508	50 + 3	-	-	48	2	1	582	-	651	-	43	2	-
5.	3054	61 + 16	-	-	58	3	53	631	177	1257	739	163	127	5
6.	1295	59 + 6	-	-	59	-	-	430	237	653	356	104	124	20
7.	3394	55 + 2	-	-	52	3	47	534	227	662	261	59	8	-
8.	3875	64 + 4	-	-	61	3	-	540	-	532	-	50	9	6
9.	3677	80 + 5	8	-	70	2	71	867	-	978	-	107	116	24
10.	2830	109 + 6	17	-	88	4	104	1009	-	1196	-	77	96	9
11.	2944	72 + 7	6	-	64	2	65	816	124	1002	89	105	98	18
12.	3577	46 + 5	3	-	43	-	39	494	301	415	612	92	76	18
13.	2351	71 + 1	5	-	63	3	60	532	269	890	730	113	130	10
14.	1372	22 + 2	-	-	18	4	20	141	-	404	-	21	28	1
15.	5933	95 + 8	8	-	81	6	86	979	732	946	768	171	180	18
16.	2472	75 + 2	4	-	67	4	65	382	216	628	443	68	79	16
17.	4475	109 + 6	10	2	94	3	93	1221	504	1167	751	143	160	14
18.	5284	72 + 6	3	-	66	3	54	1144	410	995	706	114	110	2
19.	2855	41 + 6	1	-	34	6	29	286	17	788	64	46	35	-
20.	4208	99 + 2	7	-	89	3	91	698	337	1417	802	168	183	31
21.	5018	99 + 5	7	-	86	6	81	849	636	1160	1034	111	148	14
22.	1507	22 + 5	4	-	17	1	16	219	-	415	-	20	23	7
23.	3948	68 + 11	15	-	53	-	59	548	-	919	-	59	60	22
24.	3415	63 + 3	-	-	50	13	62	690	-	870	-	60	13	-
25.	604	4	1	-	3	-	3	61	-	67	-	11	13	3
26.	68	1	1	-	-	-	1	10	-	27	-	7	3	-
27.	446	7	-	-	7	-	5	77	-	138	-	12	19	5
28.	Commenced duties 4.1.66													
Part-time Midwives														
1.	Clinic Duties temporarily													
2.	1446	1	-	-	1	-	1	19	-	592	-	-	-	29
3.	5260	-	-	-	-	-	-	16	-	1537	-	-	-	35
4.	3382	-	-	-	-	-	-	175	-	843	-	-	-	-
5.	4514	-	-	-	-	-	-	17	-	1331	-	-	-	56
6.	631	1	-	-	1	-	1	10	-	167	-	-	-	8
7.	4718	2	-	-	2	-	2	17	-	1396	-	-	-	58
Total	99400	1604	105	2	1377	81	1196	15394	4285	25891	7522	2080	1920	435

(Continued on next page)

N.B. DELIVERIES for No. 2 includes 19 (Maternity 16 Normal and 3 Abnormal)

No. 3 includes 9 (Maternity 8 Normal and 1 Abnormal) (1 twins)

No. 4 includes 9 (Maternity 8 Normal and 1 Abnormal)

No. 7 includes 13 (Maternity 10 Normal and 3 Abnormal)

No. 8 includes 16 (Maternity 16 Normal)

No. 24 includes 20 (Maternity 8 Normal and 12 Abnormal including one breech)

N.N.B. No. of DELIVERIES + = Cases sent into Hospital during labour.

SUPERVISOR OF MIDWIVES - Retired 31.3.65 - Replaced 1.4.65

DEPUTY SUPERVISOR OF MIDWIVES - Retired 31.12.64 - Replaced by No. 1
1.1.66

MIDWIVES:-

No. 1 Not replaced - Returned to District June 1965 -
Replaced by No. 12 1.7.65.

No. 12 Not replaced yet on district.

No. 14 Left Service May 1965 - Not replaced

No. 19 Left Service Sept. 1965 - Replaced by No. 28 4.1.65

No. 26 Left Service April 1965 - Replaced by No. 6 March 1965

No. 16 Left Service August 1965 - Not replaced

No. 22 Transferred temporarily to Infant Welfare duties following sick leave and left Service on 20.10.65

No. 23 Left Service 20.10.65 - Replaced by No. 27 8.11.65.

No. 13 Transferred to Part-time Midwives (No. 6) Nov. 1965
Replaced by No. 25 29.11.65.

Nos. 2, 3, 4, 7, 8, 24 and Part-time midwife No. 4 Transferred to Service from Surrey County Council April 1st 1965.

PART-TIME MIDWIFE No. 1 Commenced October 1965 - Temporary Clinic Duties
No. 2 Commenced July 1965.

PART-TIME MIDWIVES Nos. 2, 6 & 7 Undertake Deliveries if required
since 1st Nov. 1965.

4 vacancies caused by 3 Resignations and 1 Retirement in 1964 have not been replaced.

CARE OF PREMATURE INFANTS

(1) Number of live premature babies notified during 1965 who were born* -						
(i)	at home or in a nursing home	...	...	...		50
(ii)	in hospital*	...	...	...	...	261
(2) The number of those born at home or in a nursing home -						
	who were nursed entirely there	...	...			50
	who were transferred to hospital on or before the 28th day	...	...	...	...	6
	who died during the first 24 hours	...	...			1
	who died in 1 and under 7 days	...	...			2
	who died in 7 and under 28 days	...	...			-
	who survived at the end of one month			...		47
(3) Number of those born in hospital -						
	who died during the first 24 hours	...	...			28
	who died in 1 and under 7 days	...	...			7
	who died in 7 and under 28 days	...	...			3
	who survived at the end of one month	...	...			223
(4) Number of premature still births who were born						
(i)	at home or in a nursing home	...	...	...		2
(ii)	in hospital	...	...	...	...	29

*The group under this heading will include cases which may be born in one hospital and transferred to another.

HOME VISITS BY HEALTH VISITORS 1965

110

Home Visits	Comm. May		3	4	5	Part-Time Comm. Dec.	Left March	8	9	10	Comm. Oct.	Comm. Oct.	13	14	15	16	17	18	19	Part-Time	21	22	Left July	24
	1	2																						
Infants born 1965 -																								
First Visits ...	78	167	121	167	127	11	19	193	120	216	19	47	151	78	119	198	177	159	191	5	85	206	46	135
Re-Visits ...	164	264	165	266	303	5	12	209	218	257	25	106	163	233	280	295	335	349	529	5	167	285	55	191
Children born 1964 -																								
First Visits ...	78	39	176	60	89	37	86	305	82	77	4	27	147	70	98	147	104	116	249	17	260	179	268	75
Re-Visits ...	208	209	172	238	257	4	21	116	166	242	19	37	137	252	224	417	61	276	435	5	187	109	28	150
Other children under 5 years -																								
First Visits ...	325	68	215	115	159	32	131	340	309	55	21	26	417	188	238	265	338	200	238	47	317	372	377	131
Re-Visits ...	184	377	131	241	425	9	26	114	374	310	19	22	385	724	449	588	189	392	349	10	133	207	3	231
Expectant Mothers -																								
First Visits ...	22	14	11	13	78	2	-	6	13	23	2	7	29	13	24	66	17	32	6	4	5	26	12	7
Re-Visits ...	-	9	-	20	7	-	-	12	7	6	8	-	3	19	9	10	3	17	2	-	8	9	-	1
Miscellaneous Visits	146	69	125	84	168	1	10	394	202	161	7	24	96	82	66	196	188	456	210	7	99	335	4	102
TOTALS - 1965	1205	1216	1116	1204	1613	101	305	1689	1491	1347	124	296	1528	1659	1507	2182	1412	1997	2209	100	1261	1728	793	1023

(Continued below)

HOME VISITS BY HEALTH VISITORS 1965

Home Visits	25	26	Comm. Oct. 27	28	Part-Time 29	30	Part-Time 31	32	Left Aug. 33	34	35	36	37	38	39	40	Part-Time Comm. May 41	42	43	44	Comm. Aug. 45	46	TOTALS
Infants born 1965 -																							
First Visits ...	109	320	36	149	168	191	95	94	93	162	124	136	198	167	144	95	89	214	155	149	73	216	6,012
Re-Visits ...	210	266	260	310	130	286	203	241	319	375	548	280	271	175	206	378	203	273	170	634	66	381	11,066
Children born 1964 -																							
First Visits ...	82	53	4	11	45	115	76	111	44	182	111	75	108	139	105	67	44	61	129	209	35	145	4,741
Re-Visits ...	282	167	144	294	59	190	235	109	425	289	362	225	190	302	258	235	81	197	118	566	7	402	9,107
Other Children under 5 years -																							
First Visits ...	143	137	4	13	60	262	79	338	66	321	157	143	247	254	214	121	78	74	259	207	152	178	8,431
Re-Visits ...	442	662	138	322	59	215	214	278	416	382	284	612	217	632	271	243	167	268	299	605	9	428	13,055
Expectant Mothers -																							
First Visits ...	88	22	9	1	1	53	-	40	60	35	21	21	22	37	69	12	25	-	23	10	3	63	1,047
Re-Visits ...	3	11	-	2	1	12	-	15	26	28	9	22	5	17	12	57	4	-	5	7	-	12	398
Miscellaneous Visits	56	386	16	65	92	143	9	66	34	94	114	156	185	97	146	77	220	164	75	98	68	203	5,796
TOTALS - 1965	1415	2024	611	1167	615	1467	911	1292	1483	1868	1730	1670	1443	1820	1425	1285	911	1251	1233	2485	413	2028	59,653

ATTENDANCES AT INFANT WELFARE CENTRES - 1965

	Bensham Manor Monday A.M.	Bensham Manor Monday P.M.	Boston Road Thursday P.M.	Brighton Rd. Coulsdon Thursday P.M.	Brighton Rd. S. Croydon Wednesday P.M.	Cherry Tree Green Wednesday P.M.	Coulsdon Youth Club Monday A.M. & P.M.	East Croydon Tuesday A.M.	East Croydon Friday P.M.	Fairchildes Friday P.M.	Falconwood Wednesday P.M.	Kenley Friday P.M.	Lodge Road Thursday A.M.	Lodge Road Thursday P.M.	Lodge Road Friday P.M.	Mitchley Avenue Tuesday (Alt.) P.M.	Monks Hill Thursday P.M.	Monks Orchard Monday P.M.	New Addington Wednesday A.M.	New Addington Wednesday P.M.	Norbury Wednesday A.M.	Norbury Wednesday P.M.	Old Coulsdon Tuesday P.M.	Purley Tuesday A.M.
New Cases Born During 1965	104	111	95	90	125	41	84	153	158	18	28	84	135	163	66	35	38	60	141	150	102	100	127	152
No. of Re-Attendances	687	757	772	655	1028	316	643	1222	1183	103	177	689	831	775	543	171	276	397	848	907	783	811	748	838
New Cases Under 5 Years	275	294	255	270	212	112	375	302	285	85	103	231	265	300	38	160	247	235	341	353	128	156	314	262
No. of Re-Attendances	1260	1382	1266	1302	1662	768	2487	1342	1485	211	325	955	1023	1052	261	748	628	595	1407	1223	1247	1120	1297	860
Consultations with Doctor	933	996	810	913	828	5	503	974	1057	158	376	520	1032	983	380	268	600	535	954	937	768	821	685	908
No. of Sessions	46	46	51	52	52	52	94	51	50	41	39	51	51	51	30	24	50	47	52	52	50	50	52	52
Total Attendances	2326	2544	2388	2317	3027	1237	3589	3019	3111	417	633	1959	2254	2290	908	1114	1189	1287	2737	2633	2260	2187	2486	2112
Average Per Session 1965	50.5	55.3	46.8	44.5	58.2	23.7	38.2	59.2	61.0	10.1	16.2	38.4	44.2	44.9	30.2	46.4	23.7	27.3	52.6	50.6	45.2	43.7	47.8	40.6
Average Per Session 1964	52.8	66.1	65.0	-	62.8	-	-	53.2	74.8	19.2	24.3	-	60.7	61.7	-	-	29.9	25.9	49.8	44.2	52.8	47.3	-	-

Continued Below

ATTENDANCES AT INFANT WELFARE CENTRES - 1965

	Reedham Park Friday P.M.	St. Albans Wednesday P.M.	St. Andrews Monday P.M.	St. Jude's Tuesday A.M.	St. Jude's Tuesday P.M.	St. Oswald's Thursday P.M.	St. Paul's Friday P.M.	Sunderstead Hill Wednesday P.M.	Sellhurst Monday P.M.	Selsdon Monday A.M. & P.M.	Shirley Thursday P.M.	South Croxson Thursday P.M.	South Norwood Tuesday P.M.	South Norwood Friday P.M.	Spring Park Monday P.M.	Spring Park Friday P.M.	Upper Norwood Wednesday A.M.	Upper Norwood Wednesday P.M.	Waddon Wednesday P.M.	Woodside Friday A.M.	Woodside Friday P.M.	TOTAL - 1965	TOTAL - 1964
New Cases Born During 1965	35	146	143	80	105	116	128	57	125	92	76	156	160	154	55	53	114	112	101	103	137	4609	2917
No. of Re-Attendances	263	1027	855	792	848	883	728	250	893	795	433	1486	1007	1008	318	270	613	619	606	528	712	31092	29009
New Cases Under 5 Years	104	217	261	207	191	205	194	189	214	343	153	156	198	176	119	183	305	258	189	223	280	9863	6768
No. of Re-Attendances	623	1178	1550	1087	1019	1352	917	485	1402	2186	950	833	1339	1005	628	629	826	898	979	798	981	47537	37458
Consultations with Doctor	220	940	900	727	765	953	885	233	1010	827	225	600	1000	779	645	614	761	775	663	654	783	31903	26930
No. of Sessions	51	53	47	52	51	52	50	52	48	94	50	51	53	50	46	50	52	52	52	50	50	2242	1643
Total Attendances	1025	2568	2809	2166	2166	2556	1965	981	2640	3416	1612	2631	2704	2341	1120	1135	1758	1887	1875	1652	2090	93121	77152
Average Per Session 1965	20.0	48.4	59.7	41.6	42.4	49.1	39.3	18.8	55.0	36.3	32.2	51.5	51.0	46.8	24.3	22.7	33.8	36.2	36.0	33.0	41.8	41.5	-
Average Per Session 1964	-	23.7	69.9	44.8	42.2	53.3	62.0	-	53.1	-	29.0	48.2	52.2	56.2	24.4	28.6	37.1	39.8	37.1	35.4	42.6	-	47.0

HOME NURSING

Staff at 31.12.65.

Assistant Superintendent Nursing Officer (District Nursing)
Deputy Assistant Superintendent Nursing Officer (District
Nursing)

2 Assistant Superintendents

53 Queen's Nurses (including 4 males)

3 S.E.N. Nurses

3 Queen's Students

Summary of work carried out during the year 1965:

Patients remaining on books at December

1964 (Croydon & New Addington) ...	...	...	1,027
New Patients, January - March, 1965	...	...	879
Transferred from Purley 1.4.1965	...	...	233
New Patients from 1.4.1965 (Croydon, New Addington & Purley)	...	...	3,041
	<i>Total</i>	...	<u>5,180</u>

New Patients:-

Medical	...	...	...	...	...	...	2,153
Surgical	...	...	...	...	...	...	1,722
Gynaecological	...	...	...	...	...	...	12
Obstetric	...	...	...	...	...	...	10
Maternity	...	...	...	...	...	...	23
<i>Total</i>							<u>3,920</u>

Specially Classified:-

						Cases	Visits
Tuberculosis	...	...	...	...	...	98	3,335
Pneumonia	...	...	...	...	...	52	402
Maternity Complications			...	...	...	38	273
Infectious Diseases	...		...	...	...	4	30
Erysipelas	...	...	...	...	...	5	46
Children under five years			...	...	...	76	637
Over 65 years old	...		...	...	...	2,773	105,933

Termination of Cases:-

Convalescent	...	...	...	...	...	...	2,400
Hospital	...	...	...	...	...	...	899
Died	...	...	...	...	...	...	444
Removed for other causes			...	...	...	...	169
Still on books	...	...	...	...	...	...	1,268
						<i>Total</i>	<u>5,180</u>

Visits:-

January	)	...	...	...	...	...	11,349
February	}	Croydon & New Addington	...	...			10,899
March	}	...	...	...	...	...	12,144
April	)	Croydon, New Addington & Purley					13,732
May		...	...	...	...	...	13,702
June		...	...	...	...	...	12,405
July		...	...	...	...	...	12,966
August		...	...	...	...	...	12,757
September		...	...	...	...	...	12,784
October		...	...	...	...	...	13,557
November		...	...	...	...	...	13,607
December		...	...	...	...	...	13,355
<i>Total</i>							<u>153,257</u>

REHABILITATION OF ELDERLY PERSONS*Patients visited by Rehabilitation Nurse, 1965:-*

Female	...	...	...	...	...	52
Male	...	...	...	...	...	18
						<u>70</u>
Admitted to hospital	...	...	...	...	...	6
Rehabilitated	...	...	...	...	...	35
No Success	...	...	...	...	...	3
Died	...	...	...	...	...	6
Remaining on books	...	...	...	...	...	20
						<u>70</u>

Ages:

30 - 39 years	...	...	...	...	...	2
40 - 49 years	...	...	...	...	...	2
50 - 59 years	...	...	...	...	...	3
60 - 69 years	...	...	...	...	...	17
70 - 79 years	...	...	...	...	...	20
80 - 89 years	...	...	...	...	...	22
90 - 95 years	...	...	...	...	...	4
						<u>70</u>

Illnesses:-

Hemiplegia	...	...	...	...	...	26
Arthritis, Rheumatism and Fibrositis						25
Fracture lower limb	...	...	...	...	...	4
Other conditions (Parkinson's Disease, Carcinoma, Cardiac, and Disseminated Sclerosis)	...					15
						<u>70</u>

In the age group 30 - 59 years. 7 Cases.

1 case of Fractured Fibula - Infra Red and Massage. Satisfactory progress.

2 cases, Disseminated Sclerosis - Walking exercises. One patient - slight improvement, the other - no success

1 case of Hemiplegia (with carcinoma) - Died

2 cases, Arthritis - Both now walking

1 case, Emphysema and Oxygen addiction - Patient improving.

In the age group 60 - 95 years. 4 Cases.

3 cases of Arthritis - Two cases now walking, the other - no success.

1 case of Debility following fall.- Patient now walking.

LOAN OF NURSING EQUIPMENT

The Corporation loans equipment and makes a small weekly charge, with exemption for incomes below a certain figure.

1965

	Health Dept.	British Red Cross Society 1965					
		Central	Purley (A)	Purley (B)	Selsdon	Shirley	Norbury
Air beds	-	-	1	-	-	-	-
Air bellows	-	-	1	-	-	-	-
Air rings	106	16	21	17	5	8	9
Bed pans	137	38	31	17	6	8	24
Bed tables	5	1	5	3	-	1	-
Bedsteads	9	-	-	-	-	-	-
Bed Pulley	6	-	-	-	-	-	-
Bed rests	112	21	26	28	-	15	13
Bed blocks	8	-	3	-	-	2	-
Bed cradles	20	18	10	8	1	4	9
Carrying chairs	-	-	2	-	-	-	-
Commodore	94	39	27	29	4	13	22
Cotton sheets (draw)	2	-	-	-	-	-	-
Crutches	10	8	11	5	-	-	2
Dunlopillo Mattresses	7	-	-	-	-	-	-
Enuresis Machines	60	-	-	-	-	-	-
Feeding cups	6	3	3	2	2	-	2
Fracture boards	6	-	2	-	-	-	-
Foot Suction pump	4	-	-	-	-	-	-
Heat Lamp	-	-	-	-	-	1	-
Hydraulic hoists	7	-	-	-	-	-	-
Inhaler	-	-	1	-	-	-	-
Mackintosh sheets	89	13	15	17	6	5	6
North pads	40	-	-	-	-	-	-
Urinals	40	8	12	9	4	3	10
Walking Aids	46	-	3	-	-	1	-
Walking Machines	2	-	-	-	-	-	-
Walking sticks	1	-	-	-	-	-	-
Walking tripods	-	-	4	-	-	1	-
Wheel Chairs	56	79	19	9	7	12	33
Incontinence Pads Issued	7,668	-	-	-	-	-	-

HOME HELP SERVICE

Staff at 31.12.65.

1	Principal Home Help Organiser
5	District Organisers
1	Tutor Organiser
5	Clerical Assistants
1	Assessment Officer
23	Full Time Home Helps
174	Part Time Home Helps

Summary of work carried out during the year under review:-

Patients remaining on books from 1964	1,311
New Applicants	1,278
Patients carried forward to 1966 ...	1,561

New Applicants

(a) Maternity	491
(b) Sickness	896
(c) For Night Service	-

Classification of Cases Attended

(a) Maternity	382
(b) Tuberculosis	8
(c) Chronic Sick including Old Age	2,152
(d) Others including Acute Sick ...	85

Number of Hours of Service Given 207,670

Average Duration of Service Given

(a) Maternity	10 days
(b) Acute Sickness	10-21 days
(c) Chronic Sickness	Indefinitely

Amount Recovered for Service £7,856.18.10

Rate of Remuneration of Home Helps at 31.12.65.

4/10 ⁷ / ₈	per hour	-	Home Helps
4/8 ⁷ / ₈	"	-	Sick Room Helpers
4/8 ¹ / ₄	"	-	Washing Service
5/3 ¹ / ₂	"	-	Problem Family Helps
£12.1.8d	per week	-	Family Helps
10/-d	"	-	Disinfestation

CONGENITAL ABNORMALITIES

No. registered in 1965 - 74 of these 57 were live-births
 4 were still-births
 13 died

	(1) Central Nervous System		(2) Eye, Ear		(3) Alimentary System		(4) Heart and Great Vessels		(5) Respiratory System		(6) Uro-genital System		(7) Limbs		(8) Other Skeletal		(9) Other Systems		(10) Other Mal- formations		TOTALS		OVERALL TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
LIVE	8	1	-	1	11	2	3	1	1	-	5	1	9	7	1	-	-	1	3	2	41	16	57
STILL- BIRTHS	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
DEATHS	-	-	-	-	3	1	3	-	-	-	1	-	1	-	1	-	-	2	1	10	3	13	
TOTALS	10	3	-	1	14	3	6	1	1	-	6	1	10	7	1	1	-	1	5	3	53	22	74

CAUSES OF DEATH OR STILL-BIRTH

Col: 1. Anencephalous	4	Col: 6. Hypospadias and other defects	1
Col: 3. Esophageal Atresia	2	Col: 7. Defects of pelvic girdle, lower limb and hand	1
" " and Intestinal Atresia	1	Col: 8. Defects of face and skull	1
Hiatus Hernia and Intestinal Atresia	1	Col: 9. Congenital malformations (N.O.S.)	3
Col: 4. Tetralogy of Fallot	2		
Other defects	1		

ISSUE OF WELFARE FOODS

Year	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin A & D Tablets
1965	56,903	97,831	6,019	8,532

M. AND C.W. PHYSIOTHERAPY CLINIC

The following figures relate to the work carried out at the above clinic during the year:-

Complaint	No. of Cases		Total
	M	F	
Bow legs	1	-	1
Knock Knees and Flat Feet	8	9	17
Valgus Ankles	7	8	15
Asthma	3	3	6
Kyphosis	1	1	2
Pigeon Toes	2	2	4
Torticollis	-	-	-
	22	23	45

Total Attendances 974

DENTAL TREATMENT - M. AND C.W.

	Expectant and Nursing Mothers	Young Children
Number of persons examined during the year	146	386
Number of persons commenced treatment during the year	127	225
Number of courses of treatment completed during the year	73	202
Attendances	315	635
Fillings	142	385
Extractions	103	146
General Anaesthetics	30	68
Scaling and Gum Treatment	65	-
Crowns and Inlays	-	-
Silver Nitrate	-	216
Dentures Fitted - Full	5	-
Partial	9	-
Other Operations	153	140
X-Rays	7	4

Number of treatment sessions: 180

DEAFNESS

Of 577 tested 513 were found to have normal hearing and no further recommendation was made.

The remaining 64 cases where some doubt was felt as to hearing ability were either followed up in Infant Welfare Centres and found to be normal or were referred for retest at Dr. Morgan's Stycar Hearing Clinic.

DR. MORGAN'S STYCAR HEARING SESSION

No. of Clinics held in year 1965	14
No. of Appointments sent out during year	126
Non Attendances	53
Of the 73 seen:-	
A. <i>Referred to Clinic from Infant Welfare Centres</i>	34
Suspected Hearing Loss	5
1 - Normal Responses but referred to Mr. Parsons re adenoids.	
4 - Normal responses.	
Retarded Speech	10
1 - Hearing satisfactory but referred to Ear, Nose and Throat Dept. re Tonsils and Adenoids	
1 - No co-operation ? normal hearing. To be seen again.	
1 - Hearing satisfactory but ? poor intelligence, T.C.A. 6 months.	
1 - Severe hearing loss, referred to Mr. Stewart.	
1 - Appears to be satisfactory but T.C.A. 2 months for check.	
5 - Normal Responses.	
Retarded Child	1
1 - Normal Responses	

Mother Rubella in early pregnancy	...	...	1
1 - Normal Responses.			
Referred by Mr. Oakley, Audiometry not Possible.			2
1 - Uncertain Responses, referred to Mr. Stewart.			
1 - Uncertain Responses, T.C.A. 1 month.			
Prematurity.	...	...	1
1 - ? Loss Left Ear, T.C.A. 6 months.			
Speech Retarded	...	...	5
1 - Normal Responses but ? speech therapy later.			
1 - Poor Responses beyond 3 feet, referred to Mr. Stewart and to Speech Clinic.			
3 - Normal Responses.			
Mentally Subnormal	...	...	1
1 - Uncertain Responses, T.C.A. 1 month.			
Family History of Deafness	...	...	2
2 - Normal Responses.			

C. Retests

12

Unco-operative at first test	...	...	4
1 - Normal Responses.			
1 - Unco-operative, to be seen again.			
2 - Unsatisfactory Responses, referred to Mr. Stewart.			
? High Frequency Loss.	...	...	1
1 - ? Some hearing loss, T.C.A. 1 month			
? Poor Intelligence.	...	...	1
1 - Impossible to test, T.C.A. 1 month.			
Retarded Speech.	...	...	1
1 - Normal Responses.			

Doubtful responses to first test 3

3 - Normal Responses.

? For Referral to Mr. Parsons 2

2 - Unsatisfactory Responses, T.C.A. 1 month.

Age Group	Under 1 year	1 - 4 years	5 - 14 years	15 - 24 years	25 - 44 years	45 - 64 years	65 years and over	Not stated	TOTAL
Male	10	112	66	70	42	102	102	415	415
Female	9	123	42	25	22	102	102	425	425
Total	19	235	108	95	64	204	204	840	840

DEATHS FROM ACCIDENTS IN THE HOME, 1952

Details	No.	Cause
There were 5 women between 25 and 30 years of age, 2 men over 30 years and 1 girl age 3 months.	8	Poisoning
Woman - Age 77 years. Nightdress caught fire when lighting an oil heater with an oily rag.	1	Electrocution
2 women between 65 and 75 years of age and 2 men between 65 and 75 years died of accidental carbon monoxide poisoning.	4	Poisoning
1 boy - age 4 years and 1 girl age 3 years died from asphyxia following inhalation of smoke and fumes.	2	Electrocution
Girl - age 8 months - died from asphyxia following asphyxia from a fire alarm.	1	Electrocution
Woman - age 65 years.	1	Electrocution
	18	TOTAL

HOME ACCIDENTS

Details of patients removed to hospital by the London Ambulance Service following a Home Accident, April 1st - December 31st, 1965, inclusive.

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>Sex not stated</i>	<i>Total</i>
Under 1 year	10	6	2	18
1 - 4 years	113	102	1	216
5 - 14 years	98	48	1	147
15 - 24 years	36	27	-	63
25 - 44 years	45	62	-	107
45 - 64 years	55	76	-	131
65 years and over	50	158	-	208
Not stated	8	10	2	20
<i>TOTAL</i>	415	489	6	910

DEATHS FROM ACCIDENTS IN THE HOME, 1965

<i>Cause</i>	<i>No.</i>	<i>Details</i>
Falls	9	There were 5 women between 58 and 86 years of age, 3 men over 70 years and 1 girl age 3 months.
Burns	1	Woman - Age 77 years. Nightdress caught fire when lighting an oil heater with an oily rag.
Poisoning	5	2 women between 69 and 75 years of age and 3 men between 65 and 77 years died of accidental carbon monoxide poisoning.
Suffocation	2	1 boy - age 4 years and 1 girl age 3 years died from asphyxia following inhalation of smoke and fumes.
	1	Girl - age 8 months - died from asphyxia following suspension from a pram harness.
Electrocution	1	Woman - age 69 years.
<i>TOTAL</i>	19	

Nursing Homes - Nursing Homes Act, 1964.

	Number of Homes	Number of beds provided for:-		
		Maternity	Others	Total
Homes registered during the year	-	-	-	-
Homes on the Register at the end of the year	17	46	387	433

There were no changes during the year under review.

NURSES AGENCIES REGULATIONS, 1945

There is one agency on the Register which supplies nurses for home nursing on a private patient paying basis.

CREMATION ACTS, 1902 and 1952

During the year 2,525 certificates were completed by the Medical Officer of Health in the capacity of Medical Referee under the above Acts.

PUBLIC MORTUARY AND CORONER'S POST MORTEM ROOM 1965

Total number of Bodies received	...	...	...	745
Total number of Post Mortem Preparations	...	...	...	738
Total number of Post Mortem Examinations for Coroner	...	...	...	738
Total number of Post Mortem Examinations for Medical Officer of Health	...	...	...	"

DEATHS FROM ACCIDENTS IN THE HOME, 1965

Cause	No.	Details
Falls	5	There were 5 women between 55 and 80 years of age, 3 men over 70 years and 1 girl age 3 months.
Burns	1	Woman - Age 77 years. Nightdress caught fire when lighting an oil heater with an oily rag.
Poisoning	5	3 women between 59 and 75 years of age and 2 men between 65 and 75 years died of accidental carbon monoxide poisoning.
Asphyxiation	3	1 boy - age 4 years and 1 girl age 2 years died from asphyxia following inhalation of smoke and fumes.
	1	Girl - age 2 months - died from asphyxia following asphyxiation from a plum cushion.
Electrocution	1	Woman - age 65 years.
TOTAL	16	

COMMUNICABLE DISEASES NOTIFIED DURING 1965

[illegible]

The tuberculosis notifications are shown in the section relating to that disease

130

[illegible]

DETAILS OF CASES ADMITTED TO WADDON HOSPITAL

Gastro-enteritis: - 98 cases were admitted in the following age groups: - Under one year - 38; 1 - 4 years - 30; 5 - 15 years - 2; Adults - 28. 11 were gravely ill, 58 moderately severe and 29 were mild cases. In one case each E. Coli 0 26, 0111, 0 55 and 0 119 was isolated but in the great majority of cases no pathogenic organism was detected. Associated illnesses were present as follows: - 4 cases each of bronchitis, otitis media, and rhinitis; 3 cases each of pneumonia and anaemia; 2 cases each of arthritis and hypertension and one case each of colostomy, dermatitis, fractured clavicle, shell shock, convulsions, cerebral thrombosis, empyema, post anal fissures, impetigo, boils and mitral stenosis.

One Gastro-enteritis case where the disease was complicated by pneumonia died within 5 minutes of admission. There were no other deaths.

Measles: - There was a measles epidemic in the first five months of the year during which all but four of the cases were admitted. The numbers of cases admitted in the different age groups were as follows: - under one year - 8 cases; 1 - 2 years - 22 cases; 2 - 4 years - 42 cases; 5 - 15 years - 13 cases; Adults - 4 cases. The following complications were present: - pneumonia - 40 cases; tonsillitis - 6 cases; bronchitis - 6 cases; rhinitis - 4 cases; gastro-enteritis - 4 cases; 2 cases each of laryngitis stridulosa, otitis media, septic fissures and thrush; one case each of adenitis, haematuria, pharyngitis, convulsions and stomatitis. One case was associated with chicken-pox. There was one death occurring in a child $2\frac{1}{4}$ years who was a severe spastic and had developed measles pneumonia. The child died 2 days after admission.

Chicken-Pox: - 42 cases were admitted in the following age groups: - 0 - 4 years - 23 cases; 5 - 15 years - 6 cases and Adults - 13 cases. 20 cases were admitted in the months of March and April as there was an epidemic in Coombe Wood Nursery at that time, Hospital nurses comprise 12 of the 13 adults. A further 13 cases were admitted from nurseries. There were 2 cases who were already in hospital with some other complaint and two from institutions with communal living. Complications were as follows: - 3 cases of impetigo, two cases each of bronchitis and otitis media, one case each of enccephalitis, stomatitis, boils, styes, and rhinitis. Co-existing diseases were osteomyelitis, coronary thrombosis, eczema, and cut chin.

Scarlet Fever: - 36 patients were admitted in the following age groups:- 0 - 4 years - 12 cases; 5 and 6 years - 11 cases; 7 - 15 years - 10 cases and adults 3 cases. Complications consisted of two cases each of appendicitis and skin fissures, and one case each of conjunctivitis, stomatitis, bronchitis, pharyngitis, and herpes simplex. Co-existing diseases consisted of one case each of asthma, chicken-pox and chronic adenitis.

Dysentery: - 22 cases were admitted in the following age groups:- 0 - 1 year - one case; 1 - 4 years - 13 cases; 5 - 15 years - one case; Adults - 7 cases. 7 cases came from their own homes, 5 from communal dwellings, 3 from hospitals, 3 from residential schools, and two from nurseries. Co-existing illnesses were one case each of pneumonia, arthritis, mastoiditis, appendicitis, anaemia, sinusitis, ringworm, myocardiac degeneration and pulmonary oedema. Among the dysentery organisms isolated 10 were resistant to ampicillin, 4 to streptomycin and 3 to tetracycline. One death occurred in a lady of 81 years.

Pneumonia: - 12 cases were admitted in the following age groups:- 0 - 1 year - 2 cases; 1 - 4 years - 6 cases; 5 - 15 years - 1 case; Adults - 3 cases. 8 of the 12 cases were admitted in the first quarter of the year. 5 of the 12 cases had to be given oxygen on admission.

Infective Hepatitis: - The 10 cases admitted at various ages between 6 and 43 years. The latter patient, a woman, was the only severe case encountered. After 58 days in hospital she was discharged still having a raised serum bilirubin and glucose pyruvate transaminase. There was one anicteric case.

Meningitis and Encephalitis: - The 9 cases admitted under this category can be classified as follows:- Coxsackie B5 meningitis 4, Meningitis due to an unknown virus - 2. Meningococcal Meningitis - 1, Haemophilis Influenza Meningitis - 1. Encephalitis due to an unknown virus - 1. This latter case was the most severe and resulted in damage to the brain and visual tracts. The haemophilis influenza case was also severe and accompanied by a high degree of anaemia.

SAMPLES SUBMITTED TO THE PATHOLOGICAL LABORATORY FOR BACTERIOLOGICAL EXAMINATION - 1965

Faeces outfits	...	...	...	...	...	1,670
Drinking Water samples	...	...	...	...	...	365
Public Swimming Bath Water samples	...	...	...	...	...	101
Private Swimming Bath Water samples	...	...	...	...	...	85
Private Wells	...	...	...	...	...	65
Milk samples	...	...	...	...	...	256
Cream samples	...	...	...	...	...	5
Ice Cream samples	...	...	...	...	...	128
Sundry Food Specimens	...	...	...	...	...	32
Blood	...	...	...	...	...	42
Urine	...	...	...	...	...	150
Nose and Throat Swabs	...	...	...	...	...	26
<i>Total</i>	...	...	...	...	...	<u>2,925</u>

Samples of Drinking Water

During the year under review the total number of examinations performed were:-

Bacteriological	...	...	353
Chemical	...	...	12

Unsatisfactory Samples

The Health Department is warned by telephone whenever preliminary results of bacteriological tests show presumptive coli. The Water Engineer is immediately notified. If there is no apparent cause, simultaneous re-sampling by the Water and Health Departments is performed. Further action depends on the findings of these re-tests.

IMMUNISATION AGAINST WHOOPING COUGH

A total of 5,831 children were immunised against whooping cough, comprising 4,612 under school age and 140 school children.

In addition 1,079 children were given reinforcing injections.

IMMUNISATION AGAINST TETANUS

A total of 5,018 children were immunised against Tetanus, comprising 4,641 under school age and 377 school children.

In addition 4,622 children were given reinforcing injections.

VACCINATION AGAINST SMALLPOX

A total of 3,549 persons were vaccinated against Smallpox.

	<i>Under 1 year of age</i>	<i>1</i>	<i>2-4</i>	<i>5 - 14</i>	<i>15 or over</i>	<i>Total</i>
Successful Vaccinations	180	2,008	980	92	32	3,292
Successful Re-vaccinations	-	1	24	83	147	255
Insusceptible to Vaccination	-	-	2	-	-	2
						3,549

DIPHTHERIA

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1965 who completed a course of Immunisation during the year.

<i>Age at 31.12.65 i.e. Born in year</i>	<i>Under 1 1965</i>	<i>1962-1964</i>	<i>1961-1958</i>	<i>1957-1949</i>	<i>Total</i>
Completed course of injections	921	3,725	204	62	4,912
Reinforcing Injections	-	583	3,242	1,907	5,732
TOTAL	921	4,308	3,446	1,969	10,644

	<i>Under 1</i>	<i>1 - 4</i>	<i>Total under 5</i>	<i>5 - 14</i>	<i>Total under 14</i>
Estimated mid year Child Population	5,590	22,510	28,100	45,500	73,600

VACCINATION AGAINST POLIOMYELITIS

The following table gives the number of persons who received a course of primary vaccination during the year.

VACCINATED	Children born 1965	Children born 1964	Children born 1963	Children born 1962	Young persons born 1961-58	Persons born 1957-49	Persons over 16 years of age
With Salk Vaccine	8	41	10	2	9	5	9
With Oral Vaccine	982	3,171	479	252	455	284	633
With Quadruple Vaccine	30	80	4	1	3	-	-

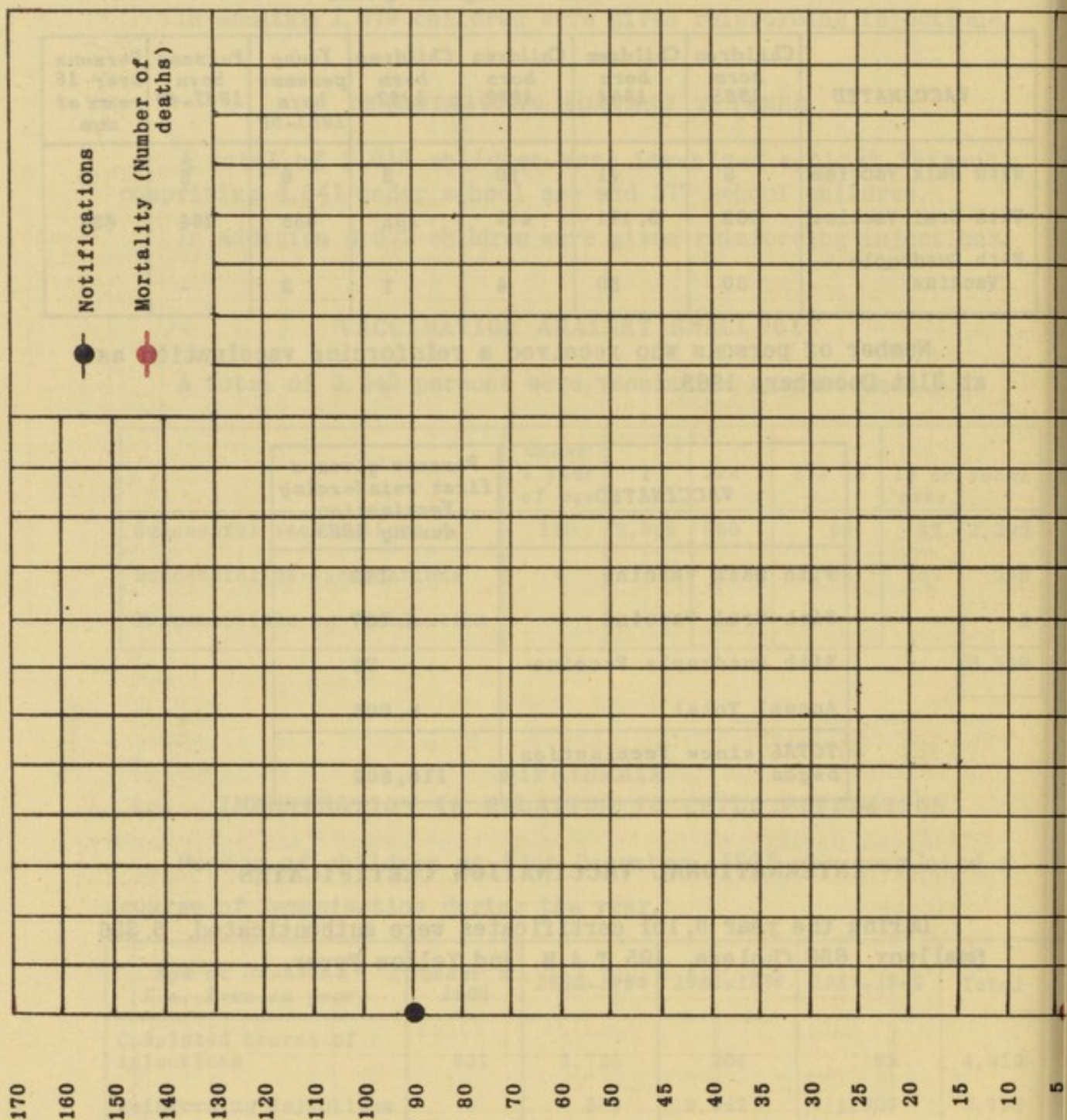
Number of persons who received a reinforcing vaccination as at 31st December, 1965.

VACCINATED	Persons given a first reinforcing Vaccination during 1965
With Salk Vaccine	142
With Oral Vaccine	4,787
With Quadruple Vaccine	76
Annual Total	5,005
TOTAL since Vaccination began	115,509

INTERNATIONAL VACCINATION CERTIFICATES

During the year 6,151 certificates were authenticated, 5,306 Smallpox, 650 Cholera, 195 T.A.B. and Yellow Fever.

TUBERCULOSIS (All Forms)
PRIMARY NOTIFICATIONS AND MORTALITY - 1965



Public Health (Tuberculosis) Regulations, 1952

Summary of notifications during the period from 1st January, 1965 to 31st December, 1965.

TABLE I **Formal Notification**

Age Periods	Number of Primary Notifications of new cases of Tuberculosis														Total (all ages)
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
Respiratory, Males	-	1	-	2	2	2	6	6	7	7	18	3	2	56	
Respiratory, Females	-	-	2	3	2	1	2	2	6	3	3	1	-	25	
Non-Respiratory, Males	-	-	-	-	-	-	2	3	-	-	-	-	-	5	
Non-Respiratory, Females	-	-	-	-	-	-	2	1	1	-	-	-	-	4	

TABLE II. **Supplemental Return**

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from 1st January, 1965 to 31st December, 1965 otherwise than by formal notification:-

RESPIRATORY		NON-RESPIRATORY	
Males	Females	Males	Females
35	28	1	4

Chest Clinic Register of Tuberculosis Cases

Number on Chest Clinic Register on 1st January, 1965	1,426
Transfers in from other areas	36
"Lost sight" cases returned during the year ...	-
New cases diagnosed as definite during the year ...	76
	<u>1,538</u>

Number of cases written off the Chest Clinic Register during the year as:-

Recovered	80
Died	27
Removed to other areas	32
"Lost sight of" and other reasons	10
	<u>149</u>

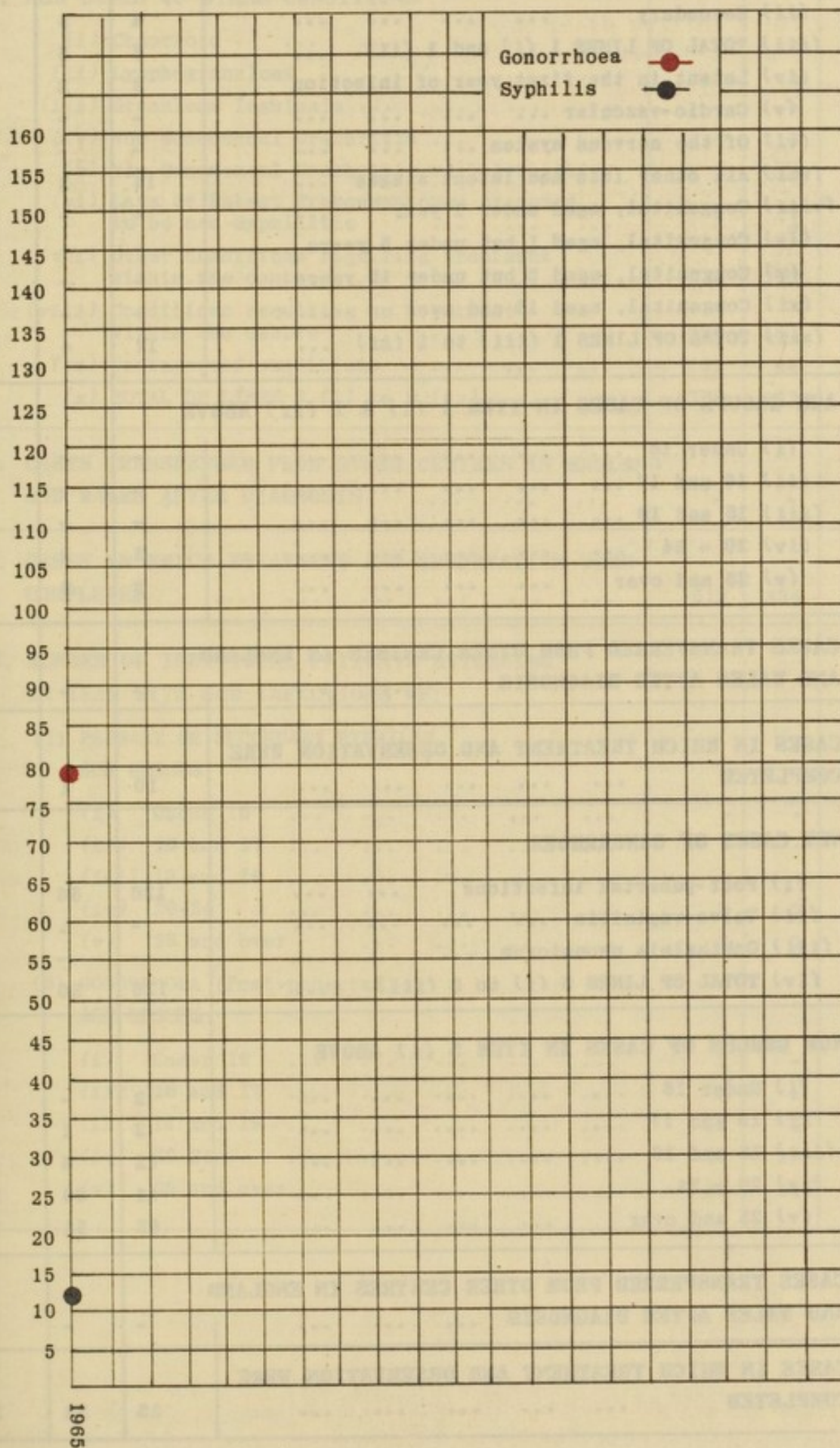
Remaining on Register as at 31st December	<u>1,389</u>
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The following particulars give a summary of the work done in connection with the Clinic:-

Number of patients examined for the first time, excluding inward transfers, i.e. patients who have removed from other areas	2,480
Number of visits paid by Clinic doctors to homes of patients	181
Number of visits paid to homes of patients by Tuberculosis Health Visitors	2,738
Attendances of patients at the Clinic -	
At ordinary sessions	*17,671
Number of X-Ray films taken	*19,250

*Includes 4,976 miniature film attendances

VENEREAL DISEASES - NEW CASES - 1965
RESIDING IN CROYDON



VENEREAL DISEASES

SYPHILIS

	Totals	Males	Females
1. NEW CASES OF SYPHILIS			
(i) Primary	2	2	-
(ii) Secondary	4	3	1
(iii) TOTAL OF LINES 1 (i) and 1 (ii) ...	6	5	1
(iv) Latent in the first year of infection	3	2	1
(v) Cardio-vascular	-	-	-
(vi) Of the nervous system	-	-	-
(vii) All other late and latent stages ...	14	2	12
(viii) Congenital, aged under 1 year ...	-	-	-
(ix) Congenital, aged 1 but under 5 years	-	-	-
(x) Congenital, aged 5 but under 15 years	-	-	-
(xi) Congenital, aged 15 and over ...	-	-	-
(xii) TOTAL OF LINES 1 (iii) to 1 (xi) ...	17	4	13
2. AGE GROUPS OF CASES IN ITEM 1 (i) & 1 (ii) ABOVE			
(i) Under 16	-	-	-
(ii) 16 and 17	-	-	-
(iii) 18 and 19	-	-	-
(iv) 20 - 24	3	2	1
(v) 25 and over	3	3	-
3. CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	-	-	-
4. CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	10	1	9
5. NEW CASES OF GONORRHOEA			
(i) Post-pubertal infections	126	86	40
(ii) Vulvo-vaginitis	-	-	-
(iii) Ophthalmia neonatorum	-	-	-
(iv) TOTAL OF LINES 5 (i) to 5 (iii) ...	126	86	40
6. AGE GROUPS OF CASES IN ITEM 5 (i) ABOVE			
(i) Under 16	2	-	2
(ii) 16 and 17	2	1	1
(iii) 18 and 19	12	4	8
(iv) 20 - 24	44	30	14
(v) 25 and over	63	51	12
7. CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	-	-	-
8. CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	85	54	31

GONORRHOEA

9. NEW CASES OF OTHER CONDITIONS						Totals	Males	Females
(i)	Chancroid	...	...	...	...	-	-	-
(ii)	Lymphogranuloma	...	...	...	...	-	-	-
(iii)	Granuloma Inguinale	...	...	...	...	-	-	-
(iv)	Non Gonococcal Urethritis	...	...	...	...	116	116	-
(v)	Non Gonococcal Urethritis with Arthritis	...	...	...	...	2	2	-
(vi)	Late or Latent Treponematoses presumed to be non-Syphilitic	...	...	...	...	8	1	7
(vii)	Other conditions requiring treatment within the centre	...	...	...	...	215	112	103
(viii)	Conditions requiring no treatment within the centre	...	...	...	...	304	157	147
(ix)	Undiagnosed conditions	...	...	...	...	81	44	37
(x)	TOTAL OF LINES 9 (i) to 9 (ix)	...	...	...	...	726	432	294
10. CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS						-	-	-
11. CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED						519	334	185
12. NUMBER OF INDIVIDUAL PATIENTS ATTENDING IN YEAR WITH NEW INFECTIONS OF:								
(1) PRIMARY OR SECONDARY SYPHILIS								
AGE GROUPS								
(i)	Under 16	...	...	...	...	-	-	-
(ii)	16 and 17	...	...	...	...	-	-	-
(iii)	18 and 19	...	...	...	...	-	-	-
(iv)	20-24	...	...	...	...	3	2	1
(v)	25 and over	...	...	...	...	3	3	-
(2) GONORRHOEA (Post-pubertal)								
AGE GROUPS								
(i)	Under 16	...	...	...	...	2	-	2
(ii)	16 and 17	...	...	...	...	2	1	1
(iii)	18 and 19	...	...	...	...	12	4	8
(iv)	20-24	...	...	...	...	44	30	14
(v)	25 and over	...	...	...	...	63	51	12

13. LOCALITIES IN WHICH INFECTIONS TOOK PLACE					Totals	Males	Females
(1) PRIMARY OR SECONDARY SYPHILIS							
(i)	In locality of Centre	...	...		1	1	-
(ii)	Elsewhere in Great Britain and Northern Ireland	...	...		1	1	-
(iii)	Outside Great Britain and Northern Ireland	...	...	...	-	-	-
(iv)	Not Known	...	...	...	4	3	1
(2) GONORRHOEA							
(i)	In locality of Centre	...	...		32	24	8
(ii)	Elsewhere in Great Britain and Northern Ireland	...	...		23	13	10
(iii)	Outside Great Britain and Northern Ireland	...	...	...	-	-	-
(iv)	Not known	...	...	...	71	49	22
14. ATTENDANCES AND DIAGNOSES OF CONTACTS							
(1) Contact slips issued to patients with							
(i)	Syphilis, primary and secondary				2	2	-
(ii)	Gonorrhoea	...	...	...	58	57	1
(2) Contacts attending with							
(i)	Syphilis, primary and secondary				-	-	-
(ii)	Gonorrhoea	...	...	...	12	12	-
(iii)	Other conditions	...	...	...	44	42	2
15. TOTAL ATTENDANCES OF ALL PATIENTS							
(i)	Syphilis	...	...	...	702	337	365
(ii)	Gonorrhoea	...	...	...	340	201	139
(iii)	Other conditions	...	...	...	2,692	1,682	1,010
(iv)	ALL CONDITIONS (TOTAL OF 15 (i)(ii) and (iii))	...	...	...	3,734	2,220	1,514
16. Cultures for the Gonococcus					708	17	691

Services Rendered at the Treatment Centre during the Year showing the Areas in which Patients dealt with for the First Time (Items 1, 5 and 9) resided.

County, County Borough (England and Wales) and Others	Syphilis	Gonorrhoea	Other Conditions	Totals
Croydon	12	79	368	459
Surrey	5	19	174	198
Kent	-	9	35	44
London	5	18	68	91
Others	1	1	-	2
Totals (to agree with Items 1, 5 and 9)	23	126	645 + 81 undiagnosed	794

LONDON BOROUGH OF CROYDON

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1965

To the Chairman and Members of the Education Committee:

LADIES AND GENTLEMEN,

This is the first Annual Report of the work of the School Health Service for the London Borough of Croydon.

It covers the period of integration of two systems operated by different Authorities, which was made somewhat difficult by staffing changes and shortages, but which otherwise proceeded according to pre-arranged plans.

Routine Medical Inspections

The former County Borough Council authorised a pilot scheme of selective inspection using a questionnaire devised by Dr. Horner. His careful study of the results did not require a recommendation for fundamental changes in the present procedure. The possibility of using a questionnaire as an improvement and not in substitution of the present method was being considered. As routine medical inspection has been the basis of the School Health Service since its inception, it was encouraging to have this confirmation of the effectiveness of existing arrangements.

Infectious Diseases

A moderate outbreak of Sonne dysentery in a South Croydon school responded to the usual control measures. The annoyance of submitting specimens and the exclusion of apparently healthy children produced complaints from several parents, in which both the staff of the school and the department were involved. Sonne dysentery is not a serious disease, and action for its suppression may seem more irksome than the actual illness. Previous local experience has shown, however, that in Infants' schools it can be ignored only at the risk of an outbreak involving the majority of scholars. Some disruption of school routine and inconvenience for parents, inseparable from preventive action, are therefore justified. Plantar warts were diagnosed as affecting an unusually large number of children, especially in New Addington. A similar frequency was observed some years ago in the County Borough area, and I included the results of a survey in my Report for 1959. The conclusions made then still apply. Although the condition is a reaction to a microscopic virus, it cannot be eliminated merely by disinfection. Restraints on barefoot drill and games, careful sterilising techniques for changing rooms, showers, and swimming baths, the early detection and treatment of affected children and their exclusion from barefoot activities, and talks on the care of the feet, especially for older girls, are all essential. Plantar warts are minor but painful afflictions of which prevention is fallible and treatment tedious. With present knowledge they must be accepted as a small risk of children's athletics.

Handicapped Children

A preoccupation during the year was the lengthening waiting list for educationally subnormal pupils. Despite conferences with officers of the Department of Education and Science, no early solution could be foreseen. Although our duty in the School Health Service may be limited to ascertainment and recommendations for special education, we cannot escape involvement in the difficulties which arise when suitable facilities are not available. Even more disturbing was the failure to recruit staff for the day unit for partially hearing children. In my last County Borough report I drew attention to the increase in the number of severely deaf pre-school children, whose defect probably related to the 1962 outbreak of Rubella. It was not possible to meet all their needs because no trained teacher applied in response to repeated advertisements. It may be that the time lost in this vital early stage of their education can

never be recovered fully. Again this was an educational and not a medical problem, but it is distressing to succeed in early diagnosis only to meet failure in the provision of remedial training. Against these setbacks can be recorded the recruitment of the full establishment of Speech Therapists, and the completion of premises for a day class for children with severe speech disorders. This will operate early in 1966. Plans were also well advanced for a pilot scheme to deal with a group of autistic children at the Child Guidance Clinic.

New Clinics

Two new clinics in purpose-built accommodation were completed, one at New Addington and the other at Sanderstead, and provided excellent facilities for all School Health duties in these areas. Special rooms in the Community Centre on the Shrublands housing estate also became available at the end of the year, and should allow decentralisation of some services for the convenience of parents and children in the area.

Dental Health

During the year Mr. R.G. Oliver, Principal School Dental Officer since 1938, retired after an extended period of office following his 65th birthday. I take this opportunity to record appreciation of his long and distinguished service to the former County Borough, and for his help in ensuring a smooth transition to the new Authority on April 1st. The report is presented by his successor, Mr. Everett, who reinforces the comments in Mr. Oliver's last report, that improvement in children's teeth observed in recent years follows acceptance of treatment and not any reduction in dental decay. Both the Principal Dental Officers thus re-emphasize the need for prevention, which rests on education in dental hygiene and an adequate fluorine content of drinking water.

Health Education

A joint working party from the Education and Health Departments produced a comprehensive Teachers' Guide, explaining how this subject can be included in the curriculum at different age levels. Steps to introduce and circulate this document were being taken. It was the logical development of our original concept that a Health Education section gives or revises basic knowledge, supplies teaching aids, and delivers occasional specialist talks. Otherwise hygiene - the science of healthy living - is part of ordinary education.

1965, as a year of reorganisation of Local Government in London, imposed heavy burdens on all Committees, to which were added for Education the need to make far reaching policy decisions on the whole basis of the system. Against this background, the continued interest and support of the Committee in the relatively small School Health Service section are especially appreciated. Also the efforts of the Chief Education Officer and his staff, hard pressed to decide priorities and hampered by failures to recruit, who have nevertheless striven constantly to provide the services authorised for handicapped children. Head Teachers have assisted in pilot studies, and I am grateful for their increasing acceptance of us as helpful colleagues, rather than disrupting intruders, into their Schools.

Finally, my thanks are due to the members of my own staff for routine duties, to those who have contributed items about activities which may be of special interest to Members of the Committee, and to my deputy, Dr. Horner, for detailed administration of the Service and compilation of this report.

Yours faithfully,

S. L. WRIGHT,

Principal School Medical Officer.

PARTICULARS OF SCHOOL CLINICS

as at 31.12.1965

The following Clinics are provided by the Education Committee; attendance, with the exception of the Minor Ailments Clinics, is by appointment arranged by the Principal School Medical Officer:-

Clinic	Address
Minor Ailments	Lodge Road, Broad Green, Croydon. (Daily a.m. Monday to Friday and alternate Saturday a.m.) Parkway Clinic, New Addington. (Daily a.m. Monday to Friday and every 4th Saturday a.m.) Waddon Clinic, Coldharbour Road, Waddon. (daily a.m. Monday to Friday) Ashburton School, Shirley Road, Croydon. (Monday and Thursday a.m. during term time.) Rockmount School, Rockmount Road, Upper Norwood. (Monday and Thursday p.m. during term time.) Purley Clinic, Whytecliffe Road, Purley. (Wednesday 3-4 p.m. and every 4th Saturday a.m.)
Dental	Lodge Road, Broad Green, Croydon. 206, Selhurst Road, South Norwood. Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley. Shirley Road, Shirley, Croydon. Waddon Clinic, Coldharbour Road, Croydon.
Inspection	Lodge Road, Broad Green, Croydon. (Fortnightly. Saturday a.m.) Purley Clinic, Whytecliffe Road, Purley. (Monthly. Saturday a.m.) Parkway Clinic, New Addington. (Monthly. Saturday a.m.) Ashburton School, Shirley Road, Croydon. (as required) Rockmount School, Rockmount Road, Upper Norwood. (as required) Waddon Clinic, Coldharbour Road, Croydon. (as required)
Physiotherapy	47, St. James's Road, Broad Green, Croydon. (Monday to Friday) Parkway Clinic, New Addington. (Thursday a.m.)
Speech	47, St. James's Road, Broad Green, Croydon. Parkway Clinic, New Addington. Purley, 115, Brighton Road, Purley. Sanderstead Clinic, Rectory Park, Sanderstead. Waddon Clinic, Coldharbour Road, Croydon.
Audiology	Lodge Road, Broad Green, Croydon. (a.m. Monday to Friday and Monday p.m.) Parkway Clinic, New Addington. (Thursday p.m.) Purley Clinic, Whytecliffe Road, Purley. (Fortnightly. Wednesday a.m.) Sanderstead Clinic, Rectory Park, Sanderstead (as required)

	Clinic	Address
Enuresis		Lodge Road, Broad Green, Croydon. (Weekly. Tuesday p.m.) Parkway Clinic, New Addington. (Monthly. Monday p.m.) Purley Clinic, Whytecliffe Road, Purley. (Monthly. Friday p.m.)
Eye		Purley Clinic, Whytecliffe Road, Purley. (every Wednesday a.m. and Friday)

STAFF OF THE SCHOOL HEALTH SERVICE

*Medical Officers	... 11 (full time)	(39.5%)
*Medical Officers	... 1 (part time)	
Consultants and Specialists	... 9 (part time)	
*Dental Officers	... 10 (including 2 part-time)	(80%)
*Physiotherapists	... 4 (including 1 part-time)	
Speech Therapists	... 7	
*School Nurses and Nurse/Assistants	... 54 (including S.H.V. and Deputy)	(55%)
*Dental Surgery Assistants	... 12 (including 3 part-time)	(80%)

*Also performing duties in other sections of Public Health Department. Percentages in brackets show proportion of time given to school work.

COST OF THE SCHOOL HEALTH SERVICE

The cost of the medical, dental and nursing services was £79,438.

Cost of Special Schools

Schools maintained by the Council	... ..	£90,116
Other Schools (not maintained by local Education Authorities)	... ..	£32,210
Adjustments with other authorities in respect of Special Schools...	... ..	£8,392
		<u>£130,718</u>

PART I MEDICAL INSPECTION IN SCHOOLS

The medical inspection of schoolchildren at fixed intervals during their school lives has been an integral part of the development of the School Health Service although in recent years attempts have been made to create a system which would involve the examination of a selected number of children only. An experiment conducted during 1964 in one of the constituent authorities suggested that although a selective scheme was practicable in Croydon, it might well be less effective than the present procedure. The following system of routine medical inspection has been adopted in all maintained schools within the Borough and in other schools which have requested it.

(i) Entrants

Children admitted for the first time to school and not already examined as Entrants, i.e. normally between 5 years and 6 years.

(ii) 8 Year Old Group

Children in their second year in a Junior School, unless previously examined in the Junior School.

(iii) Entrants to Secondary School

Children in their first year in a Secondary School.

(iv) Final Leavers

Children in their last year of attendance at school who have not been medically examined in that year.

(v) Special Cases

Children of any age whom the Head Teacher and parents wish the Medical Officer to see at his next visit.

A number of improvements in the system of routine medical inspection have been introduced as a result of last year's experiment. A reduction in the total number of children examined at each session has allowed more time to be given by the school medical officer to each individual child. (It is interesting to note that a greater proportion of defects has been discovered since this alteration and it is tempting to assume a causal relationship). School medical officers have each an area in the Borough in which they are responsible for the schools and most of the infant welfare clinics, so that continuity of care before and after the commencement of school life can become a practical

reality. Arrangements have been made for school medical officers to visit each infant school at least once every term and so permit a closer relationship between the teacher and the medical officer at a particularly important stage in the child's development. In addition a number of medical officers now visit schools at other times and this provides an opportunity for the discussion of particular problems affecting individual children.

Table 1. Numbers seen at Medical Inspections, 1965

Routine Inspections	16,712
Special Inspections -	
at school medical sessions	525
at inspection clinics	17
	542
Reinspections -	
at school medical sessions	982
at inspection clinics	981
	1,963

Although precisely comparable figures for previous years are not available, the proportion of school children who were medically examined in 1965 compares favourably with the recent experience of the constituent authorities. Similarly, the proportion of parents who attended the medical inspection (Table 2) is comparable with earlier years and indicates a continuing interest in the Service. Experimental evidence suggests that many parents are anxious that the regular examination of their children should continue.

Table 2. Attendances of Parents at School Medical Inspections

	London Borough		County Borough			
	1965		1964		1963	
	Boys	Girls	Boys	Girls	Boys	Girls
Entrants	88.1%	85.2%	89.5%	90.8%	83.3%	83.5%
Leavers	4.3%	8.0%	2.9%	10.1%	4.1%	9.3%
Others	58.3%	59.8%	50.9%	58.0%	52.8%	51.3%
Total Number of Children Examined	8,180	8,532	7,174	5,624	5,963	6,843
Total Attendance of Parents	54.5%		52.3%		49.0%	

Table 3
**RETURN OF DEFECTS FOUND IN THE COURSE OF ROUTINE MEDICAL
 INSPECTION, 1965**

Defects	Boys			Girls		
	Number requiring Treatment	Number referred for Observation	Percentage of total Defects	Number requiring Treatment	Number referred for Observation	Percentage of total Defects
Uncleanliness -						
Head/Body	2	1	0.1	2	*	0.1
Skin Disease	277	143	8.8	203	96	6.6
Eye Disease -						
Defective Vision ...	630	484	23.3	835	581	31.2
Squint	62	18	1.7	72	24	2.1
External Eye Trouble	18	48	1.4	37	35	1.6
Ear Disease -						
Deafness	103	127	4.8	91	110	4.4
Otitis Media	34	41	1.6	25	40	1.4
Other Diseases ...	13	18	0.6	17	23	0.9
Nose and Throat ...	117	328	9.3	113	285	8.8
Enlarged Cervical Glands (not T.B.) ...	14	43	1.2	7	40	1.0
Dental Defects	356	25	8.0	306	6	6.9
Speech Defects	50	79	2.7	47	49	2.1
Heart and Circulation	55	111	3.5	61	120	4.0
Lungs	42	92	2.8	37	83	2.7
Developmental -						
(a) Hernia	25	18	0.9	7	3	0.2
(b) Other	73	311	8.0	14	83	2.1
Deformities -						
Posture	33	71	2.2	92	118	4.6
Flat Feet	87	160	5.1	95	122	4.8
Others	82	152	4.9	96	135	5.1
Nervous System Disorders -						
Epilepsy	11	5	0.3	7	5	0.3
Other	24	29	1.1	21	31	1.2
Psychological -						
(a) Development ...	10	59	1.4	9	32	0.9
(b) Stability	44	76	2.5	37	55	2.1
Abdomen	8	26	0.7	15	33	1.1
Other Defects and Diseases	63	84	3.1	89	86	3.8
TOTALS	2,233	2,549		2,335	2,195	

Total Children Examined

8,180 Boys

8,532 Girls

Table 4

SUMMARY OF FINDINGS AT ROUTINE MEDICAL INSPECTIONS 1965
(Percentages of Children Examined)

Defect or Disease	Entrants		Inter-mediates		Entrants to Secondary School		Final Leavers		All Groups	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Teeth	6.7	5.3	6.4	5.8	7.7	6.0	6.2	4.0	6.8	5.3
Skin	2.2	2.9	3.9	3.3	7.5	5.5	16.9	5.0	7.1	4.2
Eyes -										
Vision	13.4	15.2	15.2	16.1	17.1	20.0	18.4	22.1	15.9	18.5
Squint	1.8	2.2	1.2	1.4	0.7	1.0	0.4	0.6	1.1	1.3
Other	1.1	0.9	0.9	1.2	1.4	1.2	1.3	0.7	1.2	1.0
Ears -										
Hearing	6.1	4.9	3.1	3.0	1.5	1.6	0.8	1.1	3.1	2.6
Otitis Media ...	2.2	2.2	0.8	0.7	0.5	0.2	0.3	0.3	1.0	0.8
Other	0.6	0.7	0.8	0.5	0.9	0.7	0.5	1.0	0.7	0.7
Nose and Throat	12.9	10.5	6.3	7.3	4.3	4.1	3.2	1.8	7.0	5.9
Speech	4.3	3.0	0.8	0.8	0.6	0.9	0.3	0.5	1.7	1.3
Cervical Glands	1.4	1.2	0.4	0.6	1.1	0.3	1.2	0.6	1.0	0.7
Heart and Circulation ...	3.4	3.0	2.1	2.3	1.7	2.1	1.5	1.5	2.2	2.2
Lungs	3.0	2.5	2.3	1.1	1.4	1.6	1.8	1.1	2.1	1.6
Development -										
Hernia	0.8	0.2	0.7	0.2	0.5	0.1	0.3	0.1	0.6	0.2
Other	5.5	1.2	4.7	1.4	8.5	1.7	2.8	1.0	5.6	1.1
Orthopaedic -										
Posture	1.3	1.4	2.5	2.3	1.7	4.6	0.7	3.1	1.5	2.9
Flat Feet	4.8	2.5	4.5	4.1	4.2	4.5	4.6	3.4	4.5	3.6
Other	5.1	3.8	3.5	3.2	4.0	3.3	3.7	3.5	4.1	3.5
Nervous Diseases -										
Epilepsy	0.2	0.2	0.2	0.1	0.3	0.3	0.3	-	0.2	0.2
Other	1.1	1.1	0.8	0.7	0.8	0.4	0.3	0.6	0.8	0.7
Psychological -										
Development ...	1.8	1.0	0.8	0.6	0.5	0.3	0.2	0.1	0.9	0.5
Stability	2.9	2.6	1.7	1.0	1.2	1.0	0.4	0.2	1.6	1.2
Dull and Backward	-	-	0.1	-	-	-	-	-	0.1	-
Abdomen	0.9	1.0	0.5	0.8	0.4	0.3	0.1	0.4	0.5	0.6
Other Defects ...	2.0	1.6	2.3	1.6	4.8	3.1	1.4	3.2	2.7	2.4

Medical inspections in non-maintained schools were continued during the year in those schools which have requested such facilities. Two schools have made enquiries about the possible commencement of medical inspections but no formal requests have yet been received. Arrangements have been completed for the introduction of annual medical inspections at the Croydon Spastics Centre which already receives a financial grant from the Education Committee. Following a request by the Head Mistress at Croydon High School for Girls, arrangements have been made for routine sweep tests of hearing to be introduced in the Infant Department. A total of 764 children were medically examined at non-maintained schools in 1965, and detailed findings have been recorded in Appendix C, page 59

As a result of medical inspections in all schools a total of 4,568 defects were receiving or were thought to require medical treatment and a further 4,744 defects were referred for further observation by the school medical officer. A summary of the defects which were found has been recorded in Table 3 from which it will be noted that vision defects, upper respiratory defects and orthopaedic conditions accounted for almost half of the conditions which were reported. The proportion of defects which were discovered in every hundred children examined has been recorded in Table 4. It is interesting to note that every seventh child in Croydon fails to achieve a "normal" standard of vision when the appropriate examination is undertaken in school.

Personal Hygiene

Infestation with nits continues to be a small but persistent problem in Croydon. Cleanliness inspections have been carried out by the school nurses each term in most schools and as a result of primary inspections vermin were found in 17 children and nits alone in 437 children. Thus 0.9% of the children showed evidence of infestation as against 1.1% in 1964. Parents are advised about the best method of dealing with the condition and a cleansing station is provided for the treatment of scabies and persistent verminous conditions. 16 schoolchildren attended the Cleansing Station for treatment of scabies, and five schoolchildren were treated for head vermin.

Table 5. Cleanliness Inspections

Number of children inspected for cleanliness (first inspection)	48,206
Number of children inspected at follow up visits	2,764
Number of children found unclean for the first time in 1965	341
Number of occasions in which children were found unclean at follow up visits	108

Infestation is now a minor problem and the school nursing service is to be congratulated for its efforts over a long period of time to teach children and their parents the need for cleanliness. The small reservoir of infestation which remains creates social and legal problems but it is doubtful whether the mass inspection of all schoolchildren for cleanliness is necessary in modern conditions. Despite its emotional overtones, infestation can and does occur in the best regulated households since, like all infectious disease, it has no respect for persons. It is difficult, therefore, to define any group of children who are free from risk and who may be excluded from inspection. Clearly attention must be focused upon those schools in which cases do still occur but in the remainder an annual epidemiological survey is probably sufficient so that some index of infestation in the Borough as a whole may be obtained. Such a survey could be carried out in conjunction with the intermediate medical inspections at eight years and eleven years, and it is hoped that a revised scheme may be introduced during 1966.

Defects of the Skin

Significant outbreaks of plantar warts (verrucae) appeared in various parts of the Borough during the year. It was necessary to establish a clinic in the Purley area to provide treatment but large numbers of cases were treated in all clinics and especially at New Addington. A teacher at Fairchildes Secondary School carried out an epidemiological survey of the boys suffering from plantar warts in that school and he was able to show a significant association with showers at school and also attendance at the local swimming baths. Unfortunately it was not possible to differentiate between the two factors since most of the boys took part in both. The exclusion of any child thought to be suffering from a plantar wart from all forms of barefoot activity in school and elsewhere, is the minimum requirement for arresting the spread of this troublesome condition. Treatment is usually prolonged and preventive measures are obviously preferred.

Plantar warts are not always recognised until pain is experienced and it seems reasonable to suggest that the condition may be infectious before this point is reached. This argues the need to prohibit all forms of barefoot physical activity in schools, a policy which has been constantly advocated by the School Health Service in Croydon for many years. It is claimed, however, that such a policy is impractical on both educational and social grounds. It must be admitted that opportunities for the spread of the condition will still exist at swimming baths and in school showers even if children wear plimsolls in the gymnasium but when plantar warts are prevalent in an area it seems sensible to reduce the opportunities for spread to a minimum.

A number of disinfectants have been advocated in the control or eradication of the problem: The popularity of particular products seems to vary with the efficiency of their sales organisations. Some of the claims which have been made certainly seem to be encouraging but it would be unwise to regard disinfectants as an alternative to other methods of prevention. It would be preferable to use them only as an additional safeguard. The recent history of disinfectants, antiseptics and antibiotics hardly justifies the hopes of the lay public that such products are the final or even complete answer to diseases caused by micro-organisms.

In any event, children should be taught to wear well fitting shoes and socks in order to protect the skin, and to wash the feet every night at home particularly after physical education, games and swimming.

Dr. Simmonds has drawn attention to the prevalence of athlete's foot (*Tinea pedis*) especially in New Addington and Dr. Roberts has noted its frequency in the Eastern area of the Borough. This condition is characterised by scaling of the skin between the toes and can be so common in senior schoolboys that it might almost be regarded as an acceptable variation from the normal. Laboratory tests have identified a fungus in the majority of cases. There seems little justification for the exclusion of affected children from games although some head teachers insist that this should be done. Attention to foot hygiene is an important safeguard: after washing, the feet should be dried very carefully, especially between the toes. A little dusting powder should be applied although excessive amounts will lead to irritation which is itself a characteristic symptom of the condition.

Defects of Vision

Defects of vision constitute the largest single group of abnormalities discovered by the School Health Service. In 1965 27.2% of all defects were in this group (Table 3). Dr. Clarke has commented on the high degree of accuracy of visual acuity testing achieved at the school medical inspections, on the basis of the cases referred to him at Purley Eye Clinic (page 27). This is particularly encouraging since it is sometimes difficult, especially in older schools, to find suitably illuminated accommodation in which the tests may be completed at the usually recognised distance of six metres. In addition to the vision tests conducted in association with routine medical inspections, a further examination of vision was introduced in all secondary schools at the age of thirteen years. This is a period of school life during which a large proportion of children may expect to devote an increasing amount of time to study and close work. Defects of vision are likely to interfere with this process so that it is important to develop a progressively more sophisticated service of detection. Indeed some medical officers have advocated annual vision tests during the major part of school life. Waiting lists at the various Eye Clinics have gradually declined during the year and it has been possible to arrange for all children to see an ophthalmic surgeon or ophthalmic medical practitioner within a reasonable period of time. Every effort is made to persuade parents to accept a further examination by a medical practitioner with special experience in the field, when a defect of vision is found in school. After this initial examination either at the Hospital or School Clinic the parent is given a free choice of opticians if glasses have been prescribed.

Colour vision is tested routinely at the age of 11 years in all secondary schoolboys so that preliminary warning can be given before the child has chosen a career in which normal colour vision is an absolute condition. Abnormal colour vision is a familial condition which is not capable of correction. Most affected children develop a remarkable skill in associating colours so that the discovery of the condition sometimes produces obvious surprise or even frank disbelief.

Table 6. Summary of Findings at Routine Inspections of Vision

	Boys			Girls		
	<i>Number Examined</i>	<i>Number of Defects</i>	<i>%</i>	<i>Number Examined</i>	<i>Number of Defects</i>	<i>%</i>
Entrants	2,468	332	13.4	2,386	374	15.7
8 year old group	2,107	323	15.3	1,974	314	15.9
Entrants to Secondary School	1,905	331	17.4	2,005	407	20.3
13 year old group	607	136	22.4	779	169	21.7
Final leavers	1,700	313	18.4	2,167	480	22.1
Total (all age groups)	8,787	1,435	16.3	9,311	1,744	18.7

Defects of Ears, Nose and Throat

The number of children who failed the sweep test of hearing in school showed a slight reduction compared with previous years. It is possible that this reflects slightly different standards of acceptable response by the audiometricians since there have been changes of staff during the year. The current figure of 8% is still considerably in excess of the anticipated incidence of significant hearing defects in the Borough. Children who fail the sweep test are examined in greater detail and if a real hearing loss is confirmed, they are seen by one of the school medical officers who decides whether further investigation is appropriate.

The number of children found to be suffering from middle ear disease (otitis media) at school medical inspections has shown a marked increase during 1965. It is disturbing to note that the acute episodes of this condition which were so familiar before the discovery of penicillin and sulphonamides have apparently been replaced by the development of sub-acute cases in which the infection may not be finally eradicated. In 1963 three general practitioners reported a series of 218 attacks of acute otitis media (Lancet 2 p. 1129) and showed that almost one-third had not been cured at the end of one month and that six months later only 23% of those children followed up were completely normal. Recently a further survey in general practice (Brit. med. J. (1966) I p. 75) has shown that following an attack of acute otitis media, a considerable number of children spend an appreciable period of time with a deafness which can affect

their progress at school. It is clear that middle ear disease must still be regarded as a serious condition and that the School Health Service must be vigilant for possible long term sequelae.

Defects of the heart and circulation

The significance of cardiac murmurs in symptomless children is a matter for dispute even amongst leading specialists in the field, so that the discovery of an increased number of defects in this category last year must be viewed with some caution. When a previously unsuspected cardiac condition is found to be amenable to surgery, the Service may be forgiven for self-congratulation. Unfortunately, the price which must be paid for such satisfying discoveries is a large number of children and parents who must experience some anxiety whilst lengthy investigation and observation confirm that other heart murmurs are not associated with any apparent abnormality.

Twenty-one children were thought to be clinically anaemic and the subsequent requests for blood examination revealed, in almost every case, results well below the range of accepted normal values. Anaemia is an unexpected condition in a population of healthy schoolchildren and it would be helpful to know whether low haemoglobin values are common in the absence of clinical anaemia. A detailed survey of a whole secondary school using a simple screening test would be a valuable contribution to our existing knowledge.

Defects of the Lungs

There was no significant change in the pattern of lung defects during the year.

Number of cases of Notified Tuberculosis in children of school age:-

Pulmonary	9
Non-Pulmonary	Nil

The school population was 50,000 (approx.) so that the incidence rate of pulmonary tuberculosis per 100,000 was 18, and there were no deaths from tuberculosis.

Developmental Defects

The school medical inspection procedure continues to make a useful contribution to the detection of undescended testicles. This condition is readily amenable to surgery and most authorities seem to be agreed that treatment is desirable not later

than the onset of puberty. Parents are often reluctant to raise a matter which is obviously one of embarrassment to their sons and the school medical officers are particularly vigilant in ensuring that medical recommendations are diligently pursued.

Orthopaedic Defects

There was a significant rise in the number of cases of flat feet which were referred for treatment. This is somewhat surprising since the facilities for physiotherapy treatment were restricted during the year owing to staff shortages. Many medical officers regard the treatment of symptomless flat foot with some suspicion. Certainly, attention to the tone of all muscles by the encouragement of more general physical education seems preferable to intensive and prolonged remedial work when the condition is well developed. The discovery of large numbers of younger schoolchildren with flat feet argues the need for preventive action in earlier years.

Children suffering from milder forms of spasticity (cerebral palsy) are encouraged to attend ordinary schools and no complete record of their disabilities is kept. 66 children with more severe forms of the condition were known to the service on 31.12.65 and they were receiving education as follows:-

- 35 were attending St. Giles' School
- 5 were attending St. Margaret's School, Croydon
- 6 were attending Residential Schools for Physically Handicapped children
- 3 were attending St. Christopher's School
- 4 were attending Spastic Centre full time
- 10 were attending Spastic Centre part time
- 1 was attending a Unit for Partially Hearing Pupils
- 1 was attending a normal private school
- 1 was receiving Home Tuition

Psychological Defects

Special surveys have drawn attention to the steady increase in the number of psychological defects which are now being revealed by the School Health Service. Indeed some workers consider that the discovery of such defects is the major task of the Service in modern conditions. The observation that more such defects were identified in Croydon by the school medical officers need not, therefore, occasion much surprise. The number of children referred for treatment was similar to that in the previous year but there was a significant increase in the number of children supervised by the school medical officers themselves.

This reflects the increasing interest in psychological problems within the Service and justifies the in-service training which has been given during the year on psychiatric problems in childhood. Relationships between the School Health Service and the Child Guidance Clinic continue to be excellent and have been strengthened by the attachment of a school medical officer for two sessions each week and by the provision of ancillary staff in recognition of the increased area for which the Clinic has agreed to assume responsibility.

Height and Weight

The figures of average heights and weights are recorded in Table 7. It was not the practice to weigh and measure children in the southern part of the Borough so that figures for 1965 must be compared with those from the County Borough area only in previous years. It is apparent that the steady increase in average heights and weights which was such a feature of earlier years has now ceased. Increasing attention is now being given to variations within these averages. There is some evidence that only children are taller and heavier than their colleagues who are members of large families. Moreover the problem of individual children who are seriously overweight is causing increasing concern. Research studies confirm that overweight children become overweight adults and the risks to health which the latter experience have long been known. It is difficult to persuade parents who may themselves have experienced want in childhood, that it may not be in the interests of their own children for them to be fed indiscriminately. Dr. Thelma Wield has drawn attention this year to the increasing number of overweight children especially amongst the girls in secondary schools. Whilst many of the latter are willing to try to lose weight, a proportion of them are not, and occasionally mothers express indignation at the suggestion that it is necessary.

Dr. Phyllis Gibbons has reviewed the subject of obesity in an Appendix to this report (page 64) and she has described the work of an experimental clinic which has been created under her supervision to determine whether the School Health Service can make a useful contribution in this field.

Table 7

Average Heights and Weights in 1965 and Previous Years

	Number Exam- ined 1965	Average Height in inches					Average Weight in lbs.				
		1965	County Borough				1965	County Borough			
			1964	1963	1962	1939		1964	1963	1962	1939
BOYS											
5 years	1421	43.1	42.8	42.6	42.6	41.8	43.1	43.0	42.7	42.9	41.5
6 years	218	44.5	43.9	43.8	44.0	43.8	45.3	45.2	44.8	44.6	43.4
14 years	215	64.2	63.6	63.9	63.7	59.0	117.8	113.9	117.6	113.8	90.8
15 years	387	64.9	64.9	64.4	64.6	-	119.6	120.3	118.3	119.3	-
16 years	419	66.4	67.2	67.1	67.4	-	130.1	130.5	131.8	131.4	-
17 years	168	68.3	68.0	67.7	67.9	-	137.6	137.7	134.7	136.5	-
GIRLS											
5 years	1413	42.6	42.4	42.3	42.9	41.2	41.9	42.2	41.5	42.3	39.7
6 years	248	43.2	44.9	43.6	44.0	42.7	42.8	44.8	43.1	44.2	41.4
14 years	351	61.9	62.2	62.3	62.2	60.3	115.8	113.3	113.6	113.6	97.9
15 years	759	62.6	63.5	63.3	63.0	62.0	117.9	115.3	116.3	117.9	105.5
16 years	451	63.3	63.7	63.9	63.4	-	122.4	121.8	122.4	121.2	-
17 years	97	64.2	64.1	64.3	64.2	-	128.4	125.2	126.3	127.3	-

PART II SPECIALIST SERVICES

AUDIOLOGY SERVICE

Mr. J.C. Oakley, Peripatetic Teacher of the Deaf

1965 was an extremely busy year for the Audiology Clinic, 789 children were tested by pure tone audiometer, this included routine follow up cases, cases referred by School Medical Officers, and 338 Sweep Test failures. In addition to the regular clinics held at Lodge Road, Croydon and Parkway, New Addington, new clinics were also established at Whytecliffe Road, Purley and Rectory Park, Sanderstead, to deal with children attending schools in the Coulsdon and Purley area. 60 babies were also tested at the special clinic held in conjunction with Dr. Morgan, for the early ascertainment of deafness in young babies known to be 'at risk'. 7 of these were referred to Mr. Stewart, the Corporation's Otologist.

The number of deaf and partially deaf children under the age of 3 years, increased to 21 and it was necessary to arrange for their auditory training to be carried out on a group basis. The group met weekly at the Civil Defence Headquarters, Tavistock Road. In addition to the Teacher of the Deaf, a Speech Therapist and Nursery Assistant, were also in attendance. Extra speech training was also carried out in the Speech and Audiology Clinics.

78 children were seen by Mr. Stewart, who held regular sessions at Lodge Road. 9 hearing aids were recommended, 7 of these were National Health Service 'Medresco' aids and the other 2 commercial aids, paid for by the Corporation. Commercial aids are considered necessary if the hearing loss is very severe, or if there is a sharp perceptive loss in the higher frequencies. The 'Medresco' has no automatic volume control and cannot be tolerated by children with such a loss, as the hearing for low tones is often normal and a general amplification of sound causes a considerable amount of distortion and soon becomes painful.

During the year, all infant schools were visited at least once, and apart from absentees and unco-operative children (387), all children newly admitted to the school during the year were tested. Of the 4,721 children tested, 378 (approx. 8%), failed the test and were referred to the Audiology Clinic for further assessment.

Mrs. E. Goad, was appointed in April, to work as a part-time Audiometrician in the Coulsdon and Purley area. We were sorry to lose Mrs. Roberts at the end of the Summer Term. Her place was taken by Mrs. J. Margetts.

For additional statistical details, see Appendix B, Page 54.

CHILD GUIDANCE CLINIC

The Child Guidance Clinic in Croydon has hitherto been provided entirely by the Regional Hospital Board. The Report of the Underwood Committee, which was published in 1955 recommended that Local Education Authorities should assume responsibility for the provision of Child Guidance Clinics and for ensuring adequate ancillary staff whilst the hospital services should provide suitable specialist medical staff. Dr. Crosse had indicated his willingness to accept consultant psychiatric responsibility for the whole area of the new Borough and on 2nd February 1965 the Education Committee agreed to provide the additional ancillary staff.

I am grateful to Dr. G. Crosse for the following report.

"The extension of the clinic catchment area associated with the creation of the London Borough of Croydon was reflected in a sharp rise in the number of children referred for psychiatric attention. Since these new commitments were unaccompanied by any increase in medical staff, the waiting list which had previously been negligible soon acquired a depressing length. However, the secondment of Dr. Mills from the School Health Service for two sessions a week and a general drive to accelerate the turnover has reduced considerably the waiting time for new appointments. The practice of seeing urgent cases (such as school refusal) without delay continues. It is hoped that the increase in the establishment of one psychiatric social worker, one psychologist and one typist will help the clinic to balance supply against demand.

The important new clinic project which is being developed is a Day Hospital Unit for severely maladjusted children. Plans have been completed for this unit to be housed on the ground floor of the clinic and it is hoped that an early appointment of a charge male nurse/nursing sister will get the project off the ground. The unit will fill a big gap in the service in as much as it will facilitate the treatment of autistic children and other clinical groups whose therapeutic needs are not adequately met either by orthodox outpatient attendance or admission to the inpatient unit at Queen Mary's Hospital for Children at Carshalton.

Neighbouring university centres are beginning to take an interest in training facilities provided by the clinic, and it is pleasing to report that during the year one trainee social worker and two teachers joined the clinic team for experience in the management of emotionally disturbed children. The presence of qualified teachers in the team has not produced any inter-disciplinary problems, rather it has demonstrated quite clearly that there is much to be gained by a close integration of psychiatric and teaching disciplines."

<i>Source of Referral</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
General Practitioners	55	32	87
Parents	1	1	2
Education Dept./Schools	4	5	9
School Health	29	22	51
Children's Dept.	4	3	7
Juvenile Court/Probation Officer	8	7	15
Milton House Remand Home	-	119	119
Hospitals	11	11	22
Other Agencies	2	2	4
	<u>114</u>	<u>202</u>	<u>316</u>

<i>Analysis of above cases</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Diagnostic	6	129	135
Current cases under treatment	70	46	116
Closed cases - Improved	19	15	34
Closed cases - No Change	1	1	2
Closed cases - Unco-operative	14	7	21
Cases Transferred to other agencies	1	1	2
Domiciliary Visits	-	-	-
Cases Moved out of Area	3	3	6
	<u>114</u>	<u>202</u>	<u>316</u>

Current treatment cases carried over

from 1964 147

THE SCHOOL DENTAL SERVICE

Mr. W.G. Everett, Principal School Dental Officer

The aim of the Service is to ensure that as far as possible, children shall leave school free from dental disease and irregularity, with an understanding of the importance of good natural teeth, and zealous in looking after them. The scope of the Service includes routine inspection in schools, routine and emergency treatment in clinics, and dental health education in both.

Dental inspections in schools are organised to advise parents when there appears to be a need for treatment. Ideally, all children would be inspected every year, but owing to shortage of staff in the past this has not yet been achieved. Efforts will continue to be made to attain this. A system of recalls for regular inspection within the year is being developed to ensure that, for children accepting treatment in the school service, the same attention is available as that offered by an increasing number of general dental practitioners. Early diagnosis and treatment is essential if dental caries is to be controlled. The aim of all dental treatment is to conserve as far as possible all teeth, except where overcrowding contra-indicates this. In the past, the shortage of dental officers has prevented the best possible treatment being offered to all children, but now it seems that more dental surgeons are available for local authority dental work in Croydon, as in other parts of London and the South-East. Included in the treatment offered are the services of a consultant orthodontist who, in addition to treating children, is available to give advice to dental officers in complex cases. A comprehensive scheme of general anaesthetic sessions with a consultant anaesthetist from the Regional Hospital Board, provides a specialist service. This is also available for general dental practitioners to refer appropriate cases. Treatment is also provided for those handicapped patients eligible under the Mental Health Scheme.

At the end of 1965 the staff of dental officers consisted of five full-time and two part-time. There were seven full-time dental surgery assistants and five part-time. There were vacancies for one full-time and two part-time dental officers and one dental surgery assistant. It is hoped to fill these posts early in the new year. There is also a vacancy for a dental hygienist to be appointed. A suitable officer will be able to make a great contribution to the programme of Dental Health Education. There is an ever increasing need for development of this aspect of the School Dental Service, and a planned and sustained programme will benefit the community generally, as correct habits of oral hygiene inculcated in childhood and sustained into adult life cannot but improve the standard of general health.

Retirements have included that of Mr. P.G. Oliver, Principal School Dental Officer since 1938. During his service the general dental condition has improved considerably. The pattern of treatment has changed also. In 1938 for every 100 teeth filled 145 were extracted. It was not until 1958 that the number of teeth filled exceeded those extracted.

1938	for every 100 teeth filled	145 were extracted
1958	" " 100 " "	95 " "
1964	" " 100 " "	53 " "
1965	" " 100 " "	47 " "

In 1938, 16,679 school children were inspected, of whom 12,634 were found to require treatment - 75.7%. In 1965, 36,851 were inspected and 14,362 were found to require treatment - 38%.

Dental caries decreased during and just after the war, but the subsequent increase presents a serious public health problem. The following table shows the number of children with naturally perfect teeth amongst (1) five year olds, and (2) twelve year olds. Naturally perfect teeth are those with no fillings, no decay and where no teeth have been extracted.

	5 year olds	12 year olds
1948	21.7%	19.2%
1953	14.8%	12.0%
1958	12.8%	5.0%
1963	17.4%	3.8%

It can be seen from this that while pre-school children's teeth are now improving, those of school children show a continuing decline. Knowledge of the chemical and bacterial mechanism of dental decay indicates most strongly that the sale of biscuits, sweets and cakes in school tuck-shops can do nothing but aggravate this trend.

With the extension of the Borough through the Greater London reorganisation, the clinics of the old County Borough have been supplemented by two inherited from Surrey County Council. One of these is the new building at Rectory Park, Sanderstead, where there is one dental surgery with associated rooms. The other is at 62, Whytecliffe Road, Purley, which has two surgeries. The existing premises consist of the main dental centre at Lodge Road which has, at present, five surgeries. This building is in need of modernising and reorganising, and it is hoped to proceed with this soon. The dental centre at Shirley Road which was opened in 1955, provides two main surgeries and an auxiliary surgery. The dental clinic at 206, Selhurst Road is in a converted private house. It is hoped to replace this by more modern buildings which will serve the Upper Norwood and Thornton Heath areas and reduce the travelling at present necessary for children attending schools in those areas. The clinic at Parkway, New Addington was opened in March of this year, and provides two surgeries in a modern building. It is anticipated that the demand for treatment at this centre will increase as the development of the adjacent housing estate continues. The clinic at Coldharbour Road, Waddon, opened in 1963, provides a fully

furnished dental surgery. All clinics have air-turbine dental drills, in addition to the conventional items. With the exception of the Selhurst Road clinic all have dental X-Ray machines, and all have dental anaesthetic equipment with facilities for patients' recovery after anaesthetic sessions.

Appended are the figures giving details of the number and nature of items of treatment performed by dental officers during the year. Not only has there been an increase in staff and school population, but also new and different returns are now required by the Department of Education and Science. This is to facilitate comparison of the School Dental Service productivity with that of the General Dental Services of the National Health Service. The immediate result of this is that the figures collected for 1965 are no longer comparable with those of previous years, and no conclusions may be drawn.

In previous years not all children with decayed teeth were offered treatment for the reason mentioned above. However, it is hoped to be able to implement the policy that all requiring treatment should be referred. The benefit of regular visits to a dentist cannot be stressed too much, and even if no immediate treatment is desirable, the oral condition may be discussed with child and parent and advice given about dental care.

	1965	1964
School population	45,584	35,885
Number inspected	36,851	31,460
% inspected	82.6%	89.4%
Number requiring treatment	14,362	10,548
% requiring treatment	38%	33.5%
Number offered treatment	12,016	10,548
Number of consents	4,098	3,745
% of consents	34.1%	35.5%
* Number refusing treatment	6,009	5,164
% refusing treatment	50%	48.9%
Forms not returned	1,909	1,639
% of forms not returned	15.9%	15.6%

*This figure includes those attending for treatment outside the school service. A new consent form has been introduced and it is hoped to collect information as to the actual numbers of such patients.

The percentage of school children inspected this year is lower because of changes in staff and unavoidable intervals between resignations and appointments. The percentage of children requiring treatment appears to be higher because of the change of policy previously mentioned.

The Orthodontic Service

The pattern of this work reflects that found in other branches of the School Dental Service. Whereas in previous years there was a waiting list for treatment, a balance has now been achieved and more time can be devoted to individual cases so that the best possible result may be attained.

ENURESIS CLINIC

I am grateful to Dr. Margaret White for the following report:-

During 1965 a total of 246 children attended the Enuresis Clinics in the Borough. This is an increase of 69 over 1964. A certain proportion of the increase is due to the opening of a Clinic in Purley in April. 166 children were boys as compared with 90 girls. 127 cases were still attending at the end of the year and 91 were discharged dry. There is always a percentage of parents whose attendance is very erratic, and during 1965 22 patients were discharged for non-attendance after they had failed to keep three consecutive appointments. A larger number than usual - 15 - were transferred to other Clinics, half were referred to Renal Specialists to exclude organic disease. Two of these children had kidney disease for which they were treated. The other cases referred were considered to need psychological treatment. 101 of the children had been previously treated, mainly with amphetamine type drugs before they started to attend the Clinic. In over half of the children there was a family history of enuresis. 84 children used the buzzers. These are now issued with a larger foil pad, and the patients find there is less likelihood of the bell ringing without cause, with these larger pads.

No. of children attending - Lodge Road	-	167
- New Addington	-	49
- Purley	-	32
No. of children discharged dry	-	91
No. of children discharged for non-attendance	-	22
No. of children still attending	-	127
No. of children used buzzer	-	84

Age(in years)	-	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
No. of children	-	1	1	8	34	56	39	33	24	21	3	9	6	4	3	3	1

SCHOOL EYE CLINIC, PURLEY

In February 1965 the Education Committee resolved to provide a School Eye Clinic in Purley for an experimental period of one year. A similar clinic had been provided previously by the Surrey County Council although no sessions were held for some months prior to March 31st owing to the sudden death of Dr. L.J. Green. In the light of experience obtained since the 2nd April when the Clinic re-opened, the Education Committee have now agreed to establish it as a permanent part of the treatment facilities of the School Health Service. I am grateful to Dr. Derek Clarke for the following report.

"Although the waiting list for examination and re-examination had become inflated, a substantial amelioration has now been achieved and the waiting time between referral and examination is now reasonable. Schoolchildren are referred to the Clinic by school medical officers, local authority staff and family doctors. Children to be treated by spectacles (including occlusion) and those who require advice or review are kept on the books of the Clinic. Children who need other forms of treatment are referred to their own Doctor or to the Croydon Eye Unit or elsewhere as indicated. Some cases needing the help of the Orthoptist only are shared between the Purley Eye Clinic and the Orthoptist at the Croydon Eye Unit. Dr. Dunnet, one of the school medical officers, has been seeing and treating unselected cases and keeps a close liaison with me over their treatment and disposal.

The equipment at the Purley Eye Clinic has been brought up to the standard which I have recommended (notably by the addition of symbol-test-cubes for visual acuity) and is now entirely satisfactory as is the accommodation. The symbol-test-cubes have enabled vision testing to be done on children of three years and they are particularly useful for the "late reader" schoolchild of 5 or 6 years or for the very nervous. The referrals from routine medical inspections at school have been notable for the high accuracy of visual acuity testing. Many cases have been detected of refractive errors causing sub-standard visual acuity, several of amblyopia due to squint, several of squint without amblyopia and one of severe ocular disease (congenitally dislocated lenses) as well as a variety of minor afflictions such as inflammation of the eyelids (blepharitis). The work of the clinic is to be regarded as doubly worthwhile since it not only provides diagnosis and treatment of the children as patients but also ensures a satisfactory standard of visual acuity for school purposes and may thereby avoid educational retardation.

The staff of the Purley Eye Clinic have been exemplary in efficiency and courtesy."

HEALTH EDUCATION IN SCHOOLS

Miss D.S. Elliott, S.R.N., H.V. Cert., Dip. H.E.
Health Education Officer

In spite of certain difficulties in maintaining existing interest and projects during a year of great changes, a small working party from the health and education departments completed the draft of a book "Suggestions for Health Education in Croydon Schools". It was an attempt to stress the importance of regular and systematic health education in schools, to avoid children being presented with a series of isolated fragments of health information which they cannot relate to each other and which they cannot therefore fully understand.

As stated in the preface, the contents of the book are grouped in relation to the mental, physical and social development of children and attitudes to bear in mind. The book will have fulfilled its mission if it helps teachers to provide a wide range of learning experiences, leading to the development of desirable health habits, attitudes and knowledge and so to assist children to achieve "health behaviour" as a matter of personal choice.

A short bibliography has been included at the end of the book. It is emphasised that school doctors, health visitors and local education authority inspectors of schools are available to give current information and help. Further help with information and advice on teaching aids may be obtained from the health education section of the health department.

Two meetings were arranged with head teachers, doctors and health visitors to introduce the book to them. The first dealt with primary schools and the second which was also supported by the Chief Education Officer and the Principal School Medical Officer discussed its application in Secondary Schools. After discussion the head teachers accepted the thesis in principle. It will be some time before individual schools will be able to work out in detail how much can be included in their curricula. Some difficulty will be experienced due to the small number of staff with sufficient knowledge in this field, but it is hoped that the stimulus of the book will help in the general orientation of attitude towards modern health education.

In-Service Training.

Two study days were held for members of the school health team on "Child Health and the School". The principal speakers were Dr. R. de Mowbray, Endocrinologist and Dr. J.K. Lloyd, Lecturer in Paediatrics and Child Health at the Institute of

Child Health, Great Ormond Street, who spoke about "Growth and Development of the School Child" and "Nutrition and the School Child" respectively.

Their lectures were followed by short talks from representatives of various parts of the school health service, i.e. - speech therapist, peripatetic teacher of the deaf, principal dental officer, deputy principal school medical officer, youth employment officer and health education officer, who took the opportunity to explain and give each member of the staff a copy of "Suggestions for Health Education in Croydon Schools".

Venereal Disease

The previous policy of giving personal instruction and in-service training to teachers in school continued. Special talks were given on request to groups in secondary and grammar schools.

Information continues to be given to parents of primary school children during the special sessions held for them on "Talking to Children about Growing Up".

Smoking and Lung Cancer.

An intensive programme was carried out throughout the Borough in 1964. The subject has been followed up since in the community health programmes and, by special request, in some secondary and grammar schools.

Miscellaneous

A growing interest in "Social Studies" in secondary schools has caused many teachers to seek help from the Health Education Section. Much of the work undertaken under this title is health education and there is a growing awareness of its value in general education. Successful experimental discussion groups have been led by health education staff with fourteen year old girls and boys together at South Croydon Secondary School.

A first aid course was given at Lady Edridge Grammar School and the girls took the British Red Cross Society examination afterwards.

The Health Education Section has purchased a "Resusci-Anne" model and the Admiralty Series of films on "Emergency Resuscitation". An extensive programme on "Mouth-to-Mouth" life saving is planned to cover as many schools as possible in 1966.

Lectures were given to the Croydon Youth Leadership Training Council Stage II Training Course and to students at Coloma Teacher Training College. A course at Woodcote County Secondary School and various examinations in Home Safety for the Duke of Edinburgh's award were also undertaken during the year.

The time and attention given by so many teachers to health education when they were so hard pressed was very much appreciated.

INTELLIGENCE ASSESSMENTS

Children who are not making progress in an ordinary school are referred to the School Health Service to determine whether special education may be necessary. A test of intelligence is carried out not only when there is any suggestion of educational subnormality but also during the investigation of a large number of other medical problems. During the year the head master requested information about the intelligence of children admitted to St. Giles' School.

126 children were examined during 1965. The classifications arrived at, together with recommendations made, were as follows:-

(1) Found to be educationally subnormal:-

(a) Recommended for Day School for E.S.N. pupils	69
(b) Recommended for Residential School for E.S.N. pupils	2

(2) Found to be unsuitable for education in School 22

(3) Other Recommendations:-

(a) Referred back to an Ordinary School	12
(b) Referred for further investigation by School Psychological Service	9
(c) Recommended for Day Special Schools for other handicaps	7
(d) Referred for Speech Therapy	2
(e) Referred for Medical Treatment	3
(f) Referred for further assessment	10

136

Awaiting assessment on 31.12.65. 10

In addition, 49 intelligence tests were given to children attending St. Christopher's Special School.

A further 6 intelligence tests were given to children who were about to attend St. Giles' Special School

SPEECH CLINIC

Mrs. S.M. Wickerson, L.C.S.T., Senior Speech Therapist

1965 marked a significant change and increase in Croydon's Speech Therapy Service.

Two members of the staff - Mrs. Coates and Mrs. Kent, left, and for a time the service was under great stress and pressure of work. However, five new Speech Therapists commenced their duties in September and October. Fortunately the Service is now fully staffed.

A great deal of time has been devoted to increasing and improving the Service in the new areas of the Borough. Speech Therapy Services were increased from two only in the southern area to six in Purley and four in Sanderstead - the latter commencing in November when the new clinic became available.

As in the past schools have been visited, to select and assess children for treatment, and the Senior Speech Therapist visited every school in the southern parts of the new Borough. The response was good, and as a result the number of sessions in the Purley and Sanderstead clinics may have to be increased.

Towards the end of the year plans were formed and passed to create a Day Unit for severely speech disordered children to open in January 1966. This I feel sure will be of immense value to the Borough.

Help has been given by the Speech Therapy staff to severely deaf pre-school children owing to a shortage of teachers of the deaf.

As mentioned in previous reports, the speech clinic has had several official visitors during the year, and it has also provided clinical experience for speech therapy students. Talks have also been given to voluntary organisations - Young Wives Clubs, etc.

As in the past both of Croydon's special schools have been visited regularly and treatments given by the Speech Therapists.

OTHER SERVICES

Transport of Children to Ordinary Schools

In the event of an accident or illness resulting in temporary disability, the school medical officer is asked to decide whether special transport should be provided to enable the child

to attend school. Before making any recommendation careful enquiries must be made to ensure not only that the transport is justified but that the child will be able to work satisfactorily when he eventually reaches the school. A child in a leg plaster may have great difficulty in negotiating several flights of stairs in order to attend various classes during the course of the day.

School medical officers recommended that special transport should be provided for 15 such children during the year.

Convalescent Treatment

Twelve children received a convalescent holiday on the recommendation of the school medical officer. These arrangements are not intended to provide annual holidays for children whose parents are unable to provide them: they are an essential part of the recuperative treatment provided for a child who has been found to be in poor general health or a child suffering from a particular disability. Details of the diagnoses and periods of stay are shown in the accompanying table.

<i>Diagnosis</i>	<i>No. of Children</i>	<i>Period of Stay</i>
Debility and Underweight	1	8 weeks
Eczema	1	4 weeks
Debility and Underweight	1	3 weeks
Diabetes	1	2 weeks
Fibrocystic Disease with chest symptoms	1	2 weeks
Recurrent upper respiratory infection	1	2 weeks
Chronic conjunctivitis	1	2 weeks
General Debility	4	2 weeks
Other	1	2 weeks
<i>TOTAL CHILDREN</i>	12	

Juvenile Employment Return

The following numbers of children were examined by the medical officers during 1965 as to their fitness to undertake the part-time employment indicated.

	1965	1964	1963	1962
Delivery of Goods for Shopkeepers	57	39	33	28
Delivery of Newspapers	202	222	244	320
Delivery of Milk	5	4	6	6
Shop Assistants	83	81	42	64
Examined by Surrey C.C.				
1.1.65 to 31.3.65	47			

Provision of Meals and Milk

During 1965 all milk was supplied free of charge and approximately 34,100 children per day received one-third of a pint each in Maintained Schools. This was equal to 62% of children attending in Secondary Schools, and 93% in Junior Schools, and Infants 98%.

Since 1st September, 1957, milk has also been supplied by the Education Committee to children in the Non-Maintained Schools in accordance with instructions from the Ministry of Education. Approximately 7,000 bottles per day are supplied to the Non-Maintained Schools.

All milk supplied is pasteurised, and the sources of supply are subject to the approval and constant supervision of the Medical Officer of Health.

The number of meals supplied daily to children during 1965 was approximately 28,000.

Cost of Milk and Meals

Meals and Milk cost £561,909. Income from payment for meals was £193,367, making a net cost of £368,542, on which grant is paid of 100 per cent. on approved expenditure.

Causes of Death in Schoolchildren

From the weekly returns of the local Registrar and from the inward transfers, it is possible to abstract the causes of death of all schoolchildren. There were 13 in 1965 equal to a death rate for this group of 0.257 per thousand.

The details were:-

Accidental	4
Cancer	3
Cirrhosis of the liver	1
Epilepsy	1
Primary pulmonary hypertension	1
Progressive muscular atrophy (Werdnig Hoffmann syndrome)	1

PART III HANDICAPPED PUPILS

The introduction of a card index system has considerably improved the recording system within the Service. It is now possible to obtain information about the nature and extent of various handicaps for which special educational provision is made and such information will be invaluable for future planning. Wherever possible handicapped pupils should be educated in ordinary schools although it is recognised that many practical difficulties militate against such an ideal. Unusually large classes, unsatisfactory environmental conditions in the local school, and not least, failure to make educational progress are all factors which must be considered by the school medical officer when he gives advice concerning special education. Wherever possible handicapped children are educated on a day basis and the Authority has steadily increased the range of its special educational provision so that it may educate such children within its borders. Where suitable local provision is not available, residential education is considered by a special sub-committee.

Table 8

Children requiring Special Education 1965

Children requiring Special Education 1965										
CATEGORY	1965		Number of Children Receiving Special Educational Treatment 20.1.66						No. of Children awaiting place- ment on 20.1.66	
	New Cases Assessed	* New Admis- sions	Special Schools		Inde- pendent Schools	Hospi- tals	Home Tui- tion	Total	Day	Resi- dential
			Day	Resi- dential						
BLIND	2	1	-	5				5	-	-
PARTIALLY SIGHTED	0	4	13	2				15	-	-
DEAF	2	2	8	7	1			16	-	1
PARTIALLY HEARING	7	6	16	5				21	4	1
EDUCATION- ALLY SUB- NORMAL	71	51	206	16	4			226	36	2
EPILEPTIC	2	2	17	4				21	-	-
MALAD- JUSTED	14	7	5	6	20			31	-	8
PHYSICALLY HANDI- CAPPED	25	26	92	14	2		4	112	6	1
SPEECH	11	1	13	3				16	-	3
DELICATE	15	10	49	5	3	18	1	76	2	2
TOTAL	149	110	419	67	30	18	5	539	48	18

*Including cases ascertained in previous years.

Blind and Partially Sighted Pupils

	<i>Blind</i>	<i>Partially Sighted</i>
In Residential Schools	5	2
In Day Schools	0	13

Blind

During the year two blind pupils were found to require special educational treatment. One child, previously categorised as partially sighted, was admitted to Heathersett Training Centre for the Blind so that she could receive further education and vocational training by methods not involving the use of sight.

Partially Sighted

During the year no medical recommendations under this category were made by the Service in respect of children living in Croydon. One child attending a Croydon school was found to be partially sighted and recommended for admission to St. Luke's Special School.

At the end of the year a proposal to amalgamate St. Luke's School as a separate unit within St. Giles' School was reconsidered by the Committee in view of the doubts expressed concerning the available accommodation at Addington. It was decided to transfer only children of secondary age and so leave the younger children in the present buildings. I am grateful to Miss J. Rundle for the following report of the work of the school during 1965.

St. Luke's School for the Partially Sighted

During 1965 several children were admitted to the school, these were mainly in the infant and junior age groups.

The Educational Psychologist carried out intelligence tests which revealed that the children's intelligence quotients range from 52 to 170. The children of average and above-average intelligence are able to make steady progress in spite of their visual handicap but the less able children, hampered further by defective vision, are faced with many learning problems.

A senior pupil continued with Braille lessons given by a visiting home teacher for the blind. In September this pupil was transferred to the Heathersett Centre for the Blind at Reigate. Her first report was very satisfactory.

Many educational visits were made during the year, these included visits to the Royal Mews, the Natural History and Science Museums, the London Zoo, Windsor Castle and other places of interest. In addition to the educational value of these excursions the children gain in mobility, have experience in coping with busy roads and in using public transport.

Many parents and friends visited the school on Open Day and at Christmas for the Nativity Play. The good attendance of parents on these occasions and at other meetings with them have proved their keen interest in the school and in their children's progress.

The ophthalmologist, Mr. Davies, visited the school to examine the children's eyes. The Deputy Principal School Medical Officer carried out the annual medical examination. His interest in the children is greatly appreciated.

The Education Committee had, for some time, been considering the re-organisation of the school. At the end of the year it was finally decided to transfer the senior pupils to St. Giles' School so that they would be able to benefit from the increased facilities available at a larger school.

Children on Roll 31.12.65	- 22
Admissions during the year	- 9
Transferred to Centre for the Blind	- 1

Deaf and Partially Hearing Pupils

	Deaf	Partially Hearing
In residential schools	8	5
In day schools and units	8	16
Awaiting placement	1	4

The year was marked by a growing anxiety concerning suitable educational provision for a number of children who had reached, or were about to reach, the age of 3 years at the end of 1965. It was known that the Unit at Kingsley Infants' School was unlikely to be able to accommodate all the children known to the Audiology Service whilst the inability to open the newly equipped Unit at Kingsley Junior School owing to staff shortages offered little hope of early improvement in the general situation. During the last two years the Audiology Service has identified some twenty deaf or partially hearing children under the age of three years and in a number of cases there is a correlation between the child's condition and german measles (rubella) in the mother in 1962. There is little virtue in detecting such children unless treatment can be instituted as soon as possible.

Early stimulation of speech is vitally important to these children and every month of delay is likely to hamper the child's long term development. The reserves of the pre-school services have been severely taxed by the unexpected influx of young hearing impaired children, and Dr. Lilian Morgan and Mr. Oakley are to be congratulated for their efforts in this field. An auditory training class has been established where these young children may attend to receive special help with speech, and where mothers may receive advice on the problems which are experienced. The speech therapists have also given invaluable help. The Committee were pleased to accept the gift of a speech trainer from the Surrey Regional Association of the National Deaf Children's Society, and this machine is proving to be extremely useful. Nevertheless the pre-school services cannot be expected to supervise children who now need day special school provision in addition to their work with pre-school children. Suitable educational provision was being considered as a matter of great urgency.

38 deaf or partially hearing pupils are at present placed in the following special schools or units and 18 of these pupils are of secondary age.

<i>Day Pupils</i>		<i>Residential Pupils</i>	
Kingsley Partially Hearing Unit	9	St. John's School, Boston Spa	1
Partially Hearing Units, Greater London -		Hamilton Lodge	1
Holman Hunt	3	Mary Hare Grammar School	1
Sedgehill	1	Ovingdean Hall, Brighton	2
Stockwell Manor	1	Burwood Park School, Surrey (deaf)	1
Oak Lodge School (for the deaf)	3	Nutfield Priory School, Surrey (deaf)	3
Old Kent Road School (deaf)	4	Portley House School, Surrey (deaf)	1
Portley House School, Surrey	3	Royal School for the Deaf, Margate	3
		Rudolf Steiner School	1

Since it is often difficult to determine the educational category of young children with impaired hearing, some nursery departments may contain pupils of both categories; transfers to other schools are arranged at a later stage when necessary. This is particularly true of the Kingsley Unit and I am grateful to Mrs. R. Parsons for the following report.

Partially Hearing Unit, Kingsley Infants' School

Premises

The accommodation for partially hearing children at the Kingsley Infant School consists of three rooms, one of which is acoustically tiled to ensure sound-proofing. This room is used for general teaching. It is equipped with one group aid adjusted to the loop system, ten desks fitted with individual headphones, microphones, and sound level meters by which the child can adjust the sound received to its own requirements. Children are also issued with their own individual aids, adapted to the loop system.

Under-fives have one play-room and one rest-room. Wash basins and toilet facilities are easily accessible to all rooms.

The Unit was opened in January 1964, and during this period fourteen children have been admitted for special educational treatment. Ten are still on roll. Of the four who left, one girl was transferred to a junior unit for partially hearing pupils, one boy to a junior school for hearing children, one boy to a school for the physically handicapped, and the family of one girl removed to another district. The children now on roll can be classified as under.

4 children are attaining a reasonable level of intelligible speech.

1 is responding to speech training and should acquire some useful speech.

1 repeats only what is offered in a very limited context.

4 do not respond to speech teaching at present.

Of the four children at present making little, if any response, to speech, or speech sounds, three are immigrant children under the age of 5, and may therefore be suffering from the additional handicap of language difficulties. The remaining child aged $4\frac{1}{2}$, now in school 16 months, is profoundly deaf.

Integration into the ordinary school.

All children integrate for meals, play and social activities. Four children integrate for limited periods of normal school work, according to their age and ability.

Most children admitted to the Unit appear to benefit either socially or academically, or both, according to the child's innate ability, and the degree of co-operation given by the home.

Dr. Lilian Morgan, the school medical officer who is specially responsible for children with hearing difficulties, comments -

"I have noted on my visits (twice a year) the remarkable progress which these children are making. Their Teacher - Mrs. Parsons, is to be congratulated on the tremendous effort she has put into her activities at the Unit. Credit should also go to the Head Mistress, her teaching staff and the ancillary help at Kingsley Infants School for their help in integrating the children of the "Special Unit" into the school.

Unfortunately the Junior P.H.U. which has been equipped for some time remains unopened owing to lack of a suitable teacher."

Educationally Sub-normal Pupils

In Day Special Schools	206
In Residential Special Schools	20
Awaiting Placement	38

During the year 71 medical recommendations were made in this category and three of these were passed to the London Borough of Sutton since that Authority was administratively responsible for the children concerned. The need for additional educational provision for the educationally sub-normal was recognised by the Committee's decision to erect a new purpose-built special school for such children. Unfortunately this additional accommodation is not likely to be available for at least two years and in the meantime the anticipated increase in children ascertained in this category has continued. It had been recognised that additional provision would be necessary and indeed the last report of the County Borough drew attention to an increasing waiting list. The larger population of the London Borough, together with the trend towards ascertainment at an earlier age than formerly have combined to make the immediate problem more acute.

A number of meetings were arranged between officers of the Education and Health Departments and discussions were continued during the year. On two occasions representatives from the Department of Education and Science were invited to attend in an effort to secure urgent action, bearing in mind the large number of children who are now awaiting placement together with the difficulties which educationally sub-normal children inevitably face in ordinary schools.

I am grateful to Mr. R.G. Grice for a report of which the following items relate to the School Health Service.

Mrs. R. Parsons for the following report.

St. Christopher's School for Educationally Sub-normal Children

<i>Statistics</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on Roll 31st December, 1964	126	79	205
Admitted during 1965	24	18	42
Left to work at 16	12	5	17
Transferred to other areas	7	3	10
Transferred to Residential Schools	3	1	4
Transferred to Approved School	-	1	1
Excluded as unsuitable for Education at School	4	1	5
Number on Roll 31st December, 1965	124	86	210

Waiting List

There are 39 children on the waiting list, which grows week by week. Although another school is being planned, I feel that consideration must be urgently given for the provision of extra places at St. Christopher's - even in temporary accommodation - until the new school is a reality.

Damage to Building through fire

The Autumn proved to be a frustrating one, due to makeshift arrangements for accommodating the senior classes. A fire destroyed the Art and Needlework rooms on August 12th during the Summer holidays. Local C.I.D. officers suspected arson. I must place on record the excellent work of the Schools Supplies and Services Department and also Mr. J. Wilson, the School Caretaker and his staff. All supplies and stores that were destroyed were replaced immediately and the rebuilding and redecorating completed by December 20th.

Parents' Association

The Parents' Association continues to flourish and to play a vital part in the life of the School.

- (a) January 23rd. Its members gave the pupils a New Year's Party, consisting of tea, Punch and Judy Show, a conjurer, and presents from Father Christmas.

We are also grateful to its members for providing the following amenities:-

- (b) a trolley for percussion band instruments
- (c) a swing for the Reception Class;
- (d) a fishpond;
- (e) timber from which the Senior Boys constructed a Wendy House for the Infants' Department.

Swimming

The Swimming Gala was held at the Central Baths on February 21st.

The following Swimming Certificates were gained during 1965:-

<i>Distance</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
25 yards	17	11	28
50 yards	9	10	19
100 yards	8	5	13
440 yards	-	2	2
Half mile	1	2	3
One mile	2	1	3

School Functions

(a) The Annual School Sports were held at the Barclays Bank Sports Ground on July 15th.

(b) The Annual Parents' Day and Exhibition of Work was held on July 17th.

(c) The Harvest Festival was held on September 30th. The guest preacher was Captain Joy Webb, leader of the Salvation Army Beat Group "The Joy Strings" who not only gave an excellent address, but played her guitar and sang solos. Consequently, we had a crowded congregation and a record number of parents.

(d) The Annual Carol Service was held on December 15th.

(e) The whole school attended the Final Dress Rehearsal of the Bertram Mills Circus at Olympia on December 16th.

Old Scholars' Club

This continues to be well supported and is invaluable as a means of keeping in contact with the pupils after leaving school. Many receive reassurance, advice and encouragement during the difficult period of adjustment to working conditions. Two pleasing features are :-

(1) The fact that many are proud to bring along and introduce their boy or girl friends; in fact, five engagements were celebrated during the year.

(2) A growing number ask for assistance in getting themselves enrolled in various classes in local Evening Institutes.

I am grateful to the members of my staff who so willingly give up their spare time to undertake this valuable social work.

Equipment

A television set was installed during the Summer Vacation in order to enable the Senior Classes to use the school television programmes.

A pleasing feature of 1965 has been the spontaneous desire among the pupils of the Senior Classes to undertake social work. This is probably the direct result of contacts made among the local Old Age Pensioners during the delivery of food parcels following the Harvest Festival.

The Senior Boys collected scrap wood from which they delivered free bundles of firewood, while the Senior Girls provided a Christmas Party (all paid for by themselves) for local old ladies.

Epileptic Pupils

In Day Special Schools	17
In Residential Special Schools	4

During the year four epileptic children were recommended for placement in special schools. Wherever possible epileptic children are educated in ordinary schools subject only to minor restrictions relating to certain forms of physical education. Nevertheless an epileptic attack can be very disturbing to some children and it is sometimes necessary to recommend the transfer of the affected child because of the effect of the condition on the remaining members of the class. It has been usual for some years to recommend that epileptic pupils should be accommodated at St. Giles' Special School. Mr. Pettman notes in his report (page 45) that epilepsy is now the third largest disease process in the school and it may eventually be necessary to consider whether some limit should be placed upon the number of epileptic children attending St. Giles'.

Maladjusted Pupils

In Day Unit	5
In Residential Special Schools	26
Awaiting Placement	8

It is difficult to give any precise definition of a maladjusted child so that diagnosis will often depend upon the judgement of individual specialists and sometimes even upon the facilities available. It is noticeable that recommendations are more usually made because of the effect of the child's behaviour upon the school and relatively little consideration is given to

the use of special educational facilities as a therapeutic tool in the treatment of environmental maladjustment. The Committee's decision to erect a purpose-built school for the accommodation of 70 children represents an important advance in the treatment of emotional problems within the Borough. Although it may be four or five years before the new building can be opened, the prospect presents an exciting challenge to all those concerned with this development. During 1965 a total of 14 medical recommendations were made on behalf of children who were thought to be maladjusted.

The problem presented by the autistic child continues to cause concern. Autism is a small but significant problem about which little is known, but about which much has been written. Present theories suggest that many autistic children could be educated in a suitable school environment and our inability to give the sorely tried parents of these children the help which they so obviously need was regretted.

Physically Handicapped Pupils

In Day Special Schools	92
In Residential Special Schools	16
Awaiting Placement	7

During the year 22 physically handicapped children were recommended for admission to a suitable special school. A large majority of the children are accepted into St. Giles' School and it was possible to offer such facilities to a number of children living in the southern part of the Borough who had previously been receiving various forms of home tuition. Several parents subsequently complimented the medical officers, and the officers of the Education Department for the speed and efficiency with which the appropriate arrangements were made so soon after a major reorganisation in local government structure.

I am grateful to Mr. D.B. Pettman for the following report.

St. Giles' School for Physically Handicapped Pupils

A number of major changes and developments occurred in 1965. Mr. D.B. Pettman took over as Head Master from Mr. F.H. Green at the beginning of the Summer Term.

The new block of three classrooms was completed in November and internal reorganisation resulted in improved facilities for specialist teaching in the Secondary Dept. of the school.

A full programme of educational visits and school journeys including a most successful Belgium holiday was completed; swimming proved to be one of the more rewarding activities, there being 183 swimmers out of a roll of 197 at the end of the Summer Term and pupils gaining 1 gold, 2 silver and 5 bronze awards in the Personal Survival Test of the A.S.A.

During the year 389 children were inspected at the 36 routine medical inspections, 139 parents being present.

At 5 Termly Specialist Medical Examinations, 31 children were seen by Dr. Fearnley and Mr. McQueen, 9 parents being present.

The preparation and follow-up of all these medical examinations was carried out by the Nursing Sister and her staff, in addition to maintaining full records of the children's progress and treating a variety of ailments including dealing with 112 major epileptic fits.

In the Physiotherapy Dept. 9,141 treatments were given despite the limited space available. The number of orthopaedic cases treated was 50 and the number of postural cases 42.

Regular Speech Therapy was given throughout the year, 455 treatments being given in addition to the assessment of new admissions.

The average number on roll was 190 and attendance 84%. There were 40 admissions, 44 leavers and 2 deaths.

A feature of the year was the marked increase in Epileptics who now make the third largest group in the School.

Record of Disabilities, December 1965

<i>Physically Handicapped</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Spina Bifida	4	6	10
Cerebral Palsy	19	16	35
Epilepsy	8	10	18
Poliomyelitis	3	7	10
Muscular Dystrophy	4	1	5
Congenital Heart	3	5	8
Speech Defect	1	3	4
Bronchiectasis	-	2	2
Partially Sighted	4	1	5
Others	21	16	37
	<u>67</u>	<u>67</u>	<u>134</u>

<i>Delicate</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Asthma	23	7	30
Bronchitis	6	5	11
Debility	5	3	8
Others	1	3	4
	<u>35</u>	<u>18</u>	<u>53</u>

Finally, I wish to thank Dr. Hegarty for her continued good work for the school and to thank the Principal School Medical Officer and Staff for their support.

Pupils Suffering From Speech Defect

In Day Special Schools	13
In Residential Special Schools	3

The London Borough resolved to make provision for the education of pupils suffering from a speech defect before taking up its executive functions and this early decision enabled the necessary adaptations to be completed at West Thornton Primary School by the end of the year. In consequence 8 children were recommended for day special education owing to a speech disorder, and four of these children were already on the waiting list for a place in a residential school. It is hoped that this latter provision will now become unnecessary since the children concerned are all less than 6 years of age.

The new unit will provide highly specialised facilities within an ordinary school and every effort will be made to integrate the children into the general life of the school and to rehabilitate them into the educational work of the school as soon as possible. Prolonged investigations are likely to be necessary before any child can be considered for admission to the Unit and the final decision will be taken by Dr. C. Worster-Drought, the consultant adviser on speech disorders. It will be necessary to confirm that the child's total speech vocabulary is seriously impaired and that the cause of this aphasia cannot be related to hearing or emotional difficulties or to low intelligence. This is a small problem and it is surprising that so many of these children have been identified in Croydon. Since there is no conceivable local aetiological factor which might account for this, one can only conclude that it reflects the efficiency of the excellent diagnostic service which has been developed during the last five years. It is extremely gratifying that, having been shown that such children exist in this area, the Committee has felt able to provide this pioneer unit for their special educational treatment. The Unit opened on January 10th, 1966.

Delicate Pupils

In Day Special Schools	49
In Residential Special Schools	8
Awaiting Placement	4

During the year 15 children were found to be delicate and recommended for admission to a special school. It is difficult to define a delicate child so that much depends on the judgement of the school medical officer and upon other factors such as the child's attendance and educational progress at an ordinary school. Recently there has been a tendency, particularly outside the Service, to suggest that other children should be included. Occasionally the school medical officer is told that the child is not sufficiently emotionally and socially mature to stand up to the stresses of a secondary school and sometimes children are referred because school attendance is bad although there may be no medical reason to account for this. Finally the point at which a specific disease process ceases to make a child delicate and now justifies the term physically handicapped is essentially an arbitrary one.

The present regulations specifically refer to an impairment of physical condition and it seems undesirable to include in this category handicaps which are essentially emotional. No doubt the continued improvement in the general health of children together with the fact that only 0.13% of those inspected at school medical inspections were found to be of unsatisfactory general condition accounts for the decline in importance of this particular category. Certainly its deletion from the Regulations would be unlikely to result in difficulties since almost all the children for whom special education is really justified could be absorbed into other categories. Children who are categorised as delicate in Croydon at present are admitted to St. Giles' School or to a residential open air school if a change of environment is essential.

Home Tuition

If a child is not fit to attend any school, arrangements are made for home tuition. Wherever possible such children are returned to a school environment as quickly as possible, since it is recognised that social contact with other children is an essential part of normal child development. During the year 3 children were recommended for home tuition and a further 3 children were already receiving such tuition.

Unsuitable for Education in School

16 children were ascertained as unsuitable for education in school under Section 57 of the Education Act, 1944 (as amended by the Mental Health Act, 1959). Of these children seven had never previously attended a State school and six had failed to make progress despite a prolonged trial at St. Christopher's School. All the children were referred to the Health Committee and they were subsequently offered places in the various local Training Centres.

One child who had been ascertained previously as unsuitable for education in school was reviewed under Section 57A of the Education Act, 1944 (as amended) and was found to be now suitable for education in school. Further investigations showed a specific disability in communication and he was recommended for placement at the special unit for speech disordered children.

PART IV STATISTICAL RETURNS

APPENDIX A

STATUTORY TABLES

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1966, as in Forms 7, 7M., and 11 Schools.

45,584

PART 1.- MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.			
1961 and later						
1960	228	228	-	2	33	33
1959	3,458	3,455	3	128	471	573
1958	932	930	2	51	122	162
1957	236	236	-	16	27	41
1956	1,977	1,977	-	149	214	333
1955	1,470	1,468	2	87	185	261
1954	634	634	-	46	103	129
1953	865	860	5	67	103	162
1952	2,055	2,054	1	237	256	445
1951	990	987	3	129	118	220
1950 and earlier	1,070	1,065	5	137	113	224
	2,797	2,797	-	416	362	696
TOTAL	16,712	16,691	21	1,465	2,107	3,279

Col. (3) total as a percentage of Col. (2) total.....

99.87%

Col. (4) total as a percentage of Col. (2) total.....

0.13%

TABLE B. - OTHER MEDICAL INSPECTIONS

NOTES:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	542
Number of Re-inspections	...	...	...	1,963
			<i>Total</i>	<u>2,505</u>

TABLE C. - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	50,970
(b) Total number of individual pupils found to be infested	...	...	369
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)			2
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)			2

PART 2

**DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR 1965**

T = requiring Treatment

O = requiring Observation

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
SKIN	T	46	176	258	480	2
	O	52	100	87	239	1
EYES - (a) Vision ...	T	181	553	731	1465	30
	O	424	107	534	1065	8
(b) Squint ...	T	61	14	59	134	2
	O	27	3	12	42	-
(c) Other	T	15	7	33	55	4
	O	20	20	43	83	-
EARS - (a) Hearing ...	T	84	26	84	194	7
	O	146	6	85	237	1
(b) Otitis Media	T	41	2	16	59	1
	O	50	6	25	81	-
(c) Other ...	T	3	10	17	30	1
	O	17	6	18	41	1
NOSE AND THROAT ...	T	124	22	84	230	11
	O	354	29	230	613	4
SPEECH	T	66	4	27	97	6
	O	97	6	25	128	3
LYMPHATIC GLANDS ...	T	16	1	4	21	-
	O	32	23	28	83	-
HEART	T	47	24	45	116	4
	O	92	31	108	231	1
LUNGS	T	22	15	42	79	3
	O	89	20	66	175	1
DEVELOPMENTAL - (a) Hernia	T	9	4	19	32	1
	O	10	1	10	21	-
(b) Other	T	9	14	64	87	2
	O	118	29	247	394	3
ORTHOPAEDIC - (a) Posture	T	19	33	73	125	3
	O	39	23	127	189	2
(b) Feet	T	43	37	102	182	3
	O	96	49	137	282	3
(c) Other	T	43	57	80	180	6
	O	135	28	124	287	3
NERVOUS } - (a) Epilepsy SYSTEM }	T	6	1	11	18	1
	O	3	1	6	10	-
(b) Other	T	19	8	18	45	4
	O	28	8	24	60	1
PSYCHO- } - (a) Development LOGICAL }	T	8	1	10	19	-
	O	56	3	32	91	-
(b) Stability	T	43	5	33	81	8
	O	75	5	51	131	5
ABDOMEN	T	7	5	11	23	1
	O	36	3	20	59	-
OTHER	T	39	37	76	152	7
	O	33	40	97	170	8

PART 3

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	1
Errors of refraction (including squint)	1,060
Total ...	1,061
Number of pupils for whom spectacles were prescribed	406

TABLE B. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	-
(b) for adenoids and chronic tonsillitis	130
(c) for other nose and throat conditions	-
Received other forms of treatment ...	-
Total ...	130
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1965	9
(b) in previous years	80

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics	232
(b) Pupils treated at school for postural defects	42
Total ...	274

TABLE D. - DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	16
Impetigo	8
Other skin diseases	19
Total ...	43

TABLE E. - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	181

TABLE F. - SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ...	793

TABLE G. - OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments ...	1146
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	12
(c) Pupils who received B.C.G. vaccination	2423
(d) Other than (a), (b) and (c) above, Please specify:	
(1) Audiology ...	66
(2) Enuresis ...	246
(3) Weight Control Clinic ...	27
(4) Consultant for Speech Disorders	19
Total (a) + (d)	3939

APPENDIX B - TREATMENT CLINICS

SUMMARY OF ATTENDANCES

	1965	1964	Increase or Decrease
Audiology Clinic	176	182	-6
Dental Clinics	16,977	17,504	-527
Enuresis Clinics	767	699	+68
Eye Clinic, Purley (from April 1965)	642	-	+642
Inspection Clinics	977	1,263	-286
Minor Ailments and Verruca Clinics	7,214	5,078	+2136
Physiotherapy Clinics	3,879	5,046	-1167
	30,632	29,772	+ 860

AUDIOLOGY CLINIC

Numbers attending Croydon Day Schools and Pre-School Children

(a) With hearing sufficiently impaired to require regular auditory training:

Primary School Pupils	...	...	...	...	...	42
Secondary School Pupils	...	...	...	...	...	24
Pre-School Children	...	...	...	...	...	15

Pure Tone Audiometer Tests					<i>Total</i> ...	<u>81</u>
----------------------------	--	--	--	--	------------------	-----------

Number of individual children tested during the year.

(a) For the first time	...	...	...	...	...	203
(b) As a review case	...	...	...	...	...	248
					<i>Total</i> ...	<u>451</u>

Auditory Training

81 individual children received regular auditory training during the year. Number of attendance sessions:

(a) At the Audiology Clinic	...	...	...	...	...	176
(b) At home or school	...	...	...	...	...	278
					<i>Total</i> ...	<u>454</u>

Sweep Testing of five year old school entrants:

Number of schools visited	...	...	...	...	57
Number of children tested	...	...	...	...	4,721
Number of children passed	...	...	...	...	3,878
Number of children failed	...	...	...	...	378
Number of children to be re-tested	...	...	...	...	465
Number of children not tested	...	...	...	...	387
(absent or unco-operative).					

The failures were re-assessed as follows:

No hearing loss	...	...	...	...	...	58
Negligible hearing loss	...	...	...	...	...	34
Slight hearing loss	...	...	...	...	...	61
Moderate hearing loss	...	...	...	...	...	132
Moderately severe hearing loss	...	...	...	...	...	48
Severe hearing loss	...	...	...	...	...	5
Failed to keep appointment	...	...	...	...	...	19
Left district	...	...	...	...	...	6
Waiting to be tested	...	...	...	...	...	15
					<i>Total</i> ...	<u>378</u>

Issue of Hearing Aids

(a) National Health Service 'Medresco' Aids	...	7
(b) Commercial Aids bought by Croydon L.E.A.	...	2
	<i>Total</i>	<u>9</u>

(15 children under school age are using hearing aids.)

DENTAL CLINICS

(1) Number of children first inspected at school		33,252
(2) Number of children first inspected at clinic		2,574
(3) Number of (1) and (2) found to require treatment		14,049
(4) Number of (1) and (2) offered treatment		11,384
(5) Number re-inspected at school or clinic		3,991
(6) Number of (5) requiring treatment		1,647
(7) Visits - First	5,239	
Subsequent	11,738	16,977
(8) Additional courses commenced		687
(9) Fillings - Permanent	6,933	
Deciduous	<u>3,371</u>	10,304
(10) Teeth Filled - Permanent	6,328	
Deciduous	<u>3,056</u>	9,384
(11) Extractions - Permanent	1,365	
Deciduous	<u>3,035</u>	4,400
(12) General Anaesthetics		1,789
(13) Emergencies		461
(14) X-Rays (Number of patients)		449
(15) Prophylaxis		1,103
(16) Teeth otherwise conserved		192
(17) Teeth root filled		151
(18) Inlays		15
(19) Crowns		33
(20) Other operations		3,232
(21) Advice only		1,763
(22) Appointments not kept		4,972

(23) Courses of treatment completed	5,391
(24) Orthodontics -	
Cases remaining from previous year	164
New cases commenced during year	147
Cases completed during year	121
Cases discontinued during year	16
Appliances - Removable	320
Fixed	32
(25) Number of dentures supplied	14
(26) Number of sessions - Treatment	2,920
Inspection	315
Dental Health Education	6

EYE CLINIC, PURLEY

No. of New Cases examined	581
No. of Refractions	360
No. of Re-examinations	61
Total number of children examined	642
No. of children for whom spectacles were prescribed	171

On 31st December 1965, the number of:-

- (1) New Cases referred but not yet examined was 6
- (2) Children due for review in 1965 and still awaiting re-examination was Nil.

MINOR AILMENTS CLINICS

Clinic	Defects	Attendances
Ashburton School	79	957
Lodge Road	285	2,204
New Addington	499	2,524
Purley (from September 1965)	4	20
Rockmount School	131	791
Waddon	148	718

MINOR AILMENTS CLINICS (continued)

Defects	1965			1964		
	Cases	Attendances	Average No. of Attendances per case	Cases	Attendances	Average No. of Attendances per case
Ringworm	-	-	-	-	-	-
Scabies	1	1	1.0	-	-	-
Impetigo	8	36	4.5	5	30	6.0
Other Skin Diseases	19	99	5.2	6	11	1.8
Otorrhoea and other						
Ear defects	11	20	1.8	34	67	2.0
External Eye Disease	22	52	2.3	37	82	2.2
Verruca	719	5,551	7.7	315	2,940	9.3
Miscellaneous	341	1,464	4.3	364	1,948	5.3
TOTAL	1,121	7,223	6.4	761	5,078	6.7

PHYSIOTHERAPY CLINICS

I. ST. JAMES' S ROAD

	1965			1964		
	Attendances	Classes	Ave. Att.	Attendances	Classes	Ave. Att.
Breathing	499	131	3.8	511	96	5.3
Flat Feet	1,081*	341	3.2	1,560	389	4.0
Posture	1,588	405	3.9	1,845	427	4.3
TOTAL	3,168	877		3,916	912	

*includes 31 treated by Faradism

119 cases were treated and 211 examinations were made by doctors.

II. NEW ADDINGTON

	1965			1964		
	Attendances	Classes	Ave. Att.	Attendances	Classes	Ave. Att.
Breathing	65	35	1.9	185	40	4.6
Flat Feet	291	70	4.2	520	80	6.5
Posture	355	35	10.1	425	40	10.6
TOTAL	711	140		1,130	160	

91 cases were treated.

SPEECH CLINICS

Total number of cases treated	793
-do- discharged	394
-do- still attending	399

Analysis of Discharged Cases

Under review pending possible further treatment	191
Left district	9
Unsatisfactory, e.g. non-attendance	36
Satisfactory	152
Left school before treatment completed	5
Cases referred for physical treatment and/or further advice	53
Cases referred for residential treatment	1
Cases referred for Child Guidance	5
Cases examined by Neurologist	19

Analysis of type of cases treated

Stammer	144
Sigmatism	147
Cleft palate	13
Excessive Nasality	8
Dyslalia	406
Undeveloped speech	62
Aphasia	17
Dysphoria	-
Deaf (in co-operation with Mr. Oakley)	12

Special Schools

St. Christopher's School	30
St. Giles' School	31

(Some additional cases in each school are under review only.)

PURLEY SPEECH CLINIC, from JANUARY TO MARCH 1965

Number of cases treated	18
Number of cases discharged	2
Number of cases on waiting list	20

Analysis of Defects

Stammer	2
Dyslalia	6
Cleft Palate	3
Undeveloped Speech	7

APPENDIX C

RETURN OF MEDICAL INSPECTIONS - NON-MAINTAINED SCHOOLS

A - Routine Medical Inspections					Year	Year	Year
					1965	1964	1963
Age	5 and under	...	...	...	81	-	-
	6	...	...	...	51	10	-
	7	...	...	...	9	15	-
	8	...	...	...	45	5	-
	9	...	...	...	62	19	-
	10	...	...	...	31	24	-
	11	...	...	...	20	8	73
	12	...	...	...	129	49	85
	13	...	...	...	63	17	58
	14	...	...	...	57	1	52
	15	...	...	...	110	33	77
	16	...	...	...	66	33	63
	17	...	...	...	37	13	4
	18 or over	...	...	...	3	2	-
<i>Total</i> ...					<u>764</u>	<u>229</u>	<u>412</u>
Visits to Non-maintained Schools					47	12	18

B - Other Inspections

There were no Special Medical Inspections or Re-inspections

C - The following defects were found: -

					Requiring	
					Treatment	Observation
Skin	...	...	...	...	22	4
Vision	...	...	...	...	130	39
Squint	...	...	...	...	1	1
Eyes - other defects	...	...	...	...	2	4
Hearing	...	...	...	...	1	4
Otitis Media	...	...	...	...	-	3
Ears - other defects	...	...	...	...	-	1
Nose and Throat	...	...	...	...	3	10
Speech	...	...	...	...	3	1
Lymphatic Glands	...	...	...	...	-	4
Heart and Circulation	...	...	...	...	2	6
Lungs	...	...	...	...	2	1
Development	...	...	...	...	-	33
Orthopaedic	...	...	...	...	22	17
Nervous System	...	...	...	...	1	4
Psychological	...	...	...	...	3	4
Other Defects	...	...	...	...	4	1

APPENDIX D

**AVERAGE ATTENDANCE (3.12.65) AND NUMBERS OF CHILDREN
EXAMINED AT ROUTINE MEDICAL INSPECTIONS IN MAINTAINED
SCHOOLS DURING THE YEAR 1965.**

Council Primary Schools	Number on Registers	Average Attendance %	No. of Children Examined		
			Boys	Girls	Total
Atwood J. M. & I. ...	269	88	55	40	95
Ashburton Jr. Mxd. ...	466	93	83	52	135
Ashburton Infants ...	228	89	60	53	113
Benson J. M. & I. ...	532	92	79	62	141
Beulah Jr. Boys ...	252	92	74	-	74
Beulah Jr. Girls ...	206	91	-	63	63
Beulah Infants ...	274	82	61	64	125
Castle Hill Jr. Mxd. ...	503	94	89	81	170
Castle Hill Infants ...	272	88	49	57	106
Chipstead Valley J. M. & I. ...	354	90	56	45	101
Cypress Jr. Mxd. ...	258	89	35	43	78
Cypress Infants ...	205	89	52	59	111
David Livingstone J. M. & I. ...	237	86	50	44	94
Davidson Infants ...	116	89	20	17	37
Duppas Jr. Mxd. ...	333	90	50	45	95
Ecclesbourne Infants ...	185	67*	42	40	82
Elmwood Jr. Boys ...	275	90	91	-	91
Elmwood Jr. Girls ...	270	89	-	90	90
Elmwood Infants ...	291	87	69	52	121
Fairchildes Jr. Mxd. ...	539	86	77	79	156
Fairchildes Infants ...	306	82	104	89	193
Gilbert Scott Jr. Mxd. ...	454	91	48	61	109
Gilbert Scott Infants ...	327	85	87	84	171
Gonville J. M. & I. ...	498	93	97	80	177
Gresham J. M. & I. ...	321	92	140	84	224
Hayes J. M. & I. ...	431	92	134	142	276
Howard J. M. & I. ...	231	78*	55	42	97
Kenley J. M. & I. ...	280	92	42	50	92
Kensington Avenue J. M. ...	413	89	59	37	96
Kensington Avenue Infants ...	221	85	53	64	117
Keston Jr. Mxd. ...	330	92	41	48	89
Keston Infants ...	240	91	64	51	115
Kingsley Jr. Mxd. ...	456	89	65	57	122
Kingsley Infants ...	337	84	72	67	139
Monks Orchard J. M. & I. ...	399	94	61	74	135
Norbury Manor Jr. Mxd. ...	352	92	-	-	-
Norbury Manor Infants ...	244	90	55	58	113
Oval Jr. Mxd. ...	325	92	38	40	78
Oval Infants ...	191	84	43	41	84
Portland Infants ...	75	93	10	23	33
Purley Oaks Jr. Mxd. ...	302	93	1	16	17
Purley Oaks Infants ...	214	88	72	62	134
Reedham J. M. & I. ...	127	98	28	18	46
Ridgeway Jr. Mxd. ...	263	94	38	40	78
Ridgeway Infants ...	186	93	39	48	87
Rockmount Jr. Mxd. ...	261	95	31	22	53
Rockmount Infants ...	160	90	38	39	77
Roke Jr. Mxd. ...	169	88	26	27	53
Roke Infants ...	120	91	31	29	60
Rowdown Jr. Mxd. ...	471	87	26	55	81
Rowdown Infants ...	271	86	90	128	218

*Figures not representative; outbreaks of infectious diseases.

Council Primary Schools	Number on Registers	Average Attendance %	No. of Children Examined		
			Boys	Girls	Total
St. Peter's J. M. & I.	263	90	50	52	102
Selsdon J. M. & I. ...	406	92	49	70	119
Smitham J. M. & I. ...	465	87	75	120	195
South Norwood Jr. Mxd.	424	93	58	69	127
South Norwood Infants	268	89	81	56	137
Spring Park Jr. Mxd. ...	488	90	77	51	128
Spring Park Infants ...	344	86	81	74	155
Sydenham Jr. Mxd. ...	264	92	50	45	95
Sydenham Infants ...	159	89	40	59	99
Toldene J. M. & I. ...	254	90	88	82	170
Waddon Infants ...	209	87	39	47	86
West Thornton J. M. & I.	284	90	62	53	115
Whitehorse Manor Jr. Mxd.	403	89	67	48	115
Whitehorse Infants ...	249	90	55	64	119
Winterbourne Jr. Boys	405	93	121	-	121
Winterbourne Jr. Girls	376	94	-	87	87
Winterbourne Infants ...	382	88	65	81	146
Wolsey Jr. Mxd. ...	509	87	60	64	124
Wolsey Infants ...	401	82	91	87	178
Woodside Jr. Mxd. ...	538	94	81	80	161
Woodside Infants ...	274	92	72	47	119
Woodcote Jr. Mxd. ...	244	94	35	32	67
Woodcote Infants ...	194	90	96	66	162
TOTAL	22,843	90	4,273	4,096	8,369
VOLUNTARY PRIMARY SCHOOLS					
All Saints' (C. of E.) J. M. & I.	225	93	53	45	98
Christ Church (C. of E.) Jr. Mxd. ...	139	92	33	21	54
Christ Church (C. of E.) Infants ...	83	89			
Coulsdon (C. of E.) J. M. & I....	120	94	24	30	54
Good Shepherd (R.C.) J. M. & I.	326	88	90	82	172
Margaret Roper (R.C.) J. M. & I.	253	91	45	41	86
Parish Church (C. of E.) J. M. & I.	365	92	67	64	131
St. John's Shirley (C. of E.) J. M. & I.	272	94	69	54	123
St. Joseph's (R.C.) J. M. & I.	510	87	114	75	189
St. Mark's (C. of E.) J. M. & I.	252	91	45	39	84
St. Mary's (R.C.) J. M. & I.	401	88	101	143	244
St. Michael's (C. of E.) Infants ...	130	87	33	44	77
TOTAL	3,076	90	674	638	1,312
SPECIAL SCHOOLS					
St. Christopher's (E.S.N.) Mixed ...	211	86	47	38	85
St. Giles' (Del. & P/H) Mixed ...	183	81	100	83	183
St. Luke's (Partially Sighted) Mixed ...	22	95	16	6	22
TOTAL	416	85	163	127	290

	Number on Registers	Average Attendance %	No. of Children Examined		
			Boys	Girls	Total
NURSERY SCHOOLS					
Coulsdon - Full-time	23	91	29	24	53
a.m. part-time	13	70			
p.m. part-time	11	82			
Crosfield Full-time	21	76	22	19	41
a.m. part-time	20	85			
p.m. part-time	20	80			
Purley Full-time	42	88	12	12	24
TOTAL	150	83	63	55	118
COUNCIL NON-SELECTIVE SECONDARY SCHOOLS					
Ashburton Boys	613	92	231	-	231
Ashburton Girls	614	91	-	307	307
Chipstead Valley Mixed ...	222	88	60	55	115
Davidson Mixed	394	88	78	79	157
Ecclesbourne Girls	314	87	-	198	198
Fairchildes Boys	648	82	302	-	302
Fairchildes Girls	547	83	-	382	382
Ingram Boys	527	89	299	-	299
Lanfranc Boys	436	87	185	-	185
Lanfranc Girls	467	89	-	282	282
Norbury Manor Boys	322	91	168	-	168
Norbury Manor Girls	442	88	-	275	275
Overbury Mixed	617	83	110	106	216
Portland Mixed	333	90	98	56	154
Riddlesdown Mixed	703	94	156	110	266
Roke Mixed	240	92	65	44	109
Shirley Mixed	610	90	114	131	245
South Croydon Mixed	474	86	-	143	143
Tavistock Boys	346	85	164	-	164
Tavistock Girls	222	85	-	102	102
Taunton Manor Mixed	303	90	-	77	77
Westwood Girls	371	88	-	185	185
Woodcote Mixed	603	91	153	174	327
TOTAL	10,368	88	2,183	2,706	4,889
VOLUNTARY NON-SELECTIVE SECONDARY					
Our Lady's (R.C.) Girls	196	87	-	116	116
St. Andrew's (C. of E.)					
Mixed	278	87	70	54	124
St. Mary's (R.C.) Mixed	390	94	71	52	123
Thomas More (R.C.) Mixed	489	90	67	84	151
TOTAL	1,353	90	208	306	514
GRAMMAR AND SELECTIVE INCLUDING TECHNICAL					
Archbishop Tenison Mixed	343	93	93	93	186
Coloma Girls	591	93	-	166	166
Croydon Technical Boys ...	431	91	166	-	166
Heath Clark Mixed	666	94	234	102	336
John Newnham Mixed	495	93	58	124	182
John Ruskin Boys	623	94	206	-	206
Lady Edridge Girls	519	92	-	168	168
Purley Boys	606	93	152	-	152
Purley Girls	566	95	-	189	189
Selhurst Boys	709	94	75	-	75
Selhurst Girls	531	92	-	203	203
Stanley Technical Boys ...	305	92	128	-	128
TOTAL	6,385	93	1,112	1,045	2,157

CASES OF INFECTIOUS DISEASES NOTIFIED BY HEAD TEACHERS

Disease	1965	1964	1963
Chicken Pox	273	364	757
Conjunctivitis	1	-	4
Diphtheria	-	-	-
Gastro-Enteritis	4	-	-
German Measles	134	54	191
Impetigo	10	2	2
Jaundice	1	21	19
Measles	291	214	725
Mumps	30	610	495
Non-Specific Diarrhoea incl. Dysentery	593	27	85
Non Specific Vomiting	107	191	5
Other Diseases	34	5	20
Poliomyelitis	-	-	-
Ringworm or Vermin	2	-	-
Scabies	6	-	-
Scarlet Fever	61	21	36
Sore Throat (incl. Tonsillitis)	15	-	-
Whooping Cough	19	62	35
<i>TOTAL</i>	1,581	1,571	2,375

WORK OF SCHOOL NURSES

School visits re Cleanliness	477
School visits re Scabies, Ringworm, Impetigo	43
School visits re Infectious Diseases	43
School visits re Medical Inspections	918
School visits re Medical Preparations	814
School visits for all other reasons	137
Attendances at school clinics	1,205
Home visits re Infectious Diseases	226

APPENDIX E

An Approach to the Treatment of Overweight Adolescents

by

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(School Medical Officer)

At the inception of the School Health Service the nutritional problems encountered by the Medical Officer were predominantly those of malnutrition. During the past decade, however, he has become increasingly confronted by those of obesity. Various surveys to show the incidence of childhood obesity have been carried out, and show that 5 - 15% of schoolchildren are now at least 10% above the mean weight for their age, height, and body build: (the standards used in this paper are based on Scott's survey of L.C.C. schoolchildren in 1955).

The full cause of this increase is not known but a change in eating habits since 1945 with a higher standard of living, has certainly contributed. The illnesses precipitated by obesity occur predominantly after the child-bearing age, and, since there are marked hereditary tendencies to obesity, the incidence of this condition is likely to rise steadily if unchecked.

Although the majority of doctors agree that obesity is detrimental to health and should be treated, opinions differ about the age at which such treatment should commence. While a few physicians do not treat obesity in pre-pubertal children, most now believe that, once a child is diagnosed as being overweight, he should be treated, no matter how young. Recent investigations have confirmed this, and show that spontaneous return to a satisfactory weight is the exception rather than the rule, and that as the patient becomes older the obesity will tend to get even worse. There are differing opinions also about the ideal therapeutic approach; various ancillary forms of treatment, such as the use of anorectic drugs, are being carried out, but most agree that reduction of the total calorie intake should be the prime objective.

There are many thousands of overweight children being treated in Britain at the present time; a few hospitals and many Local Authorities have established special clinics devoted to the problem. Almost without exception the approach is an individual one with regular dietetic supervision and follow-up.

Results and relapse rates vary but all doctors agree that there are special difficulties involved in treating childhood obesity. The parents of these children must co-operate fully in all dietetic treatment and must provide the right emotional climate of encouragement and praise for success: this may prove difficult, especially if the parents themselves are overweight and have failed to achieve weight reduction with a diet. There is also a danger that individual treatment may increase the child's sense of isolation from his peers. Even if all conditions are ideal it is difficult for any clinic to see the children as frequently as necessary since the numbers involved are now so great. Equally there are problems in following-up these children as they should be supervised indefinitely: obesity is a chronic, not an acute condition.

A group approach to the problem has much to recommend it. On a strictly practical basis it is possible to see larger numbers more frequently. From a dietetic point of view the group discussion often reveals hitherto undiscovered nutritional fallacies which might not be mentioned in an individual interview. Its greatest advantage, however, is in the sense of companionship and competition which develops within the group. As the group develops its own identity, the children wish to lose weight not only for their own satisfaction and to earn praise from their parents and the doctor, but also for the approbation of the group.

The Education Committee resolved to establish an experimental Weight Control Clinic in Croydon where treatment by diet alone could be given on a group basis. Previously, overweight children seen at school medical examinations had been referred to hospital, or given dietetic advice and followed up at school inspection clinics. The objects of this new clinic have been to determine whether greater success could be achieved and also if greater numbers could be dealt with satisfactorily.

The first meeting was held on June 11th, 1965. This group consisted of ten girls, six of whom were already attending school inspection clinics and were not achieving satisfactory weight reduction, and four who heard of the group at its inception and asked to join. The age range was from 10-16 years and all attend schools in the Croydon area: permission for them to attend was first obtained from their schools and their General Practitioners. All the girls were between 10 - 50% above the weight estimated for their age and height. They had previously been medically examined to exclude the extremely rare cases of

glandular obesity, but even if this had been missed the dieting would have caused no harm and the regular medical supervision would have brought the condition to light.

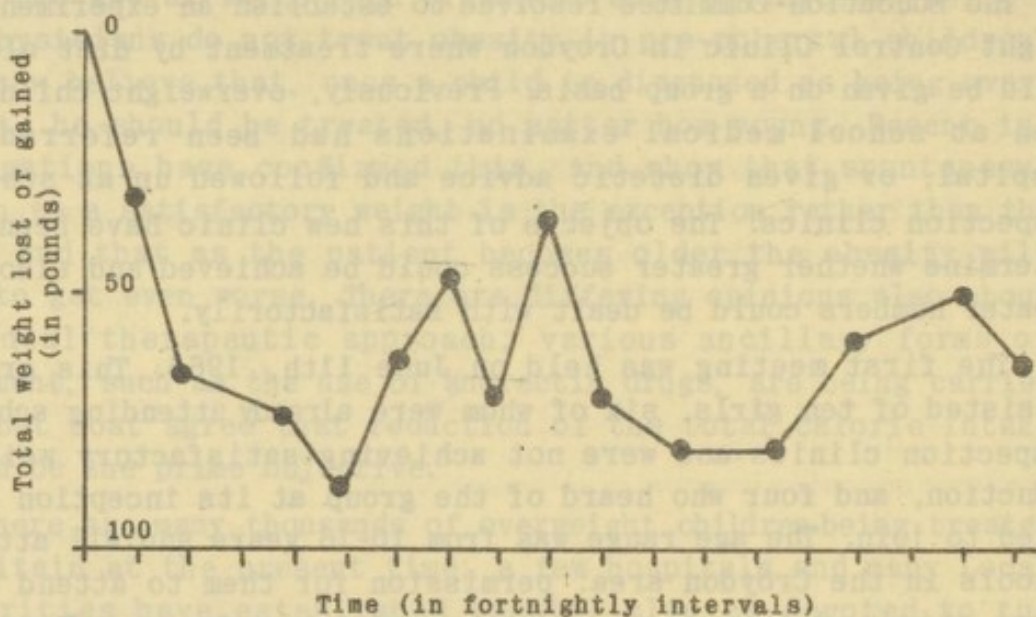
As well as the regular weight recordings the girls' heights and girths are checked periodically; their Blood Pressures are recorded and urine tests carried out also.

At the initial meeting the girls' mothers are asked to attend as well, and the purpose and aims of the group are explained. It is stressed that the only way to reduce and control weight, is by a sensible diet which involves an overall reduction in calorie intake while maintaining an adequate protein, vitamin and mineral intake. Diet sheets have been especially prepared to achieve simplicity and fit in with the rest of the family's meals.

After the initial meeting the girls attend fortnightly for the first three months, and then monthly, provided that weight loss is satisfactory; it is planned that the interval between meetings should be lengthened until they are held every three months.

As well as the discussion of each girl's weight reduction and dietary problems, visual aids have been used extensively to maintain interest.

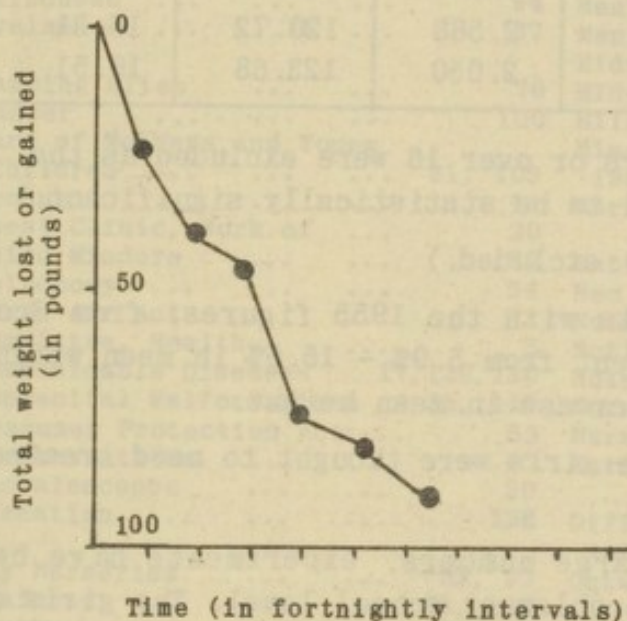
The results of the first group are shown below.



The initial rate of weight loss is rapid, but then becomes slower: other workers have found a similar pattern. The peaks of weight gain occurred during school holidays, and indicate the need for more intense control at this time.

One further result which has been clearly demonstrated is that those girls who asked to join the group (and therefore were presumably more strongly motivated to lose weight) were twice as successful in attaining weight loss; in the first six months they lost an average of $8\frac{1}{4}$ lbs. while the average loss of the others was only 4 lbs.

A second group of fifteen girls has been started, their results are as follows:-



This group has generally stronger motivation and the pattern of weight loss has been steadier and more satisfactory.

To succeed in treating obesity certain factors are essential.

- (a) Strong motivation to lose weight on the part of the patient.
- (b) Adequate medical support and dietetic advice.
- (c) Regular supervision and indefinite follow-up.

While it is too early to say whether the group situation provides the ideal climate for the treatment of childhood obesity, the results so far justify a continued investigation of this type of therapy.

The girls who have attended the weight control clinic so far have been selected at random and are by no means the most overweight of Croydon's schoolchildren. It rapidly became obvious that the potential numbers needing treatment were too great to be all treated in this way. It was therefore decided to investigate the height and weight distribution in a secondary girls' school.

Age Range*	Height (in inches)		Weight (in pounds)	
	Mean	S.D.	Mean	S.D.
11.5 - 12 years	58.36	2.692	90.73	17.66
12 - 12.5 "	59.20	3.341	94.33	20.53
12.5 - 13 "	61.43	2.877	103.34	18.09
13 - 13.5 "	61.90	2.430	107.01**	18.90
13.5 - 14 "	63.42	2.887	114.87	21.69
14 - 14.5 "	63.54	2.468	121.36	25.19
14.5 - 15 "	63.58	2.475	120.57	17.17
15 - 15.5 "	64.29	2.588	120.72	13.31
15.5 - 16 "	64.88	2.050	123.68	19.51

(*Girls under 11.5 years or over 16 were excluded as the groups were too small to be statistically significant.)

(**One weight (180 lbs.) excluded.)

Comparing these results with the 1955 figures, from Scott there is an increase per cent from 5.9% - 15.6% in mean weight, but only 1.98% to 3.02% increase in mean height.

Approximately 8% of the girls were thought to need treatment for their obesity.

To cope with these large numbers, experiments have been started to deal with the problem at school level. The girls who have wanted dietetic advice have been seen as a group and then followed-up regularly at school. The response and results so far have been encouraging.

Summary

The numbers of overweight schoolchildren appear to be increasing, and experience suggests that this will present further health hazards in the future, since the obesity is expected to continue into adult life. At present the increase in mean weight of schoolchildren is proportionally higher than that of mean height, and this suggests rather that the modern schoolchild is becoming overweight than that the malnourishment of earlier years is still being corrected.

Prevention and treatment of this condition is largely a matter for nutritional re-education than medical therapeutics. This fact, and the large numbers involved suggest that the School Health Service has a unique role to play in the care of the overweight schoolchild.

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