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Contributors

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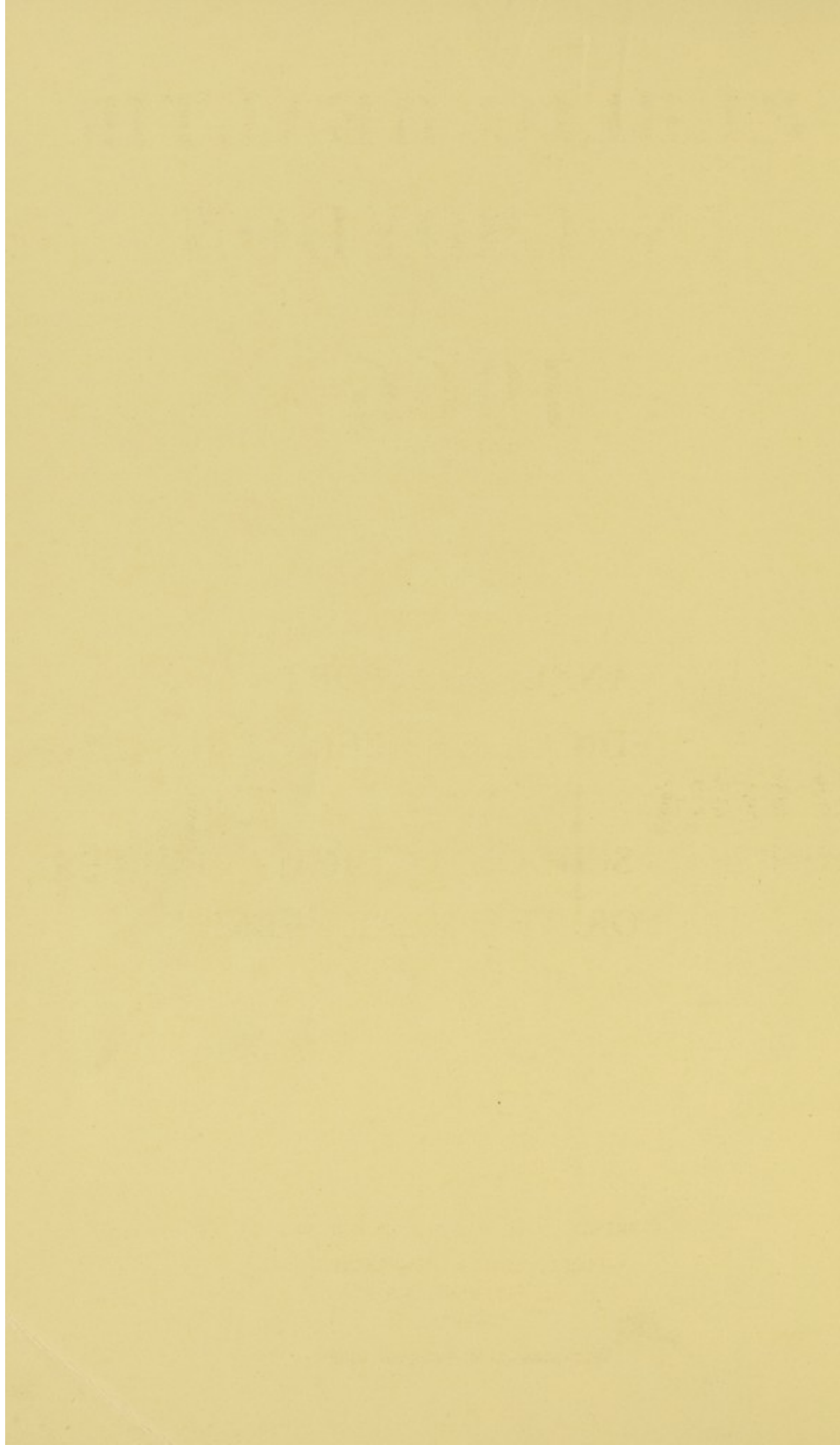
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PUBLIC HEALTH IN CROYDON 1966





PUBLIC HEALTH IN CROYDON

1966

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1966

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

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CROYDON,

Telephone: - MUNICIPAL 4433

HEALTH COMMITTEE

1966

Alderman Keith Edwards (Chairman)	Councillor Miss L.N. Overton
Councillor B.H. Rawling (Vice-Chairman)	Councillor Mrs. B. Saunders
Alderman A.V. Dammarell	Councillor B.C. Sparrowe
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of Outside Bodies as shown:—

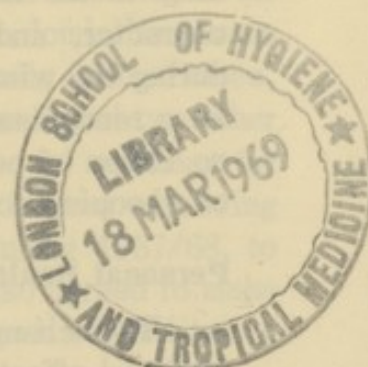
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Miss I. Lowenstein, S.R.N., S.C.M., M.T.D.	Royal College of Midwives
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Mrs. J. Toogood - - - - -	Croydon Federation of Townswomen's Guilds
J.S. Horner, Esq., M.B., Ch.B., D.P.H., D.I.H., (Eng.).	The St. John Ambulancs Brigade (Southern Area)
G.J. Cottier, Esq.	The Insurance Institute of Croydon

NOTES: * Councillor Styles resigned 3rd October, 1966.

† Councillor Whitwell appointed 21st November, 1966.

LONDON BOROUGH OF CROYDON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1966



To the Chairman and Members of the Health Committee

LADIES AND GENTLEMEN,

In accordance with statutory requirements I present this Report for 1966 on the health of the residents of the London Borough of Croydon.

Statistics

There were fewer births and a lower birth rate than in 1965. Although the total number of inhabited houses increased by nearly 1,200. Nevertheless the Registrar General estimated that the total population diminished by about the same figure. If accurate these differences are too small to be noticeable in relation to housing needs, but it would be a welcomed trend in the right direction of having more houses available for fewer people. Infant mortality rates are liable to annual fluctuations, which are not statistically significant. The somewhat high figure for 1965 is offset by an excellent low record return for 1966. This should give encouragement to the Maternity and Infant Welfare services, sorely beset by staffing shortages. There was once again not a single death of a mother in childbirth, but one death was associated with pregnancy. It was recorded by the Coroner as due to haemorrhage from the spontaneous rupture at about the sixth week of pregnancy, of an extopic gestation. There was a similar occurrence in the County Borough in 1963. This unusual abnormality may cause sudden death or give great diagnostic difficulties.

It is not amenable to preventive measures applicable by public health services. There was another fractional rise in the percentage figure for illegitimate live births, which are now nearly twice as frequent as in the decade 1930 - 1939. There was a slight rise in the general death rate, but the figures are within the range of normal annual fluctuations. Diseases of the heart and circulation, and cancer remain the principle causes of death, but the trend for these to appear at earlier ages is not shown for 1966 in comparison with the previous year. More men died from cancer of the lung than in 1965. There were 10 deaths from cancer of the cervix uteri, but this figure was only 2.3% of all deaths from cancer. Unquestionably every effort must be made to prevent any form of cancer, but if the cervical smear test succeeds in preventing entirely cancer of the cervix uteri, it will have little effect on total cancer mortality in women.

Communicable Diseases

Measles was again the most prevalent infection, an outbreak beginning in the final quarter of the year. The disease was mainly mild in character, and there was no death. Sonne dysentery was troublesome during the winter months, not because of the severity of the illness, but as a recognisable condition necessitating control measures. There were no cases of poliomyelitis or diphtheria, and the number of notifications of whooping cough were exceptionally low.

Personal Health Services

Two changes of attitude became apparent which are likely to have profound effects on these services. Firstly, applications from groups and individual practitioners for the attachment of Corporation Health Visitor, Nursing and Midwifery staff. Secondly, specific requests from family doctors for accommodation in Corporation premises or the provision of Health Centres. Every effort was made to meet proposals for the attachment of staff, but great recruitment difficulties, particularly for Health Visitors, curtailed our meeting all requirements. Details are given in an Appendix to my report. On Health Centres active planning went forward, and one was approved for building in 1967/68.

There are many factors in this new approach to family doctoring, but the principle cause seems to be the increasing demands by patients on a diminishing number of general medical practitioners. That the family doctors should be the leaders of medical nursing and social work teams, operating from properly equipped premises is a logical method of solving the present near crisis in this service. There is clearly an urgent duty for local health authorities to do all in their power to support the domiciliary medical service as one basic to the needs of the community.

The Home Help Supervisor reports on a training scheme devised to increase the effectiveness of the service, and to improve recruitment. Commercial development and private employment in Croydon provide unlimited opportunities for purely domestic cleaning work. The Home Helps give services far exceeding these limited duties, and emphasis on this fact, through the training scheme, should ensure skills being applied with a sense of vocation.

The steady development of facilities for the mentally disordered continued. The building of a Mental Health Centre and a Hostel for 39 elderly persons, too mentally confused for an ordinary Old People's Home, commenced. An Adult Centre, to provide 100 places for physically and 100 places for mentally handicapped persons, was completed at the end of the year for opening in 1967. This is a major project which the Corporation authorised after very careful consideration by the Health and Welfare Services Committees. It is a positive contribution to the recommended policy of the Royal Commission on mental illness, to equate mental and physical disabilities. This policy has been pursued with forethought and prudence, and our experiences so far indicate benefits to all concerned. Following the established local pattern in domiciliary care of making individual placements and providing small family group Homes, a supervised unit for 7 mentally subnormal girls was opened, and two other similar properties acquired for conversion. The success of schemes for industrial rehabilitation was shown by the Ministry of Labour approving the building of a Sheltered Workshop, to commence during 1967/68, to replace the temporary premises now being used. They also agreed to make substantial contributions to a short-stay Assessment and Rehabilitation Unit to be set up in existing premises.

Cervical Cytology

A very limited service was offered for six months of the year with anticipation of considerable expansion during 1967. The limitations were due entirely to lack of pathological facilities, which can be provided only by the Regional Hospital Board.

Fluoridation

This was approved in principle by the Council. There are, however, technical difficulties which will add considerably to the costs if the Corporation embark upon fluoridation without similar action in adjoining areas. This is due to the fact that four separate Water Undertakings supply the Borough with mixing in one area of the town. Action has therefore been deferred in the hope that there may be unanimity which resolves these technical difficulties.

Health Education

Well established comprehensive programmes which co-ordinate with similar efforts in schools were continued despite the common problem of staffing shortages. Against the general background for the promotion of good health and the prevention of specific illnesses, the connection between smoking and lung cancer, the danger of venereal diseases, and drug dependence or addiction, were covered.

Public Health Services

Application of the Clean Air Act in accordance with the agreed programme proceeded; and while we are amongst Authorities who will not clear the whole of their areas until the 1970's, progress can be considered as reasonable having in mind all the financial commitments, and the degree of air pollution prevailing in this Outer London Borough. Houses in multiple occupation remained a difficult problem, but action in Croydon is at least as energetic and comprehensive as elsewhere in the country.

1966 was a year of consolidation of newly joined services, and the benefits of amalgamation began to outweigh the disruption of enforced changes.

My thanks are due to members of the staff for their continued efforts, and to the Members of the Health Committee and the Council for the customary encouragement and support which allows 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 1966

Area, 23,815 acres.

Population (Census 1961), 327,273 Total population (estimate of Registrar-General), 327,190 (Midsummer, 1966)

Number of Inhabited Houses, 100,946

Rateable Value of Borough 1966 as from 1.4.66, £19,498,268

Product of a Penny Rate, for London Borough for Croydon Purposes, £76,870

Rate in the £, 11s.2d. (for the year 1.4.66 to 1.4.67)

Live Births	Males	Females	Total
Legitimate	2,598	2,443	5,041
Illegitimate	272	287	559
			5,592
Illegitimate Live Births per cent. of total births			9.5
Live Birth Rate (as adjusted by comparability factor 1.02)			17.7
(England and Wales)			17.7
Stillbirths			66
Stillbirth rate per 1,000 live births			11.8
(England and Wales)			15.4
Total Births			5,750
Infant Deaths			62
Infant Mortality rate per 1,000 live births			10.9
(England and Wales)			12.2
Infant Mortality rate per 1,000 legitimate births			12.1
Infant Mortality rate per 1,000 illegitimate births			11.5
Neo-natal Mortality rate (First four weeks)			
per 1,000 total live births			8.6
(England and Wales)			12.9
Early Neo-natal Mortality rate (First week)			
per 1,000 total live births			7.9
(England and Wales)			11.1
Perinatal Mortality rate (stillbirths + deaths during the first week) per 1,000 total live and still births			19.7
(England and Wales)			26.3
Maternal Deaths (excluding abortion)			Nil
Maternal Mortality rate (including abortion)			
per 1,000 total live and still births			0.17
(England and Wales)			0.36
Deaths, 3,935 Death-rate per 1,000 of the estimated population			12.2
(England and Wales)			11.7
Death rate (as adjusted by comparability factor 0.88)			10.7

STATISTICS

SUMMARY OF STATISTICS FOR 1966

Area, 23,815 acres.

Population (Census 1961), 327,239 Total population (estimate of Registrar-General), 327,190 (Midsummer, 1966)

Number of Inhabited Houses: 100,946

Rateable Value of Borough 1966 as from 1.4.66, £19,498,258

Product of a Penny Rate, for London Borough for Croydon Purposes
£76,970

Rate in the £. 11s.2d. (for the year 1.4.66 to 1.4.67)

Live Births	Males	Females	Total
Legitimate	2,698	2,445	5,143
Illegitimate	272	267	539
			5,682
Illegitimate Live Births per cent. of total births			9.5
Live Birth Rate (as adjusted by comparability factor 1.02)			17.7
(England and Wales)			17.7
Stillbirths			68
Stillbirth rate per 1,000 total (live and still) births			11.8
(England and Wales)			15.4
Total Births			5,750
Infant Deaths			62
Infant Mortality rate per 1,000 live births			10.9
(England and Wales)			19.0
Infant Mortality rate per 1,000 legitimate births			12.1
Infant Mortality rate per 1,000 illegitimate births			11.5
Neo-natal Mortality rate (First four weeks)			
per 1,000 total live births			8.6
(England and Wales)			12.9
Early Neo-natal Mortality rate (First week)			
per 1,000 total live births			7.9
(England and Wales)			11.1
Perinatal Mortality rate (stillbirths + deaths during the first week) per 1,000 total live and still births			19.7
(England and Wales)			26.3
Maternal Deaths (excluding abortion)			Nil
Maternal Mortality rate (including abortion)			
per 1,000 total live and still births			0.17
(England and Wales)			0.26
Deaths, 3,985 Death-rate per 1,000 of the estimated population			12.2
(England and Wales)			11.7
Death rate (as adjusted by comparability factor 0.88)			10.7

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 1966 to 22.03%."

The number of marriages solemnised in 1966 was as follows:—

<i>Church of England</i>	<i>Non- Conformist</i>	<i>Register Office</i>
1,102	588	1,048

Notification of Births

Notifications were received in respect of confinements conducted by:—

	<i>Live Births</i>	<i>Still Births</i>	<i>Total</i>
Midwives	3,993	33	4,026
Doctors	1,267	31	1,298
	5,260	64	5,324

Accommodation for Confinements

The following table shows where babies were born in the Borough of Croydon during the whole of 1966. 532 residents had babies outside Croydon and 225 non-residents were confined in Croydon

	<i>Number</i>	<i>Percentage</i>
In Private Houses	1,615	30.70
In Public Institutions	3,515	66.82
In registered Maternity Homes ...	130	2.47
<i>Total ...</i>	<i>5,260</i>	

COMMUNICABLE DISEASES

Measles was again the most prevalent infection notified, an outbreak developing during the last quarter of the year. Cases were mainly mild, and none was fatal. There were no cases of poliomyelitis or diphtheria. Sonne dysentery during the winter months was related to a school outbreak, and responded to the usual control methods. In addition to the 25 notified cases of Food poisoning, the department was involved in enquiries into reports of 56 persons suffering from diarrhoea following a canteen meal. This was finally thought to be due to *Cl. welchii* infection of savoury stuffing used to embellish a Christmas lunch. There was an increase in the number of cases of tuberculosis notified during 1966 as compared with 1965 and a considerable rise in the number of deaths recorded as due to this disease. As regards notifications these were mainly in the age groups 15-45 years, and suggest vigilance in observing future trends. Of the deaths, 11 were over 75 years of age; 4 were over 65, and only one was under 45. From the known history in several patients tuberculosis had certainly been present but was not the primary cause of death. It seems not unfair to note that in 11 instances it was associated not with premature decease, but with longevity.

For detailed table of Communicable diseases see Appendix.

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 1966 may be regarded as satisfactory.

Incidence

101 cases of Respiratory Tuberculosis and 10 cases of Non-Respiratory Tuberculosis were notified on Form A during 1966 (Table I - Formal Notifications). Of these 65 males and 36 females were Respiratory cases and 4 males and 6 females were Non-Respiratory. In addition 84 Respiratory cases and 1 Non-Respiratory case 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 1966 by notification or otherwise was 196.

185 of these were cases of Respiratory Tuberculosis; 110 in males and 75 in females.

There were no cases of Non-Respiratory Tuberculosis among children under 15 years. The number of cases in adults was 11.

The incidence rate of Tuberculosis of all forms was 0.59 per 1,000 of the population for Respiratory Tuberculosis 0.56 and for Non-Respiratory 0.03 per 1,000 population. The notification rate was 0.33 per 1,000.

Notification Register

Number of cases of Tuberculosis remaining on the Notification Register on 31st December, 1966:

RESPIRATORY			NON-RESPIRATORY			Total Cases
Males	Females	Total	Males	Females	Total	
998	702	1,700	61	85	146	1,846

All but 12 cases were notified during life.

In 1966 the death-rate from all forms of Tuberculosis was 0.07 per 1,000 population.

The rate from Respiratory Tuberculosis was 0.06 and the rate for Non-Respiratory 0.01.

In 1966 the total number of deaths was 24. All but 2 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 1966 4 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 2 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 38 selected cases for varying periods during the year and 34 cases were in receipt of extra nourishment at the end of the year.

Residential Treatment

48 men and 19 women were admitted to Residential Institutions in Croydon during 1966, suffering from tuberculosis.

The Chest Clinic and Home Visiting

1,626 new cases were examined during the year. 86 were found to be definitely tuberculous.

The total number of attendances for examination at the Chest Clinic was 16,434.

The Clinic doctors paid 185 home visits and the Tuberculosis Visitors 2,729 visits for Clinic purposes. In addition the Tuberculosis Visitors made 304 primary visits for the purposes of the Notification Register. There were also 1,221 unsuccessful visits made.

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	4,542
Number of patients recalled for examination and large film	551
Number of active cases of Pulmonary Tuberculosis	14
Number of cases of lung cancer found	33

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 1966, 643 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, 9 were found to be tuberculous. This is equal to a Tuberculosis rate per 1,000 contacts of 14 compared with 0.59 per 1,000 of the general population. In addition there were 4 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 1966 and regular sessions are held at the Clinic for this purpose. 356 contacts were successfully vaccinated during the year. In addition 12 nurses and domestics were successfully vaccinated, and 38 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 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	...	...	...	3,773
Number found to be negative	...	...	...	2,930
Number vaccinated with B.C.G.	...	...	...	2,927

MASS RADIOGRAPHY 1966

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:—

	<i>No. of Persons Examined</i>	<i>Significant Pulmonary Tuberculosis</i>	<i>Primary Carcinoma of Lung</i>
Male	2,522	15	10
Female	11,964	8	5
TOTAL	14,486	23	15

New Addington General Practitioner Chest X-Ray Service

	<i>No. of Persons Examined</i>	<i>Significant Pulmonary Tuberculosis</i>	<i>Primary Carcinoma of Lung</i>
Male	288	1	-
Female	283	3	1
TOTAL	571	4	1

For detailed figures, see Appendix.

AFTER-CARE OF THE TUBERCULOUS PATIENT

After-care is given to patients according to their individual needs. Breadwinner, lodger, student, parent and many others have required understanding of their special problems as well as encouragement and practical help.

As in previous years, advice on statutory grants has been sought by a large number of patients. In November, National Assistance grants ceased and, in place of this help, the newly formed Ministry of Social Security have been administering Supplementary Allowances and Supplementary Pensions which are at a somewhat higher rate than the National Assistance grants. There is no longer a Tuberculosis Treatment Allowance, which was previously granted to anyone eligible for National Assistance who had given up employment to undergo treatment for pulmonary tuberculosis. The Ministry of Social Security now gives an extra nourishment grant to any patient receiving treatment for pulmonary tuberculosis who is eligible for Supplementary Benefits.

Despite all statutory help, many patients have to face financial difficulties due to their illness. It is, therefore, most helpful to have a sum of money allocated for free milk for tuberculous patients. This year, about 34 men and women have received 1 pint of milk daily, free of charge. Valuable assistance has been obtained from the Croydon Care Committee, who have made grants for holidays and special needs. At Christmas time, the Care Committee gave £147 for fuel which was distributed amongst needy patients, and grocery vouchers to the value of £90. 0. 0.

The Disablement Resettlement Officer has again given help and advice to patients regarding employment. Last year, it was found that tuberculosis patients had little difficulty in obtaining employment. The exception to this was the frail man who could undertake only very light work. The pattern has been much the same this year, and these frail patients have been referred to the Occupational Therapist.

The Home Help Service, Children's Department and Welfare Department have all co-operated once again with the after-care of the tuberculous patient.

OCCUPATIONAL THERAPY

The Chest Clinic Occupational Therapy Department has had a very busy year, and there have been more requests for visits to provide home Occupational Therapy for house-bound patients than in previous years. Most of these patients have already been visited and it is hoped that the remaining few will be catered for in the New Year.

The turnover of work done by the patients has increased in most cases this year, and public demand for handicrafts has been more noticeable.

The Annual Christmas Sale at Queen's Hospital was again a success, but it was decided to make an effort to find a more central place than Queen's to hold the Sale in future years, in the hope of attracting more of the general public.

VENEREAL DISEASES

New cases of Syphilis were more numerous than in 1965, and markedly above the numbers for previous years. There was a substantial rise in cases of gonorrhoea and these included 1 boy under 16 years of age. Our routine health education programmes for older school children, stress the avoidance of these infections and the importance of prompt and effective treatment.

For detailed figures see Appendix.

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 for his ready assistance and most helpful advice which have been available at all times.

For detailed figures, see Appendix.

CARE OF MOTHERS AND YOUNG CHILDREN

Anti-Natal and Post-Natal Clinics

Existing arrangements of a unified hospital and local authority obstetric service for the former County Borough area continued. There was a further approach to Redhill Hospital for more co-ordination of hospital and domiciliary maternity services, and this is likely to be fostered by arrangements for their pupil midwives to receive Part II training in that part of the London Borough area covered by Redhill Hospital. Routine meetings of the Maternity Liaison Committee continued.

At the anti-natal clinics a total of 5,998 mothers attended during the year. 1,527 mothers attended the post-natal clinics. At relaxation classes 735 mothers made 4,171 attendances. 358 mothers attended Mothers' Club courses each consisting of about 7 lectures. 1,306 patients had an initial blood test, 47 were found to have Rh. antibodies. 23 were referred to the Special Clinic for Venereal Diseases.

PERSONAL HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT

For detailed figures see Appendix.

Phenytoinemia

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. No child was found to be suffering from Phenytoinemia in 1960.

"At Risk" Register

Since 1953 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

Rheumatic Incompetibilities.

Severe illness necessitating chemotherapy or major surgery in early months of pregnancy.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics

Existing arrangements of a unified hospital and local authority obstetric service for the former County Borough area continued. There was a further approach to Redhill Hospital for more co-ordination of hospital and domiciliary maternity services, and this is likely to be fostered by arrangements for their pupil midwives to receive Part II training in that part of the London Borough area covered by Redhill Hospital. Routine meetings of the Maternity Liaison Committee continued.

At the ante-natal clinics a total of 5,366 mothers attended during the year. 1,527 mothers attended the post-natal clinic. At relaxation classes 785 mothers made 4,171 attendances. 358 mothers attended Mothercraft courses each consisting of about 7 lectures. 5,366 patients had an initial blood test. 47 were found to have Rh. anti-bodies. 23 were referred to the Special Clinic for Venereal Diseases.

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.

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. No child was found to be suffering from Phenylketonuria in 1966.

"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.

884 children who were born during 1966 were entered on the register.

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.

The following figures apply only in regard to cases dealt with by Croydon Association for Moral Welfare.

During the year under review:—

267 cases were dealt with by the Social Workers.

63 girls were admitted to Mother and Baby Homes.

71 girls were financially assisted by the local authority (3 did not stay).

(This includes mothers who applied for help in 1965 whose babies were born in 1966 and those who applied in 1966 whose babies were not due until 1967).

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

Age when baby was born

13 years old	...	...	-	13 years old	...	...	-
14 "	"	...	2	14 "	"	...	-
15 "	"	...	12	15 "	"	...	9
16 "	"	...	20	16 "	"	...	12
17 "	"	...	34	17 "	"	...	28
18 "	"	...	19	18 "	"	...	18
				19 "	"	...	13

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.

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 101. 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

Total attendances were fewer than in 1965, but in the summary tables there is recorded for the first time, the attendances at doctors' surgeries, when an attached Health Visitor was in attendance. With the lower birth-rate these about compensate for the fewer numbers at Welfare Centres. Nevertheless there was a fall related to failure to recruit Health Visitors. This impeded the maintenance of some Toddlers clinics, and curtailed health education activities. It is hoped that the commencement of a local Health Visitor training course and a vigorous student sponser-ship programme will remedy this basic deficiency of our infant welfare service. Changes in medical personnel necessitated frequent alterations in clinic programmes and prevented the establishment of continuity of supervision and advice which are attractive to mothers. This again reduced the popularity of some Centres. There seems no immediate solution of the problem of shortages of medical staff.

For detailed figures, see Appendix.

Congenital Malformation

The scheme introduced in 1963 continued unchanged, regular returns being made to the Registrar General. A total of 82 babies with congenital conditions was notified in 1966.

For details see Appendix.

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 1966:—

National Dried Milk	...	...	...	...	54,698
Cod Liver Oil	...	...	...	...	6,503
Vitamin A and D Tablets	...	...	...	...	8,254
Orange Juice	...	...	...	...	110,465

THE WORK OF THE PUBLIC HEALTH NURSING SERVICES

Miss L.E. Oakley, S.R.N., S.C.M., H.V. Cert.
Superintendent Nursing Officer

During 1966 the work of the three nursing services has gone on despite a continuous fight against staff shortages. It is not easy to recruit either midwives, health visitors or home nurses and the first two do not apparently attract married women wishing to return to work.

Mothercraft sessions, held in doctors' surgeries and on Corporation premises, have drawn midwives and health visitors more closely together. Now that it is no longer necessary for a health visitor to be a state certified midwife it is essential that the midwife takes over that part of the teaching dealing with the management of labour and the establishment of breast feeding and matters relating to the puerperium, whilst the health visitor talks on the preparation of the nursery, the layette and various problems relating to the first years of life. "Preparation for Parenthood" is now a team effort comprising the midwife, the physiotherapist and the health visitor. The obstetrician - be he family doctor or hospital doctor - would be a welcome addition to the team.

In conjunction with the Ante Natal Clinic, a limited service for the taking of cervical smears was started in July. Extension of the service towards the end of the year makes it possible to plan for monthly sessions in Purley, Sanderstead and New Addington.

The attachment of nursing personnel to individual general practices will have the effect of drawing together members of the three services to the ultimate good of the patient. It is regrettable that shortage of health visiting staff makes it impossible for this section to go ahead as quickly as have the home nurses and midwives. Whereas these two services have now attachment as well as some liaison schemes in operation, the health visiting section has not yet found it possible to make really complete attachments and very few liaison schemes. In fact three health visitors are working practically complete group attachments as well as holding down complete geographical areas.

The appointment of a number of temporary nurse assistants to assist the health visitors with their duties under the School Health Service has relieved them of a certain amount of routine work and has enabled the health visitor to use her special skills to more advantage.

In the district nursing field the method of working has been changed - nurses either working with general practitioners or in groups. This means that in the former case the general practitioner contacts the nurse direct and in the latter administrative staff telephone the day's messages to one member of the group only, thus freeing themselves for more important work. By these and other methods of staff deployment it is hoped that the service will more fully fulfil its role as envisaged by the concept "Care in the Community".

The inception of the Assisted Daily Minder scheme has made it possible for a few selected mentally and physically handicapped children to be admitted to both Day Nurseries. This has been rewarding to both children and staff. Applications for recognition as Assisted Child Minders under the scheme are carefully considered by the specialist health visitor responsible for its running. Fire hazards must be minimal and a chest x-ray which is repeated yearly or three yearly according to age is compulsory. Regular inspections are carried out.

A feature of the year has been the rapid expansion of private play-groups for children between 2½ and 5 years old. The children attending are not those whose mothers are working, but in the main are those who would normally have little contact with others of their own age. In some cases the mothers themselves help to run these groups. The specialist health visitor advises on the suitability of the premises, furniture and play material and assures herself of the competency and qualifications of the person responsible for the running of the group - and keeps in touch with all groups by periodic visiting.

All services have done their best to solve the problems of the Commonwealth families resident in the Borough. The rate of entry has slowed down considerably, but whereas until a year or so ago it was mainly English speaking people who were coming in, it is now families from India and Pakistan who are settling in Croydon. Whilst the male members have some English, the women are usually unable to communicate except in their own language. This presents a problem as far as advising is concerned, but with goodwill on both sides it can be overcome. It would seem that where a baby or sick person is concerned there is a common language - even if one is Urdu and the other English! Whatever other differences there are in culture every mother wishes to do the best for her family. Unfortunately other problems affecting these citizens are not so easily solved, but the members of the nursing team do their best to help by referral to other Corporation Departments most closely concerned.

Throughout the year the work of each service has gone quietly on. As far as possible everything has been done to ensure the birth of healthy babies, who will, because of the advice given by medical officers, midwives and health visitors, have happy lives before, during and after school age. In times of illness the district nurse has done everything to keep the patient whether young or old in his or her own home realising that in the majority of cases skilled domiciliary nursing care does away with the necessity for hospitalization. Members of each service have carried out their duties conscientiously in spite of the continual frustration of too much being undertaken by too few. The results of their efforts can be seen in the Tables in the Appendix.

IMMUNISATION

Greater efforts were made during the year to raise the acceptance rate for vaccination against poliomyelitis, and with triple vaccine against diphtheria/whooping cough/tetanus, on the assumption that with over 75% of the population at risk protected outbreaks are unlikely. Success was almost achieved in primary protection against polio, (74.6%) but fell short of the target with triple vaccine (68.5%). In the absence of reported cases, apathy is difficult to overcome, but experience in other areas suggests that the strenuous follow up of defaulters, from information produced by a computer, can ensure acceptance rates of over 80%. It is anticipated that we shall be able to use the Corporation's computer for this purpose in due course.

For tables see Appendix.

HOME NURSING

In view of the developments in the attachment of nurses to general practitioners group practices, the separate systems operating in the former County Borough and County districts were allowed to continue. There were difficulties in one attachment which made it clear that only nurses using motor cars can be allocated for these duties. Unfortunately with the present dispersal of patients attended by individual practitioners in urban areas, attached nurses are compelled to travel more widely than their colleagues allocated to compact districts. Nevertheless the advantages of working directly with family doctors outweighs this drawback. Furthermore doctors are tending to confine acceptance of new patients to those resident within a reasonable distance of the surgery, and thus are solving the major problem of nurse attachment.

For details of work carried out see Appendix.

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 30 cases were so dealt with, 25 women, 5 men and 1 child under 5 years. There were in addition, 13 cases where the patients cancelled their applications after the arrangements had been made.

HOME HELP SERVICE

Miss J.E. Heath, Home Help Supervisor

"Learning should continue as long as there is anything you do not know and if we may believe the proverb as long as you live".

Quotation by Seneca.

This may at first appear a somewhat unusual quotation for this report, but 1966 was an eventful year, eventful in an unusual way for the Home Help Service. The flat created from the near derelict basement in 47, St. James's Road was opened for the first group of Home Helps to undertake a comprehensive training course. The course planned and directed by the Tutor Organiser was designed to cover all the practical work of the Home Help, the talks and demonstrations given by professional staff emphasised the role played by Home Helps in supporting other workers in the domiciliary Health and Welfare field.

The training of Home Helps is by no means a new idea, indeed in 1947 a meeting of interested persons was convened in London under the chairmanship of Lady Reading, to consider the training of Home Helps. Nearly twenty years later the present Minister of Health gave publicity and encouragement to the training of Home Helps in a circular addressed to all Local Authorities.

Some of the advantages of training courses are very obvious but there is one aspect which must not be overlooked - the effect on recruitment. By co-ordinating even small groups of Home Helps who usually work in isolation a new and vital stimulus can be added to the recruiting campaign. The present training is designed to encourage Home Helps to accept a broader responsibility for the health and well-being of their patients. Wider knowledge and a greater understanding are good reasons for increased pride and enthusiasm and these are qualities which arouse interest and encouragement in others.

Recognition of the effort and achievement of Home Helps to satisfy an external examiner that they "understand the principles and practical application of the responsibilities and duties of a Home Help" is the award of an appropriate certificate.

Experimentally four trained Home Helps have been allocated to two groups of patients. The Helps work in two teams, either singly or in pairs as the situation demands. The hours of attendance to patients in the group system are not rigidly allocated; the Home Helps are free to make minor adjustments of time to meet the daily changing needs of patients.

New and unexplored avenues have been pursued in recruiting Home Helps. University students have been employed during vacation and young mothers are offered eight hours work a week. Two young mothers baby-mind for each other; thus their joint contribution is sixteen hours service per week.

The demand for Home Help Service for the elderly continues to increase. Changes in the duties of Home Helps are in many cases attributable to better housing conditions. The complicated emotional mechanism evoked by environmental changes in later life is not a subject for this report but the impact on the Home Help Service is indicated by the ever increasing demand for Home Helps in blocks of flats housing elderly people.

It is my sincere hope that I will be making future report in which indication of the upward trend of recruiting figures may be related to the inception of the Croydon Home Help Service training scheme.

HEALTH EDUCATION AND HOME SAFETY

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

Professor Clair E. Turner wrote "Doing things to people or for people is often easy, but it is expensive and often of temporary benefit. Stimulating and guiding people to assume responsibility for themselves may take more time but it is relatively inexpensive and its results are more lasting. Moreover the people are strengthened by the latter process and frequently weakened by the former."

The health education section is very much concerned with stimulating and broadening general interest in health education and with creating opportunities for communication between various sections of the health department and between the department and the public. The pattern of morbidity, mortality and medico-social problems is changing and with it the priorities in health education. Moreover, health departments are under great pressure from many statutory and other organisations to educate the public and promote action on a wide variety of health matters from dental health, home safety, family planning, weight control, cancer, venereal disease, sex education to the promotion of mental health, health education in schools and many other topics.

Efforts are being made to ensure a greater share for health education within the activities of voluntary, social and local authority organisations. At the same time as the volume of activity increases it is necessary to raise health education standards and the section does a great deal of work in the education and in-service training of students and health workers of all kinds.

Frequent changes of staff in the health department as a whole have made continuity and the maintenance of some of the established health education activities a difficult task this year. Some misunderstanding has arisen about the purpose and scope of the discussion groups in the toddlers' clinics and this would seem to be an opportune time to clarify the policy. Although the groups are held in these clinics the topics are not confined to subjects concerning toddlers. Talks and discussions on growth and development both mental and physical form part of each year's programme and are obviously very important. However, one must remember that on matters of health the mother is usually the most important and influential member of the family unit. As a wife her first loyalty and care are for her husband and his well-being and she welcomes opportunities to discuss this. She is also an adult whose mental and physical health and general example are vital to the whole family. Normally she has few opportunities to discuss her own problems but knowledge and reassurance are reflected in her general attitude at home. Although attending the clinic with a toddler she may well have school children whose development, approaching puberty or sibling rivalries she needs to understand. There

may also be an elderly relative living with the family for whose health and happiness they are all responsible. In a town like Croydon families live in close proximity to their neighbours; they are part of a compact community inevitably involved in community health problems. In schools interest in health education is growing, but to be really effective school staffs must have co-operation from parents. In covering these and other aspects of general health education, toddler discussion groups meet an essential need.

In-Service Training

(1) *Mental Health*:— Two courses of basic lectures in psychiatry were given in the late autumn 1965 and early spring 1966 by Dr. J.D.W. Fisher, Consultant Psychiatrist, Warlingham Hospital and Dr. G. Crosse, Consultant Psychiatrist the Child Guidance Clinic. The lectures had been specially requested by the staff and were attended by assistant medical officers, midwives, district nurses and health visitors who found them most helpful.

(2) *Communication between Departments*:— Groups of child care officers, health visitors and mental welfare social workers, chaired by the principal health education officer met during three successive weeks to discuss and explain their respective roles when dealing with common problems. Each week a different aspect of work was chosen and a representative from each group was asked to give a short introduction to the subject, e.g. :—

First week: What can be done to help socially inadequate families?

Second week: The effects of mental disorders in parents and their children.

Third week: What might be done to prevent the break-up of families, with particular reference to the powers of the Children's Department under Section I of the 1963 Act.

Some of the recommendations suggested by the groups were an extension of the home help service, extension of day nursery facilities and regular multidisciplinary staff meetings to help communication between departments.

Home Help Training Course

Help was given with the above course inaugurated this year (See P. 32). This was a most stimulating experience; excellent training much of which is basic health education is being given and the tremendous enthusiasm and hard work of Miss Heath, Home Help Supervisor and her staff has been a tonic to the whole department.

Family Planning

Opportunities for education on family planning have been found, tested and established. During ante-natal classes mothers were asked whether they would like this information and whether they would like the discussion at the end of the evening when their husbands attend. Their acceptance and appreciation of this offer has been most rewarding.

The subject has been included in the majority of toddlers' clinic programmes and has also been added to the printed list of local government talks issued to the public. Short, informal inservice training sessions have also been given to members of the staff and it is hoped to extend these to other departments during 1967.

Smoking and Health

Education by the staff about smoking and health hazards has been infrequently and reluctantly undertaken for some time. A small survey (191 questionnaires) was carried out in an attempt to discover attitudes towards this public health problem (see Appendix.)

57.5% of the questionnaires were returned. Of these 7.3% did not believe the facts associating cigarette smoking with lung cancer.

31.2% did not believe it is possible to change smoking habits by any form of education.

51.4% did not accept a personal responsibility for promoting a "non-smoking" trend and

40.3% felt smoking and health education was hampered by insufficient inservice training.

This latter observation will be a guide in the choice of inservice training subjects for 1967.

Home Safety

General work continued steadily in clubs, clinics and schools. "Medicines with Care" was the main theme of the year and the subject of the home safety stand at the Ashburton Flower Show.

It was also the theme of an exhibition held in conjunction with the Croydon Pharmacists in the Sun Lounge of the Fairfield Hall. This combined effort was most enjoyable and was seen by over 2,000 people. We are most grateful to the management of the Fairfield Halls for the loan of the Sun Lounge and for all the help received from members of the staff.

DENTAL SERVICE (MATERNITY AND CHILD WELFARE)

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

The duty of the Authority to provide dental treatment for expectant and nursing mothers and pre-school children is derived from the National Health Service Acts. It offers such patients some guarantee of free treatment. This is not possible in the General Dental Services, where practitioners are not obliged to accept any particular person as a patient.

The efforts of the dental staff continue to be aimed at the prevention of dental disease, and to achieve this dental health education must play an increasingly important part in the functions of the service. Many parents still are not aware of the harm that can be caused to the first teeth by the uncontrolled consumption of refined carbohydrates; these include not only sweets but also cakes, biscuits, ice-creams and other confections of the civilised society. The increased affluence of the population generally and the constant television advertisements for "between meal snacks", etc., make it difficult for parents to resist their children's demands for such harmful foods. The practice of giving babies "dummies" dipped in honey, or dinky-feeders filled with sweetened vitamin syrups, may produce a contented child at the time, but causes rampant decay in the front teeth and leads to pain and tears later.

Dental caries is the most prevalent disease of civilisation. Of the 864 pre-school children first inspected during the year 46.7% needed treatment, and of those re-inspected 49% were found to require a further course of treatment. These figures are very similar to those calculated for school children during the year and provide confirmation of the need for frequent and regular dental inspection and treatment.

The birthday scheme mentioned in the last Report has been started at the Sanderstead dental centre. During the first six months of the scheme 130 cards were sent to the parents of three year old children advising them of the need for early inspection and treatment. An appointment was offered to those who were not already attending a private practitioner. 13 replied that they were attending their own practitioner or were unable to attend on that particular date; 77 did not reply, and 29 attended. This is an acceptance rate of 22% and compares well with that of 24% for the schools served by that clinic. The scheme is completely new to the area and the attendance shows signs of improving as it becomes better known.

Dental health education talks have been given to mothers at various Toddlers Clubs. Considerable interest is shown in the material presented, and those parents who are unaware are informed of the facilities available for the care of their children's teeth, and of the need for proper diet and tooth cleaning.

The statistics given in the Appendix are those now required by the Ministry of Health. Compared with last year the number of expectant and nursing mothers and pre-school children examined rose from 532 to 1,025, and the number of courses of treatment completed from 275 to 453. The amount of treatment given has shown a comparable increase.

MENTAL HEALTH SERVICES

Administration

The Medical Officer of Health is in administrative control, and the Deputy and two Assistant Medical Officers of Health are approved for the purpose of the Mental Health Act. Dr. J.D.W. Fisher consultant psychiatrist at Warlingham Park Hospital is Psychiatric Adviser to the Local Health Authority and the Medical Director of their Community Mental Health Services. Dr. B.W. Richards, Consultant Psychiatrist at St. Lawrence's Hospital continues as adviser in Mental Subnormality to the Local Health Authority.

My thanks are again due to medical colleagues both in hospitals and general practice for their help and co-operation without which the continuing successful operation and development of the Mental Health Services would not be possible.

Voluntary Associations

The guardianship Society looked after 10 severely subnormal patients on behalf of the Local Health Authority (9 under guardianship and 1 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 38 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.

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.

Admissions under the Mental Health Act 1959

In 1965 there was a slight increase in the statutory work of the Mental Welfare Officers, and this was attributed to the larger population of the London Borough and the inclusion of Netherne and Cane Hill Hospitals within its boundaries. When these factors were eliminated there was seen to be a slight fall in the work, in fact a continuation of the trend seen over the past six years.

In 1966 this trend seems to have been reversed since the number of cases dealt with by Mental Welfare Officers in the year rose from 433 to 500, a rise of over 15%. This increase seems to reflect a slight increase in the proportion of total admissions where the Mental Welfare Officers have been involved and where statutory procedures have been adopted, since it compares with an increase of total admissions to Warlingham Park Hospital of only 4%. It cannot be attributed as last year to the new factors arising from the London Borough, since the number of cases admitted by Croydon officers to Netherne and Cane Hill Hospitals shows a slight fall from 118 to 99.

Details of the cases dealt with are shown below:

	Male	Female	Total
Admitted informally*	58	46	104
Under Section 25 (For Observation)	31	34	65
Under Section 26 (For Treatment)	34	30	64
Under Section 29 (For Observation in Emergency)	94	134	228
Under Section 136 (Police Action)	3	-	3
Under Section 60 (Hospital Order through Court)	2	1	3
Investigated but not admitted	13	20	33
	<u>235</u>	<u>265</u>	<u>500</u>

*Figures for informal admissions only refer to those cases where the Mental Welfare Officer was involved i.e. only about 12% of voluntary admissions.

In Netherne and Cane Hill Hospitals Mental Welfare Officers were concerned with 47 Section 25 procedures and 52 Section 26 procedures.

Guardianship

No patients were placed under guardianship during the year and none were discharged, leaving the total number under guardianship at 18 at the end of the year.

Training Centres

(i) Junior Training Centre

Despite difficult conditions at the centre work has continued as satisfactorily as possible, 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. At the end of the year there were 67 trainees on the books of the Centre (43 boys and 24 girls).

(ii) Bensham Training Centre

Normal work training activities for subnormal persons continued until 16th December 1966 when the Centre closed down. All the trainees were to be transferred to the new purpose built Craftwork, Training and Social Centre early in 1967 and the Bensham premises utilised as an Assessment and Rehabilitation Centre.

When the Centre closed 68 trainees (42 males and 26 females) were attending.

Payments to trainees totalled £1,884. 8. 3d. and charges for services amounted to approximately £1,105.

(iii) Crosfield Industrial Unit

This Unit functioned in its dual role of (1) Assessment, Training and Rehabilitation Unit and (2) Sheltered Workshop and the satisfactory progress of the previous year was maintained. The Unit continued to co-ordinate the industrial work contracts for the local authority Centres and Warlingham Park Hospital and work undertaken during the year included:

Light electrical assembly - Light engineering - Packing - Breeze and Concrete block making.

Further details concerning the work of the Unit are appended below:

(1) Assessment and Training Section

Numbers of severely disabled persons attending at 31.12.66. Numbers attending at 31.12.65 are shown in brackets.

Type of disability	Male		Female		Total	
Mental Illness*	12	(19)	6	(7)	18	(26)
Subnormality	6	(8)	4	(5)	10	(13)
Severe Subnormality	2	(3)	3	(5)	5	(8)
Physical handicap	9	(6)	3	(4)	12	(10)
	29	(36)	16	(21)	45	(57)

* 1 (3) male and 1 (1) female patients attend daily from Warlingham Park Hospital.

<i>Totals of patients admitted from:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Bensham Adult Training Centre	3	-	3
Day Hospitals	3	4†	7
Centre for physically handicapped	5	2	7
Warlingham Park Hospital (daily attendance)	4	2	6
Ministry of Labour	7	-	7
Social Workers	6	3	9
Other Sources	1	-	1
	29	11	40

† 4 trainees, 1 of whom was a re-admission after discharge to Day Hospital for a further period of treatment.

<i>Totals of trainees discharged to:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Open employment	3	5	8
Industrial Rehabilitation Unit	1	-	1
Sheltered Workshop	11	4	15
Epileptic Colony	1	-	1
	16	9	25

*Totals of trainees unable to benefit
who returned to:*

Adult Training Centre	-	1	1
Day Hospitals	3	2	5
Centre for physically handicapped	6	1	7
Warlingham Park Hospital	5	1	6
Home - elsewhere e.g. left area	6	2	8
	20	7	27

(1) Sheltered Workshop

Numbers of severely disabled persons employed at 31.12.66. Numbers at 31.12.65 are shown in brackets.

<i>Type of disability</i>	<i>Male</i>		<i>Female</i>		<i>Total</i>
Mental Illness*	16	(14)	7	(5)	23 (19)
Subnormality	8	(4)	1	(2)	9 (6)
Severe Subnormality	8	(7)	6	(5)	14 (12)
Physical handicap	8	(6)	-	(-)	8 (6)
	40	(31)	14	(12)	54 (43)

* 6 (5) males and 2 (1) female patients attend daily from Warlingham Park Hospital. 20 of the severely disabled employees had become members of a Trade Union.

<i>Totals of employees admitted from:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Crosfield Assessment & Training Section	11	4	15
	11	4	15

<i>Totals of employees discharged to:</i>			
Open employment	1	1	2
	1	1	2

*Totals of employees unable to maintain
S.W. standard who returned to:*

Day Hospital	-	1	1
Home	1	-	1
	1	1	2

Remuneration	<i>1966</i>			<i>1965</i>		
	<i>£</i>	<i>s.</i>	<i>d.</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Total amount paid out as pocket money (Assessment & Training Section)	3,960.	12.	3.	4,392.	17.	7.
Total amount paid out as gross wages (Sheltered Workshop)	20,400.	4.	11.	5,659.	1.	11.

Income

Total earnings from industry approx.	27,455.	0.	0.	14,720.	0.	0.
Manufactured breeze blocks sold	865.	0.	0.	243.	0.	0.
Value of manufactured breeze blocks in stock 31st Dec. approx.	4,300.	0.	0.	1,813.	0.	0.

Group Placements

Total amounts paid out as wages	<i>G.P.1.</i>			<i>G.P.2.</i>		
G.P.1. 3.1.66 to 18.7.66	449.	4.	7.	362.	17.	8.
G.P.2. 31.1.66 to 29.4.66			meals	4.	7.	6.
Charges to firms for Group Placement services	445.	8.	0.	380.	5.	6.

Attendances

Excluding holidays (paid and approved unpaid) and two long term sicknesses	
Sheltered Workshop employees	94.41%
Trainees	91.07%

Crosfield Social Club

This was held on one evening each week, the average number attending being 35. Music, table games, handwork, basketwork and tuition in reading, writing and simple arithmetic were provided. Rambles, barbecues and visits to places of interest and the veteran car rally were also arranged.

Residential Care

(i) Temporary Care

Arrangements have been made for short term care of 37 mentally subnormal patients in hospital during the year, convalescent holidays have been arranged for 8 patients.

The provision of temporary care for patients recovering from mental illness continues to be made through the Mental After-care Associations hostel in Croydon.

(ii) Long Term Care

(a) Boarding Out Scheme

During 1966 a further 36 patients have been placed in lodgings through the Scheme. Of these 21 were still in lodgings at the end of the year, 12 had moved on to other accommodation and 3 had been re-admitted to hospital.

This Scheme continues successfully and attracts increasing interest from areas outside Croydon and even from overseas. It depends for its success to no small extent on the care and support given by the Mental Health staff concerned, particularly the Boarding Out Officer, but more important on the enthusiasm and unfailing good will of the many landladies and families who by providing a home for patients have helped so much in this recovery and rehabilitation.

(b) Small Group Homes

The first small group home established by the Corporation continues to run satisfactorily, and in 1966 a second home for 7 patients was opened. Tribute is due to the Croydon and District Society for Mentally Handicapped Children for their very generous help and enthusiasm in helping to provide this home. It has already proved its value in providing a secure home for mentally handicapped girls in the community.

Social Work

During 1966 five qualified experienced members of staff left the Service mainly for domestic reasons or because they obtained more senior posts elsewhere. It has not been possible to replace them all, though recruitment at junior levels is easier and the number of trainee social workers is fully up to strength.

The demand for social work assistance in all parts of the Mental Health Service remains extremely heavy and despite the staff losses, the caseload carried has remained fairly steady over the year. There were 1,107 open cases at the end of 1965 and 1,131 at the end of 1966.

In the course of the year the social workers have been required to help in 2,250 cases. This excludes the 500 cases referred to the Mental Welfare Welfare Officers in their statutory capacity.

The increasing pressure of work is however reflected in the increased number of cases referred for social work - 1,155 in 1966 compared with 986 in 1965. This figure, which has increased every year is now double the number referred in 1962. Details of social work for the year are shown below:

	<i>Subnormal and Severely Subnormal</i>	<i>Mentally ill</i>	<i>Others</i>	<i>Totals</i>
Cases open 1.1.66	527	499	81	1,107
Cases referred during 1966	164	727	264	1,155
Cases open 31.12.66	491	515	125	1,131

CORPORATION DAY NURSERIES

There are now two Day Nurseries in the London Borough of Croydon, one at Whitehorse Road, 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 22s.2d. per day.

	Whitehorse Road	Hazleglen Sanderstead Road
Details of attendances -		
Capacity	50	30
Number on books at the end of year	47	31
Attendances: Under 2	3,410	1,107
Over 2	5,340	4,186
<i>Total</i> ...	<u>8,750</u>	<u>5,293</u>
Number of days opened	258	254
Average daily attendance ...	3,391	21

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.

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 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.

It has proved a successful and popular service, and requests for increases were limited only by financial consideration. In one area, New Addington, the complete absence of any private Chiropodist's surgery necessitated the provision of a Corporation clinic. Arrangements to provide equipment at the Parkway Clinic and to engage a part-time Chiropodist were authorised. Sessional work has now commenced.

On December 31st 1966, 27 Chiropodists were operating this scheme. During the period January 1st to December 31st 1966 they gave 19,522 treatments at their surgeries and 2,794 by domiciliary visits.

CERVICAL CYTOLOGY

It was not possible to offer this service until the Regional Hospital Board Laboratory accepted specimens in July. The Ministry of Health had informed local health authorities that they had no powers to provide directly pathological facilities, and must limit their activities to the taking of specimens. We were allowed to send only 10 smears a week and these were taken at the Lodge Road ante and post natal clinics. Medical and nursing staff were given instruction by the Pathologist, and no difficulties are anticipated in extending the service when additional laboratory examinations can be offered.

For details see Appendix.

R. HARVEY, F.A.P.H.I.
Chief Public Health Inspector.

I have the honour to submit a report on the work of the Public Health Inspectors for the year 1963, the first since taking up my appointment.

The year continued to be a period of adjustment and consolidation following the reorganisation in 1962 and the East Chapter will it is hoped be started in the move to Taberner House in 1967.

Amongst the many activities in a very busy period, housing work played a very prominent part. A start was made in the implementation of the Council's current programme for dealing with unfit houses, by the representation of some sixty houses in the Handsworth Road area, as Clearance Areas.

Excluding a number of houses already owned by the Council it was subsequently resolved by the Council to purchase a further 100 houses in respect of these houses together with the Clearance Areas.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

The Order is now an advisory and Ministry decision as to which to deal and during the year an important administrative change took effect in the sphere of this work.

As a result of a report of a Working Party set up by the Greater London Council and the London Boroughs' Committee to consider and report on the manner in which Section 16 of the Housing Act, 1961 relating to means of escape in case of fire should be implemented in Greater London, it was recommended inter alia that the requirement of Section 16 that the Borough Councils should consult with the Greater London Council as fire authority, should be deemed to have been carried out by the application of a Code of Practice laying down minimum standards of means of escape prepared for the guidance of borough councils.

Previously had hitherto relied upon the services of the local Fire Prevention Officer for advice on this work but in spite of representations to the London Boroughs' Association against the new procedure the Council were unable to obtain any modification of the new system.

The effect of this decision was to direct the energies of two of my staff solely to this type of work until more experience can be gained in the implementation of the Code of Practice.

WORK OF THE PUBLIC HEALTH INSPECTORS

W. Haworth, F.A.P.H.I.
Chief Public Health Inspector.

I have the honour to submit a report on the work of the Public Health Inspectors for the year 1966, the first since taking up my appointment.

The year continued to be a period of adjustment and consolidation following the reorganisation in 1965 and the final chapter will it is hoped be enacted in the move to Taberner House in 1967.

Amongst the many activities in a very busy period, housing work played a very prominent part. A start was made in the implementation of the Council's current programme for dealing with unfit houses, by the representation of some sixty houses in the Handcroft Road area, as Clearance Areas.

Excluding a number of houses already owned by the Council it was subsequently resolved to make a Compulsory Purchase Order in respect of these houses together with lands outside the Clearance Areas.

The Order is now subject to Public Inquiry and Ministry decision in due course.

Houses in Multiple Occupation provide an ever increasing problem with which to deal and during the year an important administrative change took effect in one sphere of this work.

As a result of a report of a Working Party set up by the Greater London Council and the London Boroughs' Committee to consider and report on the manner in which Section 16 of the Housing Act, 1961 (relating to means of escape in case of fire) should be implemented in Greater London, it was recommended inter alia that the requirement of Section 16 that the Borough Councils should consult with the Greater London Council as fire authority, should be deemed to have been carried out by the application of a Code of Practice laying down minimum standards of means of escape prepared for the guidance of borough councils.

Croydon had hitherto relied upon the services of the local Fire Prevention Officer for advice on this work but in spite of representations to the London Boroughs' Association against the new procedure the Council were unable to obtain any modification of the new system.

The effect of this decision was to divert the energies of two of my staff solely to this type of work until more experience can be gained in the implementation of the Code of Practice.

It is pleasing to record that in spite of the economic 'squeeze' the Council has continued to implement its long term policy of attaining in due course a smoke controlled Borough.

In pursuance of this policy No. 9 Smoke Control Order was made in December, 1966 and has since been confirmed by the Minister subject to a minor amendment.

In concluding this introduction to the report, I should like to express my appreciation of the support and encouragement of the Chairman, Vice-Chairman and members of the various Committees, the guidance and confidence of Dr. Wright and the very willing help and loyalty of the whole of my staff.

HOUSING

The following is a summary of work carried out in respect of the sanitary condition of dwelling houses during the year:—

1. Inspection of Dwelling Houses during the year 1966
 - (i) Total number of houses inspected for housing defects (under Public Health or Housing Acts) - 3,096
 - (ii) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation - 1
2. Remedy of Defects during the year without service of Formal Notices -

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers - 611
3. Action under Statutory Powers during the year
 - (a) Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957 -
 - (i) Number of dwelling houses in respect of which notices were served requiring repairs - 323
 - (ii) Number of dwelling houses which were rendered fit after service of formal notices
 - (a) By owners - 304
 - (b) By Local Authority in default of Owners - 19
 - (b) Proceedings under the Public Health Acts -
 - (i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied - 594
 - (ii) Number of dwelling houses in which defects were remedied after service of formal notices
 - (a) By owners - 369
 - (b) By Local Authority in default of Owners - 225
 - (c) Proceedings under Sections 17 and 23 of the Housing Act, 1957 -
 - (i) Number of dwelling houses in respect of which Demolition Orders were made - 1
 - (ii) Number of dwelling houses demolished in pursuance of Demolition Orders - 10
 - (iii) Number of dwelling houses in respect of which Closing Orders were made - 5

(d) Proceedings under Section 18 of the Housing Act, 1957

(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made	-	10
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	-	3

4. Houses in Multiple Occupation

(i) Number of Houses in Multiple Occupation inspected during the year	-	226
(ii) Number of houses in which defects were remedied following service of formal or informal notice under Section 9, Housing Act	-	52
(iii) Number of houses in which additional amenities were provided following service of formal or informal notices under Section 15 of the Housing Act	-	47
(iv) Number of houses in which fire prevention works were completed following service of formal or informal notices under Section 16, Housing Act	-	42

5. Rent Act, 1957 - Certificate of Disrepair

(i) Number of applications for Certificates	-	18
(ii) Number of Certificates issued	-	9
(iii) Number of Applications by Landlords for Cancellation of Certificates	-	8
(iv) Certificates cancelled	-	5

West Croydon Men's Hostel

The Hostel is situated at Pitlake and is available for use by nightly lodgers. There are 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 33,568.

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)

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	73	40	4	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,308	550	38	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	176	172	6	-
<i>TOTAL</i>	2,557	762	48	-

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)	To H.M. Inspector (5)	
Want of cleanliness (S.1) ...	5	2	-	-	-
Overcrowding (S.2) ...	-	-	-	-	-
Unreasonable temperature ... (S.3)	1	-	-	-	-
Inadequate ventilation ... (S.4)	2	2	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7):-					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	16	14	-	2	-
(c) Not separate for sexes	1	1	-	-	-
Other offences against the Act (not including offences relating to Outwork) ...	62	52	1	3	-
TOTAL	87	71	1	5	-

*Part VIII of the Act***Outwork**

<i>Nature of Work</i> (1)	<i>Section 110</i>			<i>Section 111</i>		
	<i>No. of outworkers in August list required by Sect. 110 (1) (c)</i> (2)	<i>No. of cases of default in sending lists to the Council</i> (3)	<i>No. of prosecutions for failure to supply lists</i> (4)	<i>No. of instances of work in unwholesome premises</i> (5)	<i>Notices served</i> (6)	<i>Prosecutions</i> (7)
Wearing Apparel	100	-	-	-	-	-
Household Linen	113	-	-	-	-	-
Curtain and furniture hangings	20	-	-	-	-	-
Paper bags	-	-	-	-	-	-

continued on next page.

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 10 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Tool Assembly	12	-	-	-	-	-
Carding, etc. of buttons, etc.	160	-	-	-	-	-
Stuffed toys	20	-	-	-	-	-
Brush making	3	-	-	-	-	-
Tapestry printing	4	-	-	-	-	-
Cosaques, Christmas crackers, Christmas stockings, etc.	151	-	-	-	-	-
Lampshades	10	-	-	-	-	-
<i>TOTAL</i>	593	-	-	-	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Many firms still seem unaware of the requirement to register their premises, and, even when supplied with Form OSR.1 for registration purposes, delays occur in completion. This involves correspondence and/or special visits to ensure return.

It is a disadvantage that the Form does not require the firm applying for registration to disclose the address of the registered office. Time is taken up by the department, or the legal department in ascertaining this address when serving notices or when legal proceedings are contemplated.

Partitioning to meet particular needs by firms occupying new offices, continue to create ventilation problems. Reception and other interior offices are frequently formed without ventilation or with borrowed ventilation from adjoining offices.

Ventilation of shop fronts also continues to be a problem. Shopfitters seem loth to provide any means of ventilation in their shop front construction, security apparently being their main concern. Better liaison with the Borough Engineer's department is, however, achieving improved results.

As a result of criticism and comment on deposited plans forwarded to the Department by the Borough Engineer, architects and builders are becoming better acquainted with the requirements of the Act, and a better relationship is being developed with advantage to all concerned.

In a very few cases hostility has been experienced from shop assistants and clerical staff. This is surprising when it is considered that the Act is provided for their comfort and welfare. This attitude, however, has changed later when improvements have been effected in the premises in which they are employed and one is left to wonder why they had tolerated such unsatisfactory conditions for so long in these days of labour shortage.

It would have been preferred if the provision of Section 52(2) of the Factories Act, 1961 - which requires that a drinking water supply (whether laid on or not) shall be clearly marked "Drinking Water" - were included in this Act.

Difficulty in getting work done to comply with notices served, often used as defence in Court, has shown that there is a genuine shortage in the supply of building labour and time is spent in getting in touch with builders urging attention to work for which they have received instructions.

As a matter of general experience, it would seem that:-

(1) Laundry and Dry Cleaners Receiving Offices are notorious in failing to have hot water supply to wash basins. In one or two cases, there has not even been a cold water supply or wash basin. One would have thought that firms dealing with contaminated and unclean clothing would have provided these necessary facilities for their staff, but in two cases resistance from the firms in question necessitated the threat of legal proceedings by the Town Clerk before the necessary work was carried out. One firm of dyers and cleaners had their windows adorned with curtains which could only be described as filthy.

(2) Dirty and unsafe conditions are frequently found in decorators, "do-it-yourself" and builders' merchants' shops, in that part of their premises reserved for staff and for the storage of wallpapers, timber and other goods.

(3) Television and radio shops and firms selling electric heating apparatus seem to be the worst culprits in failing to provide a reasonable shop temperature for assistants. A little more electric power devoted to heating purposes and less to lighting and demonstration is indicated.

Accidents.

A number of accidents have arisen due to staff taking "short cuts" to save time. These have been caused by staff falling or straining themselves by carrying goods downstairs when the use of a lift is available. Persons hurrying out of offices for meal break or at the end of the day have fallen whilst descending staircases rather than wait for lift transport.

A lift mechanic was killed by crushing whilst on the roof of a lift car which was "called" from a higher floor. He had apparently mounted the roof of the car to immobilise the lift for public use, intending to move the lift to such a position from which he could carry out shaft cleaning operations. In short, the accident was due to his failure to use the immobilising button in the lift car before ascending on the car roof.

The deceased could have entered the lift tower, some 10 storeys higher, and moved the lift manually, but a most unsatisfactory feature in this case was that the only approach to the lift motor room was through a ladies' toilet suite, up a ladder followed by a circuitous walk in the roof space. No doubt the deceased, being fully aware of the lengthy process involved in getting to the motor room, adopted the quickest way to move the lift, which led to his death.

Pressure has been brought to bear on the owners of this particular building to provide easy access to the lift motor room. This is a case of unsatisfactory architectural design in a modern office block and emphasis is now made, when plans of large buildings are received, to ensure that lift motor rooms can be reached with ease and speed.

Although no accident of the nature has been reported in this Borough, reports have been seen of serious injury to butchers' assistants whilst boning out meat or breaking up joints, when the knife they are using slips and penetrates part of the anatomy. Some leather or other protective material to protect the stomach and pelvic area would appear desirable.

Accidents have been reported due to staff falling across opened drawers or filing cabinets.

Low swing doors dividing a reception area in an office were the cause of an employee suffering serious injury to his heel when the doors swung back as he was passing through.

The distance between a counter and walls of a busy sub-post office and general stores was so small that it was difficult for staff to pass one another, especially when parcels and mail bags were deposited in the same space. All available space in the shop had been given over as shop area for customers. An employee fell over the mail bags deposited behind the counter and sustained a broken leg, resulting in absence from work for some time. A standard prescribed distance between counters and walls in such cases would appear to be indicated.

A total of 99 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 and warnings in appropriate cases were submitted with the object of preventing a recurrence.

Prosecutions.

Defective and dangerous doors, and windows involving broken sash cords were the subject of Complaint to the magistrates under Section 22 of the Act. At the hearing these conditions were reported as remedied in each case.

In the absence of any other provision regarding dangerous doors, and windows having broken sash cords, it has been held that remedy of these conditions can only be effected by invoking the said Section.

(a) A ladies' hairdressing firm was prosecuted for having dirty premises, collapsed floorboards, defective floor covering, lack of artificial lighting in the water closet and lack of accommodation for outdoor clothing. A fine of £40 was imposed.

(b) A builders' merchants and "do-it-yourself" firm was prosecuted for failing to maintain properly the store room floors (the floors were wormeaten, partly collapsed and in a dangerous condition), and for failure to provide accommodation for storing clothing. A fine of £40 was imposed with 10 guineas costs.

(c) A heating engineer was prosecuted for failing to display the abstract of the Act, failing to repair a defective lighting switch precluding artificial lighting to a store; having defective floor covering such as to be an obstruction in the office; failing to provide accommodation for outdoor clothing for staff and failing properly to maintain the water closet. A fine of £21 with 5 guineas costs was imposed.

Seven firms were reported to the Town Clerk regarding:—

- (1) Failure to provide a supply of hot and cold water and a wash basin.
- (2) Failure to provide a supply of hot water over a wash basin (4 cases).
- (3) Defective window glazing and sash cords.
- (4) Dirty shop, offices and store rooms (2 cases).
- (5) Lack of lighting to store rooms.
- (6) Failure to provide proper cleaning equipment to a bacon slicing machine.
- (7) Dangerous steps in shop leading to first floor.

In all these cases, on receipt of a threat of legal proceedings the matters received prompt attention and the notices were complied.

Guidance given from time to time in Ministry Circulars issued has been appreciated and is most helpful.

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	92	1,107	171
Retail Shops	146	2,064	455
Wholesale Shops, Warehouses	17	114	28
Catering Establishments open to the public, Canteen	40	208	54
Fuel Storage Depots	-	2	-
TOTALS	295	3,495	708

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

3,860

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	25,086
Retail Shops	12,091
Wholesale Departments, Warehouses	2,277
Catering Establishments open to the public	2,422
Canteens	444
Fuel storage depots	22
TOTAL	42,342
Total Males	20,246
Total Females	22,096

TABLE D - Exemptions

No exemptions were granted under the Act during 1966.

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 4(1)	One	One	One
Section 4(2)	One	One	One
Section 8(4)	One	One	One
Section 9(2)	Two	Two	Two
Section 12(1)(a)	Three	Three	Three
Section 16(1)	Three	Three	Three
Section 50(2)	One	One	One

The establishment of Inspectors appointed under the Act is twenty eight including twenty four Public Health Inspectors who carry out inspections under the Act in conjunction with District work.

Three members of the clerical staff are employed full time on work in connection with the Act.

REMEDIAL WORKS ETC. CARRIES OUT

Accident Prevention Measures	...	...	...	...	...	30
Abstract of Act Provided	...	...	...	...	...	408
Clothing Accommodation Provided	...	...	...	...	...	50
Drainage Defects Repaired	...	...	...	...	...	1
Lack of Cleanliness Remedied	...	...	...	...	...	12
Drinking Water/Vessels Provided	...	...	...	...	...	6
Eating Facilities Provided	...	...	...	...	...	3
First Aid Equipment Provided	...	...	...	...	...	235
Floors, Stairs, Passages Repaired et c.	...	...	...	...	...	185
Heating Provided	...	...	...	...	...	34
Lighting Provided	...	...	...	...	...	85
Machines Guarded	...	...	...	...	...	23
Overcrowding Abated	...	...	...	...	...	35
Premises registered	...	...	...	...	...	295
Sanitary Accommodation Provided	...	...	...	...	...	24

(continued on next page)

Defective Sanitary Accommodation Repaired	...	...	...	62
Staff seating facilities Provided	...	...	...	10
Thermometers Provided	...	...	...	257
Ventilation Provided	...	...	...	112
Walls, Ceilings etc. Repaired	...	...	...	250
Washing facilities Provided/Repaired	...	...	...	135
Provision of Disposal for Sanitary Dressings	...	...	...	12

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. 742 inspections were made under the Shops Acts, and the infringements found were as follows:—

Hours of Closing	...	...	...	...	...	...	...	5
Notices to be exhibited or amended	...	...	...	...	...	...	...	280
Meal Intervals not granted to Staff	...	...	...	...	...	...	...	4

PROSECUTIONS UNDER SHOPS ACT, 1950

Two cases against local shopkeepers for lack of meal intervals for staff and for failing to keep Shops Act forms in a prescribed manner. Fines totalling £11.0.0. with costs were imposed.

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 78 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 140 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, new Byelaws were adopted and copies sent to all establishments in the Borough.

DRAINAGE

2,963 visits of inspection were made to underground drains in course of repair. Of 561 Statutory Orders served, in 225 cases work was carried out in default of the owners.

At the end of the year there were 60 cesspools in the Borough serving premises without main drainage.

POLLUTION OF RIVERS AND STREAMS

During the year 11 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 1966, came into force on 1st June, 1966 to amend and extend the 1962 regulations, which imposed requirements as to construction, design and performance of domestic space heaters.

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 six 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 8 licences were issued to local dealers.

THE RIDING ESTABLISHMENTS ACT, 1964

This Act came into operation during 1964 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.	160	Expired 21.12.66
Hall & Co. Depot, Marlpit Lane, Coulsdon.	1	1 year from 10.12.66
Caterham Drive, Old Coulsdon.	1	3 years from 8.8.64
Dennards Yard Magdala Road Croydon.	1	Indefinite period

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
No. 9	6,158	5,605	554	19.12.66	1. 7.69

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 65 plans showing the construction and heights of new chimneys have been examined and in 41 cases additional height has been requested and agreed. 76 notices of the installation of new furnaces have been received, 24 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	...	...	...	...	6,097 articles
By Formalin Gas	...	...	...	...	215 articles
<i>Total</i>					6,312 articles

23 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

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 1966, 192 articles were disinfected, the receipts amounting to £4.16s.0d.

Disinfection was carried out after infectious or contagious diseases as follows:—

245 rooms, hospital wards, clinics etc.

77 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 £19.11s.6d. was paid for such services.

786 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 10 adults and 2 children were cleansed of verminous conditions and 24 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 101, either by spraying or fumigation.

NOISE ABATEMENT

During the year 60 complaints were made regarding noise alleged to be a nuisance. In 11 cases no action was warranted.

In 31 instances the noise complained of was finally abated, in 9 cases the noise was reduced so as not to be a nuisance and 9 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 5. In addition, 248 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 three firms are now engaged in this type of business within the Borough.

Three 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	...	...	...	...	...	...	1
Cotton Felt	...	...	...	...	...	...	1
Hair	...	...	...	...	...	...	1

PET ANIMALS ACT, 1951

22 persons were licenced for the purpose of keeping Pet Shops. During the year 41 inspections were made and there were no infringements of the conditions, specified in the licences.

DISEASES OF ANIMALS ACTS

No cases of contagious animal disease were reported during the year. In such cases action is taken in conjunction with Officers of the Ministry of Agriculture to provide against the spread of the disease. Regular visits are made by the District Inspectors to premises where animals are kept to ensure that precautionary measures and a high standard of cleanliness are maintained.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

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

During the year 3,450 premises were inspected following complaint and in 3,276 instances infestation was confirmed and dealt with by the rodent operatives. In addition, 279 premises were inspected for reasons other than complaint and of these 271 were found to be infested. 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, depots, school kitchens and serveries etc. are periodically inspected for the presence of rodents and appropriate action taken if the premises are infested.

Recent evidence indicates that there is no heavy rat infestation of the Corporation's foul water sewers and, in order to provide a more economical and effective treatment of such sewers, the practice of "test baiting" a percentage of manholes has been discontinued. Treatment now consists of baiting each manhole in an area with an adequate quantity of poison obviating the need for subsequent visits. A total of 571 manholes were treated in this way during the year and further treatments are planned to cover the whole Borough. Treatments have also been carried out in two areas where sewer infestations were suspected.

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, 1,166 are registered under Section 16 of the Food and Drugs Act, as follows:—

Retail sale of ice-cream	...	...	...	...	...	944
Manufacturers of ice-cream	...	...	...	...	...	Nil
Preparation or manufacture for sale of sausages, or potted, pressed, pickled or preserved food	...	...	...	...	...	222

During the year 6,798 inspections and re-inspections were made of of food businesses (for details see Page 79).

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.

<i>Description</i>	<i>No. of Premises</i>	<i>Wash hand basins provided during 1966</i>	<i>No. to which Sec. 19 applies</i>	<i>No. fitted to comply with Sec. 19 during 1966</i>
Bakehouses and Bakers Shops	167	3	167	1
Sugar Confectioners	550	7	502	3
Cafes, Restaurants, Snack Bars, etc.	481	6	481	2
Works & Club Canteens	245	1	245	-
Licensed Premises	257	1	257	-
Off Licences	70	-	6	-
Grocers	431	6	401	2
Butchers	149	2	149	-
Wholesale Meat Markets	8	-	8	-
Chemists	78	-	78	-
Greengrocers	164	2	164	1
Fishmongers	66	2	66	-
Fried Fish Shops	40	-	40	-
Milk Distributors and Dairies	243	3	220	-
Premises from which Roundsmen & Mobile Shops operate	20	-	20	-
Stalls	111	-	111	-
Food Manufacturers	26	-	26	-
Supermarkets and General Shops	130	7	72	-

FOOD AND DRUGS ACT, 1955 AND FOOD HYGIENE REGULATIONS 1960 - WORK CARRIED OUT AND DEFECTS REMEDIED

Structural defects in shops and stores remedied	...	...	...	...	...	...	...	16
Defective condition of walls and ceilings remedied	...	...	...	...	...	...	...	143
Defective condition of floors, utensils, fixtures, etc. remedies	...	...	...	...	...	...	...	57
Defective or insufficient drainage repaired	...	...	...	...	...	...	...	4
Lighting or ventilation provided	...	...	...	...	...	...	...	14
W.C. accommodation - repair or cleansing	...	...	...	...	...	...	...	29
" " - artificial lighting provided	...	...	...	...	...	...	...	5
" " - intervening ventilated space provided	...	...	...	...	...	...	...	17
Food - now stored 18" off floor	...	...	...	...	...	...	...	6
" - means to prevent risk of contamination provided	...	...	...	...	...	...	...	1
" - store provided or repaired	...	...	...	...	...	...	...	1
Accumulations in yard or stores removed	...	...	...	...	...	...	...	7
Offal and refuse bins provided	...	...	...	...	...	...	...	19
Yard paving repaired	...	...	...	...	...	...	...	1
Hand washing notices exhibited	...	...	...	...	...	...	...	27
Ablutions - Wash basins provided	...	...	...	...	...	...	...	40
" - Hot water supplies provided	...	...	...	...	...	...	...	35
" - Nail brushes, soap and towels provided	...	...	...	...	...	...	...	40
Clothing accommodation provided	...	...	...	...	...	...	...	4

(continued on next page)

Sinks installed	...	...	...	...	...	...	...	...	...	...	9
Smoking offences abated	...	...	...	...	...	...	...	...	...	...	9
Defective or unsuitable table tops replaced	...	...	...	...	...	...	...	...	...	...	5
First Aid kits provided	...	...	...	...	...	...	...	...	...	...	22
Cleanliness - advice given	...	...	...	...	...	...	...	...	...	...	3
Rats/Mice Infestation abated	...	...	...	...	...	...	...	...	...	...	10

Condemned Foodstuffs

Summary of meat and other articles of food found to be unfit and condemned by the Inspectors during 1966:—

<i>Article</i>	<i>Weight in lbs.</i>
Carcase Meat	5,185
Offal	4,627
Sundry Foodstuffs	3,960
Canned, Bottled and Packeted Foods	18,901
<i>Total</i>	<i>32,673</i>

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. 12 inspections of licenced plants were made during the year.

MILK SUPPLY

During the year 80 inspections were made of dairies and premises from which milk is sold.

The Milk (Special Designation) Regulations 1963

The following licences, have been granted to dealers distributing milk from premises in Croydon during the year:—

Licences to use the designation "Pasteurised" -

(a) Dealer's (Pre-packed Milk) Licences 64

Licences to use the designation "Sterilised" -

(a) Dealer's (Pre-packed Milk) Licences 21

Licences to use the designation "Untreated" -

(a) Dealer's (Pre-packed Milk) Licences 2

Licences to use the Designation "Ultra Heat Treated" -

(a) Dealer's (Pre-packed Milk) Licences 29

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	...	...	...	...	...	...	160
Sterilised Milk	...	...	...	...	...	...	30
Untreated Milk	...	...	...	...	...	...	9
Ultra Heat treated	...	...	...	...	...	...	2

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

<i>Untreated Milk</i>	<i>Methyline Blue Test</i>	
No. Samples Taken	Not Satisfied	Satisfied
9	-	9

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.

	<i>Pasteurised Milk</i>			
	<i>Methyline Blue Test</i>		<i>Phosphatase Test</i>	
No. Samples Taken	Not Satisfied	Satisfied	Not Satisfied	Satisfied
160	2	158	-	160

<i>Sterilised Milk</i>		
No. Samples Taken	<i>Turbidity Test</i>	
	Not Satisfied	Satisfied
30	-	30

	Ultra Heat Treated Milk			
	Methyline Blue Test		Phosphatase Test	
No. Samples Taken	Not Satisfied	Satisfied	Not Satisfied	Satisfied
2	-	2	-	2

Bacteriological Examination of Milk Bottle Rinses

Bottle Rinse Samples - 30	Satisfactory	- 30
	Unsatisfactory	- -

BACTERIOLOGICAL EXAMINATION OF CREAM

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

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

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

Grade	No. of Samples
1	79
2	12
3	5
4	4

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

Six 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 five 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, 203 samples of Milk and Cream, and 382 other samples were taken, of which number, 41 were found to be "Not Genuine".

Summary of Samples

During 1966 samples were obtained and submitted to the Public Analyst as follows:-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Apples	1	1	-	-	-
Aubergines	1	-	1	-	-
Asparagus Cuts	1	-	1	-	-
Ascorbic Acid Tablets	2	2	-	-	-
Baby Food	1	1	-	-	-
Bacon	2	2	-	-	-
Baked Beans	1	1	-	-	-
Baking Powder	1	1	-	-	-
Beefburgers	2	2	-	-	-
Beer Bitter	8	8	-	-	-
Beer, Mild	5	4	1	1	1
Biscuits	3	3	-	-	-
Black Pudding	1	1	-	-	-
Boracic Ointment	2	2	-	-	-
Brandy	2	2	-	-	-
Bread, Brown	2	2	-	-	-
Bread, White	3	3	-	-	-
Bread, W. Indian	1	1	-	-	-
Bread Crumbs	1	1	-	-	-
Bread, Milk	3	-	3	-	-
Butter, Australian	1	1	-	-	-
Buttermilk	1	-	1	-	-
Buttered Bread	10	10	-	-	-
Buttered Rolls	19	18	1	1	1
Calamine Cream	1	-	1	-	-
Cake Mix	3	3	-	-	-
Cakes, Various	13	11	2	1	-
Cheese, Italian Delebatte	1	1	-	-	-
Cheese, Cottage	2	2	-	-	-
Cheese, Danish Blue	1	1	-	-	-
Cheese Spread	1	1	-	-	-
Chicken Curry	1	1	-	-	-
Chocolate	12	9	3	-	-
Chocolate Pieces	2	-	2	-	-
Christmas Pudding	1	1	-	-	-
Cod Liver Oil	1	1	-	-	-
Coconut Chips	1	1	-	-	-
Coconut, Creamed	1	1	-	-	-
Coffee (Hot)	3	3	-	-	-
Coffee and Chicory Essence	1	1	-	-	-
Cooking Fat	1	1	-	-	-
Corned Beef	3	3	-	-	-
Cornish Pasty	4	4	-	-	-
Cough Mixture	2	2	-	-	-
Cream, Fresh	5	5	-	-	-
Crumpets	1	1	-	-	-
Dates	2	1	1	-	-
Drinking Chocolate	2	2	-	-	-
Dripping	2	2	-	-	-
Evaporated Milk	1	1	-	-	-
Faggots	1	1	-	-	-
Fish Cakes	2	2	-	-	-
Fish (Frozen)	1	1	-	-	-
Flu Cure	1	1	-	-	-
Flour (incl. S.R.)	2	2	-	-	-
Food Colouring	2	2	-	-	-
Fruit, Dried	1	1	-	-	-
Fruit Juice	1	1	-	-	-
Fruit Pie	2	2	-	-	-
Gees Linctus	2	2	-	-	-
Gin	7	6	1	1	1
Glace Cherries	1	1	-	-	-
Grapefruit Juice	1	1	-	-	-
Gravy Powder	1	1	-	-	-
Ground Mixed Spice	1	1	-	-	-
Ground Nut Oil	2	2	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Ham	3	3	-	-	-
Ham and Chicken Roll	1	1	-	-	-
Ham Mornay	1	-	1	-	-
Honey	2	2	-	-	-
Horseradish Relish	2	2	-	-	-
Indian Tonic Water	1	1	-	-	-
Ice Cream Powder	1	1	-	-	-
Ice Cream	5	5	-	-	-
Insect Bite Lotion	2	2	-	-	-
Indigestion Tablets	1	1	-	-	-
Jam	5	5	-	-	-
Jelly	5	5	-	-	-
Jellied Veal	1	1	-	-	-
Lard	1	1	-	-	-
Lemonade	2	2	-	-	-
Lemonade Power	1	1	-	-	-
Lemon and Lime Drink	1	1	-	-	-
Lemon Mayonnaise	1	1	-	-	-
Liver, Lambs	4	4	-	-	-
Liver, Ox	1	1	-	-	-
Margarine	3	3	-	-	-
Marmalade	3	2	1	-	-
Marzipan	2	2	-	-	-
Miscellaneous Meat Dishes	2	2	-	-	-
Meat Extract Cubes	2	2	-	-	-
Meat Paste	2	2	-	-	-
Meat Pie	2	2	-	-	-
Meat Pudding	2	2	-	-	-
Milk	198	198	-	-	-
Malted Milk Powder	1	1	-	-	-
Milk Filled Chocolate Eggs	2	2	-	-	-
Mushrooms, Marinated	2	-	2	-	-
Mustard, Marinated	2	2	-	-	-
Mustard and Cress	1	-	1	-	-
Nuts, Mixed	4	3	1	-	-
Oatmeal	1	1	-	-	-
Oranges	1	1	-	-	-
Orange Juice	1	1	-	-	-
Olives, Various	3	-	3	-	-
Paprikaschoten	1	-	1	-	-
Peas, Garden	3	3	-	-	-
Pepper	1	1	-	-	-
Pickled Onions	1	1	-	-	-
Pickled Cucumber	1	-	1	-	-
Pickled Walnuts	1	1	-	-	-
Pickles	7	7	-	-	-
Pork Pies	3	3	-	-	-
Pork Sausage Meat	3	2	1	-	-
Porridge Oats	2	2	-	-	-
Powdered Potatoes	1	1	-	-	-
Puddings	3	3	-	-	-
Roes Tinned	1	1	-	-	-
Rice	5	2	3	-	-
Rennet	1	1	-	-	-
Pie Filling	1	1	-	-	-
Rum	8	8	-	-	-
Salad Cream	1	1	-	-	-
Salmon Paste	1	1	-	-	-
Sausage, Beef	7	6	1	-	-
Sausage, Pork	7	6	1	-	-
Sausage, Liver	1	1	-	-	-
Sausage, Smoked	1	1	-	-	-
Sausage, Luncheon	1	1	-	-	-
Sausage, Chipolata	3	3	-	-	-
Soda Mint Tablets	1	1	-	-	-
Spaghetti, Bolognese Sauce	1	1	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Steak and Kidney Pie	5	5	-	-	-
Steak and Kidney Pudding ...	2	2	-	-	-
Steak Pie	2	2	-	-	-
Suet, Packed	1	1	-	-	-
Sun Tan Lotion	1	1	-	-	-
Sponge Pudding, Tinned ...	1	1	-	-	-
Sweets	2	2	-	-	-
Surgical Spirit	1	1	-	-	-
Sweet and Sour Sauce	1	-	1	-	-
Sugar, Brown	1	1	-	-	-
Sugar, Icing	1	1	-	-	-
Soup Powder	1	1	-	-	-
Stewed Steak, Tinned	2	2	-	-	-
Table Salt	1	1	-	-	-
Tea	1	1	-	-	-
Tablets (Various)	3	3	-	-	-
Tinned Fruit	8	5	3	-	-
Tinned Vegetables	5	4	1	-	-
Tinned Soup	4	4	-	-	-
Tinned Fish	1	1	-	-	-
Tomato Ketchup	1	1	-	-	-
Tongue, Calves	1	1	-	-	-
Tongue, Ox	2	2	-	-	-
Vinegar	1	1	-	-	-
Vitamin Cream	1	-	1	-	-
Vodka	3	3	-	-	-
Whiskey	14	14	-	-	-
Yoghurt	3	3	-	-	-
TOTALS	584	543	41	4	3

Result of Analysis of Milk Samples

The samples of milk were obtained as follows:-

Taken on Milk Rounds	...	...	64
Taken at Dairies	...	...	138
Taken at Institutions	...	...	1
<i>Total</i>			203

Average composition of samples:-

Milk (excluding South Devon and Channel Islands Milks)

Solids not Fat 8.62
(Legal standard is 8.5%)

Milk Fat 3.6
(Legal standard is 3%)

South Devon and Channel Island Milk

Solids not Fat 9.1
(Legal standard is 8.5%)

Milk Fat 4.6
(Legal standard is 4%)

DETAILS OF NON-GENUINE SAMPLES TAKEN

<i>Article</i>	<i>Nature of Adulteration or Deficiency</i>	<i>Remarks</i>
Cream and Jam Sponge	Contained imitation cream.	A notice declaring the presence of imitation cream has now been exhibited on the Vendor's premises.
Chocolate Honeycomb	This sample was a sweetmeat covered with imitation milk chocolate containing a high proportion of vegetable fat other than cocoa butter.	Label has now been amended by the packers.
Cooking Chocolate	Consisted of chocolate substitute with a high proportion of fat other than cocoa butter.	Now relabelled "Bakers' dark covering".
Milk Chocolate Toffe (2 samples)	Covered with milk chocolate substitute.	Sale of this article now withdrawn.
Chocolate	This was a sample of imitation chocolate	Article has now been relabelled.
Dates	One date contaminated with a squashed insect, and signs of fermentation with yeasts.	Vendor warned.
Mixed Nuts	The ingredients of this article were not specified on the label as required by the Labelling of Food Order, 1953.	New label introduced specifying ingredients and type of nuts in correct order.

<i>Article</i>	<i>Nature of Adulteration or Deficiency</i>	<i>Remarks</i>
Pickled Dill Cucumbers	The label specifying the ingredients had become detached from the jar.	A more permanent method has now been adopted.
Pork Sausage Meat	Consisted of preserved pork sausage meat.	A notice declaring the presence of a preservative in this article has now been exhibited on the Vendor's premises.
Tinned Pork Sausages	This sample contained an added preservative	Packers of this product have been warned.
Beef Sausages	This sample contained an added preservative.	A notice declaring the presence of a preservative in this article has now been exhibited on the Vendor's premises.
Asparagus Cuts	This article was a sample of asparagus spears with salt. The added salt was not specified on the label, as required by the Labelling of Food Order, 1953.	The existing labels have been overprinted with the words "with added salt" until new label could be introduced.
Tinned Black- currants (1 sample) Tinned Black Sweet Cherries (1 sample)	These two samples did not carry the common or usual name, "Blackcurrants in Syrup" and "Black Sweet Cherries in Syrup"	Both labels have now been have now been amended by the packers.
Cream Splits	This sample contained an imitation cream filling.	Vendor Prosecuted.
Olives (3 samples) Aubergines Marinated Mushrooms (2 samples) Paprikaschoten	These samples which contained more than two ingredients were not labelled in accordance with the labelling of Food Order, 1953.	New labels introduced.
Gin Mild Beer	Sample contained added water. do do	Vendor Prosecuted. do
Vitamine Cream	This article of food did not contain a specification of the ingredients on the outer carton or jar, nor did it include quantitative particulars of Vitamins on leaflets which accompanied the article.	This article had been in stock for some time and stock remaining was destroyed.
Bassamati Rice (2 samples)	Both samples were infested with insects and contained a large number of fragments of a type of grain beetle and a few fragments of rice weavils.	Existing stocks were destroyed.
Mustard & Cress	This sample which contained no seeds or seedlings of cress.	Further sample taken was satisfactory.
Brown Rice	This sample was a sample of decorticated rice. Brown Rice is rice including the outer skin or bran which is removed to form ordinary rice of commerce. This rice was falsely described as "brown rice".	Premises occupied by New Owner who has been warned regarding the description of this article.

<i>Article</i>	<i>Nature of Adulteration or Deficiency</i>	<i>Remarks</i>
Sweet & Sour Sauce	The ingredients of this article as specified on the label included "other seasonings" which is a generic and not a specific description as required by the Labelling of Food Order, 1953.	New label introduced.
Milk Bread (3 samples)	All three samples had been made with skimmed milk powder and were not entitled to the description of "Milk Bread".	Manufacturers warned.
Calamine Cream	The Analyst's opinion of this article as Calamine Cream implies that it is of B.P.C. standard, whereas it contains far more calamine and zinc oxide than the B.P.C. preparation and is made according to a very difference formula.	New label being introduced by Manufacturers.
Vintage Brandy Marmalade	This was a sample of Marmalade containing alcohol. In the opinion of the Analyst the description of the article was not satisfactory and suggested either "Marmalade with Brandy" or "Marmalade flavoured with Brandy".	New label introduced by Manufacturers.
Buttermilk.	This sample was of Cultured skimmed milk and was an artificial buttermilk and the description under which it was sold was misleading.	After further enquiries were made it was decided that no further action be taken.
Evaporated Fruit Salad	This sample contained Sulphur Dioxide of 405 parts per million by weight and being a constituent of one or more of the dried fruits present, it should have been listed as one of the ingredients.	New label introduced to include with sulphur dioxide.
Savlarar Red Beans in West Indian Sauce	As this article of food contains more than two ingredients, the label should bear the list of ingredients.	New label introduced.
Ham Mornay	In the opinion of the Analyst the meat content of an article described as Ham Mornay - Ham with spaghetti in cheese sauce should not be less than 35 per cent, whereas this sample only contained 22 per cent.	It is anticipated that new regulations may be introduced to cover this in future
Buttered Rolls	Consisted of Bread Rolls and Margarine.	Vendor Prosecuted.

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

OFFENCE	RESULT
Selling rolls with margarine instead of buttered rolls.	Fined £5.
Cream split containing imitation cream instead of real cream.	Case dismissed
One sample of Gin containing added water.	Fined £20.
One sample of Mild Beer containing added water.	Conditional discharge for 1 year and ordered to pay costs.
Carton of Yoghurt containing mould.	Fined £20.
Meat pie unfit for human consumption.	Fined £10.
Loaf of bread containing a cigarette end.	Fined £10.
Eggs incorrectly labelled.	Fined £10.
Bottled milk containing foreign matter (2 cases).	Fined £15 in each case.
Unsound chocolate cake.	Fined £10.
Sausages unfit for human consumption.	Fined £25.
Two cases of smoking whilst handling open food.	Fined £10 in each case.
Open food not being stored 18" off the ground.	Fined £10.

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	3,096
Houses inspected following applications for certificates of disrepair	26
Inspection of underground rooms	66
Special inspections in connection with the Housing Survey	213
Houses inspected for overcrowding conditions	126
Re-inspections of work outstanding on housing notices	9,342
Number of visits regarding infectious diseases	492
Number of visits regarding food poisoning	57
Inspections of drainage work during repair	2,963
Drainage systems inspected, surveyed or traced	2,065
Drains tested	349
Inspections of cesspools and earth closets	36
do schools and school sanitary conveniences	71
do public conveniences	128
do verminous premises	105
do ponds and ditches	35
do premises in course of demolition	1,140
do theatres, cinemas, halls, etc.	7
do tents, vans and similar structures	79
do premises in connection with Improvement Grants	554
do houses in multiple occupation	3,423
Inspection and re-inspections in connection with Smoke Control Orders	14,178
Smoke Observations	357
Visits regarding exhumation	4
Visits to premises for food condemnation	457
Inspections of wells and gathering grounds of water supply	33
do scrap metal dealers premises	34
do rivers and streams for pollutions	11
do hairdressers	129
Food and Drugs Acts; Food and drugs samples taken	407
Food and Drugs Acts; Milk samples taken (special designations)	177
Ice Cream samples taken (bacteriological)	102
Samples taken of Fertilizers and Feeding Stuffs	16
do swimming baths water	286
do drinking water (bacteriological and chemical)	476
do subsoil water	7
do private wells	133
do rag flock and other filling materials	3
do sundry specimens (food poisoning etc.)	54
Visits in connection with Food Complaints	616
do do miscellaneous public health nuisances	2,724
Inspections under Merchandise Marks Act	30
do of butchers premises	377
do meat premises (wholesale)	159
do poultry and game dealers premises	3
do fishmongers premises	104
do fried fish premises	53
do grocers premises	586
do fruiterers and greengrocers premises	339
do bakers premises - including bakehouses	300
do dairies	30
do Milk shops	50
do general shops and supermarkets	111
Visits in connection with Animal Boarding Establishments Act	3
do do Rag Flock Act	6
do do Mines and Quarries Act	4
do do Croydon Corporation Act	11
Visits to immigrants	141
Unsuccessful calls	5,847

Inspections of premises where cooked meats etc. are prepared or sold	...	14
Inspections of confectioners premises	... ..	289
do confectionery manufacturers premises	... ..	29
do cafes, snack bars, canteens, hotels and their kitchens	... ..	1,016
do school kitchens and serveries	... ..	78
do hospital kitchens	... ..	28
do ice cream vendors premises	... ..	4
do ice cream barrows and carts	... ..	110
do market and barrows	... ..	80
do other food premises not enumerated above	... ..	167
Licensed premises	... ..	166
Inspections of factories with mechanical power	... ..	550
do factories without mechanical power	... ..	40
do works of building and engineering	... ..	172
do shops (under Shops Acts)	... ..	742
do outworkers premises	... ..	423
Appointments kept with owners, builders, etc.	... ..	4,204
Investigations of complaints other than housing matters	... ..	762
Inspections under Fertilizers and Feeding Stuffs Act	... ..	4
do Diseases of Animals Act	... ..	7
do Pets Act	... ..	39
do Pharmacy and Poisons Act	... ..	13
do Noise Abatement Act	... ..	577
do Consumer Protection Act	... ..	61
do Offices, Shops and Railway Premises Act	... ..	3,860
Visits regarding rats and mice infestation by Rodent Operators	... ..	13,337
Visits regarding rats and mice infestation by District Inspectors	... ..	3,340
Informal Notices outstanding 31.12.65	... ..	1,320
Informal Notices served	... ..	1,743
Informal Notices complied	... ..	1,950
Informal Notices outstanding 31.12.66	... ..	1,113
Statutory Notices outstanding 31.12.65	... ..	859
Statutory Notices served	... ..	917
Statutory Notices complied	... ..	821
Statutory Notices outstanding 31.12.66	... ..	955
Total number of callers and complaints received at the office	... ..	5,560
Total number of letters received at the office	... ..	16,415

Nuisances, Infringements of Acts, Byelaws, Regulations or Orders, ascertained by the Public Health Inspectors during the year 1966 and for which action was taken to enforce compliance:

(1) NUISANCES ABATED AND DEFECTS REMEDIED, ETC.

Insufficient means of ventilation:	
Defective ventilation, windows and sashcords	321
Conditions causing dampness:	
Defective roofs	355
Defective window frames	240
Defective walls, etc.	186
Want of efficient damp-proof course	31
Defective gutters and downspouts	231
Other structural defects:	
Defective plaster	396
Cleansing and redecorating required	62
Defective floors stairs and woodwork	314
Insufficient ventilation under floor	47
Defective brickwork, sills lintels, chimneys	186
Defective stoves and fireplaces and flues	51

Defective drains, sanitary fittings, etc:							
Defective sinks and waste pipes	...	...	...	...	...	...	99
Defective W.C's.	...	...	...	...	...	...	156
Defective drainage	...	...	...	...	...	...	476
Stoppages in drains	...	...	...	...	...	...	299
Defective water services and tanks	...	...	...	...	...	...	44
Cesspools filled in	...	...	...	...	...	...	2
Drains sealed off	...	...	...	...	...	...	52
Domestic nuisances:							
Want of cleanliness	...	...	...	...	...	...	45
Verminous conditions	...	...	...	...	...	...	16
Other nuisances and infringements:							
Offensive accumulations	...	...	...	...	...	...	151
Overcrowding abated	...	...	...	...	...	...	7
Washing facilities provided	...	...	...	...	...	...	115
Cooking facilities provided	...	...	...	...	...	...	24
Heating facilities provided	...	...	...	...	...	...	2
Fire prevention works	...	...	...	...	...	...	52
Sundry nuisances or defects	...	...	...	...	...	...	74
Particulars inserted in Rent Book (Housing Act)	...	...	...	...	...	...	22
Public Urinals	...	...	...	...	...	...	3
Smoke nuisances	...	...	...	...	...	...	23
Keeping of animals	...	...	...	...	...	...	3
Food cupboards provided	...	...	...	...	...	...	57
Defective yard paving	...	...	...	...	...	...	54
Dustbins provided	...	...	...	...	...	...	53

PUBLIC HEALTH SERVICES

WATER SUPPLY

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

Supply Authority	Square Miles.	Estimated Population.
Croydon Corporation (Central and northern part of the Borough)	17.9	227,000
Metropolitan Water Board (Spring Park Estate and New Addington)	2.8	27,000
East Surrey Water Company (Sanderstead, Selkison, Kewley, Purley and Coulsdon West)	15.5	59,500
Sutton District Water Company (Woodside and Coulsdon East)	1.9	14,500
	<hr/> 37.2	<hr/> 328,000

The waters in supply are of good organic quality and moderately hard. The water is supplied from mains and there are no standpipes for this purpose. In the Croydon undertaking's area, 616 samples of raw water and 1,778 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.

PUBLIC HEALTH SERVICES

SEWAGE DISPOSAL

I am indebted to the Borough Engineer, H.M. Collins, Esq., for the following information:—

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

Good progress has been maintained on construction of the new Sewage Treatment Works and the main part of the scheme is now proceeding. It is anticipated that new Works will be in operation by the end of 1909".

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	<hr/> 37.2 <hr/>	<hr/> 328,000 <hr/>

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. In the Croydon undertaking's area, 614 samples of raw water and 1,278 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.

SEWAGE DISPOSAL

I am indebted to the Borough Engineer, H.M. Collins, Esq., for the following information:—

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

Good progress has been maintained on construction of the new Sewage Treatment Works and the main part of the scheme is now proceeding. It is anticipated that new Works will be in operation by the end of 1969".

MEDICAL EXAMINATION OF CHILDREN FOR THE CHILDREN'S DEPARTMENT

During the year 319 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 17 in number:

Providing places for 133 children

Part time Child Minders (Playgroups) 30 in minders own homes

Providing places for 346 children

Playgroups on Premises other than

private homes 34 premises

OTHER SERVICES

In addition to the above places there are assisted daily nurseries, partly paid for by the Council for the aid of the unsupported mother. Chest X-rays are demanded as for Registered Child Minders. All homes are inspected by a Senior Health Visitor who also checks for fire precautions.

Number of homes passed as suitable

at 31st December, 1966 47

Children placed 43

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Providing places for 901 children

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at 31st December, 1966 47

Children placed 43

STAFF MEDICAL EXAMINATION

The medical supervision of all Corporation staff provided by the Health Department covers:—

(a) The scrutiny of the Health Statements made by all successful applicants to officer grades and any follow-up or medical examination deemed necessary.

(b) Medical examination of all manual workers to determine:—

(i) Fitness for duty.

(ii) Eligibility for inclusion in the sick pay scheme.

(c) Medical examination of prospective student teachers.

(d) Examination for freedom from intestinal infection:—

(i) All employees of the Water undertaking.

(ii) All school meal service and canteen personnel.

Arrangements for re-checks.

(e) Eye tests on all Corporation drivers and again at specified intervals over the age of 50.

(f) Scrutiny of records of all staff who have been absent for an aggregate of more than 8 weeks during the preceding 12 months or who are exhausting entitlement to sick pay. Follow-up for cause and anticipated date of return to duty. Report on financial circumstances by an Almoner of the Health Department, in order that a special Establishment Sub-Committee may decide on extension of sick pay.

(g) Arrangements for X-ray and re-X-ray examination of staff who work in contact with children.

(h) Special examination of any member of staff referred by the Department concerned.

(i) Enquiries into excessive sickness in any section of the Corporation staff.

1,388 examinations were made during the year by the Medical Staff of the Department including 206 vision tests for drivers. Of these 704 were in respect of manual workers, who were classified as follows:—

Fit for employment and sick pay scheme	...	...	565
Deferred for review	...	...	11
Unfit for sick pay scheme	...	...	127
Fit for light employment only			
(Not fit for sick pay scheme)	...	...	-
Unfit for employment	...	...	1
			<u>704</u>

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 118 cases registered:—

18 were due to glaucoma and

54 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:—

8 patients had died.

3 patients had removed from the Borough.

EPILEPTICS

Reference is made in the School Health Section regarding the number of cases known to the Department. In addition the Chief Welfare Officer informs me that 97 adult cases are registered with his Department, 13 of whom are in special Homes.

NATIONAL ASSISTANCE ACT, 1948, SECTION 47

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

During 1966 no order for compulsory removal was required. 2 cases (both men) were reported as possibly requiring this action, but on investigation were dealt with by other means or died.

Admitted to Warlingham Hospital	...	...	...	...	...	...	1
Died	...	...	...	...	...	...	1
<i>Total</i>	...	...	...	...	...	...	<u>2</u>

LONGSTAY IMMIGRANTS

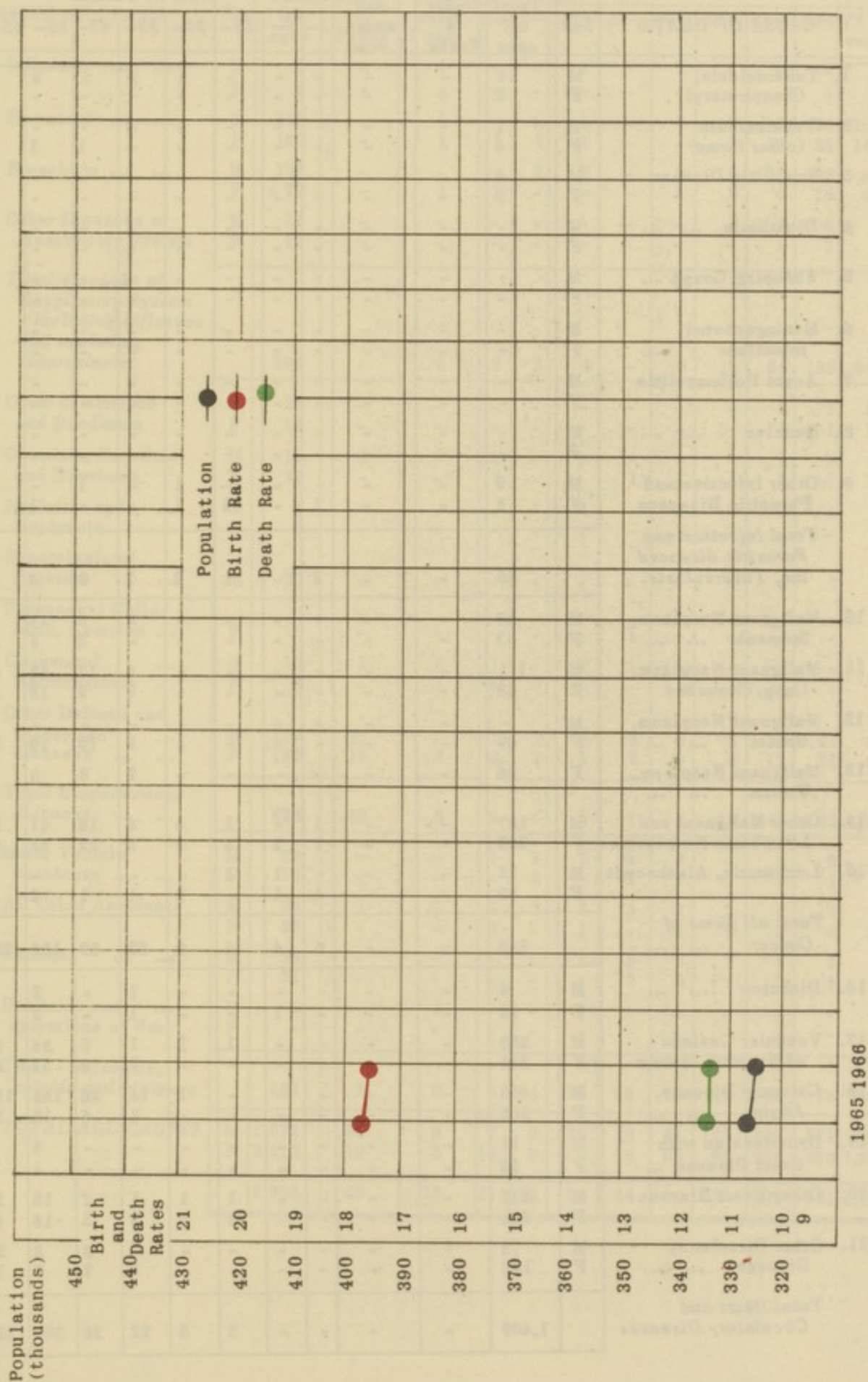
Following a request from the Ministry of Health that visits be made to long-stay immigrants so that they may be made aware of the health and social facilities available, particularly to children, the department is notified of all new arrivals to the borough. Parents with families and single women are visited in the first instance by the specialist Health visitor appointed to deal with the problems of the immigrants and single men are visited by the Public Health Inspector. After the initial visit families become the responsibility of the district Health Visitor unless there is some reason why they should remain under the care of the specialist Health Visitor, Mrs. Glucksmann, the Health Visitor seconded to these duties, represents the department on the Committee of Croydon International Association, which deals exclusively with the welfare of any immigrant. She also attends any meetings arranged by other bodies dealing with this section of the population.

For details of arrivals in 1966, see Appendix.

VITAL STATISTICS 1964
BIRMINGHAM, ALABAMA

APPENDIX TABLES

VITAL STATISTICS - 1966



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	14	-	-	-	-	-	-	1	1	2	2	8	
	F	5	-	-	-	-	-	-	-	-	-	2	3	
2. Tuberculosis (other forms)	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	4	-	-	-	-	-	-	1	1	1	1	1	
3. Syphilitic Disease	M	4	-	-	-	-	-	-	-	-	-	2	2	
	F	9	-	-	-	-	-	-	-	-	-	3	6	
4. Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping Cough ...	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal Infections	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
7. Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
8. Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
9. Other Infective and Parasitic Diseases	M	2	-	-	-	-	1	-	1	-	-	-	-	
	F	4	-	-	1	-	1	1	-	-	1	-	-	
Total Infective and Parasitic diseases inc. Tuberculosis.		43	-	-	1	-	1	2	1	3	4	10	21	
10. Malignant Neoplasm, Stomach	M	49	-	-	-	-	-	-	-	5	11	18	15	
	F	32	-	-	-	-	-	-	-	2	3	10	17	
11. Malignant Neoplasm, Lung, Bronchus	M	171	-	-	-	-	-	-	4	17	53	61	36	
	F	48	-	-	-	-	-	-	3	2	18	15	10	
12. Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	89	-	-	-	-	-	-	3	19	19	23	25	
13. Malignant Neoplasm, Uterus	F	26	-	-	-	-	-	-	2	3	8	7	6	
14. Other Malignant and Lymphatic Neoplasms	M	187	-	-	1	-	1	4	6	18	41	54	62	
	F	208	-	-	1	2	4	3	3	22	33	57	83	
15. Leukaemia, Aleukaemia	M	13	-	-	-	1	1	-	-	-	-	5	6	
	F	19	-	-	4	1	-	2	1	1	2	2	6	
Total all forms of Cancer		842	-	-	6	4	6	9	22	89	188	252	266	
16. Diabetes	M	4	-	-	-	-	-	-	1	-	2	-	1	
	F	15	-	-	-	1	-	-	1	-	3	-	10	
17. Vascular Lesions of Nervous System	M	200	-	-	-	-	1	1	1	5	36	64	92	
	F	315	-	-	-	-	-	-	3	8	31	83	190	
18. Coronary Disease, Angina	M	455	-	-	-	-	-	1	14	46	135	124	135	
	F	305	-	-	-	-	-	-	3	6	18	78	200	
19. Hypertension with Heart Disease ...	M	11	-	-	-	-	-	-	-	-	4	3	4	
	F	22	-	-	-	-	-	-	-	-	4	3	15	
20. Other Heart Disease	M	117	-	-	-	-	1	1	1	7	13	24	70	
	F	281	-	-	-	-	1	3	3	5	16	46	207	
21. Other Circulatory Disease	M	75	-	-	-	-	-	-	-	3	8	22	42	
	F	143	-	-	-	-	-	-	1	1	7	16	118	
Total Heart and Circulatory Diseases		1,409	-	-	-	-	2	5	22	28	205	216	791	

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	4	-	-	-	-	1	-	1	-	-	-	2
	F	5	-	-	-	-	-	-	-	-	-	-	5
23. Pneumonia	M	163	-	1	-	-	1	-	1	2	17	38	103
	F	192	-	1	1	1	1	-	-	3	10	35	140
24. Bronchitis	M	120	-	-	-	2	1	-	2	3	22	42	48
	F	72	-	1	1	-	-	-	1	2	4	16	47
25. Other Diseases of Respiratory System	M	14	-	-	-	-	-	-	-	-	1	6	7
	F	10	-	-	-	-	-	-	-	-	2	2	6
<i>Total diseases of Respiratory System - including influenza and excluding tuberculosis</i>		580	-	3	2	3	4	-	5	10	56	139	358
26. Ulcer of stomach and Duodenum	M	25	-	-	-	-	-	-	-	-	6	5	14
	F	18	-	-	-	-	-	-	-	-	1	1	16
27. Gastritis, Enteritis and Diarrhoea	M	10	1	-	2	-	-	-	-	-	1	6	-
	F	24	-	-	1	-	-	1	-	1	3	7	11
28. Nephritis and ... Nephrosis ...	M	9	-	-	-	-	1	-	-	-	2	4	2
	F	3	-	-	-	-	-	-	-	1	-	-	2
29. Hyperplasia of Prostate	M	20	-	-	-	-	-	-	-	-	4	3	13
30. Pregnancy, Child- birth, Abortion ...	F	1	-	-	-	-	-	1	-	-	-	-	-
31. Congenital ... Malformations ...	M	10	1	5	1	-	-	1	-	-	2	-	-
	F	6	-	1	1	-	-	-	-	1	-	-	3
32. Other Defined and ill-defined ... diseases	M	113	27	-	1	2	3	2	3	8	13	21	33
	F	187	19	2	2	2	1	2	3	8	17	35	96
<i>Total Miscellaneous diseases</i>		426	48	8	8	4	5	7	6	19	49	82	190
33. Motor Vehicle accidents	M	29	-	-	1	2	7	1	3	-	6	3	6
	F	13	-	-	-	2	-	1	1	1	1	1	6
34. All Other Accidents	M	24	1	1	1	2	3	3	1	2	4	2	4
	F	35	-	-	2	-	1	-	1	2	2	4	23
35. Suicide	M	28	-	-	-	-	4	3	2	7	4	3	5
	F	21	-	-	-	-	-	2	4	7	2	3	3
36. Homicide and ... operations of War	M	1	-	1	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
<i>Total - accidents, suicide and violence</i>		151	1	2	4	6	15	10	12	19	18	16	47
TOTAL ALL CAUSES	M	1,873	30	8	7	9	25	18	41	125	387	512	711
	F	2,112	19	5	14	9	9	16	33	96	206	450	1,255
		3,985	49	13	21	18	34	34	74	221	593	962	1,966

CANCER

Deaths from Cancer occurred at the following Ages:—

<i>Age Period</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 25 years	12	4	16
25 and under 35 years	5	4	9
35 and under 45 years	10	12	22
45 and under 65 years	121	156	277
65 years and over	248	270	518
<i>Total</i>	396	446	842

Sites of Fatal Cancer

<i>Site</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Percentage of Total</i>
Skin	2	5	7	0.83
Oesophagus	10	10	20	2.36
Stomach	49	32	81	9.45
Liver	5	3	8	0.95
Bowel	26	38	64	7.58
Rectum	17	23	40	4.72
Bladder	15	6	21	2.49
Prostate	23	-	23	2.72
Larynx and pharynx	4	-	4	0.47
Uterus	-	16	16	3.59
Cervix	-	10	10	2.24
Breast	-	89	89	10.57
Ovary	-	36	36	8.10
Pancreas	16	21	37	4.38
Gall Bladder and Duct	6	5	11	1.31
Tongue and Mouth	4	2	6	0.71
Bones	4	3	7	0.83
Lungs and Bronchus	169	48	217	25.08
Kidney	3	4	7	0.83
Brain and Nervous System	17	15	32	3.79
Lymphatic Glands and Connective Tissue	4	1	5	0.59
Haematopoietic Tissues	-	-	-	-
Hodgkin's Disease	2	1	3	0.36
Leukaemia	13	19	32	3.79
Genital Organs	5	5	10	1.18
Ethmoid	-	1	1	0.12
Maxillary Antrum	-	1	1	0.12
Buttock	-	1	1	0.12
Parathyroid	-	1	1	0.12
Thyroid	1	4	5	0.59
Undefined	1	46	47	5.58
<i>Total ...</i>	396	446	842	

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 Circulatory Diseases	*Death Rate from Heart and Circulatory Diseases	Deaths from Cancer	*Death Rate from Cancer	Natural Increase of Births over Deaths
Addiscombe	15,460	326	21.1	198	12.8	2	6	1	0.06	34	2.2	1	0.06	-	-	77	5.0	39	2.5	+128
Bensham Manor	16,090	309	18.5	189	11.8	3	10	-	-	20	1.2	-	-	-	-	63	3.9	45	2.8	+120
Broad Green	14,640	292	20.0	181	12.4	3	10	-	-	28	1.9	2	0.14	-	-	66	4.5	45	3.1	+111
Central	14,930	277	18.6	246	16.5	5	18	-	-	30	2.0	1	0.07	-	-	76	5.1	54	3.6	+ 31
Coulston East	15,110	257	17.0	231	15.3	1	4	-	-	44	2.9	2	0.13	-	-	73	4.8	32	2.1	+ 26
East	16,320	154	9.4	186	11.4	6	39	-	-	14	0.9	-	-	1	0.06	76	4.7	41	2.5	- 32
New Addington	23,670	468	19.8	79	3.3	6	13	-	-	7	0.3	1	0.04	-	-	25	1.1	11	0.5	+389
Norbury	16,380	187	11.4	206	12.6	5	27	-	-	22	1.3	1	0.06	-	-	80	4.9	47	2.9	- 19
Purley	16,330	274	16.8	199	12.2	2	7	-	-	25	1.5	-	-	-	-	86	5.3	38	2.3	+ 75
Sanderstead North ...	17,140	232	13.5	217	12.1	3	13	-	-	23	1.3	1	0.06	1	0.06	56	3.3	64	3.7	+ 15
Sanderstead & Selesdon	16,180	197	12.2	156	9.7	1	5	1	0.06	17	1.1	-	-	-	-	66	4.1	32	2.0	+ 41
Shirley	18,310	248	13.5	139	7.6	1	4	-	-	13	0.7	-	-	-	-	55	3.0	32	1.8	+109
South Norwood	16,940	427	25.2	155	9.2	4	9	-	-	24	1.4	1	0.06	1	0.06	63	3.7	54	3.2	+272
Thornton Heath	15,130	352	23.2	167	11.1	3	9	-	-	16	1.1	-	-	2	0.13	66	4.4	45	3.0	+185
Upper Norwood	16,010	288	18.0	185	11.6	4	14	-	-	23	1.4	2	0.13	-	-	71	4.4	40	2.5	+108
Waddon	16,900	257	15.2	240	14.2	2	8	-	-	33	2.0	5	0.30	-	-	85	5.0	40	2.4	+ 17
West Thornton	15,260	279	18.3	182	12.0	6	21	-	-	25	1.6	-	-	-	-	65	4.3	49	3.2	+ 97
Whitehorse Manor ...	15,330	360	23.2	187	12.2	3	8	-	-	25	1.6	-	-	-	-	78	5.1	41	2.7	+173
Woodcote and Coulston West	15,600	213	13.7	295	18.9	-	-	-	-	94	6.0	1	0.06	-	-	91	5.8	39	2.5	- 82
Woodside	15,510	285	18.4	178	11.5	2	7	-	-	24	1.5	1	0.06	-	-	65	4.2	51	3.3	+107
The Borough	327,190	5,682	17.4	3,985	12.2	62	10.9	2	0.01	547	1.7	19	0.06	5	0.02	1,409	4.3	842	2.6	+1,697

*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	...	...	...	...	...	...	12
Anoxia	...	...	...	...	...	...	-

(2) Foetal States -

Congenital Malformations	...	...	...	...	...	2
Atelectasis	...	...	...	...	...	-
Haemorrhagic Disease of Newborn	...	...	...	...	...	1

(3) Prematurity 32

(4) Post-Natal Causes 2

Total 49

	Percentage Deaths under 1 year per Total Infantile Deaths		Deaths under 1 year per 1,000 Births	
	1966	1965	1966	1965
Injury at Birth and Congenital ...	32.3	18.8	3.52	3.32
Premature Births	54.8	40.6	6.00	7.15
Respiratory Diseases	3.2	14.9	0.35	2.62
Atelectasis, Debility and Marasmus	-	1.0	-	0.17
Diseases of Digestion*	1.6	2.0	0.18	0.35
Other Causes	8.1	22.8	0.88	4.02

*These from Gastro Enteritis

Perinatal Deaths

Stillbirths - 68 Perinatal Rate - 19.7 per 1,000
Deaths in first week - 45 Total (live and still) births

Causes of Death in first week

Prematurity	- 32	Pneumonia	- "
Congenital conditions	- 1	Haemorrhagic Disease	- "
Atelectasis	- "	of the Newborn	- 1
Birth Trauma	- 10	Other Causes	- 1

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	33	5	3	1	1	-	-	1	1	3	49	-	4	1	3	-	1	1	1	1	-	1	62
Meningo-Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chicken Pox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria and Croup ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculous Meningitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal Tuberculosis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Tuberculous Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Convulsions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Laryngitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Pneumonia (all forms) ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Diarrhoea and enteritis ...	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1
Gastritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Malformations ...	1	-	-	-	-	-	-	-	-	1	2	-	2	-	2	-	-	-	-	1	-	-	7
Premature Birth	22	4	3	1	1	-	-	1	-	-	32	-	-	-	1	-	1	-	-	-	-	-	34
Atrophy, Atelectasis, Debility and Marasmus ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Injury at Birth	9	1	-	-	-	-	-	-	1	1	12	-	-	-	-	-	-	-	-	-	-	-	12
Haemorrhagic disease of newborn	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Other Causes	-	-	-	-	-	-	1	-	-	-	1	-	-	1	-	-	-	1	1	-	-	1	5
TOTALS ...	33	5	3	1	1	-	1	1	1	3	49	-	4	1	3	-	1	1	1	1	-	1	62

MIDWIFERY SERVICE

The work of the municipal midwives was as follows:—

1. Deliveries	... ..	1,601
2.	Primipara ... 265 Multipara ... 1,336	
3. Midwifery cases	... ..	76
Maternity cases	... ..	1,525
4. Live Births	... ..	1,600
5. Still Births(including 1,prem. and 1 triplet Intra-Uterine death)	... ..	6
6. Neo-natal death (torn Tentorium and Malformed Kidneys)	... ..	1
7. Premature Infants (including 1 twin and 3 triplets)	... ..	42
(1) 38 weeks - 4 lbs. 14 ozs.	(19) 38 weeks - 4 lbs. 12 ozs.	
(2) 40 weeks - 5 lbs. 4 ozs.	(20) 39½ weeks - 4 lbs. 14 ozs.	
(3) ?36 weeks - 6 lbs. - Admitted to Hospital ? Congenital Heart.	(21) 36 weeks - 6 lbs. Prolapsed Cord.	
(4) 34 weeks (4 lbs. 11 ozs. - Undiagnosed twins 4 lbs. 7 ozs. - Admitted Prem. unit.	(22) ? Gestation - 5 lbs. 6 ozs. (Poor A/N care, Ext Breech Poor condition, admitted to Prem. Unit)	
(5) 38 weeks - 4 lbs. - Large Placenta - Admitted Prem. unit (N.N.D.)	(23) 39 weeks - 5 lbs. Trans. to Hospital	
(6) Term - 5 lbs.	(24) 38 weeks - 5 lbs. 4 ozs.	
(7) 36 weeks - 5 lbs. 8 ozs.	(25) 38 weeks - 5 lbs.	
(8) 39 weeks - 5 lbs. - 2nd undiagnosed twin	(26) Term - 5 lbs. 2 ozs.	
(9) 37 weeks - 5 lbs. 4 ozs.	(27) 35 weeks - 5 lbs. 2 ozs.	
(10) 36 weeks - 4 lbs. 12 ozs.	(28) 37 weeks - 5 lbs. 6 ozs.	
(11) 39 weeks - 5 lbs. 2 ozs.	(29) 37 weeks - 5 lbs. 12 ozs. Talipes Rt. Foot.	
(12) 30½ weeks - 2 lbs. 12 ozs - Breech S.B.	(30) 37 weeks - 5 lbs.	
(13) 38 weeks (5 lbs. Live birth)Undiagnosed (5 lbs. Live birth)Triplets Surviving (5 lbs. Still birth)2 trans. to Prem. Unit.	(31) 36 weeks - 6 lbs.	
(14) 36 weeks - 4 lbs. 12 ozs. (Mother had Urinary Infection)	(32) 37 weeks - 5 lbs.	
(15) ? Gestation - 5 lbs.	(33) 38 weeks - 5 lbs.	
(16) Term - 5 lbs. 4 ozs.	(34) Term + 1 week - 5 lbs. 4 ozs.	
(17) 36 weeks - 5 lbs. B.B.A. No A/N care Admitted Prem. Unit.	(35) 35 weeks - 6 lbs. - Poor condition trans. Prem. unit.	
(18) ?34 weeks - approx. 3 lbs. Macerated L.U.D. Malformed.	(36) 39 weeks - 5 lbs. 4 ozs.	
	(37) 39 weeks - 4 lbs. 12 ozs. Placenta Necrosed	
	(38) Term - 5 lbs. 4 ozs.	
	(39) 37½ weeks - 5 lbs. 4 ozs.	
8. Trilene Analgesia given	... ..	370
9. Gas and Air Analgesia given	... ..	758
10. Entonox given	... ..	370
11. Post-Partum Haemorrhages	... Treated at home - 21) Transferred to hospital - 7)	28
12. Retained Placentas	Treated at home - 4) Transferred to hospital - 9)	13
13. Manual removal of Placenta at home	... ..	1
14. Flying Squad calls	... ..	9
15. Blood Transfusions at home	... ..	2
16. Anaemia of pregnancy treated at home	... ..	83
17. Toxaemia of pregnancy treated at home	... ..	29
18. Prolonged labours (over 24 hours) delivered at home	... ..	28
19. Forceps Deliveries	... ..	4

20. Ventouse extractions	...	...	...	...	...	...	...	...	...	4
21. Breech Deliveries	...	...	...	...	...	...	...	...	...	6
22. Twins Delivered	...	...	...	...	...	...	...	...	...	3 sets
23. Triplets Delivered	...	...	...	...	...	...	...	...	...	1 set
24. Puerperal Pyrexias	...	...	...	...	...	...	...	...	...	45
						Genital	...	5)		
						Extra-Genital	40)			
25. Congenital Abnormalities	...	...	...	...	...	...	...	...	...	22
						Congenital Heart	...	...	1	
						Talipes	...	...	7	
						Umbilical Hernia	...	...	1	
						Meningocele	...	...	4	
						Virus Skin Infection at Birth	...	...	1	
						Harelip and Cleft Palate	...	...	1	
						Cleft Palate	...	...	2	
						Multiple Deformities				
						(intra-uterine death)	...	...	1	
						Congenital Dislocation of Hip	...	...	1	
						Spina Bifida	...	...	1	
						Hirschsprungs Disease	...	...	1	
						Deformity of Mouth and Ear	...	...	1	
26. Patients given Pethidine or Pethilorfan	...	...	...	...	...	...	...	...	...	965
27. Patients admitted to hospital	...	...	...	...	...	...	...	...	...	606
						Ante-natal	...	...	468	
						During labour	...	...	107	
						After delivery	...	...	31	
28. Patients sent home for nursing	...	...	...	...	...	...	...	...	...	1,269
						Booked for home				
						confinements	...	...	383	
						Booked for Hospital				
						confinement	...	...	886	
29. Infants admitted to Hospital	...	...	...	...	...	...	...	...	...	32
						Vomiting	4		Hare Lip and Cleft Palate	1
						Respiratory Distress	3		Cleft Palate	2
						Cyanosis	1		Severe Bilateral Talipes	
						Prematurity	11		and Hernia	1
						Exchange Transfusion	1		Laryngeal Stridor	1
						Meningocele	4		Oral Thrush	1
						Spina Bifida	1		Hirschsprungs Disease	1
									Cardiac	1

30. Reasons for summoning Medical Aid

FOR COMPLICATIONS DURING PREGNANCY

MATERNAL		INFANT	
High head	1	Foetal distress	2
P.E.T.	11	Asphyxia	2
Anaemia	3	Poor Colour	2
Transverse Lie	1	Poor Respirations	6
Shoulder Presentation	1	Cyanosis	2
Breech	5	Prem - No A/N care	2
Multiple Pregnancy	1	Poor Weight gain	1
		Vomiting	4
		Diarrhoea	1
		Blood in Stools	1
		Sticky Eyes	11
		Oral Thrush	2
		Cleft Palate	3
		Meningocele	4
		Congenital Dislocation	
		of Hip	1
		Abnormality of Penis	1
		Hydrocele	1
		Talipes	7
		Spina Bifida	1

FOR COMPLICATIONS DURING LABOUR

A.P.H.	2
Prem. Labour	3
Delay 1st stage	5
Delay 2nd stage	4
Maternal distress	2
P.P.H.	28
Retained placenta	13
Undiagnosed Multiple Pregnancies	4

FOR COMPLICATION DURING PUERPERIUM

For Suturing	25
Maternal Blood	8
P/N Hypertension	4
Visual Disturbances, Oedema and Depression	1
Vomiting	1
Pyrexia	19
Rapid Pulse	1
Phlebitis	4
Pyelitis	1
Cystitis	1
Sore Nipples	1
Engorged Breasts	1
Swelling R. Axilla	1
Mastitis	1
Breast Abscess	1
Suppression Lactation	2
Non-Union Perineum	2
Pain in back and Rif	1
Sub-involution	3
Mental state with Abnormal Infant	1

31. No. of Pupil Midwives trained

47

32. No. of District visits of Obstetric Course Students

59

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

FOR COMPLICATIONS DURING PREGNANCY

Abortion	-	Other Causes	11
Miscarriage	-		
		<i>Total</i>	<u>11</u>

FOR COMPLICATIONS DURING LABOUR

Breech	3	Episiotomy	5
Malpresentation	2	Post-partum haemorrhage	3
Premature Labour	4	Adherent and Retained Placenta	2
Delayed Labour	5	Torn Perineum	26
Anti-partum haemorrhage	7	Other Causes	20
		<i>Total</i>	<u>77</u>

FOR COMPLICATIONS DURING PUERPERIUM

Pyrexia	11	Pain in Breasts	6
Pain in Legs	5	Other Causes	17
Rhesus Negative Blood ...	10		
		<i>Total</i>	<u>49</u>

FOR COMPLICATIONS IN REGARD TO THE BABY

Inflammation of Eyes ...	6	Still Birth	5
Other Causes	14		
		<i>Total</i>	<u>25</u>
		<i>Grand Total</i>	<u><u>162</u></u>

**MATERNAL AND INFANT MORTALITY
FOR THE YEARS 1965 - 1966**

Year	Births (Live and Still)	Maternal Deaths	Maternal Mortality Rate	Infant Mortality Rate
1965	5,800	-	-	17.6
1966	5,750	1	0.17	10.9

Midwife	Mileage	N.B. Deliveries + Patients admitted to Hospital	Mid- wifery		Mater- nity		Analgesia			Ante-Natal Visits		Post-Natal Visits		Bookings	Office Bookings	Home Visits	Clinic Sessions
			Normal	Abnormal	Normal	Abnormal	Gas & Air	Entonox	Trilene	Midwife	Pupil	Midwife	Pupil				
1.	1,547	17 + 0	-	-	17	-	8	-	1	212	-	169	-	43	45	3	
2.	5,381	78 + 4	1	-	74	3	13	63	1	853	492	950	794	113	125	31	
3.	Bicycle	4 + 2	-	-	4	-	44	-	3	112	-	90	-	8	12	2	
4.	3,711	64 + 1	-	-	64	-	4	15	41	824	-	998	-	71	9	-	
5.	3,293	44 + 2	-	-	38	6	31	7	1	523	-	1,006	-	66	4	-	
6.	4,044	68 + 0	-	-	66	2	8	-	61	942	-	1,164	-	73	5	40	
7.	3,709	91 + 15	-	-	85	6	51	14	5	800	321	1,325	922	161	169	5	
8.	4,925	103 + 11	9	-	91	3	46	22	31	830	791	684	925	120	116	10	
9.	4,451	67 + 3	-	-	63	4	34	17	7	745	556	799	587	104	37	1	
10.	3,951	70 + 3	-	-	68	2	2	2	66	729	-	985	-	82	19	2	
11.	3,706	67 + 8	6	-	59	2	50	-	1	769	-	758	-	85	100	52	
12.	3,030	72 + 1	6	-	65	1	43	16	-	820	-	916	-	89	101	4	
13.	Bicycle	11 + 0	-	-	8	3	-	-	10	196	-	110	-	33	38	2	
14.	To commence duties January 1967																
15.*	2,837	84 + 3	12	-	67	5	44	35	1	534	-	1,042	-	30	34	7	
16.	3,435	92 + 4	10	1	80	1	69	12	-	949	684	951	1,006	120	127	7	
17.	2,015	2 + 1	-	-	2	-	-	-	-	6	-	15	-	-	-	-	
18.	2,923	31 + 2	1	-	27	3	24	-	1	279	-	494	-	59	67	10	

continued below

19	6,220	81+11	5	-	73	3	53	2	1	946	-	864	-	81	90	8	Clinic Sessions
20	1,385	20+1	-	-	19	1	15	-	-	284	272	183	256	28	23	4	
21	3,965	92+7	5	-	83	4	21	61	-	1,019	501	918	734	140	162	18	
22	1,289	17+2	1	-	16	-	8	-	-	253	193	177	230	24	21	1	
23	Bicycle) 1,048)	78+2	-	-	78	-	9	-	44	435	-	929	-	101	94	23	
24	3,664	97+10	7	-	86	4	32	51	4	837	921	1,351	1,422	198	201	15	
25	4,834	109+8	8	-	96	5	77	23	1	994	689	913	742	126	159	9	
26	Bicycle	31+1	4	-	27	-	2	-	26	222	-	415	-	54	83	5	
27	5,375	90+0	-	-	89	1	49	28	2	877	-	1,529	-	72	-	6	
Part-time Staff																	
1	4,309	9+0	-	-	9	-	9	-	-	65	-	843	-	-	-	45	77
2	5,451	-	-	-	-	-	-	-	-	25	-	1,272	-	-	-	35	111
3	1,092	-	-	-	-	-	-	-	-	35	-	314	-	-	-	-	2
4	4,703	-	-	-	-	-	-	-	-	23	-	1,301	-	-	-	53	147
5 *	1,346	-	-	-	-	-	-	-	-	202	-	348	-	-	-	14	28
6	219	-	-	-	-	-	-	-	-	2	-	49	-	-	-	3	-
7	3,768	2+0	-	-	2	-	2	-	-	27	-	998	-	-	-	49	79
8	Walking	-	-	-	-	-	-	-	-	1	-	240	-	-	-	1	18
9	3,252	10+0	-	-	10	-	10	-	-	49	-	823	-	-	-	50	51
Total	104,878	1,601+102	75	1	1,466	59	758	370	308	16,517	5,380	25,903	7,618	2,081	1,843	515	513

N.B. No. Deliveries + = No. of Patients admitted in Labour.

FULL-TIME MIDWIVES

No. 20 Left Service 18.3.66 Replaced by No. 18 13.4.66

No. 22 Left Service 23.3.66 Replaced by No. 1 10.9.66

No. 1 Left Service 20.12.66 Not yet Replaced

* No. 15 Transferred to Part-Time Duties 1.10.66 Replaced by No. 26 1.6.66.

No. 3 Replaced 1965 Vacancy 7.11.66.

No. 13 Replaced 1965 Vacancy 10.66.

No. 14 Replacing 1965 Vacancy - Commencing Duties Jan. 1967.

PART-TIME MIDWIVES

No. 3 Left Service 1.3.66 Replaced by No. 6 1.12.66.

No. 8 Left Service 18.4.66 Replaced by No. 5 1.10.66

* (Transfer from Full-Time Duties).

Nos. 1, 7 & 9 undertake Day-Time Deliveries as required.

IN ADDITION

One Vacancy from 1965 and 4 vacancies from 1964 have not been replaced.

GENERAL PRACTITIONER ATTACHMENTS

Nos. 9, 10, 19 & 21 are now attached to G.P. Obstetricians.

REMAINING MIDWIVES Assisted 21 G.P. Obstetricians at 793 A/N Sessions held in their surgeries.

CARE OF PREMATURE INFANTS

(1) Number of live premature babies notified during 1966 who were born* -

(i) at home or in a nursing home	...	...	...	...	...	...	57
(ii) in hospital*	...	...	...	...	...	...	281

(2) The number of those born at home or in a nursing home -

who were nursed entirely there	...	...	...	...	...	52
who were transferred to hospital on or before the 28th day	...	...	...	...	...	5
who died during the first 24 hours	...	...	...	...	...	-
who died in 1 and under 7 days	...	...	...	...	...	-
who died in 7 and under 28 days	...	...	...	...	...	-
who survived at the end of one month	...	...	...	...	...	57

(3) Number of those born in hospital -

who died during the first 24 hours	...	...	...	...	38
who died in 1 and under 7 days	...	...	...	...	7
who died in 7 and under 28 days	...	...	...	...	1
who survived at the end of one month	...	...	...	...	235

(4) Number of premature still births who were born

(i) at home or in a nursing home	...	...	...	...	6
(ii) in hospital	...	...	...	...	38

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

HOME VISITS BY HEALTH VISITORS 1966

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Part-time 22	23
No. of Families visited for first time in 1966	530	301	418	312	384	580	389	351	414	428	418	657	427	340	442	754	190	705	408	487	855	225	603
No. of Families re-visited during 1966	428	435	441	158	667	669	789	422	433	357	455	675	530	400	848	466	306	586	464	573	512	318	602
Infants born 1966	153	156	100	117	97	176	117	143	133	89	108	264	155	157	144	180	109	121	183	75	66	144	256
Children born 1965	107	87	129	75	108	165	136	98	82	84	115	222	109	135	147	110	83	133	132	66	22	60	143
Children born 1961-64	325	161	385	183	263	536	404	132	415	403	394	370	359	335	249	386	145	380	251	214	54	83	332
Expectant Mothers	16	12	10	9	36	25	29	17	24	20	7	82	20	54	35	27	10	69	25	-	-	3	37
Persons over 65	-	7	1	3	-	14	8	3	10	1	3	3	3	21	4	5	3	2	6	-	-	5	8
Handicapped Persons	3	-	4	6	5	22	6	4	4	4	7	16	16	16	1	5	3	-	12	-	-	-	3
Persons discharged from Hospital	2	-	2	1	1	22	2	-	1	-	-	8	1	10	2	3	4	-	1	-	-	6	-
Miscellaneous	19	48	93	26	12	64	42	43	34	33	22	137	111	168	127	148	7	11	207	-	13	8	34
TOTALS	625	471	724	420	522	1024	744	440	703	634	656	1102	774	896	709	864	364	716	817	355	155	309	813

(continued below)

HOME VISITS BY HEALTH VISITORS 1966 (Continued)

		Part-time	Part-time	Part-time					Comm. August					Part-time				Part-time		Comm. October	
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	TOTALS	
No. of Families visited for first time in 1966	470	40	350	189	488	301	547	482	150	268	457	245	526	225	375	307	197	512	53	16,300	
No. of families re-visited during 1966	579	38	402	129	672	333	491	453	393	283	506	383	495	476	447	657	90	804	69	19,234	
Infants born 1966	119	31	216	74	143	139	264	128	103	156	135	79	99	130	174	128	60	263	46	5,730	
Children born 1965	138	61	104	78	123	87	139	122	59	53	108	90	146	73	104	78	59	222	14	4,406	
Children born 1961-64	287	205	302	223	370	159	263	339	156	165	474	209	425	147	297	212	111	459	34	11,596	
Expectant Mothers	21	4	26	35	33	4	34	20	2	12	110	1	61	3	33	20	8	68	1	1,063	
Persons over 65	4	4	3	2	29	1	21	9	2	1	8	1	14	-	3	2	4	7	-	225	
Handicapped Persons	6	3	4	1	3	10	6	4	4	1	8	1	23	-	16	-	1	8	3	239	
Persons discharged from Hospital	4	2	-	1	2	1	1	2	-	1	-	-	5	-	8	-	1	21	3	118	
Miscellaneous	29	9	7	5	63	104	50	72	94	83	17	1	59	33	87	78	16	131	14	2,359	
TOTALS	608	319	662	419	766	505	778	696	420	472	860	382	832	386	722	518	260	1179	115	25,736	

ATTENDANCES AT INFANT WELFARE CENTRES - 1966

	Addiscombe Grove Mon. P.M. (opened May)	Addiscombe Grove Thurs. P.M. (opened May)	Bensham Manor Mon. A.M. & P.M.	Boston Road Tues. P.M.	Brighton Road, Couladon Thurs. P.M.	Brighton Road, S. Croydon Wed. P.M.	Cherry Tree Green Wed. P.M.	Couladon Youth Club Mon. A.M. & P.M.	East Croydon Tues. A.M.	East Croydon Fri. P.M.	Falconwood (Alt.) Wed. P.M.	Hazelglen (opened Nov.) Thurs. A.M.	Kenley Fri. P.M.	Lodge Road Thurs. A.M. & P.M.	Lodge Road Fri. P.M.	Mitchley Ave. (Alt.) Tues. P.M.	Monks Hill Thurs. P.M.	Monks Orchard Mon. P.M.	New Addington Wed. A.M. & P.M.	Norbury Wed. A.M. & P.M.	Old Couladon Tues. P.M.	Purley Tues. A.M.
Infants born 1966	17	41	229	87	85	121	38	106	112	153	23	20	88	290	100	31	43	50	384	165	105	122
No. of re-attendances	100	221	1596	722	513	1068	358	786	670	994	85	26	601	1691	594	155	274	385	1682	1132	619	649
Children 1 to 5 years	1	23	601	224	233	201	136	335	257	282	63	12	277	479	146	131	229	229	1005	457	321	286
No. of re-attendances	49	106	2189	800	944	1009	726	1668	971	1064	174	2	1057	1614	717	622	506	704	2917	2246	1351	1120
Consultations with Doctors	-	192	1685	642	717	741	-	548	916	945	168	-	495	1952	772	196	599	579	2078	1511	753	799
No. of Sessions	30	33	96	51	52	52	52	92	51	51	28	8	51	104	50	24	51	48	104	104	51	51
Total Attendances	167	391	4615	1833	1775	2399	1258	3095	2010	2493	345	60	2023	4074	1557	939	1052	1368	5988	4000	2396	2177
Average per session 1966	5.6	11.9	48.1	35.9	34.1	46.1	24.2	33.6	39.4	48.9	12.3	7.5	39.7	39.2	31.1	39.1	20.6	28.5	57.6	38.5	46.9	42.7
Average per session 1965	-	-	52.9	46.8	44.5	58.2	23.7	38.2	59.2	61.0	16.2	-	38.2	44.5	30.2	46.4	23.7	27.3	51.6	44.4	47.8	40.6

Continued next page

ATTENDANCES AT INFANT WELFARE CENTRES - 1966

	Rectory Park Thurs. P.M.	Reedham Park Ave. Fri. P.M.	St. Albans Wed. P.M.	St. Andrews Mon. P.M.	St. Jude's Tues. A.M. & P.M.	St. Oswalds Thurs. P.M.	St. Pauls Fri. P.M.	Sanderstead Hill (closed April)	Selhurst Mon. P.M.	Selsdon Mon. A.M. & P.M.	Shirley Thurs. P.M.	Shrublands Mon. P.M.	Shrublands Fri. P.M.	South Croydon Thurs. P.M.	South Norwood Tues. P.M.	South Norwood Fri. P.M.	Upper Norwood Wed. A.M. & P.M.	Waddon Wed. P.M.	Woodside Fri. A.M. & P.M.	TOTAL - 1966	TOTAL - 1965	Clinics held at General Practitioners' Surgories in 1966
Infants born 1966	86	45	141	134	178	127	152	8	127	95	76	64	64	128	190	134	260	92	256	4767	4609	213
No. of re-attendances	428	221	899	857	1402	937	965	11	704	837	521	404	415	909	996	779	1557	539	1275	29577	31092	1060
Children 1 to 5 years	202	109	312	248	404	273	256	84	311	337	148	203	172	92	286	217	509	192	562	10845	9863	287
No. of re-attendances	454	460	1524	1244	1768	1377	955	96	1279	1972	519	599	435	925	997	971	1873	821	1688	42513	47557	1150
Consultations with Doctors	446	285	1183	813	1393	1036	959	52	973	591	311	703	630	631	967	781	1776	655	1702	32175	31903	1720
No. of Sessions	52	51	52	48	102	52	51	17	48	96	50	48	51	51	52	51	104	52	100	2362	2242	120
Total Attendances	1170	835	2804	2483	3752	2714	2328	199	2421	3241	1264	1270	1086	2054	2469	2101	4199	1644	3781	87830	93121	2710
Average per session 1966	22.5	16.4	53.9	51.5	36.8	52.2	44.4	11.7	50.4	33.8	25.3	26.5	21.3	40.3	47.5	41.2	40.4	31.6	37.8	37.2	-	22.6
Average per session 1965	-	20.0	48.4	59.7	42.0	49.1	39.3	18.8	55.0	36.3	32.2	-	-	51.5	51.0	46.8	33.8	36.0	37.4	-	41.5	-

HOME NURSING

Staff at 31.12.66.

Assistant Superintendent Nursing Officer (District Nursing)
Deputy Assistant Superintendent Nursing Officer (District Nursing)
2 Assistant Superintendents
50 Queen's Nurses (including 4 males)
1 Queen's Nurse (part-time)
3 S. E.N. Nurses
6 Queen's Students

Summary of Work carried out during the year 1966.

Patients remaining on books at December 1965	...	...	...	1,268
New Patients	...	...	...	3,944
				<hr/>
			<i>Total</i>	5,212

New Patients.

Medical	...	...	...	...	...	...	...	...	...	2,223
Surgical	...	...	...	...	...	...	...	...	...	1,670
Gynaecological	...	...	...	...	...	...	...	...	...	18
Obstetric	...	...	...	...	...	...	...	...	...	7
Maternity	...	...	...	...	...	...	...	...	...	26
									<i>Total</i>	<hr/> 3,944

Specially Classified.

								<i>Cases</i>	<i>Visits</i>
Tuberculosis	...	...	...	...	...	...	...	89	2,915
Pneumonia	...	...	...	...	...	...	...	49	399
Maternity Complications	...	...	...	...	...	...	...	63	481
Infectious Diseases	...	...	...	...	...	...	...	1	5
Erysipelas	...	...	...	...	...	...	...	1	12
Children under five years	...	...	...	...	...	...	...	90	1,007
Over 65 years old	...	...	...	...	...	...	...	3,387	105,861

Termination of Cases.

Convalescent	...	...	...	...	...	...	...	...	...	2,334
Hospital	...	...	...	...	...	...	...	...	...	972
Died	...	...	...	...	...	...	...	...	...	468
Removed for other causes	...	...	...	...	...	...	...	...	...	221
Still on books	...	...	...	...	...	...	...	...	...	<hr/>1,217
								<i>Total</i>	...	<hr/> 5,212

In the Age Group 30 - 59 Years. - 6 Cases

1 case Fractured Fibula	- Now convalescent
1 case Simmonds Disease	- Now able to do light work
1 case Emphysema & Oxygen Addiction	- Addiction much improved, Emphysema now being treated with injections following hospitalisation.
2 cases Hemiplegia	- Now walking.
1 case Hemiplegia (with C.A.)	- Died.

Numbers for 1966 show a marked reduction owing to illness of the nurse responsible for this service.

GENERAL PRACTITIONER ATTACHMENT SCHEMES*Definition:*

Health Visitor/Domiciliary Midwife/Home Nurse is responsible for all patients on the lists of specified general practitioners within the local authority boundaries (i.e. traditional geographical boundaries have been given up)

Health Visitor Attachments	Nil
Domiciliary Midwife "	1
Home Nurses	2

Liaison Schemes*Definition:*

Health Visitor/Domiciliary Midwife/Home Nurse is responsible both for a geographical district and for the patients on the lists of specified general practitioners. Where patients live outside the nurse's district, though within the local authority boundary, she does not herself visit them but is responsible for liaison between the general practitioner and the appropriate nurse.

Health Visitor Liaison	6
Domiciliary Midwife "	18
Home Nurse	Nil

These figures are those for year ended 31.12.66.

LOAN OF NURSING EQUIPMENT

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

1966

	<i>Health Dept.</i>	<i>British Red Cross Society</i>					
		<i>Central</i>	<i>Purley (A)</i>	<i>Purley (B)</i>	<i>Selsdon</i>	<i>Shirley</i>	<i>Norbury</i>
Airbeds and Ripple Mattresses	12	-	-	2	-	-	-
Air bellows	-	-	-	2	-	-	-
Air Rings	90	28	21	15	3	9	10
Bed Blocks (pairs)	2	-	-	-	-	-	-
Bed Pans	121	36	23	11	12	11	20
Bed Rests	103	35	18	16	5	10	15
Bedsteads	5	-	-	-	-	-	-
Bedtables/Trays	2	4	1	1	-	4	2
Commodes	137	62	38	27	3	17	18
Cradles	47	37	22	10	2	5	9
Crutches	9	13	7	1	-	-	1
Douche Cans	-	-	-	-	-	-	-
Dunlopillo Mattresses	5	-	-	-	-	-	-
Enuresis Machines	65	-	-	-	-	-	-
Feeding Cups	13	3	2	1	2	-	2
Foot Suction Pump	2	-	-	-	-	-	-
Fracture Boards	4	1	-	-	-	-	-
Hydraulic Hoists	8	-	-	-	-	-	-
Inhalers	-	-	-	-	-	-	-
Incontinence Pads	17,100	-	-	-	-	-	-
Mackintosh Sheets	85	8	17	12	10	6	9
Mugs (Sputum)	1	-	-	-	-	-	-
North Pads	26	-	-	-	-	-	-
Pillow Cases (jaconet)	-	-	-	-	-	-	-
Steam Kettles	-	-	-	-	-	-	-
Urinals	51	14	11	10	13	4	7
Walking Aids	50	-	-	-	-	-	-
Walking Sticks	1	-	-	-	-	-	-
Wheel Chairs	41	114	22	13	-	-	32
Wheel Chair and Commode	2	-	-	-	-	-	-

HOME HELP SERVICE

Staff at 31.12.66.

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

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

Patients remaining on books from 1965	1,561
New Applicants	1,294
Patients carried forward to 1967	1,674

New Applicants

(a) Maternity	437
(b) Sickness	898
(c) For Night Service	1

Classification of Cases Attended

(a) Maternity	418
(b) Tuberculosis	13
(c) Chronic Sick including Old Age	2,189
(d) Others including Acute Sick, Problem Families and Mental Health	215

Number of Hours of Service Given 217,792

Average Duration of Service Given

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

Amount Recovered for Service £11,536.8.8

Rate of Remuneration of Home Helps at 31.12.66.

5/1 $\frac{3}{4}$	per hour	-	Home Helps
4/11 $\frac{3}{4}$	" "	-	Washing Service
5/6 $\frac{3}{8}$	" "	-	Problem Family Helps
£12.10.5d	per week	-	Family Helps
10/-d	" "	-	Disinfestation

CONGENITAL ABNORMALITIES

No. registered in 1966 - 82 of these 69 were live-births
 10 were still-births
 3 died

	(1) <i>Central Nervous System</i>		(2) <i>Eye, Ear</i>		(3) <i>Alimentary System</i>		(4) <i>Heart and Great Vessels</i>		(5) <i>Respiratory System</i>		(6) <i>Uro-genital System</i>		(7) <i>Limbs</i>		(8) <i>Other Skeletal</i>		(9) <i>Other Systems</i>		(10) <i>Other Mal- formations</i>		<i>TOTALS</i>		<i>OVERALL TOTALS</i>
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
LIVE	6	9	1	-	4	6	1	1	-	-	6	-	12	15	-	-	1	1	3	3	34	35	69
STILL- BIRTHS	4	4	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	4	6	10	
DEATHS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	1	3
TOTALS	10	13	1	-	4	7	1	1	-	-	6	-	12	15	-	-	2	1	4	5	40	42	82

CAUSES OF DEATH OR STILL-BIRTH

Col. 1. Anencephalous	3	Col. 10. Haemolytic disease	}	1
Hydrocephalous	5	Rhesus incompatibility		
Col. 3. Cleft Palate	1	Disaccharide intolerance		1
Col. 9. Severe exomphalos	1	Mongolism		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
1966	54,698	110,465	6,503	8,254

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	2	1	3
Knock Knees and Flat Feet	5	4	9
Valgus Ankles	7	8	15
Asthma	2	2	4
Kyphosis	1	-	1
Pigeon Toes	3	3	6
Torticollis	1	-	1
	21	18	39

Total Attendances 922

HOME ACCIDENTS

Details of patients removed to hospital by the London Ambulance Service following a Home Accident, April 1st - December 31st, 1966, inclusive.

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>Sex not stated</i>	<i>Total</i>
Under 1 year	15	11	1	27
1 - 4 years	162	135	2	299
5 - 14 years	144	75	-	219
15 - 24 years	41	40	-	81
25 - 44 years	53	76	-	129
45 - 64 years	59	121	-	180
65 years and over	61	308	-	369
Not stated	3	1	-	4
<i>TOTAL</i>	538	767	3	1,308

DEATHS FROM ACCIDENTS IN THE HOME, 1966

<i>Cause</i>	<i>No.</i>	<i>Details</i>
Falls	24	There were 20 women between 44 and 90 years of age, 3 men over 68 years and 1 boy age 5 years.
Burns	2	1 woman age 51 years - clothing caught fire from a gas poker. 1 woman age 79 years - skirt caught fire from unguarded coal fire.
Poisoning	4	4 women between 78 and 90 years died of accidental carbon monoxide poisoning.
Suffocation	5	1 Boy age 2 years, 1 girl age 3 years died from asphyxia following inhalation of smoke and fumes. 3 women between 71 and 87 years died from inhalation of food.
Electrocution	1	1 Boy age 7 months
Drowning	1	1 girl age 2 years - in artificial fish pond.
<i>TOTAL</i>	37	

EVALUATION OF SMOKING AND HEALTH QUESTIONNAIRE

122

	<i>Doctors</i>	<i>Mid. wives</i>	<i>Dist. Nurses</i>	<i>School Nurses</i>	<i>Health Visitors</i>	<i>Public Health Inspectors</i>	<i>Total Staff</i>
Number of Questionnaires Issued	12	31	57	18	48	25	191
Number of Questionnaires Returned	10	21	26	3	29	20	109
1. Do you believe the facts associating cigarette smoking and lung cancer?	100%	86.0%	92.3%	100%	96.56%	90%	92.92%
2. Do you believe that the facts associating cigarette smoking with lung cancer are widely known?	80%	66.67%	80.77%	66.6%	72.42%	95%	79.2%
3. Do you believe that there is a need to acquaint more people with the facts?	70%	81.0%	69.2%	66.6%	79.12%	75%	76.44%
4. Is it possible to reduce the smoking habit by any form of education?	70%	66.6%	76.92%	66.6%	72.4%	55%	68.0%
5. Do you discuss smoking and health in the course of your other duties?							
Never	0%	24.0%	3.85%	33.3%	3.44%	20%	11.04%
Occasionally	80%	57.2%	69.2%	33.3%	58.5%	65%	64.4%
Regularly	10%	9.6%	3.85%	0%	13.76%	0%	9.2%
Frequently	0%	4.8%	23.08%	0%	24.14%	10%	24.99%
6. Do you believe that the responsibility for discussing smoking should fall on:							
Doctors	80%	61.9%	73.07%	0%	65.9%	65%	54.28%
Midwives	50%	28.6%	50.0%	0%	48.28%	10%	36.8%
District Nurses	60%	33.4%	61.54%	0%	55.1%	30%	46.92%
School Nurses	80%	47.6%	61.54%	0%	58.8%	30%	50.6%
Health Visitors	50%	57.2%	65.35%	0%	55.1%	35%	54.28%
Public Health Inspectors	60%	38.2%	50.0%	0%	46.1%	10%	37.72%
A team of people	70%	47.6%	76.92%	100%	86.0%	25%	63.48%

7. Do you have a personal responsibility for promoting a "non-smoking" trend?	70%	24.0%	57.69%	66.6%	55.1%	25%	46.0%
8. What form of education do you believe is most effective in reducing the rate of smoking?							
Posters	20%	38.2%	58.85%	66.6%	24.14%	15%	35.06%
Leaflets	0%	14.4%	38.46%	0%	10.34%	5%	16.66%
Displays	0%	19.1%	53.85%	33.3%	17.2%	15%	25.86%
Group Discussion	60%	47.6%	57.69%	33.3%	62.07%	20%	49.98%
Television	70%	66.67%	76.92%	66.6%	86.0%	85%	79.2%
Radio	10%	43.0%	53.85%	66.6%	46.1%	30%	46.0%
Government Action	30%	52.4%	38.46%	33.3%	31.03%	35%	37.72%
9. Do you smoke?	20%	43.0%	30.8%	66.6%	24.14%	50%	35.08%
10. Do you intend to give it up?	0%	9.6%	19.23%	0%	10.34%	15%	11.96%
11. In which of the following situations do you think education about smoking and health would be suitable?							
Ante-natal clinics	50%	9.6%	69.2%	66.6%	48.28%	30%	49.98%
Mothercraft classes	70%	38.2%	61.54%	33.3%	48.28%	15%	45.08%
Infant Welfare centres	30%	33.33%	50.0%	33.3%	17.2%	15%	29.44%
Toddlers' clinic discussion groups	80%	19.1%	67.69%	66.6%	48.28%	15%	42.43%
Mothers clubs	70%	52.4%	65.35%	66.6%	62.07%	40%	51.38%
Voluntary organisations	60%	38.2%	53.85%	0%	43.0%	30%	42.43%
Business groups	70%	33.33%	61.54%	0%	65.9%	40%	52.3%
Schools	90%	76.4%	84.6%	66.6%	89.44%	95%	86.48%
Youth clubs	80%	76.4%	92.3%	33.3%	82.36%	80%	81.88%
Catering establishments	60%	61.9%	69.2%	33.3%	46.1%	45%	55.2%
Personal example	70%	57.2%	57.69%	100%	34.4%	15%	46.0%
12. There are few demands on the health education section for material on smoking and health. Which of the following are the reasons?							
Poor quality of educational material	10%	14.4%	15.4%	0%	17.2%	5%	12.88%
This is an unsuitable topic for health education	0%	4.8%	0%	0%	6.88%	0%	2.76%
Unwillingness of the public	60%	81.0%	38.46%	100%	72.42%	95%	69.92%
Insufficient inservice training on the subject.	50%	28.8%	88.45%	33.3%	34.4%	10%	43.35%

**Dental Services for Expectant and Nursing Mothers
and Children under 5 years**

Part A. Attendances and Treatment

Number of Visits for Treatment During Year

	<i>Children 0 - 4 (inc.)</i>	<i>Expectant and Nursing Mothers</i>
First Visit	523	109
Subsequent Visits	794	201
<i>Total Visits</i>	1,317	310
Number of Additional Courses of Treatment other than the First Course commenced during the year	81	16
Treatment provided during the year -		
Number of Fillings	892	114
Teeth Filled	732	112
Teeth Extracted	256	75
General Anaesthetics given	136	15
Emergency Visits by Patients	118	18
Patients X-Rayed	3	18
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	27	46
Teeth Otherwise Conserved	280	-
Teeth Root Filled	-	6
Inlays	-	-
Crowns	-	1
Number of Courses of Treatment Completed during the Year	358	95

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	10
Patients Supplied with Other Dentures	6
Number of Dentures Supplied	20

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	6
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Part D. Inspections

	<i>Children 0 - 4 (inc.)</i>	<i>Expectant and Nursing Mothers</i>
Number of Patients given First Inspections During Year	864	161
Number of Patients in A and D above who required Treatment	404	121
Number of Patients in B and E who were Offered Treatment	376	90

Part E. Sessions

Number of Dental Officer Sessions (i.e.
Equivalent Complete Half Days) Devoted
to Maternity and Child Welfare Patients:

For Treatment	325
For Health Education	12

DEAFNESS

There were 1,987 children on the "At Risk" register by the end of 1966. Of the number tested during 1966, 34 cases where some doubt was felt as to hearing ability were referred and seen at Dr. Morgan's Stycar Hearing Clinic.

DR. MORGAN'S STYCAR HEARING SESSIONS

No. of Clinics held in year 1966	12
No. of Appointments sent out during year	110
Non Attendance	46
Of the 64 seen:—	
A. <i>Referred to Clinic from Infant Welfare Centres</i>	36
Suspected Hearing Loss 2	
1 - Unable to test ? adenoids at fault. Referred to Ear, Nose and Throat Dept.	
1 - Satisfactory Hearing. Referred to Ear, Nose and Throat Dept.	
Retarded Speech 14	
1 - Uncertain Responses. T.C.A. 3 months.	
2 - Normal Responses. Referred to Speech Clinic	
5 - Normal Responses, but in view of poor speech development, T.C.A. 6 months	
1 - Normal Responses, (Autistic child) referred for Day Nursery Placement or Autistic Unit.	
1 - Uncertain Responses. T.C.A. 2 months and referred to Speech Clinic.	
3 - Normal Responses.	
Suspected Deafness 7	
1 - Uncertain Responses. T.C.A. 1 month.	
6 - Normal Responses.	
Doubtful Responses to Hearing Test at Infant Welfare Centre 12	
1 - Rejected sound Right Ear. Referred to Mr. Stewart.	

1 - Normal Responses. Referred to Speech Clinic.

1 - Immature Responses. T.C.A. 4 months.

1 - Immature Responses. T.C.A. 1 month.

8 - Normal Responses.

Otitis Media 1

1 - Normal Responses. Referred to Ear, Nose
and Throat Dept.

B. Referred from Sources other than Infant Welfare Centres

17

Retarded Speech 9

2 - Normal Responses. Referred to Speech Clinic.

3 - Uncertain Responses. T.C.A. 1 month

1 - Uncertain Responses. Referred to Mr. Stewart.

1 - Normal Responses. Observe speech for 1 year.
if no improvement, T.C.A.

1 - Normal Responses. If speech does not improve,
refer to Speech Clinic.

1 - Normal Responses.

Referred by Mr. Oakley, Audiometry not possible ... 2

1 - Normal Responses but Referred to Ear, Nose and
Throat Dept.

1 - Normal Responses but Referred to Speech Clinic.

Congenital Abnormality 2

2 - Normal Responses.

Prematurity 2

2 - Normal Responses.

? Retarded Child 1

1 - Normal Responses.

Suspected Hearing Loss 1

1 - Normal Responses.

C. Retests

11

? High Frequency Loss 1

1 - Normal Responses.

Immature Responses to first test 1

1 - Normal Responses.

Uncertain Responses to first test 6

1 - Uncertain Responses. T.C.A. 1 month.

3 - Hearing loss evident. Referred to Mr. Stewart.

1 - Uncertain Responses. T.C.A. 3 months.

1 - Normal Responses. Referred to Speech Clinic.

Hearing Loss Suspected at First Test 1

1 - Uncertain Responses. T.C.A. 1 month.

Retarded Speech 2

1 - Normal Responses but in view of poor speech,
T.C.A. 6 months.

1 - Normal Responses. Referred to Speech Clinic.

CERVICAL CYTOLOGY

Number of Women Tested

Month	Number of Weeks	Ante-Natal Cases	Class I	Class II	Class III	Total Number Tested
JULY 1966	4	23	33	4	-	37
AUGUST 1966	4	31	30	5	-	35
SEPTEMBER 1966	5	31	25	18	-	43
OCTOBER 1966	4	14	16	21	2	39
NOVEMBER 1966	4	10	15	22	3	40
DECEMBER 1966	4	6	4	25	1	30
Total	25	115	123	95	6	224

Class I - healthy smear.

Class II - inflammatory changes, Trichomonas or Monilial infections.

Class III - dysakaryotic cells (Abnormal; not necessarily implying cancer, but indicating need for early repeat smears)

Class IV - occasional cancer cell

Class V - Cancer cells in significant numbers.

Number of Class II and III Cases in the Following Age Groups

1966	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59
Class II	3	11	13	22	23	10	7	2	4
Class III	-	-	-	1	-	3	1	-	1

LONGSTAY IMMIGRANTS

<i>Country Issuing Passport</i>	<i>Notifications Received</i>	<i>Successful Visits</i>	<i>Unsuccessful Visits</i>
Commonwealth Countries			
Caribbean	144	133	11
India	72	62	10
Pakistan	24	16	8
Other Asian	19	19	Nil
African	24	18	6
Others	24	23	1
Non-Commonwealth Countries			
European	61	57	4
Other	13	11	2
<i>Total</i>	381	339	42

DETAILS OF Notifications received were - 137 Males 157 Females 87 Children.

Unsuccessful visits due to

- (1) Failure of person to go to the notified address.
- (2) Person left before visit made.

Where ascertained the new address was notified to the Medical Officer of Health of the area involved.

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 ...	15	36	395	431

Two Nursing Homes were closed during the year under review.

NURSES AGENCIES REGULATIONS, 1945

There are two agencies on the Register which supply nurses for home nursing on a private patient paying basis.

CREMATION ACTS, 1902 and 1952

During the year 2,650 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 1966

Total number of Bodies received	...	...	...	...	...	860
Total number of Post Mortem Preparations	...	...	...	...	...	858
Total number of Post Mortem Examinations for Coroner	...	...	...	...	...	858
Total number of Post Mortem Examinations for Medical Officer of Health	...	...	...	...	...	Nil.

COMMUNICABLE DISEASES NOTIFIED DURING 1966

Notifiable Disease	At all ages	Cases Notified						Total cases notified in wards																								
		At ages - years																														
		Under 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 & over	Upper Norwood	Norbury	West Thornton	Bensham Manor	Thornton Heath	South Norwood	Woodside	East	Addiscombe	Whitehorse Manor	Broad Green	Central	Waddon	Addington	Shirley	Sanderstead North	Sanderstead and Selsdon	Woodcote and Coulsdon West	Coulsdon East	Purley	M	F	TOTAL	
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever ...	158	1	56	93	7	1	-	-	8	4	6	15	8	12	6	4	2	4	3	1	13	22	9	5	12	6	8	10	82	76	158	
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	11	-	-	-	-	2	5	4	-	-	1	3	1	-	-	1	-	-	-	-	1	1	-	-	1	-	2	-	1	10	11	
Meningococcal Infection	1	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
Enteric & Para-typhoid	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-	2	
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	9	-	-	-	5	4	-	-	-	-	1	-	1	2	-	-	-	3	-	-	-	-	-	-	-	-	-	2	-	9	9	
Ophthalmia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	186	8	55	63	7	53	-	-	-	3	6	2	11	5	-	1	5	8	14	8	9	62	19	12	3	7	2	9	91	95	186	
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Primary and Influenzal Pneumonia	51	2	5	6	2	8	11	17	2	1	2	1	9	7	6	5	-	-	1	2	-	3	2	-	5	1	4	30	21	51		
Food Poisoning ...	25	2	2	1	6	5	9	-	6	-	-	6	-	5	-	-	-	-	-	-	-	-	-	-	1	3	2	2	14	11	25	
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1768	52	956	742	14	4	-	-	65	52	102	105	41	44	81	122	41	55	147	25	104	175	322	39	23	28	103	94	890	878	1768	
Whooping Cough ...	75	6	41	25	1	1	1	-	5	7	1	1	5	4	4	3	2	1	1	4	3	11	12	-	-	7	-	4	38	37	75	
	2286	72	1117	930	42	78	26	21	86	68	119	133	76	72	98	137	55	71	165	39	132	271	365	58	40	58	118	125	1148	1138	2286	

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

MONTHLY INCIDENCE OF COMMUNICABLE DISEASES 1966

<i>Notifiable Disease</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Respiratory Tuberculosis	5	12	12	6	4	21	9	6	9	5	6	6	101
Non-Respiratory Tuberculosis	1	-	2	2	-	3	-	-	-	2	-	-	10
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	14	19	20	10	10	14	7	6	7	14	11	26	158
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	1	1	4	-	1	-	-	2	2	-	11
Meningococcal Infection	-	-	-	-	-	1	-	-	-	-	-	-	1
Enteric and Paratyphoid	-	-	-	-	-	2	-	-	-	-	-	-	2
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	2	-	-	-	-	-	-	-	1	4	1	1	9
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery... ..	48	27	39	14	9	25	5	2	7	1	3	6	186
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-
Ac. Pri. & Ac. Inf. Pneumonia	2	8	12	5	-	2	2	3	3	-	6	8	51
Food Poisoning	4	1	-	4	-	5	4	2	1	1	1	2	25
Acute Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	59	38	47	41	47	64	92	54	19	103	384	820	1,768
Whooping Cough	11	5	2	5	4	5	8	5	4	9	4	13	75
													2,397

FOOD POISONING

The food poisoning notifications, as corrected, for 1966 were:—

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
5	9	7	4	25

Outbreaks due to identified agents:—

<i>Total Outbreaks</i>	<i>Total Cases</i>
2	4

Outbreaks due to:—

(a) Chemical poisons Nil	(d) botulinum Nil
(b) Salmonella Organisms ... 2	(e) welchii Nil
(c) Staphylococci (including toxin) Nil	(f) Other Bacteria Nil

Outbreaks of undiscovered cause:—

<i>Total Outbreaks</i>	<i>Total Cases</i>
3	8

Single Cases:—

<i>Agent identified</i>	<i>Unknown Cause</i>	<i>Total</i>
2	11	13

Cases due to:—

<i>Salm. reading</i>	<i>Salm. heidelberg</i>
1	1

Salmonella Infections not food-borne:— Nil

SAMPLES SUBMITTED TO THE PATHOLOGICAL LABORATORY FOR BACTERIOLOGICAL EXAMINATION - 1966

Faeces outfits	1,847
Drinking Water samples	476
Public Swimming Bath Water samples	180
Private Swimming Bath Water samples	106
Private Wells	133
Milk samples	201
Cream samples	6
Ice Cream samples	100
Sundry Food Specimens	54
Blood	51
Urine	357
Nose and Throat Swabs	31
<i>Total</i>	<u>3,542</u>

Samples of Drinking Water

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

Bacteriological	476
Chemical	8

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 4,710 children were immunised against whooping cough, comprising 4,553 under school age and 157 school children.

In addition 1,340 children were given reinforcing injections.

IMMUNISATION AGAINST TETANUS

A total of 5,335 children were immunised against Tetanus, comprising 4,594 under school age and 741 school children

In addition 6,338 children were given reinforcing injections.

VACCINATION AGAINST SMALLPOX

A total of 5,598 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	238	2,486	1,097	401	43	4,265
Successful Re-vaccinations	-	1	30	659	643	1,333
Insusceptible to Vaccination	-	-	-	-	-	-
						5,598

DIPHTHERIA

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1966 who completed a course of immunisation during the year.

<i>Age at 31.12.66. i.e. Born in year</i>	<i>Under 1 1966</i>	<i>1963-1965</i>	<i>1962-1959</i>	<i>1958-1950</i>	<i>Total</i>
Completed course of injections	897	3,698	296	183	5,074
Reinforcing injections	-	724	3,684	2,768	7,176
<i>TOTAL</i>	897	4,422	3,980	2,951	12,250

	<i>Under 1</i>	<i>1-4</i>	<i>Total under 5</i>	<i>5-14</i>	<i>Total under 15</i>
Estimated mid year Child population	5,690	22,810	28,500	45,500	74,000

VACCINATED AGAINST POLIOMYELITIS

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

<i>VACCINATED</i>	<i>Children born 1966</i>	<i>Children born 1965</i>	<i>Children born 1964</i>	<i>Children born 1963</i>	<i>Young Persons born 1962-59</i>	<i>Persons born 1958-50</i>	<i>Persons over 16 years of age</i>
With Salk Vaccine	1	49	23	8	9	14	13
With Oral Vaccine	2,132	3,126	465	190	446	244	291
With Quadruple Vaccine	3	77	13	2	4	1	-

Number of persons who received a reinforcing vaccination as at 31st December, 1966.

<i>VACCINATED</i>	<i>Persons given a first reinforcing Vaccination during 1966</i>
With Salk Vaccine	112
With Oral Vaccine	4,484
With Quadruple Vaccine	84
Annual Total	4,680
<i>TOTAL since Vaccination began</i>	120,189

INTERNATIONAL VACCINATION CERTIFICATES

During the year 21,753 certificates were authenticated, 20,724 Smallpox, 755 Cholera, 274 T.A.B. and Yellow Fever.

VACCINATION AND IMMUNISATION 1966

Children Born in 1965

Poliomyelitis Vaccination

Vaccinated in 1965	1,020
" in 1966	3,252
Total	4,272 out of 5,729 Live Births
	= 74.6%

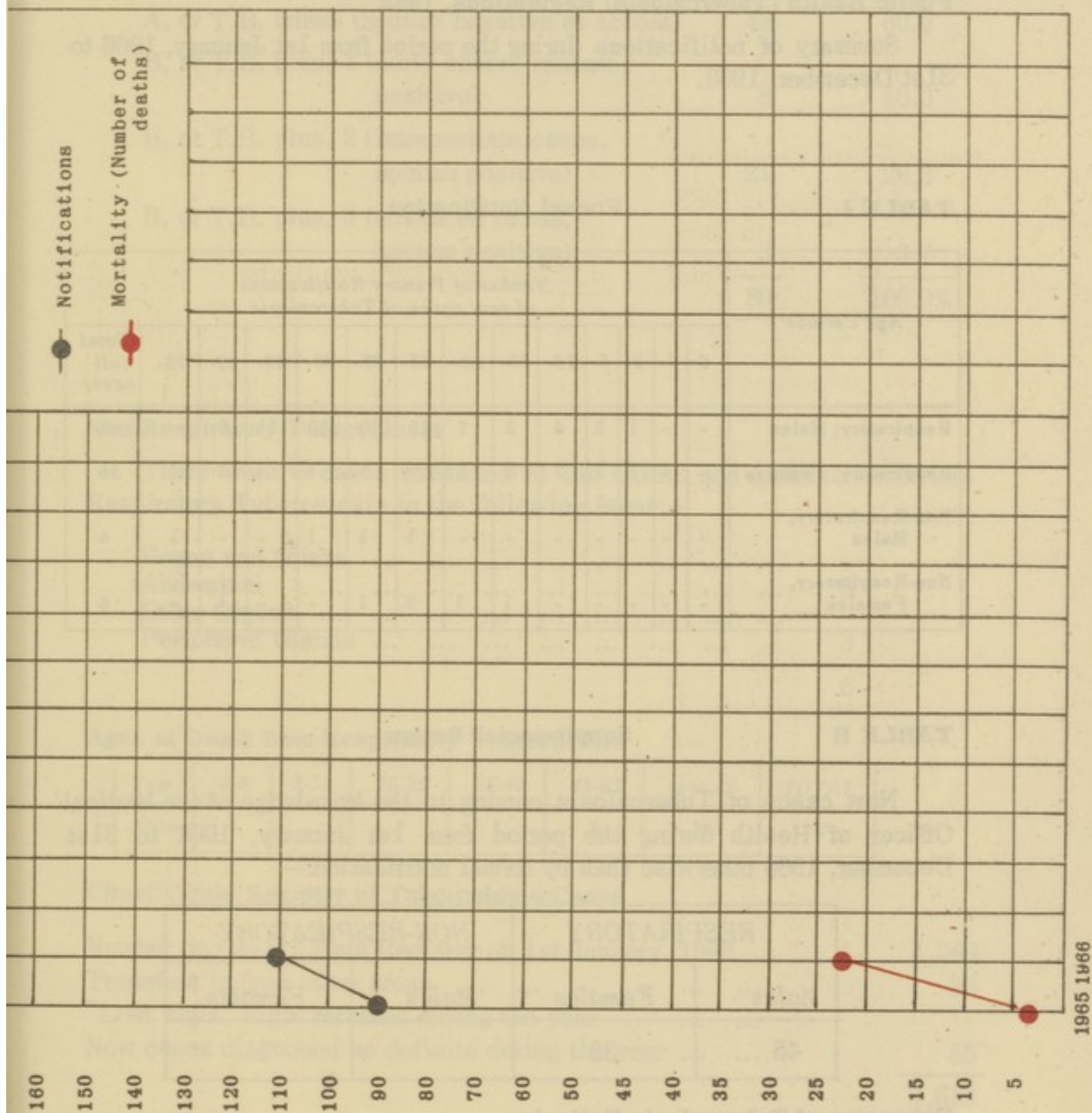
Triple Antigen

Immunised in 1965	921
" in 1966	3,005
Total	3,005 out of 5,729 Live Births
	= 68.5%

Smallpox Vaccination

Vaccinated under 1 year	180
" at 1 year	
(to 2 years)	2,486
Total	2,666 out of 5,729 Live Births
	= 46.6%

TUBERCULOSIS (All Forms)
PRIMARY NOTIFICATIONS AND MORTALITY - 1966



1965 1966

Public Health (Tuberculosis) Regulations, 1952

Summary of notifications during the period from 1st January, 1966 to 31st December, 1966.

TABLE I **Formal Notification**

Age Periods	Number of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Respiratory, Males	-	-	1	2	4	2	7	10	10	13	11	5	-	65
Respiratory, Females	-	-	2	2	3	5	1	7	5	4	1	2	4	36
Non-Respiratory, Males	-	-	-	-	-	-	-	1	1	1	-	-	1	4
Non-Respiratory, Females	-	-	-	-	-	1	1	2	1	-	-	1	-	6

TABLE II **Supplemental Return**

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the period from 1st January, 1966 to 31st December, 1966 otherwise than by formal notification:—

<i>RESPIRATORY</i>		<i>NON-RESPIRATORY</i>	
<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
45	39	-	1

Rehousing of Tuberculosis Patients

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

CLASSIFICATION OF NEW PATIENTS.**Respiratory Tuberculosis**

During 1966, 80 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)	48	60.0
B, or T.B. plus, 1 (early cases, sputum positive)	8	10.0
B, or T.B. plus, 2 (intermediate cases, sputum positive)	21	26.3
B, or T.B. plus, 3 (advanced cases, sputum positive)	3	3.7
	<u>80</u>	<u>100.0%</u>

Non-Respiratory Tuberculosis

There were 6 cases examined at the Clinic and found to have Non-Respiratory Tuberculosis in the following forms:—

Bones and Joints	...	...	...	...	...	...	...	...	-
Abdominal	...	...	...	...	...	...	...	...	3
Other Organs	...	...	...	...	...	...	...	...	-
Peripheral Glands	...	...	...	...	...	...	...	...	3
									<u>6</u>

Ages at Death from Respiratory Tuberculosis

Year	0-5	5-15	15-25	25-45	45-65	over 65	TOTAL
1966	-	-	-	1	3	15	19

Chest Clinic Register of Tuberculosis Cases

Number on Chest Clinic Register on 1st January, 1966	1,389
Transfers in from other areas	39
"Lost sight" sight returned during the year	-
New cases diagnosed as definite during the year	85
	<u>1,513</u>

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

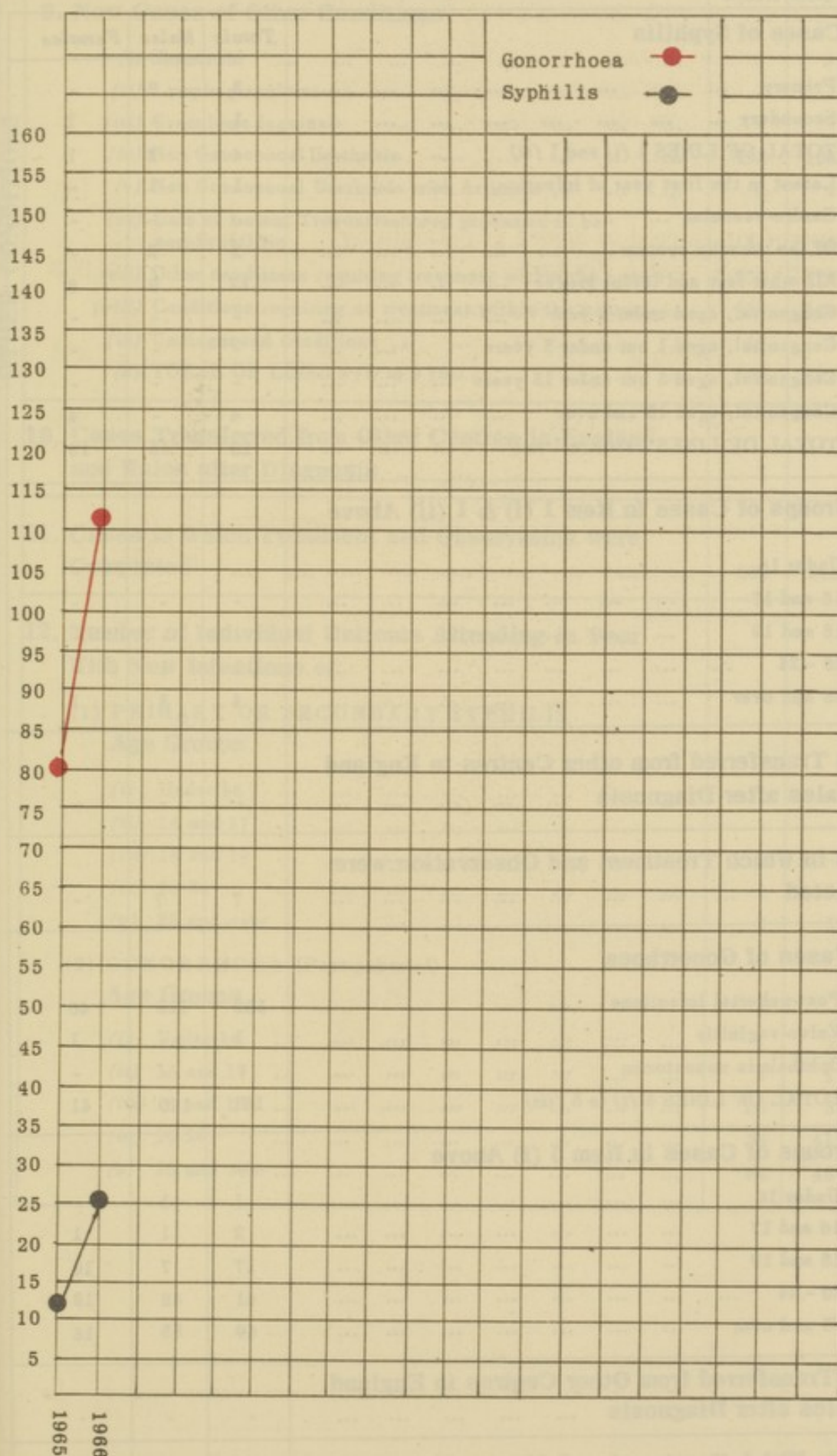
Recovered	90
Died	28
Removed to other areas	36
"Lost sight of" and other reasons	10
	<u>164</u>
Remaining on Register as at 31st December	1,349

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	2,231
Number of visits paid by Clinic doctors to homes of patients	185
Number of visits paid to homes of patients by Tuberculosis Health Visitors	3,033
Attendances of patients at the Clinic -	
At ordinary sessions	*16,434
Number of X-Ray films taken	*18,810

*Includes 4,542 miniature film attendances

VENEREAL DISEASES - NEW CASES - 1966
RESIDING IN CROYDON



VENEREAL DISEASES

SYPHILIS

1. New Cases of Syphilis								Totals	Males	Females
(i) Primary	...	...	...	...	...	...	...	3	3	-
(ii) Secondary	...	...	...	...	...	...	...	1	-	1
(iii) TOTAL OF LINES 1 (i) and 1 (ii)	...	...	...	...	...	...	...	4	3	1
(iv) Latent in the first year of infection	...	...	...	...	...	...	...	1	1	-
(v) Cardio-vascular	...	...	...	...	...	...	...	-	-	-
(vi) Of the nervous system	...	...	...	...	...	...	...	2	2	-
(vii) All other late and latent stages	...	...	...	...	...	...	...	17	9	8
(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	...	...	...	...	...	...	...	4	-	4
(xii) TOTAL OF LINES 1 (iii) to 1 (xi)	...	...	...	...	...	...	...	28	15	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	...	...	...	...	...	...	...	1	1	-
(v) 25 and over	...	...	...	...	...	...	...	4	3	1
3. Cases Transferred from other Centres in England and Wales after Diagnosis										
...	-	-	-
4. Cases in Which Treatment and Observation were Completed										
...	...	...	...	...	...	...	...	7	7	-
5. New Cases of Gonorrhoea										
(i) Post-pubertal infections	...	...	...	...	...	...	...	150	110	40
(ii) Vulvo-vaginitis	...	...	...	...	...	...	...	1	-	1
(iii) Ophthalmia neonatorum	...	...	...	...	...	...	...	-	-	-
(iv) TOTAL OF LINES 5 (i) to 5 (iii)	...	...	...	...	...	...	...	151	110	41
6. Age Groups of Cases in Item 5 (i) Above										
(i) Under 16	...	...	...	...	...	...	...	1	1	-
(ii) 16 and 17	...	...	...	...	...	...	...	2	1	1
(iii) 18 and 19	...	...	...	...	...	...	...	17	7	10
(iv) 20 - 24	...	...	...	...	...	...	...	61	48	13
(v) 25 and over	...	...	...	...	...	...	...	69	53	16
7. Cases Transferred from Other Centres in England and Wales after Diagnosis										
...	-	-	-
8. Cases in Which Treatment and Observation were Completed										
...	...	...	...	...	...	...	...	82	70	12

GONORRHOEA

OTHER CONDITIONS

										Totals	Males	Females
9. New Cases of Other Conditions												
(i)	Chancroid	...	...	...	...	...	...	...	...	-	-	-
(ii)	Lymphogranuloma	...	...	...	...	...	...	...	...	-	-	-
(iii)	Granuloma Inguinale	...	...	...	...	...	...	...	...	-	-	-
(iv)	Non Gonococcal Urethritis	...	...	...	...	...	...	...	...	198	198	-
(v)	Non Gonococcal Urethritis with Arthritis	...	...	...	...	...	...	...	...	1	1	-
(vi)	Late or Latent Treponematoses presumed to be non-Syphilitic	...	...	...	...	...	...	...	...	14	2	12
(vii)	Other conditions requiring treatment within the centre									258	120	138
(viii)	Conditions requiring no treatment within the centre	...								337	168	169
(ix)	Undiagnosed conditions	...	...	...	...	...	...	...	...	18	3	15
(x)	TOTAL OF LINES 9 (i) to 9 (ix)	...	...	...	...	...	...	...	...	826	492	334
10. Cases Transferred from Other Centres in England and Wales after Diagnosis										1	-	1
11. Cases in Which Treatment and Observation were Completed										605	348	257
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	...	...	...	...	...	...	...	...	1	1	-
(v)	25 and over	...	...	...	...	...	...	...	...	3	2	1
(2) GONORRHOEA (Post-pubertal)												
Age Groups												
(i)	Under 16	...	...	...	...	...	...	...	...	1	1	-
(ii)	16 and 17	...	...	...	...	...	...	...	...	2	1	1
(iii)	18 and 19	...	...	...	...	...	...	...	...	16	6	10
(iv)	20-24	...	...	...	...	...	...	...	...	54	41	13
(v)	25 and over	...	...	...	...	...	...	...	...	64	48	16

	<i>Totals</i>	<i>Males</i>	<i>Females</i>
13. Localities in which Infections Took Place			
(1) PRIMARY OR SECONDARY SYPHILIS			
(i) In locality of Centre	1	-	1
(ii) Elsewhere in Great Britain and Northern Ireland	2	2	-
(iii) Outside Great Britain and Northern Ireland ...	1	1	-
(iv) Not Known	-	-	-
(2) GONORRHOEA			
(i) In locality of Centre	93	69	24
(ii) Elsewhere in Great Britain and Northern Ireland	23	18	5
(iii) Outside Great Britain and Northern Ireland ...	6	6	-
(iv) Not known	29	17	12
14. Attendances and Diagnoses of Contacts			
(1) Contact slips issued to patients with			
(i) Syphilis, primary and secondary	4	3	1
(ii) Gonorrhoea	92	89	3
(2) Contacts attending with			
(i) Syphilis, primary and secondary	-	-	-
(ii) Gonorrhoea	32	1	31
(iii) Other conditions	52	4	48
15. Total Attendances of All Patients			
(i) Syphilis	595	289	306
(ii) Gonorrhoea	679	475	204
(iii) Other conditions	2,772	1,754	1,018
(iv) ALL CONDITIONS (TOTAL OF 15 (i) (ii) and (iii))	4,047	2,519	1,528
16. Cultures for the Gonococcus	1,040	6	1,034

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.

<i>Name of Local Health Authority</i>	<i>Number of new cases in year</i>			
	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Totals</i>
Croydon	26	110	626	762
Bromley	1	10	44	55
Lambeth	-	5	17	22
Merton	-	2	10	12
Sutton	-	5	26	31
Kent	-	1	5	6
Surrey	1	6	59	66
Others	-	12	39	51
Totals (to agree with Items 1, 5 and 9)	28	151	826	1,005

LONDON BOROUGH OF CROYDON

ANNUAL REPORT

OF THE PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1966

To the Chairman and Members of the Education Committee:

LADIES AND GENTLEMEN,

This second Annual Report of the work of the School Health Service for the London Borough of Croydon records a year in which basic routines were steadily maintained, and in the main, planned developments successfully achieved. Unsolved problems involved staffing shortages and new buildings which are programmed for future years.

Routine Medical Inspections

The system remained unchanged after a Committee decision that we should continue to divide the four examinations equally between primary and secondary schools. The numbers of children examined and defects found increased. As part of the general investigation into the value of medical inspections, family doctors co-operated in an enquiry about the relevance of the defects detected in some 400 school children. This showed that the majority of defects found at school inspections were not previously known to the general practitioners, and even when they had prior knowledge, specialist investigations were usually supported.

Staffing Problems

To meet difficulties in recruiting Health Visitors, who are also School Nurses, an establishment of State Registered and State Enrolled Nurses was approved, to give assistance in performing suitable duties. An in-service training course was arranged for these new members of staff, who are proving of great help in releasing Health Visitors for tasks which only they can perform. The full development of the partially hearing units was again delayed by failure to recruit teachers, and despite strenuous efforts no solution to this problem seems likely before September 1967.

Handicapped Pupils

A special day unit for speech disordered children was opened in January, and soon proved suitable for many who would otherwise have needed residential care. Your Senior Speech Therapist, Mrs. S.M. Wickerson, reports in some detail about this venture, and her account is commended to you (Appendix F, page 70). At St. Giles' School for physically handicapped children, facilities for physiotherapy and speech therapy were improved, but the division of St. Luke's School for partially sighted pupils into widely separated primary and secondary sections has shown the disadvantages which were anticipated. The opening under the direct control of the Consultant Psychiatrist of the Child Guidance Clinic of a day hospital for mentally disturbed children allowed positive action for this numerically very small but administratively most troublesome group of handicapped pupils. This is a temporary expedient pending the special unit already approved in the building programme. Special facilities were also continued for groups of pupils not included in the designated categories, but having disabilities for which no other service provides remedial measures. Thus there are further reports on the Weight Control and Enuresis clinics, and a comment by the Senior Physiotherapist on experimental work for the relief of dysmenorrhoea.

Health Education

A working party of the Education and Health Departments concluded their considerations on an outline programme for Health Education courses in secondary schools. It was anticipated that this would be printed by the Corporation for distribution in the Borough. However, the final draft by the Principal Health Education Officer, Miss D.S. Elliott, and the Senior Woman Inspector, Miss E.T. May, was accepted by a leading publisher of Educational books, and should shortly be available for national distribution. Many requests have been received for our present Health Education course in secondary schools, and this is included as an Appendix to the Report.

Dental Health

An inspection by a Dental Officer of the Department of Education and Science during the year resulted in a generally favourable report on this service. Certain deficiencies in the older accommodation at Lodge Road Clinic were noted, but a modernisation of these premises was commenced last year and should shortly be completed.

The School Health Service has a unique medical responsibility for supervising the health of the vast majority of the children in this country. Admittedly in dealing with large numbers there must be a degree of repetitive work, which to those with certain temperaments is irksome. We have tried to meet this by allocating a special clinical responsibility to every Doctor, so that each has an aspect to consider in some detail. As far as practicable this plan has been applied to the leaders of other professional groups involved in the Service. It is in this way that needs are detected and ideas fostered.

Management studies have shown that the spirit which pervades an organisation, however large, depends upon the attitude of the controlling body. I trust the Committee will recognise that the positive and progressive features of this Annual Report reflect their attitude of encouragement and support for any sound schemes of benefit to the children. I convey to you the thanks of all my staff.

I am grateful to the Chief Education Officer, members of the Education Department, and Head Teachers, who have sustained our numerous requests and interventions with their customary courtesy and co-operation.

Finally, my thanks are due to the staff of the School Health Service, who under the direction of Dr. Horner have shown their usual zeal and enthusiasm in coping with routine and new duties.

Yours faithfully,

S. L. WRIGHT,

Principal School Medical Officer.

PARTICULARS OF SCHOOL CLINICS

as at 31.12.1966

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:—

<i>Clinic</i>	<i>Address</i>
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 and occasionally during holidays.) Rockmount School, Rockmount Road, Upper Norwood. (Monday and Thursday p.m. during term time) Purley Clinic, Whytecliffe Road, Purley. (Wednesday p.m. and every 4th Saturday a.m.) Sanderstead Clinic, Rectory Park, Sanderstead. (Friday p.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. Sanderstead Clinic, Rectory Park, Sanderstead. 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.) Sanderstead Clinic, Rectory Park, (Monday p.m. and Wednesday a.m.) Purley Clinic, Whytecliffe Road, Purley. (Monday a.m. Wednesday p.m. and Thursdays)
Speech	47, St. James's Road, Broad Green, Croydon. Parkway Clinic, New Addington. Purley, 115, Brighton Road, Purley. Sanderstead Clinic, Rectory Park, Sanderstead. Shrublands Clinic, Bridle Road, Shirley. 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)

<i>Clinic</i>	<i>Address</i>
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. (alternate Fridays) Sanderstead Clinic, Rectory Park, Sanderstead. (alternate Fridays p.m.)
Overweight... ..	Public Health Department on Friday a.m. and various schools and clinics on Monday a.m.

STAFF OF THE SCHOOL HEALTH SERVICE

*Medical Officers	12 (full-time)	(38.9%)
*Medical Officers	2 (part-time)	
Consultants and Specialists	9 (part-time)	
*Dental Officers	12 (including 4 part-time)	(80%)
*Physiotherapists	6 (including 1 part-time)	
Speech Therapists	7	
*School Nurses and Nurse/Assistants	64 (including S. H. V. and Deputy)	(55%)
*Dental Surgery Assistants	13 (including 5 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 £112,393

Cost of Special Schools

Schools maintained by the Council	£106,376
Other Schools (not maintained by local Education Authorities)	£46,305
Adjustments with other authorities in respect of Special Schools	£27,659
	<u>£180,340</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, and 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.

Following a request from one secondary school an investigation by the Head Teachers' Association revealed that a majority of head teachers would favour the transfer of the third medical inspection to the final year in the primary school. There would be no objection on medical grounds to such a proposal, but the Committee felt that the change would produce an excessive burden upon primary school head teachers. Moreover the gradual centralisation of school medical record cards in the central office (which has continued during the year in accordance with the Committee's policy) seemed likely to result in a serious reduction of the medical information available to secondary school head teachers if such a change were approved. It was therefore decided that the present system should be retained, at least until the centralisation of record cards has advanced sufficiently to permit further experiments with selective forms of medical inspection.

The Council accepted the advice from the Ministry of Health in circular 12/65 concerning the use of ancillary help in the Local Authority Nursing Services and appointed several additional school nurses during the year. This provided much needed relief for the depleted school health visiting service and permitted a greater degree of integration with

the schools. Wherever possible one school nurse now works with one school medical officer visiting the schools in a single area of the Borough. The school nurse assists the medical officer at the school medical inspection but she also conducts hygiene inspections and tests the vision of schoolchildren as well as many other duties including health education, assistance with immunisation procedures etc. A short in-service training course in September during which all these procedures were demonstrated proved valuable in establishing a high and uniform standard throughout the Borough.

Table 1. Numbers seen at Medical Inspections 1966

Routine Inspections -		17,277
Special Inspections -		
at school medical sessions	514	
at inspection clinics	41	
		555
Reinspections -		
at school medical sessions	1,931	
at inspection clinics	1,056	
		2,987

The number of children who were medically examined in 1966 shows an increase of 565 compared with the previous year. The number is greater than one would expect on the basis of changes in school population. The proportion of parents who attended the medical inspection (Table 2) is similar to that in 1965, although the gradual decline in attendance at the final examination continues.

Table 2. Attendances of Parents at School Medical Inspections

	1966		1965	
	Boys	Girls	Boys	Girls
Entrants	88.6%	84.1%	88.1%	85.2%
Leavers	3.8%	7.1%	4.3%	8.0%
Others	58.1%	55.9%	58.3%	59.8%
Total Number of children examined	8,655	8,622	8,180	8,532
Total Attendance of Parents	53.2%		54.5%	

Table 3

**RETURN OF DEFECTS FOUND IN THE COURSE OF ROUTINE
MEDICAL INSPECTION, 1966.**

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	3	4	0.1	2	5	0.1
Skin Disease	953	194	15.7	367	128	7.8
Eye Disease -						
Defective Vision	902	710	22.0	978	654	25.4
Squint	85	28	1.5	119	22	2.2
External Eye Trouble ...	36	35	1.0	103	63	2.6
Ear Disease -						
Deafness	117	157	3.8	109	176	4.5
Otitis Media	34	78	1.5	46	83	2.0
Other Diseases	17	34	0.7	16	27	0.7
Nose and Throat	162	446	8.3	161	361	8.2
Enlarged Cervical Glands (not T. B.)	15	101	1.6	8	44	0.8
Dental Defects	491	86	7.9	573	48	9.7
Speech Defects	96	103	2.7	54	47	1.6
Heart and Circulation ...	44	158	2.8	61	176	3.7
Lungs	76	135	2.9	62	122	2.9
Developmental -						
(a) Hernia	32	45	1.1	9	14	0.4
(b) Other	140	431	7.8	151	209	5.6
Deformities -						
Posture	26	66	1.3	88	151	3.7
Flat Feet	109	237	4.7	69	182	3.9
Others	103	164	3.6	103	201	4.9
Nervous System Disorders -						
Epilepsy	13	11	0.3	14	12	0.4
Other	36	58	1.3	29	42	1.1
Psychological -						
(a) Development	19	78	1.3	15	69	1.3
(b) Stability	55	153	2.8	35	102	2.1
Abdomen	12	71	1.1	30	64	1.5
Other Defects and Diseases	45	115	2.2	56	126	2.9
TOTALS	3,621	3,698		3,258	3,128	

Total Children Examined

8,655 Boys

8,622 Girls

Table 4

SUMMARY OF FINDINGS AT ROUTINE MEDICAL INSPECTIONS 1966
(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	8.1	7.0	7.3	6.1	9.7	8.2	6.2	9.9	7.8	7.8
Skin	3.4	2.9	5.8	5.7	18.4	8.0	28.7	8.1	14.1	6.1
Eyes -										
Vision ...	15.9	14.6	17.7	18.6	19.7	21.5	22.9	23.8	19.0	19.4
Squint ...	2.7	2.4	1.3	1.9	0.9	1.3	0.2	1.0	1.3	1.7
Other ...	0.9	1.2	1.5	0.8	1.3	3.0	1.2	2.8	1.2	2.0
Ears -										
Hearing ...	7.5	6.7	2.9	3.6	1.7	1.9	1.1	0.9	3.5	3.4
Otitis Media	3.5	3.2	0.8	1.3	0.4	0.7	0.4	0.8	1.4	1.4
Other ...	0.6	0.6	0.6	0.9	1.4	0.6	1.9	0.5	1.1	0.6
Nose and Throat ...	13.3	11.7	8.7	7.1	5.5	4.1	3.7	2.3	8.0	6.5
Speech	5.4	2.8	2.3	1.1	0.9	0.4	0.6	0.2	2.4	1.2
Cervical Glands ...	2.1	1.5	0.7	0.9	3.0	0.2	1.4	0.1	1.9	0.6
Heart and Circulation	3.9	3.5	2.3	3.6	1.9	2.2	2.4	2.5	2.7	2.9
Lungs	3.5	3.0	3.1	3.0	2.4	1.9	1.8	1.3	2.7	2.3
Development -										
Hernia ...	1.0	0.4	1.5	0.6	0.8	0.1	0.8	-	1.0	0.3
Other ...	6.8	1.5	9.1	3.1	11.4	6.0	3.3	6.8	7.5	4.3
Orthopaedic -										
Posture ...	0.9	1.3	2.0	2.7	1.3	4.3	1.7	3.8	1.2	3.0
Flat Feet	5.4	3.0	4.9	4.0	6.4	3.7	7.5	3.6	6.1	3.6
Other ...	4.9	4.9	3.7	4.2	3.7	4.3	4.0	3.9	4.2	4.4
Nervous System -										
Epilepsy ...	0.6	0.4	0.2	0.3	0.2	0.2	0.1	0.4	0.3	0.3
Other ...	1.5	1.4	1.7	1.3	1.2	1.0	0.5	0.4	1.2	1.0
Psychological -										
Development	2.5	2.1	1.5	1.2	0.6	0.5	0.3	0.3	1.3	1.1
Stability ...	4.5	2.7	2.8	2.2	2.2	1.0	0.9	1.0	2.6	1.7
Dull and Backward	-	0.04	-	-	-	-	-	-	-	0.01
Abdomen	1.3	0.9	1.0	1.5	1.8	1.7	0.1	0.6	1.1	1.2
Other Defects ...	1.6	1.5	2.9	2.8	2.9	2.4	1.6	2.4	2.2	2.2

Medical inspections in non-maintained schools have continued during the year in those schools which have requested such facilities. Further general enquiries were received about the provision of facilities for medical inspections, but no specific request was made. Annual medical inspections were introduced at the Croydon Spastics Centre and routine sweep tests of hearing were introduced in the Infant Department at Croydon High School for Girls. During the year a request was received for sweep tests of hearing to be introduced at the Royal Russell School and satisfactory arrangements for the introduction of this service were made. A total of 459 children were medically examined at non-maintained schools in 1966 and detailed findings have been recorded in Appendix C, page 60.

As a result of medical inspections in all schools a total of 6,879 defects were receiving or were thought to require medical treatment, and a further 6,826 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 again 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.

Personal Hygiene

During the year the Education Committee reviewed the present procedure for hygiene inspections in Croydon. Following the creation of the Borough a variety of different systems were found to be in existence and there was a need to rationalize the procedure, bearing in mind that infestation with nits is now a minor problem. It was resolved that a systematic examination of every child should be conducted at the age of eight years and eleven years in association with the school medical procedure so that a continuing picture of the epidemiology of the problem throughout the Borough may be obtained. The routine examination of every child every term was, however, abandoned, and replaced by continued surveillance in selected schools. Previous records were used to identify such schools but Head Teachers were particularly helpful and suggested several schools which should continue to receive this close supervision. Table 5 confirms that the revised procedure was successful during the year since, although fewer children were examined by the school nurses, the number of children who were found to be infested showed a slight increase. As a result of these inspections vermin were found in 21 children and nits alone in 514 children. 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. 13 schoolchildren attended the Cleansing Station for treatment of scabies, and 2 schoolchildren were treated for head vermin.

Table 5. Cleanliness Inspections

Number of children inspected for cleanliness	45,314
Number of children inspected at follow-up visits	2,288
Number of children found unclean for the first time in 1966	408
Number of occasions in which children were found unclean at follow-up visits	243

Defects of the Skin

Plantar warts (verrucae) were again prevalent in the Borough during the year and it was necessary to extend the facilities provided at the clinic in the Purley area and to open a clinic at Sanderstead. A detailed summary of the available information concerning the prevention of this troublesome condition was given on pages 12 & 13 of last year's Report. Prompt identification of new cases with immediate exclusion from all barefoot activity until the condition is cured are minimum requirements for the control of plantar warts in schools. Suspicious cases should be similarly treated until the condition has been definitely excluded by the medical staff. The diligent application of these measures arrested a number of school outbreaks during the year.

Seven children were found to be suffering from ringworm during the year, six being ringworm of the scalp and one of the body. It was necessary to screen the heads of all the children in two schools with the aid of ultra-violet light in order to exclude any possible spread. Ringworm of the scalp is now an uncommon but infective condition which requires prolonged treatment during which time the child must remain excluded from school. It was not necessary to make alternative provision for the education of the affected children on this occasion.

Defects of Vision

Defects of vision constitute the largest single group of abnormalities discovered by the School Health Service. In 1966 23.7% of all defects were in this group (Table 3). The additional routine examination of vision at the age of thirteen years was extended throughout the Borough during the year, and the number of children who were examined in this age group shows a marked increase. The need for this additional examination has been questioned, but in fact the proportion of vision defects which were discovered in 1966 was greater in this age group than in any other. It is particularly important that any vision defect should be immediately identified and remedied at a time when a large proportion of children are devoting an increasing amount of time to study and close work.

Unfortunately it is not always easy to arrange for the necessary treatment after the defect has been discovered. Children are increasingly conscious of their appearance at this age and may resist any investigation which is likely to result in the provision of spectacles. A considerable amount of patient explanation may be necessary from the staff of the School Health Service before a specialist appointment is accepted. Every effort is made to persuade parents to accept a further examination by a medical practitioner with special experience in the field and this can be arranged very quickly at the Corporation's own Eye Clinics at Purley and Sanderstead. Unfortunately the waiting time at the Mayday Eye Clinic before an appointment was offered increased during the year, and this has added to the difficulty of persuading parents to keep appointments.

If a child is found at the routine examination not to be wearing the glasses which have been prescribed, or if these appear to be unsuitable, the parent and the head teacher are informed by letter so that appropriate action may be taken.

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 for which normal colour vision is an absolute condition.

Table 6. Summary of Findings at Routine Inspections of Vision

	<i>Boys</i>			<i>Girls</i>		
	<i>Number Examined</i>	<i>Number of defects</i>	<i>%</i>	<i>Number Examined</i>	<i>Number of Defects</i>	<i>%</i>
Entrants	2,652	431	16.3	2,748	415	15.1
8 year old group	2,032	354	17.4	1,703	310	18.2
Entrants to Secondary Schools	1,732	349	20.1	2,245	491	21.9
13 year old group	1,623	417	25.7	1,330	413	31.1
Final leavers	2,239	514	23.0	1,926	458	23.8
Totals (all age groups)	10,278	2,065	20.1	9,952	2,087	20.9

Defects of Ears, Nose and Throat

The number of children who failed the sweep test of hearing in school again showed a slight reduction compared with the previous year.

There were again changes of staff so that the decrease could reflect slightly different standards of acceptable response by the audiometrists. It will be interesting to study the figure in future years since the decrease could also be due to a gradual decline in the incidence of defective hearing as a result of improved treatment for the pre-school child.

Unfortunately the number of children found to be suffering or to have suffered from middle ear disease (otitis media) at school medical inspections has shown a further marked increase during 1966. Last year's annual report drew attention to this disturbing trend (page 15) which has continued its upward course. There does seem to be an increasing number of children referred to hospital specialists with a condition of the ears caused by an incomplete resolution of an otitis media. The condition is thought to arise from the current practice of treating virtually all cases of acute otitis media in children with antibiotics. The number of children who were being followed up by the school medical officers themselves for middle ear disease actually doubled during the year. Such continuous observation will be necessary for several years before the possibility of long term sequelae can be excluded. It is clear that this problem is continuing to receive the careful attention of school medical officers in Croydon.

Defects of Heart and Circulation

It is often difficult to assess the significance of heart murmurs in symptomless children. It was helpful to have a visit from Dr. Samuel Oram, a leading specialist in cardiac disorders, who gave a lecture to the school medical officers during the year on the assessment of cardiac murmurs in childhood. He stressed the value of regular examinations of children in whom such heart murmurs were found before reaching a final decision. It is therefore encouraging to find that school medical officers have followed this advice most diligently and, although the number of heart defects referred to a specialist showed a slight reduction in 1966 there was a considerable increase in the number of children whom the medical officers wished to follow up in school for this condition. This experience emphasises the value of regular specialised in-service training for professional personnel.

Defects of the Lungs

There was a significant increase in the number of lung defects reported during the year. This increase may partly reflect the increase in the numbers of children who could receive breathing exercises consequent upon the recruitment of a full-time physiotherapist in the Purley area.

Bronchial asthma is now one of the most common forms of lung condition reported in the Borough, and pulmonary tuberculosis is so rare that diagnosis almost always depends upon an X-ray rather than a clinical examination.

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

Pulmonary	= 11
Non-Pulmonary	= Nil

The school population was 50,000 (approx.) so that the incidence rate of pulmonary tuberculosis per 100,000 was 22. In 1965 the rate was 18/100,000. Once again there were no deaths from tuberculosis.

The scheme for vaccination against tuberculosis (B.C.G.) continued amongst schoolchildren in their third year at secondary school. Approximately 4,392 children were eligible for this protection and 2,927 children (approx. 66.6%) were vaccinated.

Developmental Defects

There was a sharp increase in the number of developmental defects reported during the year. Many such defects are amenable to surgical treatment, and the most common defect in this group is that of undescended testicles. Correction before the onset of puberty is considered by many to be essential so that the increased number of cases detected in 1966 is a cause for some satisfaction.

Orthopaedic Defects

There was a further increase in the number of cases of flat feet during the year. Dr. Roberts has drawn attention to the condition of incipient flat foot. Clinical examination confirms a weak arch of the foot which, if left, will eventually drop. Nevertheless, no real therapy is needed other than general exercise which can easily be provided during a physical education lesson. It is ironic that such conditions could benefit from bare foot activity to which the Service is generally opposed because of the risk of plantar warts. The association between foot defects and ill-fitting or unsuitable shoes is now well documented. It is not easy to resist the pressures of the commercial market but a sustained programme of health education must continue if serious foot conditions in later life are to be prevented.

Children suffering from milder forms of spasticity (cerebral palsy) are encouraged to attend ordinary schools and no complete record of their disabilities is kept. 62 children with more severe forms of the condition were known to the service on 31.12.66, and they were receiving education as follows:-

- 40 were attending St. Giles' School
- 3 were attending St. Margaret's School, Croydon.
- 4 were attending Residential Schools for Physically Handicapped children.
- 1 was attending St. Christopher's School.
- 12 were attending The Spastic Centre.
- 1 was attending a Unit for Partially Hearing Pupils.
- 1 was attending a normal private school.

Psychological Defects

Once again there was a sharp increase in the number of psychological defects which were being supervised by the school medical officers themselves, with little or no increase in the number of children referred for specialist advice. It is encouraging to note that more children with psychological problems are being recognised at the school medical inspection since this justifies the improvements in the procedure which have been made during the last two years. The Child Guidance Clinic is, however, working to the limit of its capacity so that it is essential that the school medical officers should themselves accept responsibility for the therapeutic care of most of the milder forms of disturbance. Relationships between the School Health Service and the Child Guidance Clinic continue to be excellent. The attachment of a school medical officer has continued during the year and the service has accepted increased responsibility for the provision of ancillary staff at the Clinic. Such members of staff work under the clinical direction of Dr. Crosse, but are administratively responsible to the Principal School Medical Officer.

Height and Weight

The figures of average heights and weights are recorded in Table 7. Children in all areas of the Borough are now weighed and measured at the initial and at the final school medical inspection. Studies in other Boroughs suggest that the differences in the heights and weights of children in "good" and "poor" residential districts are lessening but still exist. There is some evidence that only children are taller and heavier than their colleagues who are members of large families. The satisfactory average figures must therefore be interpreted with some caution in view of the variations within the mean. The importance of recognising overweight children and providing treatment for those who will accept it was stressed in last year's report. The Committee have now resolved that the experimental clinic for overweight schoolgirls which was developed by Dr. Gibbons should be continued on a permanent basis, and a report of the work will be found on page 28. In addition some progress has been made in the provision of suitable facilities for overweight schoolboys under the clinical direction of Dr. Simmonds.

Table 7
Average Heights and Weights in 1966 and Previous Years

Ages	Number Exam- ined 1966	Average Height in inches					Average Weight in lbs.				
		1966	1965	County Borough			1966	1965	County Borough		
				1964	1963	1939			1964	1963	1939
BOYS											
5 years	1,589	43.2	43.1	42.8	42.6	41.8	43.3	43.1	43.0	42.7	41.5
6 years	434	44.2	44.5	43.9	43.8	43.8	44.7	45.3	45.2	44.8	43.4
14 years	508	63.5	64.2	63.6	63.9	59.0	113.3	117.8	113.9	117.6	90.8
15 years	677	65.6	64.9	64.9	64.4	-	121.4	119.6	120.3	118.3	-
16 years	437	66.9	66.4	67.2	67.1	-	130.0	130.1	130.5	131.8	-
17 years	140	68.6	68.3	68.0	67.7	-	137.6	137.6	137.7	134.7	-
GIRLS											
5 years	1,643	42.8	42.6	42.4	42.3	41.2	42.0	41.9	42.2	41.5	39.7
6 years	440	43.9	43.2	44.9	43.6	42.7	44.0	42.8	44.8	43.1	41.4
14 years	389	62.1	61.9	62.2	62.3	60.3	113.6	115.8	113.3	113.6	97.9
15 years	612	63.2	62.6	63.5	63.3	62.0	120.1	117.9	115.3	116.3	105.5
16 years	298	63.5	63.3	63.7	63.9	-	121.1	122.4	121.8	122.4	-
17 years	63	63.9	64.2	64.1	64.3	-	126.0	128.4	125.2	126.3	-

PART II SPECIALIST SERVICES

AUDIOLOGY CLINIC

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

1966 was another busy year for the Audiology Clinic; 900 children were tested by pure tone audiometer, this included routine follow up cases, cases referred by School Medical Officers and 359 sweep test failures. Regular clinics were held at Lodge Road, Croydon; Parkway, New Addington; Whytecliffe Road, Purley and Rectory Park, Sanderstead.

The pre-school children requiring auditory training, were seen regularly in the clinic or at home and additional speech training was given by the speech therapists. Two speech training machines were also provided by the Corporation for loan to parents, for use in the home. A third is expected to be provided in the near future.

58 babies were seen at the special clinic held in conjunction with Dr. Morgan, for the early ascertainment of deafness in young babies, 7 of these were referred to Mr. Stewart, the Corporation's Otologist. This clinic has been very successful in diagnosing deafness in these very young babies, enabling a hearing aid to be prescribed and auditory training commenced with the minimum of delay.

85 children were seen by Mr. Stewart, who held regular sessions at Lodge Road and one session at the Kingsley School Infant Unit. 11 hearing aids were recommended, 4 of these were National Health Service 'Medresco' aids and the other 7 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' aid 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 (385), all children newly admitted to school during the year were tested. Of the 5,075 children tested, 383 (approx. 7.5%) failed the test and were referred to the Audiology Clinic for further assessment. At the request of the respective Head Teachers, Croydon High School and the Royal Russell School are now being covered by this service.

Mrs. Longstaff was appointed in January as a part time audiometrist, to replace Mrs. Margetts.

For additional statistical details, see Appendix A, Page 55.

CHILD GUIDANCE CLINIC

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

Of the many developments in the Child Guidance Service during the year under review, the most important has been the arrangement by which the Principal Educational Psychologist, Mr. R.S. Reid, and his assistants, Mr. J.P. Edwards and Mrs. M. Sorton-Jones, attend the Clinic on a weekly sessional basis. In practical terms it has brought help in the form of comprehensive psychological and educational assessments on all children attending the Clinic. The Clinic team value their support and guidance in difficult diagnostic and treatment problems which are discussed at the weekly case conferences. These discussions exemplify the close co-ordination which has developed between the school psychological service and the Clinic. They also provide a basis for a quick and reliable communication with the teaching staff and schools.

The appointment of Mr. D.F. Griggs as charge male nurse to the day hospital unit in March 1966 got this project off to a quiet start. The number of children in the unit has grown steadily over the year, and the appointment of Miss B. Andrews as staff nurse, and Mrs. A. Telford as teacher came in time to enable the Clinic to support two large treatment groups. We would like to thank the Croydon and District Society for Mentally Handicapped Children whose support made possible the appointment of staff nurse Andrews. The morning programme is aimed at autistic and the other severely disturbed children in the infant and junior school range, while the afternoon group tends to consist of the older secondary school children with a variety of emotional problems. Every child in attendance at the day unit is a complex problem in treatment and education, and the bulk of them have either been excluded from school or are unable to attend at all. Each of them requires a great deal of individual attention and for this reason a ceiling is put on the size of each group.

Dr. Stella Ring was appointed a locum Senior Registrar in place of Dr. Marjorie Hare who obtained an appointment as part time Medical Assistant in the Group. Dr. Hare devotes two sessions of her contract to the Child Guidance Clinic and takes a special interest in court work.

Dr. D.H. Melville-Swarries was appointed Psychiatric Registrar in December.

The appointment of Miss M. Gradwell and Miss M.R. Heller as psychiatric social workers has enabled the Clinic team to develop the social and case work aspects of nearly all problem children referred for help. Miss Gradwell has initiated a scheme for the training of two students who are taking a two year course in social work at Croydon Technical College. Miss Heller is developing group techniques for the support and guidance of parents of children referred to the Clinic.

<i>Source of Referral</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
School Health	46	29	75
Education Dept./Schools	9	7	16
General Practitioners	43	44	87
Children's Dept.	4	5	9
Parents	5	6	11
Probation Service/Juvenile Court	8	4	12
Other Agencies	14	7	21
Milton House Remand Home	—	101	101
	<u>129</u>	<u>203</u>	<u>332</u>

<i>Analysis of Above Cases</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Diagnostic	25	125	150
Current cases under treatment	72	48	120
Closed cases - Improved	13	14	27
Closed cases - No improvement	1	1	2
Closed cases - unco-operative	11	13	24
Closed cases - moved away	2		2
Cases transferred to other agencies	5	2	7
	<u>129</u>	<u>203</u>	<u>332</u>

DENTAL SERVICE

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

Inspections

Inspections in schools have always been an integral part of the duties of a dental officer. From these visits parents are made aware of their children's needs, and if detected in its early stages, caries is more easily treated and lasting results obtained. The fact that of children first inspected during the year 46.9% had active dental decay, and of those re-inspected after an earlier course of treatment 47.5% needed further attention, confirms that regular visits are essential in order to maintain a high standard of dental fitness.

At school inspections, if a child is thought to be in need of treatment the parents are advised of the fact. They may elect to attend a general dental practitioner, or accept the offer of treatment within the School Dental Service. By the introduction of a revised consent form, it has been possible this year to differentiate numerically between those attending private practitioners and those refusing all treatment.

During the year 78.6% of the school population was inspected. 5,524 of those found to require treatment requested appointments at the school dental centres. This figure shows an improvement of 1,426 on the number received in 1965.

Of the 9,803 children not inspected, about 2,500 would be likely to seek treatment from the dental officers. These will be given priority in 1967 but the aim must continue to be the achievement of at least annual inspections, with recall examinations at regular intervals for those already rendered dentally fit. An increase in the amount of treatment performed and numbers of patients seen, has prevented a greater default in the pursuance of our statutory duty, but an enlarged dental staff is essential if the service is to be able to cope with the demands upon it.

Results of School Inspections

	1966	1965
School population	45,900	45,584
Number inspected	36,097	36,851
% inspected	78.6%	82.6%
Number referred	16,825	14,362
% referred	46.6%	38%
Number of consents	5,524	4,098
% of consents	32.8%	34.1%
Number attending General		
Dental Practitioners	7,703	*
% attending General		
Dental Practitioners	45.8%	*
Number of refusals, etc.	3,598	*
% of refusals	21.4%	*

* No comparable figures available

Dental Health Education

This is a function which local authority staff, dental, medical and teaching can perform, which will in time produce an improvement in the oral health of the community. It is only by preventing the incidence of dental disease that any permanent reduction in the amount of treatment necessary can be achieved. The comments in the Maternity and Child Welfare Dental Report on the consumption of sweets and biscuits in the home, are equally appropriate for the school child.

During the year students of the Royal Dental Hospital, School of Dental Hygiene, have visited two schools and have given talks to individual classes. This has proved beneficial not only for students who get teaching practice, but also for the dental service in that instruction of small groups of children is achieved. This would not otherwise have been possible because of the dental officers' commitments for the treatment of existing decay. The help and advice of the head teachers concerned has contributed to the success of this pilot scheme.

A questionnaire was circulated to all head teachers to ascertain their general attitudes to (a) the sale and consumption of sweets, cakes, biscuits etc. in schools; (b) time being given for dental health education in schools. The response was gratifying and only four forms were not returned.

The information provided indicated that amongst the schools 57 sold foods during break or had a tuck shop, and 67 did not. Of those with tuck shops the fare provided was mixed, but the majority of items sold were sweets, chocolates, cakes and sweet biscuits. Most children were allowed to bring snacks for consumption during break. Some brought biscuits and cakes, some fruit, but the majority brought nothing.

116 head teachers were in favour of allowing some school time for dental health education, and only 5 discouraged their pupils from attending for treatment during school hours.

It is hoped to carry out an examination of a random sample of 10% of the 5 and 12 year old children within the Borough to see how their dental condition is related to the national picture and also to their eating habits at school. A factor for consideration will be the amount of pocket money each child has to spend.

Treatment

There is a growing public awareness of the need for early dental attention. In 1956 the number of forms issued by head teachers requesting emergency treatment for children with pain was 3,187. In 1961 this figure was 1,511; this year it has fallen to 917. Considering these as a percentage of all children treated, the figures are 11.8% in 1956, 6.9% in 1961 and 4.6% this year.

The proportion of conservative work done continues to improve. In last year's Report the ratio of teeth extracted to teeth filled for 1964 and 1965 was given. This showed a reduction and this year the trend has been maintained. For every 100 teeth filled 34 were extracted.

Treatment is also undertaken for the physically and mentally handicapped children at the special schools in the Borough. Where the condition is such that normal methods of treatment are impossible, fillings are performed under general anaesthesia. The centre at Lodge Road has been equipped to deal with these and other complex cases, and results so far achieved are encouraging.

During the year inspections have been carried out in, and treatment undertaken for children of three schools in the Hamsey Green area of Surrey. These would have been served by the Sanderstead Clinic but for the Greater London reorganisation. A similar arrangement has been made for three Croydon schools to attend a Caterham clinic because of its greater accessibility. These arrangements are made on a "knock for knock" financial basis and are to the advantage of parents and children who live in or near local authority boundaries.

Dental statistics will be found on Page 56.

ENURESIS CLINIC

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

During 1966, 311 children attended the three enuresis clinics in the London Borough of Croydon. Of these 20 attended only once and did not attend when two further appointments were sent. Of the remaining 291 children, 140 were discharged during the year, and 151 were still attending at the end of the year. Of those still attending, some have reached the stage of being dry six nights out of seven, and will soon be discharged. Others have only started attending towards the end of one year. The period of treatment averages six months, but varies between two months and a year.

The children attending include a cross section of all school children. They include an age range from 4 to 17, and an intelligence range from educationally subnormal to grammar school. Children are also referred to the clinic from private schools. Of the 140 discharged, only 16 of the children had some emotional disturbance, showing that enuresis is not statistically connected with this form of psychological abnormality. Six of these had previously attended the Child Guidance Clinic. Nine children had onset enuresis, the cause being in every case either the birth of another sibling, or the start of school. The Department has now obtained a transistorised buzzer which is for use in those rare but difficult cases where use of the buzzer causes painless but persistent ulcers; it is already in use in a boy who has had this complication.

Total number of children seen = 311; an increase of 65 over 1965. Of these 20 children attended once only and are not further considered.

Girls = 108 (37.1%)

Boys = 183 (62.6%)

Number of children attending Lodge Road = 148

-do- New Addington = 72

-do- Purley = 71

Number of children discharged dry = 109

Discharged for non-attendance = 23

Left District = 8

	<i>Discharged during 1966</i>	<i>Still attending Clinic at 31.12.66</i>
TOTAL CHILDREN	140	151
Children with a family history of enuresis	80	82
Children who had previous treatment elsewhere	62	50
Children using or who had used buzzer	49	28

SCHOOL EYE CLINIC

I am grateful to Dr. Derek Clarke for the following report:—

The work of the Purley Eye Clinic has continued as in the previous year, except that one afternoon fortnightly has been devoted to the new Sanderstead Clinic which is equipped to the full standard required. The loss to the Department of Dr. Dunnet was regretted. However, the waiting list has been contained so that new referrals are usually seen within four weeks, and there is a slight backlog of old cases to be reviewed.

Happy and close co-operation has been maintained with the School Inspection team, the General Practitioner Services and the Croydon Eye Unit.

Statistics will be found on page 57.

HEALTH EDUCATION IN SCHOOLS

Miss D.S. Elliott, S.R.N., H.V.Cert., D.H.E.

Principal Health Education Officer

There is a slow but steady increase in interest and the acceptance of health education in schools. The Health Education Section has received many visits from teachers during the year seeking advice on content and visual aids and there has been an increased demand for special talks and courses from Health Education and other Public Health staff.

The draft of the book on "Suggestions for Health Education in Croydon Schools" was completed by members of the working party and will be published by Macmillan in April, 1967 under the title "Health Education - Patterns for Teaching".

Secondary Schools

The Community Health Course was adapted to cover health education aspects of the biology and social studies syllabuses for the Certificate of Secondary Education (See Appendix E, page 65). There are extra units on growth and development from conception to old age; venereal disease has been added to the units on infectious diseases and a unit on drugs and alcohol has also been included. During the year the full course was given by Health Education staff and two health visitors to Ashburton Boys (Fourth year), Ashburton Girls (Fourth year), Roke Mixed (Fourth and Fifth years), Riddlesdown Mixed (Fourth and Fifth years), Coloma Girls Grammar School (Sixth form) and Lady Edridge Girls Grammar School (Sixth form). A shorter series was undertaken as part of a social studies course with two Fourth year classes at South Croydon Secondary School.

The Deputy Principal School Medical Officer conducted a first aid course for a group of approximately sixty girls at Lady Edridge Grammar School.

Throughout the Summer Term in groups of about thirty pupils, School Medical Officers and Health Education staff demonstrated mouth-to-mouth resuscitation to all the pupils at the High School for Girls, Coloma Girls Grammar School, Lady Edridge Girls Grammar School and Selhurst Girls Grammar School. During each session the short films "Emergency Resuscitation Parts I and II" (St. John Ambulance Association) were shown, the content was discussed and was followed by each pupil carrying out the practical exercise on the Resusci-Anne model.

Junior and Infant Schools

Once again an excellent piece of health education was carried out by Dr. W. Simmonds at Rockmount Infants' School. Following a series of entrants' medical examinations he gave a talk and film on "Your Children's Ears" to the parents of the children whom he had seen.

The pairs of evening talks on "Growing Up" to (a) The first evening - parents of boys and girls and (b) The second evening - mothers and daughters, were given in thirty-three primary schools and the material used was also demonstrated to some of the head teachers and staff of Roman Catholic schools who prefer to undertake this instruction themselves. During the year 1966/67 in an attempt to evaluate and adjust this work, parents of the fourth year children in all the schools visited are being asked to complete a short questionnaire indicating helpfulness, comprehension of the child and any other observations or comments.

In-Service Training

(a) In co-operation with the Health Department, the Education Department arranged a formal study day in the Denning Hall of the Technical College on "Education in Personal Relationships, Venereal Disease and Drug Taking." About one hundred and fifty head teachers, medical officers, health visitors, district nurses, hospital staff, social workers and others attended and the speakers included:-

Mr. C.R. Rivers-Moore, Headmaster, Havant Grammar School.

Mr. A.J. King, F.R.C.S., Senior Physician at the London Hospital.

Dr. Hare, Consultant Psychiatrist, Croydon Child Guidance Clinic.

Mrs. Rose Hacker, Marriage Guidance Counsellor.

(b) *The Health and Welfare of the School Child*

A week's course for twenty newly-appointed school nurses was held in the health education section; lectures were given by public health staff and covered all aspects of the health and welfare of the school child and health education.

(c) *Dental Hygienist Students. The Royal Dental Hospital, Tooting.*

The first experiment in providing teaching practice for twelve of the above students was carried out successfully at Ashburton Junior Mixed and Infants' Schools. Before going to the schools the students spent half a day in the health education section receiving tuition in methods and techniques and rehearsing their material. The students were supervised in the classrooms by the Principal Dental Officer, the Principal Health Education Officer and the Dental Tutor. Not only did this exercise provide experience for the students, but thorough dental education was given in small groups throughout the schools. This project will now be repeated with future students in as many schools as possible and will thereby ensure regular dental health education.

B.B.C. School Television Broadcasts

The Principal Health Education Officer is advising the producer of "Science Session" on five programmes on various health topics to be transmitted in February and March, 1967. Fourth and fifth year pupils at Roke Secondary School participated in a discussion on "why people smoke" and some of their points of view will be included in the programme on smoking.

The pleasure and success of these health education projects in schools have been due to the great help and co-operation of all the head teachers. We would like to thank them very much and hope that their enthusiasm for this work will continue to grow.

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.

199 children were examined during 1966. 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 70

(b) Recommended for Residential School for E.S.N. pupils 4

(2) Found to be unsuitable for education in School 21

(3) Other Recommendations:—

(a) Referred back to an Ordinary School	30
(b) Referred for further investigation by School Psychological Service	11
(c) Recommended for Day Special Schools for other handicaps	2
(d) Referred for Speech Therapy	6
(e) Referred for Medical Treatment	10
(f) Referred for further assessment	14
(g) Other Investigations	31
	<hr/> 199 <hr/>
Awaiting assessment on 31.12.66	11

In addition, 56 intelligence tests were given to children attending St. Christopher's Special School.

A further 26 intelligence tests were given to children who were about to attend St. Giles' Special School, and a further 7 children already attending St. Giles'.

PHYSIOTHERAPY CLINICS

Clinics for school children at St. James's Road, Croydon and at New Addington have continued during the year, and statistical details may be found on page 58. The appointment of Miss Veach to a full-time post made it possible to provide a service in the southern part of the Borough.

*Physiotherapy Clinic (Purley). Miss M. Veach, M.C.S.P.,
Senior Physiotherapist.*

In January 1966 Physiotherapy Services were resumed in the Purley, Sanderstead and Coulsdon districts. Clinics for school children were held at Purley and Sanderstead. At several schools in the area where space was available for the physiotherapist, treatment sessions were held.

The conditions treated fall into two main categories, i.e. Children with respiratory and orthopaedic problems. The children receiving treatment for asthma while attending normal schools were encouraged to take part in all school games and physical education. Swimming was especially recommended, and the school staff concerned have been most helpful.

Under the heading orthopaedic conditions were seen children with postural imbalances due to growth factors, round shoulders, knock knees, flat feet. Most responded well to exercises, a few required only occasional checking while wearing adapted shoes.

The children referred with flat feet present in some instances a more serious problem. Though some orthopaedic surgeons do not refer a symptom-free flat foot for treatment if the child is wearing good supporting shoes, many children have been seen with badly fitting shoes. The wearing of small shoes and socks and pointed toed shoes can affect the normal development of the foot. Plimsoles should be kept for physical education sessions only.

An experimental programme for the treatment of painful periods (dysmenorrhoea) has been started. Several girls' secondary schools were visited to find whether a problem existed for some girls and if they would be interested in taking part in the scheme. The schools approached were enthusiastic. 90 girls have been seen by the school medical officers, and a waiting list of names has been started. Three groups have now been completed with some encouraging results. The results of the whole course cannot be evaluated until later in the year when the statistics have been completed. On these results it should be possible to decide if the scheme should become part of the services offered by the School Health Service.

SPEECH CLINIC

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

1966 has been a year of great change and progress for Croydon's Speech Therapy Service.

In January 1966 a Special Unit for severely speech disordered children opened. The children attending are all cases of developmental aphasia, and require intensive speech therapy and specialised tuition. One full-time Speech Therapist attends the Unit. It is attached to the West Thornton Primary School. There are very few such units in Great Britain, and we are proud to see one established in Croydon.

The Service has expanded generally. Two additional sessions are now worked at the Purley Clinic, and it is hoped to increase them further to meet the heavy demand within that district. In addition since February 1966 three sessions have been held weekly in the medical room at the new Community Centre on the Shrublands Estate, Shirley. Also a new treatment room has been built for the Speech Therapists at St. Giles' School. This was completed in the Autumn. A survey is to be made, and again it is hoped to increase the number of sessions held at the school. Similarly it is felt that further sessions must be given to St. Christopher's School.

During the past year we have been fortunate in securing the professional services of Mrs. Davies-Eysenck to act as Consultant Psychologist. She will test and check the progress of children attending the Special Unit, and it is hoped that eventually she will be able to assess other children within the Borough, and advise upon their learning problems.

Two members of staff left in 1966. Miss Tresider left to be married in the Spring, and she was replaced by Miss Stavenhagen. Mrs. Alder left in December to live abroad, and it is hoped to appoint her successor shortly.

As in the past, the Croydon Speech Clinics have had several official visitors during the year. Students of speech therapy have also continued to attend regularly, for clinical observation and practice. Talks have also been given to various clubs and organisations within the Borough, and two very successful Parents Evenings have been held at the Central Clinic.

Statistics will be found on page 59.

WEIGHT CONTROL CLINIC

Dr. Phyllis Gibbons, School Medical Officer

The Weight Control Clinic has continued to meet for group sessions throughout the year 1966/67. Four groups have been formed of similar constitution to the initial one, and there is a waiting list of girls anxious to start new groups when possible. The pattern of meetings has continued as originally planned, the girls are all weighed, results discussed together and diets criticised where necessary. Visual aids are used extensively to reinforce the nutritional education and maintain enthusiasm. Results from this type of therapy are difficult to evaluate but can be assessed partly on the basis of actual weight reduction achieved by individual girls and partly on the attendance records compared with similar clinics which are run on an individual basis.

Table 8 shows that, of the 54 girls attending the clinics during the year, eight achieved weight reduction to the ideal for their age, height and body build; and twelve have already lost more than two-thirds of their excess weight. These results are satisfactory when the fact that approximately three-quarters of the girls attending the clinic have previously attempted - and failed - to lose weight, is taken into account. Of the twelve girls who left the groups, two have left school, two have moved, one was found to have diabetes, and the remainder either gave up because the clinic time clashed with vital lessons, or because they became discouraged with their own lack of success.

Table 9 shows that the attendance record is 77.4%, and, since this is not corrected for unavoidable absences due to examinations, illness or holidays, is an exceedingly high attendance rate: the corrected figure is nearer 90%.

The accompanying graphs show a comparison of each group's progress. In every case the rise in weight corresponds to a school holiday.

Table 8

Weight Control Clinic

Number of girls attending clinic 1966/67 = 54

Individual Results	Number
Complete reduction to ideal weight	8
More than $\frac{2}{3}$ excess weight lost	12
$\frac{1}{3}$ to $\frac{2}{3}$ excess weight lost	7
Up to $\frac{1}{3}$ excess weight lost	12
Girls who have gained weight	3
Girls who left the clinic	12
TOTAL	54

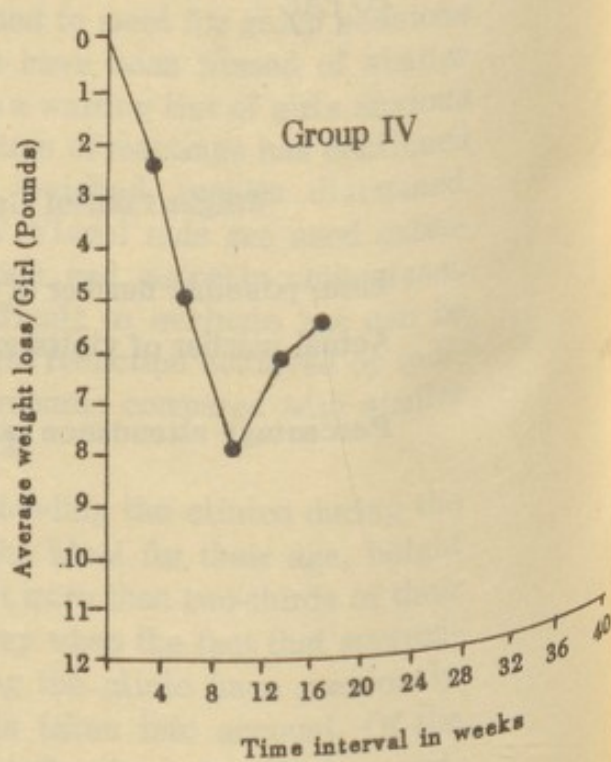
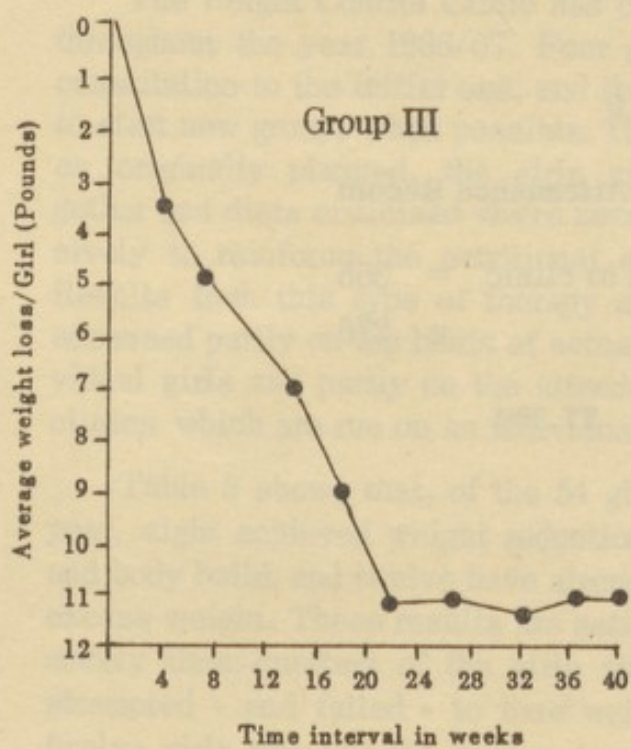
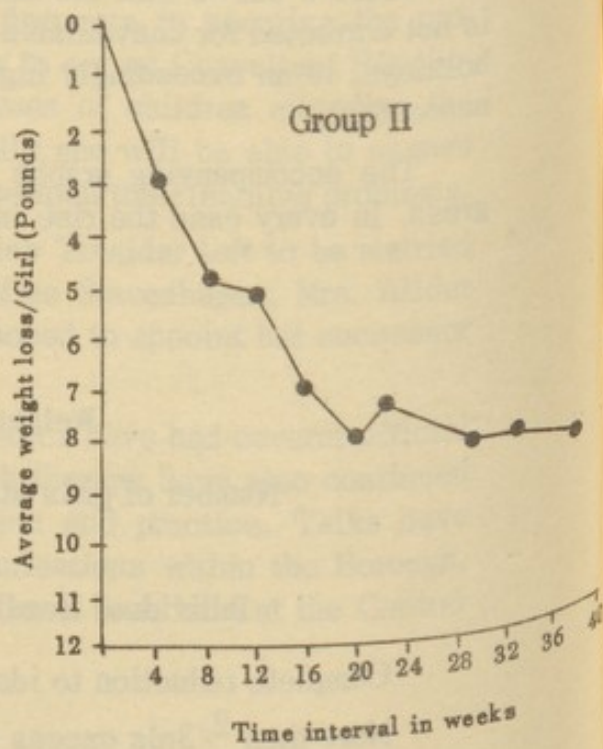
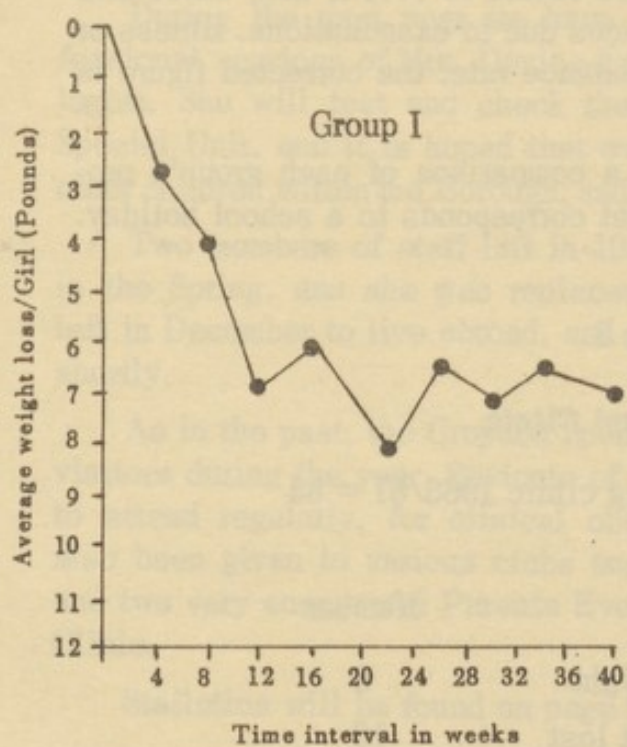
Table 9

Weight Control Group - Attendance Record

Total possible number of visits to clinic = 365

Actual number of visits made = 276

Percentage attendance rate = 77.38%



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

Twenty-three 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 diagnosis and periods of stay are shown in the accompanying table.

<i>Diagnosis</i>	<i>No. of Children</i>	<i>Period of Stay</i>
Asthma and recurrent infections	1	3 weeks
Appendicectomy	1	2 weeks
Emotional Disturbances	4	2 weeks
General Debility	7	2 weeks
General Debility and Underweight	2	2 weeks
Herpes Zoster (Shingles)	1	2 weeks
Poor Appetite (Anorexia)	1	2 weeks
Recurrent Upper Respiratory Infection	2	2 weeks
Rheumatic Fever	1	2 weeks
Tonsillitis	3	2 weeks
<i>TOTAL CHILDREN</i>	<u>23</u>	

Juvenile Employment Return

The following numbers of children were examined by the medical officers during 1966 as to their fitness to undertake the part-time employment indicated.

	1966	1965	1964
Delivery of Goods for Shopkeepers	30	57	39
Delivery of Newspapers	193	202	222
Delivery of Milk	4	5	4
Shop Assistants	76	83	81
<i>Totals</i>	<u>303</u>	<u>347</u>	<u>346</u>

Provision of Meals and Milk

During 1966 all milk was supplied free of charge and approximately 33,900 children per day received one-third of a pint each in Maintained Schools. This was equal to 57% of children attending in Secondary Schools, and 92% in Junior Schools, and Infants 97%.

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 6,900 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 1966 was approximately 29,000.

Cost of Milk and Meals

Meals and Milk cost £793,234. Income from payment for meals was £264,130, making a net cost of £529,104, on which grant is paid of 100 per cent. on approved expenditure.

Causes of Death in School Children

From the weekly returns of the local Registrar it is possible to abstract the causes of death of all school children. There were 15 in 1966 equal to a death rate to this group of 0.3 per thousand.

The details were

Accidental	5
Asthma	3
Chronic Bronchitis	2
Cancer	1

Diabetes Mellitus	1
Encephalitis periaxialis (Schilder's Disease)	1
Fibrocystic disease of pancreas	1
Haemophilia	1
Total	<u>15</u>

PART III HANDICAPPED PUPILS

There are some 649 children in Croydon who are sufficiently handicapped to warrant the provision of special educational treatment facilities. It is recognised that, wherever possible, handicapped pupils should be educated in ordinary schools, although many practical difficulties may make such an ideal impossible to attain. The number of children with handicaps who are being educated in ordinary schools is not known precisely and it is a great tribute to the teachers in Croydon that such children seldom require the active intervention of the School Health Service.

In 1966 a total of 161 pupils were ascertained by the Education Committee as requiring special education although five of these pupils subsequently moved away from the Borough. In the majority of cases medical recommendations for special facilities are quite straightforward but some children, either because of the complex nature of the handicap, or because of its educational or social repercussions, require especial consideration. These children frequently come to the attention of a number of consultant specialists and it was therefore decided to convene a meeting of the specialists principally involved to determine whether a more detailed assessment of these children would be helpful. The meeting was held on March 18th, 1966 and it was agreed to constitute a Consultant Panel composed of the two consultant paediatricians and the consultant child psychiatrist employed by the Croydon & Warlingham Park Hospital Management Committee, together with the Principal School Medical Officer (or his deputy) and the Corporation's adviser on mental subnormality. Other specialists would be invited to join the Panel to discuss children with whom they were particularly concerned, and family doctors would also be invited to attend. The Panel met on two occasions during the year and considered six cases.

Accidental

Asthma

Chronic Bronchitis

Cancer

TABLE 10

Children Requiring Special Education, 1966

CATEGORY	New Cases Ascertained by Committee	* New Admissions	Number of children receiving special educational treatment 19.1.67							No. of children awaiting placement on 19.1.67	
			Special Schools		Independent Schools	Hospitals	Day Units	Home Tuition	Total	Day	Residential
			Day	Residential							
BLIND	2	1	0	7					7	-	2
PARTIALLY SIGHTED	4	5	16	5	1			1	23	-	1
DEAF	2	2	9	7					16	1	1
PARTIALLY HEARING	16	1	7	4			15		26	10	-
EDUCATIONALLY SUB-NORMAL	68	44	228	19	6				253	40	5
EPILEPTIC	2	1	18	5					23	-	2
MALADJUSTED	14	9	5	8	19		6	1	39	-	9
PHYSICALLY HANDICAPPED	30	28	95	9	2	5		5	116	5	-
SPEECH	10	13	3	2			12		17	-	2
DELICATE	13	8	47	8	3	20		5	83	-	-
TOTAL	161	112	428	74	31	25	33	12	603	56	22

*Including cases ascertained in previous years.

In March 1966 the Department of Education and Science (Circular 9/66) and the Ministry of Health (Circular 7/66) issued a joint circular asking local authorities to review their facilities for handicapped children and various recommendations were made for improvements in co-operation between individual Departments of the Corporation and between the Health Department and local hospitals and local general practitioners. In general the existing arrangements were thought to be satisfactory, but it was felt that some improved liaison was possible when the child was about to leave a special school, particularly a residential special school. In addition some improvements were possible in the care of the pre-school handicapped child. Progress was already being made in both these fields before the issue of the circular, and the recommendations which were made were largely those which had already been shown to be satisfactory on an experimental basis. At present there are 96 pre-school handicapped children known to the Service, and their likely disabilities are shown in Table 11. These statistics must be interpreted cautiously

since it is often not possible to assess the real needs of a handicapped child until he is about to enter school. Nevertheless, the figures show possible trends and provide an approximate basis for future planning.

TABLE 11
PRE-SCHOOL CHILDREN WHO MAY NEED SPECIAL FACILITIES

<i>Category</i>	Age on the 31st December, 1966				
	<i>5 Years</i>	<i>4 Years</i>	<i>3 Years</i>	<i>2 Years</i>	<i>1 Year or less</i>
Vision Defect	-	1	1	-	2
Hearing Defect	-	1	-	1	1
*Mental Disorder	3	11	17	13	6
Epileptic	1	1	2	-	-
Physically Handicapped or Delicate	-	9	7	11	6
Speech	1	1	-	-	-
<i>Total</i>	5	24	27	25	15

*Includes educationally subnormal, mentally disturbed and unsuitable for education in school.

BLIND AND PARTIALLY SIGHTED PUPILS

	<i>Blind</i>	<i>Partially Sighted</i>
In Residential Schools	7	6
In Day Schools	-	16

Blind

During the year two blind pupils were found to require special educational treatment and were recommended for admission to suitable residential schools.

Partially Sighted

During the year four children were found to require special educational treatment in this category. Three were recommended for admission to St. Luke's School and a fourth was placed in a day school in the area of the Inner London Education Authority. Three children who were attending St. Luke's were found to be unsuitable for transfer at the age of 11 years to accommodation at St. Giles'. Two of them were subsequently recommended for transfer to residential schools whilst the third was suffering from a most unusual condition and was allowed to remain with the younger children for the time being. I am grateful to Miss J. Rundle for the following report of the work of the School during 1966.

ST. LUKE'S SCHOOL FOR THE PARTIALLY SIGHTED

At the end of 1965 the unit was reorganised with the senior children transferring to St. Giles' School and the infant and junior children remaining at Winterbourne Road. Fifteen children remained at St. Luke's. The wide age range and extremely varied abilities of the children presented many problems.

During the year part-time teaching assistance has only been available on four mornings a week. This has not been adequate for such a diverse group of children whose progress depends so much on individual teaching. This individual approach is time-consuming, but it is the only method for children whose visual acuity and learning difficulties are so varied.

The older junior children made several educational visits including a visit to the Science Museum, the Natural History Museum, Chessington Zoo and Ranmore Common.

A group of children have regularly attended the swimming baths. Partially sighted children often fail at the usual school sports activities where team work is required, but in swimming they can achieve success on an individual basis so giving them confidence which they frequently lack.

During the year Mr. T.E. Davies, the Ophthalmic Surgeon, has twice visited the school to examine the children's eyes. Dr. J.S. Horner carried out a routine medical examination, and Mr. W.G. Everett, Principal School Dental Officer, examined the children's teeth.

A close contact between school and home is maintained through school functions and informal evening gatherings when parents are able to meet to discuss their problems. Many parents and friends visited the school on our annual Open Day and for our Nativity Play. Councillor Mrs. E.M. Maycock and Dr. J.S. Horner attended these functions and their interest in the work of the unit is much appreciated.

Children on Roll	16
Children admitted	3
Transferred to Residential School	1
Transferred to other area	1

DEAF AND PARTIALLY HEARING PUPILS

	<i>Deaf</i>	<i>Partially Hearing</i>
In Residential Schools	7	4
In Day Schools and Units	9	22
Awaiting placement	2	10

During the year two children were found to be sufficiently deaf to require special educational facilities by methods used for pupils who have no naturally acquired speech or language, and a further 16 were found to require admission to suitable units for the partially hearing. It will be seen from the figures quoted above that there are in Croydon a considerable number of partially hearing children awaiting suitable facilities for their education. 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. Unfortunately it was not possible to make any provision for these children during the year. The services of a second teacher were obtained, however, so that the Unit at Kingsley Junior School was able to open in September, but this could provide only limited relief for the pressure on the Infant Unit because of the relatively young ages of all the children involved.

In October 1966 the Committee reviewed the whole position and agreed to provide a second unit at Kingsley Infant School as soon as possible. It was decided that the two units should be divided into a nursery group and an infant school group, dividing at approximately five years. These arbitrary age divisions must, however, be made extremely flexible during the next few years if the large numbers of children in a relatively narrow age group are to be successfully assimilated during the whole period of primary school life. The Committee further agreed to open a partially hearing unit as part of the accommodation in a new secondary school which is shortly to be erected. This additional provision now enables comprehensive facilities to be made available for all partially hearing children in Croydon on a day basis from the age of 3 years until the age of 16 years. The development of the service will now depend on the recruitment of suitable staff and the immediate prospects in this direction are encouraging.

39 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 - Infants	9	Royal School for the Deaf, Margate	3
Kingsley Partially Hearing Unit - Juniors	4	Nutfield Priory School, Surrey (deaf)	3
Riverview Partially Hearing Unit, Surrey	2	Burwood Park School, Surrey (deaf)	1
Partially Hearing Units, Greater London -		St. John's School, Boston Spa	1
Holman Hunt	1	Mary Hare Grammar School	2
Sedgehill	3	Ovingdean Hall, Brighton	1
Oak Lodge School (for the deaf)	3		

(continued over)

Day Pupils

Portley House School, Surrey	3
Old Kent Road School (deaf)	3

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 Miss G.H. Lloyd (Teacher of the Deaf, Miss D.M. Gravett) for the following report.

PARTIALLY HEARING UNIT, KINGSLEY INFANTS' SCHOOL

At the end of the Summer Term 1966 three children left the unit. One was transferred to a junior school for normally hearing children and two were admitted in September to the newly opened unit in Kingsley Junior School.

Their places were taken by three children of nursery age who were admitted in September 1966, with the result that the roll remained at 10. These three children have shown obvious benefit, particularly socially during the short time they have been in the unit.

Of the remaining seven children, the eldest a boy who was six in January 1967, is acquiring intelligible though still limited speech and is able to integrate satisfactorily for some normal school work in addition to meals and play.

One girl of 5 is profoundly deaf and it is possible that she will be transferred to a school for deaf children during the current year. The question of future placement also arises in the case of a boy of almost 5 who makes little response to speech training.

One 5 year old boy co-operates very well in all activities and endeavours to communicate by speech. He is making good progress both academically and socially.

Two 4 year olds repeat single words but do not offer speech spontaneously.

Another 4 year old showed no response to speech until very recently, but is now making a little progress.

The children of infants' school age integrate for meals and play and some other activities which vary according to the maturity of the individual child. The benefit they gain from integration is shown by an increase in independence and by their enjoyment in having contact with the normally hearing children.

In September 1966 the Partially Hearing Unit at Kingsley Junior School was opened and I am grateful to Mr. R.H. Lindsell (Teacher of the Deaf, Mr. W.L. Davies) for the following report.

PARTIALLY HEARING UNIT, KINGSLEY JUNIOR SCHOOL

The initial intake of five deaf children may be small, but it forms a very interesting group of three boys and two immigrant girls who vary considerably in age, ability, speech and deafness. The average hearing losses of the group range from 32 decibels to a suspected profoundly deaf 9 year old girl with a possible average loss of 100+ decibels. One boy with a 78 decibel loss has the additional handicaps of a right spastic hemiplegia and nervous stammer.

The Unit is accommodated in a sound-treated room fitted with Amplivox group teaching aid, loop induction system and sound level meters. Other equipment includes a portable speech trainer with mat, and audiometer. A tape recorder, radio and record player are also to be provided.

The children have settled down well and are making progress. They integrate for play and meals and their hearing friends are encouraged to visit the Unit daily. Integration with hearing classes for selected pupils and subjects is desirable and is an important aim of the Unit, but not the principal aim. Far reaching damage can be done if a deaf child is integrated before he has sufficient confidence and basic understanding. With this in mind, it may be said that the first aim of the Unit is to try to create a favourable environment in which the children can feel secure and happy. Only when this has been achieved can they be helped to gain real confidence on which a firm foundation for a good language structure can be built.

The pre-eminent importance of spoken and written language for the deaf child cannot be over-emphasised and this all-important over-riding theme is the main aim of all the activities in the Unit. Language and speech comprised the whole field of teaching the child to understand, and to be understood.

Close collaboration between school and parents is obviously desirable. Parents will be encouraged to visit the Unit as frequently as possible so that they may help at home with the work that is going on, speech training in particular.

Dr. Lilian Morgan, the School Medical Officer who is specially responsible for children with hearing difficulties comments:—

"Since the Autumn Term 1966, Kingsley School has been visited regularly by the Audiology Team consisting of Mr. D.N. Stewart (Specialist Adviser in Hearing Disorders) Mr. J.C. Oakley and myself. At these visits the children who attend the Units are examined and the parents are invited to be present together with the Teacher of the Unit. These joint consultations give opportunities to discuss the difficulties and progress of each individual child and should prove to be most valuable."

EDUCATIONALLY SUBNORMAL PUPILS

In Day Special Schools	228
In Residential Special Schools	25
Awaiting Placement	45

During the year 66 medical recommendations were made in this category together with two further children who had handicaps additional to their educational subnormality. Approval was received for a new purpose-built special school to be erected in the next Special Schools building programme, but this did nothing to relieve the increasing pressure of children urgently requiring special educational facilities in this category. Inevitably there was an increase in the number of children waiting for admission from 38 at the beginning of the year to 56 at its end. These relatively large numbers provided a useful opportunity to discover whether there had been any significant shift in the level of intelligence quotient (I.Q.) at which recommendations are now made for special education. By determining the intelligence quotient distribution of children attending St. Christopher's it is possible to calculate the numbers of children in each group who would be "expected" if the distribution on the waiting list was the same. The figures are as follows:—

<i>Intelligence Quotient</i>	<i>Number on Waiting List</i>	<i>Number Expected</i>
40 or less	3	3
50 - 59	12	12
60 - 69	19	21
70 - 79	18	8
80 +	4	2

It will be seen that the largest group on the waiting list is still the most severely handicapped but there is apparently some tendency to recommend an increased number of children with a slightly higher I.Q. level. Of course there are many other factors to be considered in addition to I.Q. level when a recommendation for special education is made but nevertheless most authorities would agree that special school facilities should be available in the 70 - 80 I.Q. range and that such children have perhaps been under-represented at St. Christopher's in the past. It will be important to ensure that the I.Q. distribution in the two schools is similar when the second one is opened if invidious comparisons are to be avoided. In the meantime the long waiting time before the children can receive special help in this category at present must continue to be a matter for some considerable concern.

I am grateful to Mr. R.G. Grice for the following report:—

**ST. CHRISTOPHER'S SCHOOL FOR
EDUCATIONALLY SUBNORMAL CHILDREN**

<i>Statistics</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on Roll 31st December, 1965	124	86	210
Admitted during 1966	22	22	44
Left to work at 16	13	6	19
Transferred to other areas	2	4	6
Transferred to St. Luke's	-	1	1
Transferred to Residential Schools	5	1	6
Transferred to Modern Secondary Schools	-	2	2
Excluded as unsuitable for Education at School	5	5	10
Number on Roll 31st December, 1966	121	91	210

Waiting List

There were 67 children on the waiting list on December 31st, 1966. A classroom at St. Luke's School is being taken over by this school so that an extra class of 18 children can be admitted in January next.

Swimming

The Swimming Gala was held at the Central Baths on Wednesday, July 13th.

The following Swimming Certificates were gained during 1966:—

<i>Distance</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
25 yards	27	14	41
50 yards	11	14	25
100 yards	9	6	15
440 yards	2	2	4
Half Mile	3	2	5
One Mile	2	2	4

In addition, 5 boys and 4 girls were successful in obtaining Bronze Badges for Life Saving, the first time that any pupil from this School has obtained one.

School Functions

(a) The Annual School Sports were held at the Streatham Rugby Club Ground on Thursday, July 7th.

(b) The Annual Parents' Day and Exhibition of Work was held on July 17th. This was so successful that the time limit had to be extended in order to allow fathers to attend.

(c) The Harvest Festival was held on Thursday, September 29th. The Service was conducted entirely by the senior scholars and a record number of parents attended. As a result of the effort over 80 parcels of food-stuffs were distributed by Senior Pupils to Local Old Age Pensioners.

(d) The Annual Carol Service was held on Wednesday, December 14th, when the School Hall was packed with parents. A feature of this Service was the participation for the first time by the School Recorder Group and the inclusion of a Carol composed by two members of the Staff.

The Old Scholars' Club

Celebrated its sixth birthday in September. The Club still continues to flourish and is invaluable as a means of keeping in contact with our pupils after leaving school, and they know that they can always obtain reassurance, encouragement and advice during the difficult period of adjustment to working conditions. It is becoming a family affair for two of our ex-pupils who were married two years ago recently brought their first baby to a Club Meeting in order that their friends could see the baby.

Social Worker

We are extremely grateful to Dr. Wright for offering the services of one of his Mental Welfare Officers in this capacity, as this Department's case load is high. The work done on our behalf by this Officer is invaluable.

Parents Association

Continues to flourish. In addition to the New Year Party given by them to the children, a series of lecture discussions have taken place including some of the following topics:—

- (a) The aims of the day special school.
- (b) Helping the slow learner to read.
- (c) Teaching arithmetic to slow learners.
- (d) Helping the slow learner to be socially adjusted.

These proved to be most popular and were well attended and at the request of the parents a more extended programme is being arranged for the future.

Two pleasing features of 1966 have been:—

(a) The formation of a Stamp Club. This is most successful. The children have quickly assembled good collections, have learned to find their way easily and quickly around a Stamp Catalogue and paid several visits to Stamp Exhibitions. We are extremely grateful for the help given to us by Dr. Simmonds in furthering this project.

(b) The formation of a School Recorder Group. This has also been most successful - children demanding practice opportunities during dinner breaks, etc. From the making of weird noises the group progressed to the stage when it was able to accompany two carols at the Christmas Carol Service.

The Social work undertaken by the senior scholars among the Old Age Pensioners in the area continued during the year and culminated in a Party given and provided for them by the senior children on December 8th.

EPILEPTIC PUPILS

In Day Special Schools	- 18
In Residential Special Schools	- 5

During the year two 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.

MALADJUSTED PUPILS

In Day Unit	- 11
In Residential Special Schools	- 27
Awaiting Placement	- 9

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.

Approval was received for the inclusion of a new purpose-built day special school for maladjusted pupils in the next Special Schools Building Programme, and consideration was given to the possibility of providing limited residential accommodation. Once again 14 children were ascertained to be in need of special educational facilities in this category, but the shortage of places inevitably resulted in delays in finding suitable accommodation. Since the problem is frequently presented in the form of an acute crisis, placement during the intervening period is often a matter for some concern.

During 1966 a Day Hospital Unit was opened at the Child Guidance Clinic under the direction of Dr. G. Crosse. A number of severely mentally disturbed children were admitted for daily treatment, and the Education Department was able to provide the services of a teacher. This development provided much needed temporary relief for the care of autistic and severely mentally disturbed young children until the new Day School can be opened.

PHYSICALLY HANDICAPPED PUPILS

In Day Special Schools	-	95
In Residential Special Schools	-	11
Awaiting Placement	-	5

During the year 30 physically handicapped children were recommended for admission to a suitable special school. It is noticeable that such children are being recognised by the Service at an earlier age and usually in sufficient time for arrangements to be made for their admission to a special school on or about the fifth birthday. A large majority of the children are admitted to St. Giles' School and I am grateful to Mr. D.B. Pettman for the following report:—

ST. GILES' SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

This has been a year of continuing development and progress. The completion of the extension to the Physiotherapy Department, and the building of the new Speech Therapy Room has greatly improved facilities in the school. Reorganisation within the Secondary Department of the school has made it possible to offer pupils after three years general studies from 11 - 14 years, a choice of course with the opportunity of taking subjects to C.S.E. The results of the 1966 C.S.E. Examinations were most satisfactory; 9 candidates offered an average of 3 subjects each and obtained the following results:—

3 Grade I, 8 Grade II, 9 Grade III, 5 Grade IV, and 1 Grade V.

(Grade I being equivalent to G.C.E. 'O' level pass).

Swimming was a major activity during the year with 149 swimmers in the school. In the Amateur Swimming Association Personal Survival Tests, the school gained 9 Gold, 14 Silver and 31 Bronze Awards.

This year has seen the introduction of golf as a school activity, offering greater opportunity to the more heavily handicapped to participate in games.

It was with much regret that the school said good-bye to Dr. Hegarty after her long and devoted service to the children. Dr. Wield has taken over the routine medical inspections in the school. During the year 304 children were seen, 129 parents being present.

At the Specialist Medical Examinations 32 children were seen by Dr. Fearnley and Mr. MacQueen, 12 parents were present. The School Nursing Sister and her staff were responsible for the preparation and the follow-up of all these medical examinations; the maintenance of records and treatment of minor ailments and dealing with 147 major epileptic fits.

Despite difficulties due to building work, the Physiotherapy Department gave 9,218 treatments to 48 postural cases and 60 orthopaedic cases.

Speech therapy also suffered due to building work but 479 treatments were given in addition to the assessment of new admissions.

The average number on roll was 191 and attendance 83%. There were 49 admissions and 47 leavers during the year.

Number of children on roll	Boys	Girls	Total
Physically Handicapped	74	60	134
Delicate	30	21	51
Record of Principal Disabilities			
Cerebral Palsy	24	16	40
Asthma	24	11	35
Epilepsy	8	10	18
Spina Bifida	6	5	11
Bronchitis	3	6	9
Congenital Heart Disease	4	5	9

PUPILS SUFFERING FROM SPEECH DEFECT

In Day Special Schools	-	15
In Residential Special Schools	-	2

The Day Special Unit for Speech Disordered children at West Thornton School was opened in January 1966. There were no difficulties concerning the admission of the initial group of children and with the ready assistance of Mr. Samuel and the staff and pupils of West Thornton School, these handicapped children were quickly integrated into the normal life of the school. Mrs. Shirley Wickerson, Senior Speech Therapist, has reviewed the condition of aphasia and described the new Unit in an appendix to this report (page 70). It is obviously too early to assess the true effect of the Unit upon the progress of children suffering from severe speech disorders, but already several of the children are spending a significant part of the school day in the environment of an ordinary classroom. In addition the names of four children were removed from the waiting lists of residential schools.

During the year Mr. John Lee of Moor House School gave a lecture at the School on the education of aphasic children and this was much appreciated by the audience of speech therapists and teachers. There have been many requests from outside Croydon to visit the Unit and it is clear that this pioneer venture has attracted considerable interest in other parts of the country.

I am grateful to Mr. R.J. Samuel (Teacher at the Unit, Miss S. Evans) for the following report:—

UNIT FOR SPEECH DISORDERED CHILDREN

WEST THORNTON J.M. & I. SCHOOL

This Unit was opened in January 1966 to cater for the needs of a group of children with speech and communication difficulties who might otherwise have needed to go to residential schools outside the Borough. Nine children were admitted at first with an age range of 5 - 9½ years. One child left within a few weeks because his family unexpectedly moved away from the district. Another has now been transferred to St. Christopher's School, but five others have been admitted, and there have been twelve children on roll for most of the year.

The premises consist of three rooms; a schoolroom, a speech therapy treatment room, and a playroom. There are special mirror-like windows and a microphone in the playroom, so that children can be observed from the speech room by specialists and other visitors without self-consciousness and strain. The children are seen each term by our consultant specialist, Dr. Worster-Drought. Our medical adviser, Dr. Gibbons, also visits regularly.

Three Speech Therapists share the sessions among them, and every child has regular treatment. In a small group it is possible for the teacher to give a good deal of individual help and great stress is placed on language and reading. It is valuable for therapists and teacher to work

closely together, exchanging ideas about the particular needs and difficulties of each child. The case conferences held twice a term have been very useful. Dr. Gibbons also attends these sessions. The twelve children now in the Unit, all of whom have some degree of aphasia, can be grouped as follows:—

8 producing a fair amount of intelligible speech.

3 producing some speech, but it is less readily understood.

1 producing 30 - 40 isolated words.

Of these twelve, two have severe difficulty in understanding speech, and three others have moderate difficulty.

All the children are integrated into the ordinary school for Assembly, dinner, play, games and dancing lessons. They were very pleased to join in one of the class plays at the School Concert in May and have greatly enjoyed all the Christmas parties and activities. One boy is working in a Junior third year class, another in a Junior first year class, though he comes to the Unit for extra help with reading and another spends part of each day in an Infant class.

This appears to be an ideal situation for a group of children with language and communication difficulties. They have the companionship of children who speak normally, as well as the individual help they need. The happiness of the children and the progress they have made has been in very great measure due to the kindness and understanding of the Head Master, the members of staff and to the friendliness of all the children of the West Thornton School.

DELICATE PUPILS

In Day Special Schools - 47

In Residential Special Schools - 11

During the year 13 children were found to be delicate and recommended for admission to a suitable special school. Reference was made in the report for 1965 (p. 47) to the declining importance of this category so that the reduction in the number of children who were ascertained and the number of children who were receiving special education need occasion no surprise. 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 15 children were recommended for home tuition and a further three children were already receiving such tuition.

UNSUITABLE FOR EDUCATION IN SCHOOL

25 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 fifteen had never previously attended a State school and eight 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.

Four children who had been ascertained previously as unsuitable for education in school were reviewed under Section 57A of the Education Act, 1944 (as amended). In each case it was found that the child was still unsuitable for education in school.

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, 1967, as in Forms 7, 7M., and 11 Schools.

46,835

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.	(5)	(6)	(7)
1962 and later	286	286	-	9	36	42
1961	3,605	3,601	4	135	373	459
1960	1,232	1,232	-	66	216	264
1959	277	276	1	24	55	76
1958	1,615	1,614	1	165	276	417
1957	1,426	1,426	-	119	256	344
1956	694	694	-	64	123	179
1955	906	905	1	122	197	286
1954	2,213	2,211	2	285	504	732
1953	858	858	-	146	200	323
1952	1,274	1,273	1	214	314	484
1951 and earlier	2,891	2,888	3	531	719	1,147
TOTAL	17,277	17,264	13	1,880	3,269	4,753

Col. (3) total as a percentage of Col. (2).
total..... 99.92%

Col. (4) total as a percentage of Col. (2).
total..... 0.08%

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	...	...	...	...	...	555
Number of Re-inspections	...	...	...	...	...	2,987
<i>Total</i>	...					<u>3,542</u>

TABLE C. - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	47,602
(b) Total number of individual pupils found to be infested	...	...	...	...	...	425
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)						4
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)						Nil

PART 2

**DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR 1966**

T = requiring Treatment

O = requiring Observation

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL
		ENTRANTS	LEAVERS	OTHERS	TOTAL	INSPECTIONS
SKIN	T	78	652	590	1320	7
	O	70	112	140	322	1
EYES - (a) Vision ...	T	210	745	925	1880	37
	O	570	118	676	1364	8
(b) Squint	T	102	22	80	204	2
	O	30	1	19	50	-
(c) Other ...	T	20	49	70	139	4
	O	32	10	56	98	3
EARS - (a) Hearing ...	T	112	21	93	226	13
	O	236	13	84	333	-
(b) Otitis Media	T	41	10	29	80	-
	O	124	11	26	161	1
(c) Other ...	T	7	8	18	33	1
	O	21	17	23	61	-
NOSE AND THROAT	T	147	33	143	323	10
	O	455	66	286	807	13
SPEECH	T	94	11	45	150	2
	O	110	4	36	150	2
LYMPHATIC GLANDS	T	18	-	5	23	1
	O	61	22	62	145	3
HEART	T	41	24	40	105	3
	O	138	58	138	334	1
LUNGS	T	35	29	74	138	7
	O	121	28	108	257	-
DEVELOPMENTAL - (a) Hernia	T	13	9	19	41	-
	O	23	6	30	59	1
	T	23	108	160	291	3
	O	170	63	407	640	17
ORTHOPAEDIC - (a) Posture	T	12	36	66	114	2
	O	42	51	124	217	-
	T	41	34	103	178	-
	O	158	66	195	419	-
(b) Feet	T	41	34	103	178	-
	O	158	66	195	419	-
	T	50	60	96	206	5
	O	167	42	156	365	4
(c) Other	T	50	60	96	206	5
	O	167	42	156	365	4
NERVOUS)) - (a) Epilepsy	T	10	6	11	27	2
	O	14	1	8	23	-
	T	25	7	33	65	4
	O	37	7	56	100	-
PSYCHO-)) - (a) Development	T	13	4	17	34	5
	O	97	5	45	147	1
	T	40	12	38	90	12
	O	137	18	100	255	5
(b) Stability	T	40	12	38	90	12
	O	137	18	100	255	5
ABDOMEN	T	11	7	24	42	-
	O	45	4	86	135	3
OTHER	T	22	32	47	101	3
	O	50	39	152	241	2

PART 3

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	2
Errors of refraction (including squint)	906
<i>Total</i> ...	908
Number of pupils for whom spectacles were prescribed	350

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment -	
(a) for diseases of the ear... ..	-
(b) for adenoids and chronic tonsillitis	389
(c) for other nose and throat conditions	25
Received other forms of treatment	-
<i>Total</i> ...	414
Total number of pupils still on the register of schools at 31st December 1966, known to have been provided with hearing aids:-	
(a) during the calendar year 1966	6
(b) in previous years	86

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics	284
(b) Pupils treated at school for postural defects	48
<i>Total</i> ...	332

TABLE D. - DISEASES OF THE SKIN

	<i>Number of pupils known to have been treated</i>
Ringworm - (a) Scalp	-
(b) Body	1
Scabies	13
Impetigo	18
Other skin diseases	82
<i>Total</i> ...	114

TABLE E. - CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	210

TABLE F. - SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists	779

TABLE G. - OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	1,579
(b) Pupils who received convalescent treatment under School Health Service arrangements	23
(c) Pupils who received B.C.G. vaccination	2,927
(d) Other than (a), (b) and (c) above, Please specify:	
(1) Audiology	51
(2) Enuresis	291
(3) Overweight Clinic	54
(4) Consultant for Speech Disorders	24
<i>Total (a) - (d) ...</i>	<i>4,949</i>

APPENDIX B - TREATMENT CLINICS

SUMMARY OF ATTENDANCES

	1966	1965	<i>Increase or Decrease</i>
Audiology Clinic	141	176	-35
Dental Clinics	19,718	16,977	+2,741
Enuresis Clinics	1,092	767	+325
Eye Clinic, Purley and Sanderstead	665	642	+23
Inspection Clinics	957	977	-20
Minor Ailments and Verruca Clinics	9,525	7,214	+2,311
Physiotherapy Clinics	4,537	3,879	+658
Weight Control Clinic	276	-	+276
	36,911	30,632	+6,279

AUDIOLOGY CLINIC

Numbers attending Croydon Day Schools and Pre-School Children

(a) With hearing sufficiently impaired to require regular auditory training:

Primary School Pupils	...	...	...	...	...	...	34
Secondary School Pupils	...	...	...	...	...	...	17
Pre-School Children	...	...	...	...	...	...	11
<i>Total</i>	...						<u>62</u>

Pure Tone Audiometer Tests. (Excluding Sweep Test Failures).

Number of individual children tested during the year:

(a) For the first time	...	...	...	...	...	...	313
(b) As a review case	...	...	...	...	...	...	228
<i>Total</i>	...						<u>541</u>

Auditory Training

62 individual children received regular auditory training during the year. Number of attendance sessions:

(a) At the Audiology Clinic	...	...	...	...	...	...	141
(b) At home or school	...	...	...	...	...	...	120
<i>Total</i>	...						<u>261</u>

Sweep Testing of Five year Old School Entrants

Number of schools visited	...	...	...	...	...	...	59
Number of children tested	...	...	...	...	...	...	5,075
Number of children passed	...	...	...	...	...	...	3,947
Number of children failed	...	...	...	...	...	...	383
Number of children to be re-tested	...	...	...	...	...	...	745
Number of children not tested (absent or unco-operative).	...	...	...	...	...	...	385

The failures were re-assessed as follows:

No hearing loss	...	...	...	...	...	...	136
Slight hearing loss	...	...	...	...	...	...	94
Moderate hearing loss	...	...	...	...	...	...	111
Moderately severe hearing loss	...	...	...	...	...	...	16
Severe hearing loss	...	...	...	...	...	...	2
Failed to keep appointment	...	...	...	...	...	...	17
Left district	...	...	...	...	...	...	3
Waiting to be tested	...	...	...	...	...	...	4

Issue of Hearing Aids

<i>Total</i>	...						<u>383</u>
(a) National Health Service 'Medresco' Aids	...	...	...				4
(b) Commercial Aids bought by Croydon L.E.A.	...	...					7
<i>Total</i>	...						<u>11</u>

11 children under school age are using hearing aids.

DENTAL CLINICS

	1966	1965
(1) Number of children first inspected at school	33,699	33,252
(2) Number of children first inspected at clinic	3,211	2,574
(3) Number of (1) and (2) found to require treatment	19,014	14,049
(4) Number of (1) and (2) offered treatment	19,014	11,384
(5) Number re-inspected at school or clinic	4,818	3,991
(6) Number of (5) requiring treatment	2,644	1,647
(7) Visits - First	6,091	5,239
Subsequent	<u>13,627</u>	<u>11,738</u>
	19,718	16,977
(8) Additional courses commenced	1,227	687
(9) Fillings - Permanent	9,157	6,933
Deciduous	<u>5,342</u>	<u>3,371</u>
	14,499	10,304
(10) Teeth Filled - Permanent	7,990	6,328
Deciduous	<u>4,652</u>	<u>3,056</u>
	12,642	9,384
(11) Extractions - Permanent	1,369	1,365
Deciduous	<u>2,995</u>	<u>3,035</u>
	4,364	4,400
(12) General Anaesthetics	1,633	1,789
(13) Emergencies	917	461
(14) X-rays (Number of patients)	698	449
(15) Prophylaxis	1,037	1,103
(16) Teeth otherwise conserved	1,459	192
(17) Teeth root filled	171	151
(18) Inlays	1	15
(19) Crowns	7	35
(20) Other operations	3,448	3,232
(21) Advice	1,089	1,763
(22) Appointments not kept	6,515	4,972
(23) Courses of treatment completed	5,508	5,391

	1966	1965
(24) Orthodontics -		
Cases remaining from previous year	266	164
New cases commenced during year	225	147
Cases completed during year	128	121
Cases discontinued during year	39	16
Appliances - Removable	429	320
Fixed	43	32
(25) Number of dentures supplied	16	14
(26) Number of sessions - Treatment	2,799	2,690*
Inspection	314	315
Dental Health Education	19	6

* M. & C.W. sessions deducted

EYE CLINIC, PURLEY AND SANDERSTEAD

No. of New Cases examined	545
No. of Refractions	486
No. of Re-examinations	120
Total number of children examined	665
No. of children for whom spectacles were prescribed	202

On 31st December 1966 the number of:-

(1) New Cases referred but not yet examined was 24

(2) Children due for review in 1966 and still awaiting re-examination was 60

MINOR AILMENTS CLINICS

Clinic	Defects	Attendances
Ashburton School	209	1,277
Lodge Road	252	2,186
New Addington	692	3,758
Purley	86	492
Rectory Park (from October)	12	72
Rockmount School	145	773
Waddon	191	967

MINOR AILMENTS CLINICS (continued)

Defects	1966			1965		
	Cases	Attendances	Average No. of Attendances per case	Cases	Attendances	Average No. of Attendances per case
Ringworm	1	1	1.0	-	-	-
Scabies	3	12	4.0	1	1	1.0
Impetigo	18	40	2.2	8	36	4.5
Other Skin Diseases	82	249	3.0	19	99	5.2
Otorrhoea and other Ear defects	10	16	1.6	11	20	1.8
External Eye Disease	16	30	2.0	22	52	2.3
Verruca	997	7,313	7.3	719	5,551	7.7
Miscellaneous	452	1,864	4.1	341	1,464	4.3
TOTAL	1,579	9,525	6.0	1,121	7,223	6.4

PHYSIOTHERAPY CLINICS

I. ST. JAMES'S ROAD

	1966			1965		
	Attendances	Classes	Ave. Att.	Attendances	Classes	Ave. Att.
Breathing	288	93	3.1	499	131	3.8
Flat Feet	706*	315	2.2	1,081	341	3.2
Posture	1,010	371	2.7	1,588	405	3.9
TOTAL	2,004	779		3,168	877	

*includes 12 treated by Faradism

92 cases were treated and 191 examinations were made by doctors.

II. NEW ADDINGTON

	1966			1965		
	Attendances	Classes	Ave. Att.	Attendances	Classes	Ave. Att.
Breathing	58	35	1.7	65	35	1.9
Flat Feet	251	70	3.6	291	70	4.2
Posture	220	35	6.3	355	35	10.1
TOTAL	529	140		711	140	

84 cases were treated.

III. PURLEY/SANDERSTEAD

	1966			
	Attendances	Children	Ave. Att.	
Respiratory conditions	} 1,950 {	53	} 14.4 {	
Orthopaedic conditions		82		
Dysmenorrhoea	54	21	-	
TOTAL	2,004	156		

SPEECH CLINIC

Total Number of cases treated	779
" " " " discharged	508
" " " " still attending	271
<i>Analysis of Discharged cases</i>	
Under review pending possible further treatment	223
Left District	21
Unsatisfactory e.g. non-attendance	59
Satisfactory	199
Left School before treatment completed	5
Cases referred for residential treatment	1
Cases referred for physical treatment and/or further advice at an Inspection Clinic	43
Cases referred for Child Guidance	6
Cases examined by Neurologist (some additional sessions are now held at the Special Unit)	24
<i>Analysis of type of cases treated</i>	
Stammer	106
Sigmatism	141
Cleft palate	18
Excessive Nasality	12
Dyslalia	385
Undeveloped Speech	78
Aphasia - including Dysarthria and Dyspraxia	15
Dysphonia	1
Deaf (pre-school)	23
<i>Special Schools and Centres</i>	
Special unit for Aphasic children	14
St. Christopher's School	31
St. Giles' School	32
(Additional cases in each school are under supervision)	

APPENDIX C

RETURN OF MEDICAL INSPECTIONS - NON-MAINTAINED SCHOOLS

A - Routine Medical Inspections					Year	Year	Year
					1966	1965	1964
Aged 5 and under	...	...	...	...	54	81	-
6	...	...	...	...	7	51	10
7	...	...	...	...	-	9	15
8	...	...	...	...	-	45	5
9	...	...	...	...	-	62	19
10	...	...	...	...	-	31	24
11	...	...	...	...	37	20	8
12	...	...	...	...	101	129	49
13	...	...	...	...	38	63	17
14	...	...	...	...	35	57	1
15	...	...	...	...	113	110	33
16	...	...	...	...	58	66	33
17	...	...	...	...	15	37	13
18 and over	...	...	...	...	1	3	2
Totals					459	764	229

Visits to Non-maintained Schools

31

47

12

B - The following defects were found:—

					Requiring	
					Treatment	Observation
Skin	...	...	...	...	26	10
Vision	...	...	...	...	109	37
Squint	...	...	...	...	2	-
Hearing	...	...	...	...	1	4
Ears - other defects	...	...	...	...	1	-
Nose and Throat	...	...	...	...	5	5
Speech	...	...	...	...	1	-
Lymphatic Glands	...	...	...	...	-	2
Heart and Circulation	...	...	...	...	-	5
Abdomen	...	...	...	...	2	1
Lungs	...	...	...	...	1	4
Development	...	...	...	...	-	5
Orthopaedic	...	...	...	...	34	23
Nervous System	...	...	...	...	2	2
Psychological	...	...	...	...	8	30
Other defects	...	...	...	...	9	12

C - Other Inspections

There were 27 Special Medical Inspections and 48 Re-inspections.

APPENDIX D

**AVERAGE ATTENDANCE (2.12.66), AND NUMBERS OF CHILDREN
EXAMINED AT ROUTINE MEDICAL INSPECTIONS IN MAINTAINED
SCHOOLS DURING THE YEAR 1966.**

Council Primary Schools	Number on Registers	Average Atten- dance %	No. of Children Examined		
			Boys	Girls	Total
Atwood Junior Mixed & Infants	291	93	48	44	92
Ashburton Junior Mixed	474	91	56	19	75
Ashburton Infants	250	83	60	85	145
Benson Junior Mixed & Infants	543	90	48	48	96
Beulah Junior Boys	270	91	50	-	50
Beulah Junior Girls	222	92	-	60	60
Beulah Infants	306	80	66	59	125
Castle Hill Junior Mixed	613	91	71	51	122
Castle Hill Infants	337	76*	45	36	81
Chipstead Valley Jr. Mxd. & Inf.	387	85	59	58	117
Cypress Junior Mixed	257	94	56	57	113
Cypress Infants	219	90	66	58	124
David Livingstone Jr. Mxd. & Inf.	242	82	31	19	50
Davidson Infants	117	84	40	39	79
Duppas Junior Mixed & Infants	337	84	43	40	83
Ecclesbourne Infants	193	81	55	57	112
Elmwood Junior Boys	304	93	64	-	64
Elmwood Junior Girls	315	90	-	83	83
Elmwood Infants	281	81	74	56	130
Fairchildes Junior Mixed	521	89	93	46	139
Fairchildes Infants	296	81	55	63	118
Gilbert Scott Junior Mixed ...	522	95	63	35	98
Gilbert Scott Infants	382	84	90	106	196
Gonville Junior Mixed & Infants	486	92	67	70	137
Gresham Junior Mixed & Infants	320	95	63	70	133
Hayes Junior Mixed & Infants ...	487	82	66	75	141
Howard Junior Mixed & Infants	200	90	32	33	65
Kenley Junior Mixed & Infants...	278	92	53	52	105
Kensington Avenue Junior Mixed	416	88	49	53	102
Kensington Avenue Infants ...	238	82	71	49	120
Keston Junior Mixed	345	93	65	55	120
Keston Infants	265	83	76	71	147
Kingsley Junior Mixed	472	89	69	77	146
Kingsley Infants	349	62*	104	106	210
Monks Orchard Jr. Mxd. & Inf.	412	92	40	40	80
Norbury Manor Junior Mixed ...	378	93	83	56	139
Norbury Manor Infants	230	90	62	44	106
Oval Junior Mixed	333	93	-	-	-
Oval Infants	210	85	41	36	77
Portland Infants	85	91	19	24	43
Purley Oaks Junior Mixed ...	318	92	64	67	131
Purley Oaks Infants	220	85	44	43	87
Reedham Junior Mixed & Infants	128	98	17	19	36
Ridgeway Junior Mixed	304	95	38	38	76
Ridgeway Infants	183	87	42	40	82
Rockmount Junior Mixed	278	94	40	30	70
Rockmount Infants	182	85	38	56	94
Roke Junior Mixed	179	93	15	23	38
Roke Infants	101	90	16	23	39
Rowdown Junior Mixed	448	87	19	38	57
Rowdown Infants	318	79*	138	102	240
St. Peter's Junior Mixed & Infants	259	92	74	70	144
Selsdon Junior Mixed & Infants	453	87	101	87	188

*Figures not representative

Council Primary Schools	Number on Registers	Average Attendance %	No. of Children Examined		
			Boys	Girls	Total
Smitham Junior Mixed & Infants	483	88	76	81	157
South Norwood Junior Mixed	444	92	98	88	186
South Norwood Infants	307	91	88	85	173
Spring Park Junior Mixed	480	88	9	15	24
Spring Park Infants	345	80	74	65	139
Sydenham Junior Mixed	258	91	15	17	32
Sydenham Infants	166	86	34	34	68
Toldene Junior Mixed & Infants	244	93	43	44	87
Waddon Infants	184	84	55	50	105
West Thornton Jr. Mxd. & Inf.	306	88	60	81	141
Whitehorse Manor Junior Mixed	426	91	32	73	105
Whitehorse Manor Infants	227	80	57	54	111
Winterbourne Junior Boys	418	92	137	-	137
Winterbourne Junior Girls	365	95	-	12	12
Winterbourne Infants	353	86	154	75	229
Wolsey Junior Mixed	586	90	74	90	164
Wolsey Infants	410	81	101	99	200
Woodside Junior Mixed	550	93	55	64	119
Woodside Infants	273	80	50	64	114
Woodcote Junior Mixed	278	92	26	42	68
Woodcote Infants	200	84	51	51	102
TOTAL	23,857	88	4,128	3,850	7,978
VOLUNTARY PRIMARY SCHOOLS					
All Saints' (C. of E.) Jr. Mxd. & Inf.	231	93	41	37	78
Christ Church (C. of E.) Junior Mxd.	148	95	49	33	82
Christ Church (C. of E.) Infants	81	93			
Coulsdon (C. of E.) Jr. Mxd. & Inf.	120	93	37	39	76
Good Shepherd (R.C.) Jr. Mxd. & Inf.	377	90	45	65	110
Margaret Roper (R.C.) Jr. Mxd. & Inf.	260	92	42	45	87
Parish Church (C. of E.) Jr. Mxd.	273	94	85	108	193
Parish Church (C. of E.) Infants	186	88			
St. John's Shirley (C. of E.) Junior Mixed & Infants	300	89	55	51	106
St. Joseph's (R.C.) Jr. Mxd. & Inf.	481	90	80	73	153
St. Mark's (C. of E.) Jr. Mxd. & Inf.	254	88	48	43	91
St. Mary's (R.C.) Jr. Mxd. & Inf.	398	90	75	73	148
St. Michael's (C. of E.) Infants	125	92	30	24	54
TOTAL	3,234	91	587	591	1,178
SPECIAL SCHOOLS					
St. Christopher's (E.S.N.) Mixed	210	87	22	16	38
St. Giles' (Del. & P/H) Mixed	183	83	103	80	183
St. Luke's (Partially Sighted) Mixed	16	94	9	6	15
TOTAL	409	85	134	102	236
NURSERY SCHOOLS					
Coulsdon Full-time	21	81	7	3	10
a.m. part-time	13	85			
p.m. part-time	14	79*			
Crosfield Full-time	20	80	22	17	39
a.m. part-time	20	85			
p.m. part-time	20	90			
Purley Full-time	43	77*	6	3	9
TOTAL	151	81	35	23	58

	Number on Registers	Average Atten- dance %	No. of Children Examined		
			Boys	Girls	Total
COUNCIL NON-SELECTIVE SECONDARY SCHOOLS					
Ashburton Boys	627	92	173	-	173
Ashburton Girls	593	90	-	261	261
Chipstead Valley Mixed ...	182	90	49	49	98
Davidson Mixed	375	91	84	75	159
Ecclesbourne Girls	349	89	-	303	303
Fairchildes Boys	632	86	405	-	405
Fairchildes Girls	528	85	-	236	236
Ingram Boys	565	88	250	-	250
Lanfranc Boys	440	87	206	-	206
Lanfranc Girls	437	88	-	175	175
Norbury Manor Boys	315	90	171	-	171
Norbury Manor Girls	433	93	-	294	294
Overbury Mixed	680	84	214	296	510
Portland Mixed	344	92	73	64	137
Riddlesdown Mixed	684	96	165	133	298
Roke Mixed	208	93	51	55	106
Shirley Mixed	606	92	154	232	386
South Croydon Mixed	498	87	159	47	206
Tavistock Boys	309	84	144	-	144
Tavistock Girls	242	92	-	106	106
Taunton Manor Mixed	386	92	85	83	168
Westwood Girls	377	93	-	170	170
Woodcote Mixed	596	91	120	115	235
TOTAL	10,406	90	2,503	2,694	5,197
VOLUNTARY NON-SELECTIVE SECONDARY					
Our Lady's (R.C.) Girls ...	180	77*	-	95	95
St. Andrew's (C. of E.) Mixed	277	92	106	49	155
St. Mary's (R.C.) Mixed ...	394	95	39	80	119
Thomas More (R.C.) Mixed ...	530	93	204	76	280
TOTAL	1,381	91	349	300	649
GRAMMAR AND SELECTIVE INCLUDING TECHNICAL					
Archbishop Tenison Mixed ...	350	96	75	51	126
Coloma Girls	592	92	-	259	259
Croydon Technical Boys ...	398	92	149	-	149
Heath Clark Mixed	689	89	37	101	138
John Newnham Mixed	485	91	119	98	217
John Ruskin Boys	611	92	191	-	191
Lady Edridge Girls	514	93	-	165	165
Purley Boys	594	97	173	-	173
Purley Girls	559	94	-	171	171
Selhurst Boys	639	93	190	-	190
Selhurst Girls	517	94	-	177	177
Stanley Technical Boys ...	333	94	103	-	103
TOTAL	6,281	93	1,037	1,022	2,059

CASES OF INFECTIOUS DISEASES NOTIFIED BY HEAD TEACHERS

<i>Disease</i>	<i>1966</i>	<i>1965</i>	<i>1964</i>
Chicken Pox	1,000	273	364
Conjunctivitis	16	1	-
Diphtheria	-	-	-
Gastro-Enteritis	13	4	-
German Measles	246	134	54
Impetigo	14	10	2
Jaundice	4	1	21
Measles	464	291	214
Mumps	953	30	610
Non-Specific Diarrhoea incl. Dysentery	773	593	27
Non-Specific Vomiting	95	107	191
Other Diseases	320	34	5
Poliomyelitis	-	-	-
Ringworm or Vermin (Body)	2	2	-
(Scalp)	-	-	-
Scabies	3	6	-
Scarlet Fever	92	61	21
Sore Throat (incl Tonsillitis)	51	15	-
Whooping Cough	25	19	62
<i>TOTAL</i>	<i>4,071</i>	<i>1,581</i>	<i>1,571</i>

WORK OF THE SCHOOL HEALTH VISITORS AND NURSES

Home Visits re pupils	1,207 Visits
Social/Welfare Visits to Schools	545 Visits
Minor Ailments	920 Sessions
Hygiene	532 "
Pre-Medical	1,005 "
Routine Medical Inspections	1,175 "
Follow-up	45 "
Contagious and Infectious Diseases	64 "
Immunisation	62 "
Health Survey	46 "
Health Education	65 "
Enuresis Clinics	75 "
Audiology	189 "
Eye Clinic	65 "
Inspection Clinics	60 "

APPENDIX E

COMMUNITY HEALTH COURSE

Scheme of Work for Secondary School Children (Age 14+ years)UNIT 1. *Growth and Development (1)**From Conception to One Year*

- (a) The factors of heredity
- (b) The start of life
- (c) The child before birth - with emphasis on the importance of nutrition and prevention of disease in the mother's ante-natal care.
- (d) The importance of environment in the first year of life on:-
 - (i) Emotional security of the child.
 - (ii) The mother figure.
 - (iii) Health and growth of the child.

Some Suggested Visual Aids

Flannelgraph or plastigraph of somatotypes.

Flannelgraph or plastigraph of heredity. Growth Charts.

Film: "Human Heredity". Sound, Colour, Runs 14 minutes from:
Boulton-Hawker Films Ltd., Hadleigh, Ipswich, Suffolk.

UNIT 2. *Growth and Development (2)**The Basis of Adulthood - The First Eleven Years*

- (a) Physical growth and development.
- (b) The formation of personality and growth of social awareness.
- (c) The influence of environment and nutrition.

Some Suggested Visual Aids

Growth Charts.

Selection of slides from filmstrips:-

- | | | |
|--------------------------|---------|--|
| "Nutritional Values" | } from: | Camera Talks Ltd., 31, North |
| "The Food We Eat" | | Row (Park Lane), London, W.1. |
| "The Story of Vitamins" | | |
| "Nutrition for Athletes" | from: | Diana Wyllie Ltd.,
3, Park Road, London, N.W.1. |

Films:

"The Terrible Twos and Trusting Threes." Sound, Colour,
Runs 22 mins.

OR "Frustrating Fours and Fascinating Fives". Sound, Colour,
Runs 22 mins.

OR "Sociable Sixes to Noisy Nines" Sound, Colour, Runs 21 mins.
from: The Central Film Library, Government Building, Bromyard Ave,
London W.3.

OR "The Way to Independence". Silent, Black and White Runs 5 mins,
from: The Central Council for Health Education, Tavistock House North
Tavistock Square, London, W.1.

UNIT 3. Growth and Development (3)

Puberty

- (a) Brief outline of physical growth and development.
- (b) The development of emotional maturity leading to expanding independence and increasing personal responsibility for decisions on such health habits as:-

Smoking : Overeating : Dental : Care of the Feet.

Some Suggested Visual Aids

Growth charts.

Film: "Girl to Woman", Sound, Colour, Runs 18 mins.

"Boy to Man", Sound, Colour, Runs 16 mins.

from: Boulton-Hawker Films Ltd., Hadleigh, Ipswich, Suffolk.

UNIT 4. Growth and Development (4)

The Process of Ageing

- (a) The age of social responsibility } i.e. Middle Years.
- (b) The peak of achievement } }
- (c) Slowing down }
- (d) The influence of the environment on the process of ageing.

Discussion on the individual's responsibility to the older section of the community.

Some Suggested Visual Aids

Film: "Growing Old", Sound, Black and White, Runs 40 mins.

(This might be shown later during a lunch break).

from: The Nutrition Information Centre, Vitamins Ltd.,
Upper Mall, London, W.6.

UNIT 5. Health Hazards of Today

Infectious Diseases (1)

- (a) Natural and acquired immunity.
- (b) Prevention, by vaccination or immunisation, of:-
Poliomyelitis : Diphtheria : Smallpox :
Tetanus : Whooping Cough: Tuberculosis.
- (c) Discussion on attitudes to vaccination and immunisation procedures and reasons for co-operating with national campaigns.

Some Suggested Visual Aids

Flannelgraph illustrating the principles of immunity.

Selected slides from the filmstrips:

- (a) "Vaccination and Immunisation" } from: Camera Talks Ltd.,
- (b) "Droplet Infection" } 31, North Row, Park Lane
- (c) "Immunity" } London, W.1.

Films: "Surprise Attack", Sound, Black and White, Runs 11 mins.
 from: Central Film Library, Government Building, Bromyard
 Avenue, London, W.3.

or "Smallpox", Sound, Black and White, Runs 8 mins.
 from: British Film Institute, 81, Dean Street, London, W.1.

UNIT 6. *Health Hazards of Today*

Infectious Diseases (2)

Venereal Disease:—

- (a) The nature of the disease.
- (b) The social implications.

Some Suggested Visual Aids

Selection of slides from the filmstrip:— "Venereal Disease"
 from Camera Talks Ltd., 31, North Row, Park Lane, London, W.1.

Films: "A Quarter Million Teenagers", Sound, Colour, Runs 16 mins.
 from: Boulton-Hawker Films Ltd., Hadleigh, Ipswich, Suffolk.

OR "V.D. - Don't Take the Risk", Sound, Black and White Runs 19 mins.
 from: Central Film Library, Government Building, Bromyard Avenue,
 London, W.3.

UNIT 7. *Health Hazards of Today*

Food Poisoning

- (a) Nature of the illness; effects on various age groups.
- (b) Methods of spread.
- (c) Smoking and Food Hygiene.
- (d) Individual responsibility in prevention.

Some Suggested Visual Aids

Flannelgraphs: Vicious Circle	} from: The Central Council for Health Education, Tavistock House North, Tavistock Square, London, W.1.
Fighting Germs by Degrees	
Chains of Infection	

Selection of Slides from Filmstrips:

Food Hygiene	} from Camera Talks Ltd., 31, North Row, Park Lane, W.1.
Meat Handling	

Films: "Room for Hygiene" Sound, Colour, Runs 16 mins.
 from: Unilever Film Library, Unilever House, Blackfriars, London
 E.C.4.

Culture dishes.

UNIT 8. Health Hazards of Today

The Common Cold. Bronchitis.

- (a) The effects of absenteeism on work, society, economy.
- (b) The direct causes.
- (c) Predisposing factors, e.g. Effects of irritants such as:
Dust : Smoking : Overcrowding :
Atmospheric fumes (smog)
- (d) The Clean Air Acts.
- (e) The individual's responsibility in controlling his own environment.

Some Suggested Visual Aids

Film: "How to Catch a Cold", Colour, Sound (Cartoon) Runs 10 mins.

from: Sound Services Ltd., Wilton Crescent, London, S.W.19.

Selection of Slides from filmstrips:

"Bronchitis" from Camera Talks Ltd., 31, North Row,
Park Lane, W.1.

"Cures and Colds" from Pfizer Ltd., Sandgate Road,
Folkestone, Kent.

UNIT 9. Health Hazards of Today

What is Cancer?

- (a) The nature of the disease.
- (b) Warning signs, early detection and treatment.
- (c) Predisposing factors.
- (d) Smoking and health.

Some Suggested Visual Aids

Selection of slides from filmstrips:

"Cancer"	} from: Camera Talks Ltd., 31, North Row, Park Lane, London, W.1.
"The Problem of Lung Cancer"	
"How to give up Smoking"	
"Cigarettes and You"	Central Office of Information.

Films:

"Smoking and You" Sound, Colour, Runs 11 mins.

"The Smoking Machine", Sound, Colour, Runs 16 mins (for younger children) from: The Central Film Library, Government Building,
Bromyard Avenue, London, W.3.

UNIT 10. Health Hazards of Today

Addiction

Alcohol and Drugs

- (a) The effects on the body.
- (b) The social aspects at home and abroad.
- (c) The effects of addiction in the family group.

Some Suggested Visual Aids:

Films: "Alcohol and the Human Body" Sound, Black and White,
Runs 15 mins. from: Rank Film Library, 1 Aintree Road,
Perivale, Greenford, Middlesex.

OR "Hooked" Sound, Black and White, Runs 20 mins. from:
Boulton-Hawker Films Ltd., Hadleigh, Ipswich, Suffolk.

UNIT 11. The Health Services

(a) General Structure.

(b) The prevention of disease and health education.

(c) How the individual can use the services properly.

N.B. It is suggested that schools invite a member of the Public Health Department to give this talk.

Some Suggested Visual Aids:

Films: "Your Very Good Health" Sound, Colour (Cartoon) Runs 9 mins. from: Central Film Library, Government Building, Bromyard Avenue, London, W.3.

"Health Services in Britain". Sound, Black and White,
Runs 14 mins. from: Central Film Library, Government Building, Bromyard Avenue, London, W.3.

UNIT 12. What is a Family?

The session begins with the film:—

"Child Growth and Development - Part 1 - Birth"
from: Leonard Ellis Ltd., 38a, Lee Bank House, Holloway Head,
Birmingham 1.

The film shows an actual birth at home; relationships between the parents and their two and four year old sons and some characteristics and reflexes of the new-born.

Discussion on the status and role of individual members of a family group.

UNIT 13. The Family in the World

(a) World Health and Population

(b) The economy of health

Some Suggested Visual Aids

Photographs

Maps

Charts and Statistics.

APPENDIX F

THE EDUCATION AND TREATMENT OF THE APHASIC CHILD

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

Aphasia is an inability to express and/or to understand language symbols. It is the result of some defect in the central nervous system, rather than in the peripheral speech mechanism, the ear or the auditory nerves; neither is it caused by a defect in general intelligence nor severe emotional disturbance. One or more of these defects may also exist to a minor degree in an aphasic child. Further, it is also possible that the neurological damage is not as immediately obvious as it is in the case of a cerebral palsied child.

Aphasia is a language disorder and can take the following forms:—

- (1) Expressive or motor aphasia - the child is unable to relate the words he hears to that part of the nervous system which is used in speaking. Thus he hears and understands the word "ball" but is unable to recall and formulate this word when shown the actual object.
- (2) Receptive or sensory aphasia - the child is unable to understand spoken language; he hears the word "ball" but cannot associate it with an actual ball; he is able, however, to associate familiar sounds with their point of origin and will recognise for instance a dog barking. In severe cases though, even this ability is absent, and the child is unable to understand or relate meaning to any sound.
- (3) In some cases the child has a mixed receptive and executive aphasia, with perhaps one of the two dominating.
- (4) A child may also suffer from secondary Dysarthria - a severe articulatory disorder following an early aphasia. In such cases the child experiences an abnormal delay in acquiring language. When a language pattern is finally established his resulting speech is virtually unintelligible.

Aphasia which commences after the formation of an established speech pattern is termed acquired aphasia, and is more commonly found in adults. Developmental aphasia occurs prior to the inception of speech. It is this latter condition which is dealt with in this article.

Developmental aphasia is not a common condition and so far there is little known of the actual incidence of this disorder. This may partly be due to the difficulty of diagnosis. In Croydon we have some 26 recognised and assessed cases amongst a population of 73,600 (i.e. 3.7 per 10,000 children). In common with most speech and language disorders, however, there is a higher incidence of aphasic boys than girls.

Causes of Aphasia

There are many causes of aphasia amongst which the following are the most frequent:—

- (1) Illness (e.g. German Measles) in the mother during pregnancy may damage brain tissues.
- (2) Injuries during birth may cause brain damage.
- (3) Failure of certain brain tissues to develop.
- (4) Head injuries causing brain damage.
- (5) Diseases such as meningitis or encephalitis.

Occasionally the condition may be hereditary since more than one child may be affected within a family, or a parent may be reported as having been "slow in developing speech", or have had difficulty in learning to read and write.

The Detection of Aphasic Children in Croydon

Non-speaking children are usually referred to a speech clinic at three or four years of age. This referral may be advised by a doctor or health visitor or may result from parents requesting help for their child. These children develop normally apart from speech, and they may become very frustrated by their inability to communicate. Some children are referred to the speech clinic at the request of the Teacher of the Deaf, or E.N.T. Specialist, to help to arrive at a differential diagnosis between deafness and receptive aphasia. A child who has developed some speech but is unintelligible will also be referred, although this may happen at a slightly older age. In both cases the child will be observed carefully and assessed.

Before a child may attend a speech clinic for regular observation and/or therapy, he must be examined by a school medical officer who attends the speech clinic regularly.

The child will attend for treatment once weekly in the first instance, and on the first few occasions the speech therapist will question the parent carefully as to the child's whole general development as the speech defect must be considered as a part of a child's whole development pattern. In most cases the young children are admitted to the senior speech therapist's group of pre-school non-communicating children. This allows the observation and assessment of each child over a period of time, particularly when he is relaxed and playing with other children, and serves to stimulate the use and development of speech.

If it is felt that a child may in fact have a true language disorder, then he will be brought forward for examination and diagnosis by Croydon's consultant neurologist, Dr. C. Worster-Drought, who has held regular sessions at the central speech clinic since 1961. Before this examination the child will have had other tests completed, so that low intelligence or deafness may be excluded as the cause of the disability.

The Aims of Treatment

The aim of treatment briefly is to establish language. The aphasic child must learn that each object has a name. In the early stages simple everyday names are taught such as parts of the body, clothing, furniture, etc. These can gradually be expanded and short phrases and sentences can be introduced. In most cases this is a lengthy and demanding process, as every form and concept of language has to be demonstrated and taught. Most children acquire such basic concepts almost subconsciously but an aphasic child will not.

If a child has in addition a difficulty in co-ordinating movements of lip and tongue, then the speech therapist will first teach the basis of all speech - how to babble, and from this, progress to very simple words. If the aphasic child also has spatial disorders or difficulty in perception, then trying to broaden his experience and environment becomes a more complex task. It will not be sufficient to show such a child a picture of an object, e.g. a dog, he must rather be given a toy one to feel and to manipulate, so that he can use the sense of touch. Aphasic children benefit enormously from actual contact with different places and situations, as so often they cannot understand complex descriptions and explanations, e.g. they gain more by visiting a farm and perhaps making drawings or models afterwards, than from a speech therapist or teacher attempting to describe what a farm is.

The Aphasic Child at School

The education of an aphasic child presents many problems, particularly if he is a member of a large class within a normal school. He is unable to communicate so that all types of difficulties are encountered daily, of which the following are typical:—

- (i) He is unable to communicate with the other children or with the Teacher, and often cannot express even basic requests such as permission to leave the room.
- (ii) His lack of basic vocabulary and understanding places him under great stress, and even the simplest commands or activities are beyond his grasp.
- (iii) The stress and frustration tend to give rise to emotional disturbances, and the child may become difficult to handle.
- (iv) A child who cannot communicate and has no established language pattern will experience great difficulty in learning - reading and spelling in particular pose great problems.
- (v) If the child has a receptive aphasia, his difficulty is even more acute as his failure to comprehend often the simplest requests or explanations soon earn him the reputation of being dull and unresponsive.

If these difficulties are to be avoided, the child must attend at a speech clinic for assessment, diagnosis and treatment before he attains school age. A decision can then be reached concerning his educational future. Unless a local authority is prepared to make special provision for such children, three possible alternatives remain:—

(1) The provision of special help in normal primary schools. If the child has been fully assessed before school entry the speech therapist can attempt to make his entry into school as smooth as possible by contacting the Head Teacher and explaining the child's difficulties.

However this is a solution of choice for only a very small proportion of children because:—

- (a) Daily speech therapy is not possible without serious disruption of the child's general education.
- (b) The child is under stress as he will still experience the difficulties already described.
- (c) A strain is placed upon the teacher as it is virtually impossible to give the aphasic child sufficient individual attention.

(2) There are two special schools for speech disordered children in Great Britain and both are residential. Attendance at one of these schools also poses problems. There are long waiting lists, as pupils are selected from the whole of Great Britain, and both schools are residential. Such a placement can be upsetting to a young aphasic child as it is difficult to explain such a school to him, and the fact that he has not been left permanently. In a few cases, however, a residential placement is advisable, especially if the home circumstances are unsatisfactory.

(3) Some aphasic children are placed within special schools for other handicaps primarily because of the smaller classes and more permissive atmosphere. This solution again is not ideal because placement in a school for E.S.N. children, whilst initially satisfactory, may fail to provide the rapid stimulation necessary when improvement occurs. In addition if the child attends a school for physically handicapped children, he may be alarmed by seeing grossly handicapped children.

It was for these reasons that the Education Committee decided to open a special unit for speech disordered children. It is attached to the West Thornton Primary School and opened in January 1966. Its purpose is twofold - to provide specialised treatment and education, and to integrate the children into a normal school environment as quickly as possible.

The special unit consists of three rooms which are housed in a wing of the Primary School. There is a large classroom with a full-time teacher. The room is sufficiently spacious to allow the teacher to group the children. There is a treatment room, and a speech therapist is in attendance daily. A play room adjoins the treatment room, which has a concealed microphone and a one-way observation window. This allows

the visiting consultant or visitors from other clinics and schools to observe and hear the children, without the children feeling self-conscious. It has been difficult to equip such a unit as manufacturers do not provide for such a handicap. It is necessary to adapt material which is produced for normal children. Where possible, such children need to handle and manipulate objects, and so a doll's house complete with furniture and family is provided, and also a toy farm and zoo. These prove invaluable when attempting to build a basic vocabulary or when demonstrating and constructing simple sentences.

The majority of the children are treated daily, and are seen individually by the speech therapist. She works in close contact with the teacher, and thus it is possible to arrange each child's treatment time so that he does not miss something vital to him in the classroom, and also for the speech therapist and teacher to work together as a team, so that one's work reinforces the other's, e.g. if a new series of words or a concept enters into the school curriculum, the speech therapist will also include these particular words in the children's treatments.

The number of children attending the unit will never exceed twelve. At present there is a full case load, but two of the children have now been almost entirely absorbed into their appropriate class within the normal primary school. One of these boys will in fact transfer to a normal school near to his home next term. These two children still come into the unit for speech therapy and for some remedial teaching. The children have settled happily and are benefiting from their attendance. Much of the credit for the initial success of the unit must go to Mr. Samuel and the staff and children of West Thornton School, who have shown so much consideration and kindness. All of the special unit pupils are fully accepted by the children of the main school and are always included in the school's general activities. Already comparative tests and assessments are showing a marked improvement in the aphasic children's range of language and vocabulary. A similar improvement is noted in their educational attainments. It would appear that the new unit is definitely fulfilling a need in Croydon.

Summary

Developmental aphasia is a small but significant problem presenting both medical and educational aspects. An effective speech therapy service will undoubtedly bring forward a number of children who cannot be educated satisfactorily in ordinary schools. The creation of a special unit to educate and treat these children near their own homes on a day basis is probably the ideal solution, and will allow some children to return to the environment of completely normal education in due course.

The success of such a unit will depend upon a complete integration of the medical and educational care of the child, and upon an effective working relationship between the specialist teacher and the speech therapist.

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