

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

Contributors

Croydon (London, England). London Borough.

Publication/Creation

[1968?]

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PUBLIC HEALTH IN CROYDON 1967



PUBLIC HEALTH IN CROYDON

1967

Alderman K. Edwards
Councillor B.H. Rawling
(Vice-Chairman)
Alderman A.V. Darnsall
Alderman D.M. Weightman
Councillor J.T. Bell
Councillor Mrs. N.B. Booden
Councillor A.E. Buckle
Councillor V. Burgos
Councillor Mrs. D.L. George
Councillor J.A. Keeling
Councillor G.E. Kelly
Councillor R.W. Kersey, B.Sc.

M. Maycock
Councillor Miss L.N. Overton
Councillor Mrs. B. Sanders
Councillor B.C. Sparrowe
Councillor H.G. Whitwell
G. Hirst, Esq., M.A., M.B., B.Chir.
J.S. Lane, Esq., B.A., M.R.C.S.,
L.R.C.P.
J.C. Miller, Esq., F.R.C.S.
F.R.C.O.G.
T.G.E. White, Esq., M.D.
M.R.C.O.G.

Members appointed to Sub-Committees on nomination

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1967

Mrs. E.M. Ryle Horwood
Miss L. Lowenstein, S.R.N., S.O.M., M.T.D.
Mrs. G.C. Browning

Mrs. J. Tongood
J.S. Horner, Esq., M.B., Ch.B.
D.P.H., D.I.H., (Eng.)
G.J. Cottler, Esq.

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

F.R. Jamieson, Esq.
PUBLIC HEALTH DEPARTMENT,
TABERNER HOUSE,
PARK LANE,
CROYDON.

NOTE: † Councillor Mrs. Maycock
27th December, 1967.
CR9 3BT

Telephone: - 01-686 4433



HEALTH COMMITTEE

1967

Alderman Keith Edwards
(Chairman)
Councillor B.H. Rawling
(Vice-Chairman)
Alderman A.V. Dammarell
Alderman D.M. Weightman M.A.
Councillor J.T. Bell
Councillor Mrs. N.B. Booth
Councillor A.E. Buddle
Councillor V. Burgos
Councillor Mrs. D.L. George
Councillor J.A. Keeling
Councillor C.E. Kelly
Councillor R.W. Kersey, B.Sc.

Councillor G. Levy
†Councillor Mrs. E.M. Maycock
Councillor Miss L.N. Overton
Councillor Mrs. B. Saunders
Councillor B.C. Sparrowe
Councillor H.G. Whitwell
G. Hirst, Esq., M.A., M.B., B.Chir.
J.S. Lane, Esq., B.A., M.R.C.S.,
L.R.C.P.
J.C. Miller, Esq., F.R.C.S.
F.R.C.O.G.
T.G.E. White, Esq., M.D.
M.R.C.O.G.

Members appointed to Sub-Committees on nomination
of Outside Bodies as shown:-

J.F. Boyle, Esq., M.B., B.Chir.,
D.Obst., R.C.O.G.
G. Clementson Esq., M.B., B.S.
Edith F. Newling, B.A. (Hons.),
M.B., B.S., M.R.C.S., L.R.C.P.

Local Medical Committee

A.F. Clift, Esq., F.R.C.S., M.R.C.O.G.,
S.Y. Marsters, Esq.

Croydon Group Hospital
Management Committee

Mrs. E.M. Ryle Horwood -----
Miss I. Lowenstein, S.R.N., S.C.M., M.T.D.
Mrs. G.C. Browning -----

Royal College of Nursing
Royal College of Midwives
Croydon Family Planning
Association

Mrs. J. Toogood -----
J.S. Horner, Esq., M.B., Ch.B.
D.P.H., D.I.H., (Eng.)
G.J. Cottier, Esq.

Croydon Federation of
Townswomen's Guilds
The St. John Ambulance
Brigade (Southern Area)
The Insurance Institute
of Croydon
The Pharmaceutical Society
of Great Britain (Croydon
Branch)

NOTE: † Councillor Mrs. Maycock died 27th December, 1967.

LONDON BOROUGH OF CROYDON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1967

To the Chairman and Members of the Health Committee

LADIES AND GENTLEMEN,

In accordance with statutory requirements I present this Report for 1967 on the health of the residents of the London Borough of Croydon.

Statistics

The birth rate continued to fall and the percentage of illegitimate births was again larger than in the previous year. The infant mortality rate was markedly increased, and exceptionally above that for the whole country. There were 4 deaths associated with pregnancy and childbirth, but 2 related to abortions in women not previously known to the obstetric service. The general death rate was fractionally lower, and an average figure. Male deaths from cancer of the lung showed a further increase. In comparison with 1966 there was one additional death from tuberculosis, but over 60% of the total figure covered persons over 65 years of age.

Communicable Diseases

The outbreak of measles which began in the final quarter of 1966 increased markedly during the winter months and continued at a lower rate until the summer. 1 death was registered of a 13 month old child. There were no cases of poliomyelitis or diphtheria.

Personal Health Services

The re-equipment of the midwifery service with gas/oxygen machines was completed. Plans to establish a mobile radio telephony service for them were deferred for financial reasons. There were minor developments of additional toddlers' sessions at child health centres, but this programme was also curtailed to effect economies. Health visitor training commenced at the Croydon Technical College, and proved of benefit both by the stimulus of receiving an increased number of students for practical work, and for the added opportunity of seconding recruits for future employment in Croydon. The Queen's Institute for District Nursing announced their intention to cease training, and discussions about a course at the Croydon Technical College were initiated.

More requests were received from family doctors for the attachment to their practices of health visitors, district nurses and midwives. These requests were met as rapidly as staffing shortages allowed. The proposal to rent accommodation in the Corporation's Maternity and Child Welfare Clinic at New Addington to family doctors was changed because applications for accommodation from additional partnerships could be met only by extending the premises. It became necessary to treat the scheme as the provision of a health centre, and appropriate steps were taken. A possible site and draft plans were submitted for the health centre requested by family doctors in the South Norwood area, and with the New Addington scheme await indication from the Ministry of Health of possible dates of approval of loan sanction for these capital projects.

There were notable developments in the mental health programme, particularly the opening of "Waylands", a combined centre for physically and mentally handicapped adults. The mental health wing of the building is in effect an adult training centre with 100 places. It shares with a wing of similar size for the physically handicapped, common, dining, recreational and administrative accommodation. This was a somewhat controversial project which began a successful year of operation in January, and so far nothing has arisen to offset the manifest advantages of a large unit providing facilities above the standard possible for smaller schemes. Especially as a social centre and meeting place for all groups of handicapped persons, it provides a proper building for both statutory and voluntary organisations, serving a population of just under $\frac{1}{3}$ rd of a million persons.

The Ministry of Labour approved the setting up of the first local authority assessment and rehabilitation centre for mentally disordered patients. Its successful working during 1967 is described by Mr. K. G. Morley, Organiser Manager in the Health Department for industrial rehabilitation, was appointed a member of the Central Training Council for Teachers of the Mentally Handicapped.

Two more houses converted as group units for mentally disordered patients were opened. The close co-ordination of the hospital and community services is shown by the successful placement of 59 hospital patients in the community, of whom only 8 required re-admission to hospital. With support from the National Association for Mental Health and Warlingham Park Hospital the Corporation supported the establishment of a Croydon Association for Mental Health. Support was also given for an investigation of voluntary help in the hospital and local authority services, financed through the National Association for Mental Health by the King Edward's Hospital Fund.

Health Education

1967 marked the 10th anniversary of the inception of a Health Education Section in the Health Department, and the appointment to it of Miss D.S. Elliott. It was a fitting indication of her success that she was invited last year by the Ministry of Health to serve as a member of the newly constituted Health Education Council for England, Wales and Northern Ireland. This Council has been constituted following advice from a Committee inquiring into health education, to deal with the subject on a national basis. No doubt it will look to local authorities for routine day to day activities, and Miss Elliott will be able to contribute knowledge gained as a result of unrivalled experience in the development and application of such a service.

Cervical Cytology

The extent of the service which could be offered remained limited by the number of specimens the laboratory could accept. It was possible to deal reasonably quickly with requests from women over 35 years of age who, despite the avoidance of any local publicity about such facilities, applied for this test.

Lead in Water Supplies

The Ministry of Housing and Local Government drew attention to a report about the amount of lead detected in water in certain areas after it had been in contact with lead pipes. These related mainly to soft acid waters and checks on all the Croydon supplies showed amounts well within the permissible level.

Housing

Applications for rehousing on medical grounds continued to increase despite the emphasis that only rare and exceptional cases could be recommended for priority. Assessment of these applications occupied a considerable part of the time of the Principal Medical Officer, who reports on his findings.

Staff

Shortages of suitable staff again raised difficulties because posts could not be filled, and additional work was created by the rapidity of vacancies and unsuccessful efforts to recruit. My thanks are, therefore, due to all members of the staff, and particularly to those in charge of sections, for routine and special duties.

The support and encouragement as always given by members of the Health Committee were a great incentive to the staff of the Department, on whose behalf I give our collective thanks.

I am

Yours faithfully,

S.L. WRIGHT,

*Medical Officer of Health
and Principal School Medical Officer*

SUMMARY OF STATISTICS FOR 1967

area, 23,815 acres.

Population (Census 1951), 327,238. Total population (estimate of Registrar-General), 328,290 (Midsummer, 1967).

Number of Dwellings: 102,251.

Assessable Value of Borough 1967 as from 1.4.67, £19,498,258.

Product of a Penny Rate, for London Borough of Croydon purposes, £81,200 rate in the £. 11s.5d. (for the year 1.4.67 to 1.4.68).

Live Births	Males	Females	Total
Legitimate	2,555	2,473	5,028
Illegitimate	275	279	554
			5,582

Legitimate Live Births per cent. of total births 9.9

Live Birth Rate (as adjusted by comparability factor 1.02) 17.3

(England and Wales) 17.2

Stillbirths 87

Stillbirth rate per 1,000 total (live and still) births 15.3

(England and Wales) 14.8

Total Births (Live and Still) 5,669

Infant Deaths 110

Infant Mortality rate per 1,000 live births 19.7

(England and Wales) 18.3

Infant Mortality rate per 1,000 legitimate births 19.1

Infant Mortality rate per 1,000 illegitimate births 25.2

Neo-natal Mortality rate (First four weeks)

per 1,000 total live births 13.8

(England and Wales) 12.8

Early neo-natal Mortality rate (First week)

per 1,000 total live births 11.8

(England and Wales) 10.8

Perinatal Mortality rate (stillbirths + deaths during the first

week) per 1,000 total live and still births 27

(England and Wales) 25.4

Infant Deaths (excluding abortion) Nil

Infant Mortality rate (including abortion)

per 1,000 total live and still births 0.71

(England and Wales) 0.30

Deaths, 4,015 Death-rate per 1,000 of the estimated population 12.2

(England and Wales) 11.1

Death rate (as adjusted by comparability factor 0.97) 10.8

STATISTICS

SUMMARY OF STATISTICS FOR 1967

Area, 23,815 acres.

Population (Census 1961), 327,239 Total population (estimate of Registrar-General), 328,290 (Midsummer, 1967)

Number of Dwellings: 102,251

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			5,582
Illegitimate Live Births per cent. of total births			9.9
Live Birth Rate (as adjusted by comparability factor 1.02)			17.3
(England and Wales)			17.2
Stillbirths			87
Stillbirth rate per 1,000 total (live and still) births			15.3
(England and Wales)			14.8
Total Births (Live and Still)			5,669
Infant Deaths			110
Infant Mortality rate per 1,000 live births			19.7
(England and Wales)			18.3
Infant Mortality rate per 1,000 legitimate births			19.1
Infant Mortality rate per 1,000 illegitimate births			25.2
Neo-natal Mortality rate (First four weeks)			
per 1,000 total live births			13.8
(England and Wales)			12.5
Early neonatal Mortality rate (First week)			
per 1,000 total live births			11.8
(England and Wales)			10.8
Perinatal Mortality rate (stillbirths + deaths during the first week) per 1,000 total live and still births			27
(England and Wales)			25.4
Maternal Deaths (excluding abortion)			Nil
Maternal Mortality rate (including abortion)			
per 1,000 total live and still births			0.71
(England and Wales)			0.20
Deaths, 4,015 Death-rate per 1,000 of the estimated population			12.2
(England and Wales)			11.2
Death rate (as adjusted by comparability factor 0.87)			10.6

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% and in 1967 to 22.96%".

The number of marriages solemnised in 1967 was as follows:-

	Church of England	Non- Conformist	Register Office
Total	1,097	604	1,082

Notification of Births

Notifications were received in respect of confinements conducted by:-

	Live Births	Still Births	Total
Midwives	3,801	42	3,843
Doctors	1,292	29	1,321
	<u>5,093</u>	<u>71</u>	<u>5,164</u>

Accommodation for Confinements

The following table shows where babies were born in the Borough of Croydon during the whole of 1967. 598 residents had babies outside Croydon and 193 non-residents were confined in Croydon

	Number	Percentage
In Private Houses	1,451	28.098
In Public Institutions	3,616	70.024
In registered Maternity Homes	97	1.878
<i>Total</i>	<u>5,164</u>	

COMMUNICABLE DISEASES

The outbreak of measles which developed during the last quarter of 1966 rose to a peak in February (2150 notifications), fell sharply in March, and thereafter subsided more slowly; it was not until August that monthly notifications fell below 100. There was one death from measles in an infant of 13 months.

There was a sharp fall in the number of cases of pulmonary tuberculosis notified during 1967. Deaths from all forms of tuberculosis were one more than in 1966.

There were no cases of diphtheria or poliomyelitis.

In late October/early November following the report of a case of small-pox in an adjoining borough several persons in Croydon were seen, and where necessary kept under surveillance by the Principal Medical Officer. In only one case was there any proven contact with the infected household; vaccination of the person concerned and his immediate circle was carried out.

During the year two separate small groups of cases of hand foot and mouth disease came to attention (this condition has no connection whatsoever with small-pox). The first, in October, concerned a family of four; the second, in November, concerned four young children from three neighbouring families in close contact. The causal virus was identified in both groups as Coxsackie A 16.

For detailed tables of communicable diseases see Appendix page 125.

COMMUNICABLE DISEASES

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During the year two separate small groups of cases of hand foot and mouth disease came to attention (this condition has no connection whatsoever with foot and mouth disease in cattle). The first, in June, affected a family of four; the second, in November, concerned four young children from three neighbouring families in close contact. The casual virus was identified in both groups as Coxsackie A 16.

For detailed tables of communicable diseases see Appendix page 125.

RESPIRATORY		NON-RESPIRATORY	
Males	Females	Total	Males
279	278	557	1,782

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 1967 may be regarded as satisfactory.

Incidence

81 cases of Respiratory Tuberculosis and 13 cases of Non-Respiratory Tuberculosis were notified on Form A during 1967 (Table 1 - Formal Notifications). Of these 50 males and 31 females were Respiratory cases and 5 males and 8 females were Non-Respiratory. In addition 49 Respiratory cases and 4 Non-Respiratory cases came to our notice as new cases otherwise than by notification.

The total number of new cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the year 1967 by notification or otherwise was 147.

130 of these were cases of Respiratory Tuberculosis; 82 in males and 48 in females.

There were 3 cases of Non-Respiratory Tuberculosis among children under 15 years. The number of cases in adults was 10.

The incidence rate of Tuberculosis, all forms, was 0.44 per 1,000 of the population, for Respiratory Tuberculosis 0.39 and for Non-Respiratory Tuberculosis 0.05 per 1,000 population. The notification rate was 0.28 per 1,000.

Notification Register

Number of cases of Tuberculosis remaining on the Notification Register on 31st December, 1967:

RESPIRATORY			NON-RESPIRATORY			Total Cases
Males	Females	Total	Males	Females	Total	
970	670	1,640	59	86	145	1,785

In 1967 the death-rate from all forms of Tuberculosis was 0.07 per 1,000 population.

The rate from Respiratory Tuberculosis was 0.07 and the rate for Non-Respiratory 0.00.

In 1967 the total number of deaths was 25. All but 5 of the deaths occurred in the age groups 45 years and over. There was no death in children of school age.

Deaths from Non-Respiratory Tuberculosis

During 1967 1 death was certified to be due to Non-Respiratory Tuberculosis.

Co-ordination with the Health Department

During the year 13 children were referred by the School Health Service, and 6 cases from the Maternal and Child Health Section of the Public Health Department.

Extra Nourishment

Provision of special nourishment in the form of milk was granted to 46 selected cases for varying periods during the year and 38 cases were in receipt of extra nourishment at the end of the year.

The Chest Clinic and Home Visiting

1,759 new cases were examined during the year. 65 were found to be definitely tuberculous.

The total number of attendances for examination at the Chest Clinic was 16,921.

The Clinic doctors paid 257 home visits and the Tuberculosis Visitors 2,969 visits for Clinic purposes. In addition the Tuberculosis Visitors made 256 primary visits for the purposes of the Notification Register. There were also 1,250 unsuccessful visits.

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

The results of this service are summarised below:-

Number of miniature films taken	4,866
Number of patients recalled for examination and large film... ..	435
Number of active cases of Pulmonary Tuberculosis found	14
Number of cases of lung cancer found	23

Contact Examination

During 1967, 478 persons were examined for the first time as contacts of notified cases of Tuberculosis.

Of these contacts, 8 were found to be tuberculous. This is equal to a Tuberculosis rate per 1,000 contacts of 17 compared with 0.44 per 1,000 of the general population. In addition there were 5 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 1967 and regular sessions were held at the Clinic for this purpose. 319 contacts were successfully vaccinated during the year. In addition 14 nurses and domestics were successfully vaccinated, and 45 babies of tuberculous parents were vaccinated in hospital during the neonatal period.

B.C.G. Vaccination for School Leavers

Total number of children skin tested	...	...	...	...	...	3,485
Number found to be negative	...	...	...	...	...	2,744
Number vaccinated with B.C.G.	...	...	...	...	...	2,738

MASS RADIOGRAPHY 1967

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	7,038	4	6
Female	8,139	5	2
TOTAL	15,177	9	8

Croydon and 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	372	2	3
Female	364	-	-
TOTAL	736	2	3

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 page 123.

AFTER-CARE OF THE TUBERCULOUS PATIENT

The tuberculous patient should have an adequately heated home, nourishing foods and warm clothing. For those living on a low income, these needs may be difficult to attain and, due to rising costs, this has been especially noticeable in 1967.

All advice possible is given regarding statutory benefits, including the extra nourishment grant generally allowed by the Ministry of Social Security to any tuberculous patient who is in receipt of a Supplementary Allowance. The money allocated by the Public Health Department for free milk for tuberculosis cases has made it possible for 1 pint of free milk daily to be supplied to about 32 frail patients per week. Applications have been made to the Croydon Care Committee on behalf of needy patients, and much help has been given by this Fund during the past year in the form of holiday grants, help with fuel costs and special needs.

Financial problems may be followed by employment problems. Many patients can return to their previous jobs, but there are some who are advised to find alternative work. Although most firms are willing to employ a tuberculous patient provided that person is medically fit, it is difficult for a patient who is an unskilled worker to obtain a light job as there is a shortage of vacancies in this type of work. The Disablement Resettlement Officer will give help and advice to those seeking employment.

Some patients are very frightened when a diagnosis of tuberculosis is given, and there can be consternation amongst the relatives. Home visits by the Health Visitor will do much to reassure the patient and family. Sometimes a District Nurse is required to give injections, and excellent co-operation has been received from this Service. The Home Help and Welfare Departments have also given valuable assistance with the after-care of the tuberculous patient.

1967 has been a busy year, and all branches of after-care work have continued.

OCCUPATIONAL THERAPY

The Chest Clinic Occupational Therapy Department has had another very busy year in 1967. There have been several new patients added to the list of people visited in their homes. Most of these patients have been very keen to work and have benefited considerably from being kept occupied.

All the patients visited have had a remarkably productive year and the turnover of materials has increased a great deal as a result.

We have had a fairly steady demand for the craft work made throughout the year which was gratifying and there was less than the normal accumulation of articles to be sold at the Christmas sale.

This proved to be fortunate as the Croydon Hospitals' Occupational Therapy Departments did not hold their annual sale in November and we had to look elsewhere for a venue.

Mrs. Pelcis from Purley Chest Clinic invited this Department to hold a small sale there; this proved to be most successful, and the gesture was very much appreciated.

VENEREAL DISEASES

New cases of Syphilis were more numerous than in 1966 and markedly above the numbers for previous years. There was a substantial rise in cases of gonorrhoea and these included 2 boys 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 page 135.

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 page 128.

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 no progress in the approach to Redhill Hospital for more co-ordination of hospital and domiciliary maternity services, nor was it possible to make 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 5,373 mothers attended during the year. 917 mothers attended the post-natal clinic. At relaxation and mothercraft classes 1,053 mothers made 5,823 attendances. 3,170 patients had an initial blood test, 82 were found to have Rh. antibodies. 83 were referred to the special clinic for venereal diseases.

Care of Premature Babies

PERSONAL HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT

Phenyketouria

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. 1 child was found to be suffering from phenyketouria during 1965.

"At Risk" Register

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

Genetic: Family history of deafness, blindness, etc.

Pre-natal: Rubella or other virus infection in first 16 weeks of pregnancy.

Rhesus incompatibility.

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

Peri-natal: Prolonged or difficult labour.

Prematurity.

Neo-natal jaundice.

CARE OF MOTHERS AND YOUNG CHILDREN

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Care of Premature Babies

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

For detailed figures see Appendix page 106.

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. 1 child was found to be suffering from phenylketonuria during 1967.

"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.

1,124 children who were born during 1967 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:-

250 cases were dealt with by the social workers.

47 girls were admitted to mother and baby homes.

43 girls were financially assisted by the Local Authority.

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

Age when baby was born

12 years old	...	...	...	1	12 years old	...	...	...	0
13 "	"	...	...	0	13 "	"	...	...	1
14 "	"	...	...	7	14 "	"	...	...	0
15 "	"	...	...	12	15 "	"	...	...	6
16 "	"	...	...	24	16 "	"	...	...	10
17 "	"	...	...	25	17 "	"	...	...	13
18 "	"	...	...	16	18 "	"	...	...	16
					19 "	"	...	...	7

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 102. 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 Health Centres

A Sub-Committee of the Central Health Services Standing Medical Advisory Committee reported to the Ministry of Health on local authority infant welfare centres. Their report approved the work being performed, and recommended the continuation of the service. Future trends may result in family doctors becoming more involved and if this is coupled with group practices assisted by local authority staff, most observers would deem it logical progress. Despite the reduction in the number of babies born in 1967 in Croydon more new and total attendances were recorded at infant welfare, or, as they are more aptly named - child health centres.

For detailed figures see Appendix pages 109 and 110.

Congenital Malformation

The scheme introduced in 1963 continued unchanged, regular returns being made to the Registrar General. A total of 96 babies with congenital conditions was notified in 1967.

For details see Appendix page 116.

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 1967:-

National Dried Milk	...	...	...	...	...	42,763
Cod Liver Oil	...	...	...	...	...	6,487
Vitamin A and D Tablets	...	...	...	...	...	7,019
Orange Juice	...	...	...	...	...	108,809

THE WORK OF THE PUBLIC HEALTH NURSING SERVICES

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

Superintendent Nursing Officer

1967 was the year in which attachment and liaison schemes with general practitioners took on a fresh impetus, particularly in the cases of the domiciliary midwifery and home nursing services. All midwives are present at ante-natal sessions held by the family doctor, some attached to a particular practice, others serving doctors on their areas who undertake midwifery.

General practitioner attachment has widened the scope of the home nurses' work. She now spends a certain amount of time in the doctor's surgery, particularly at the time the doctor sees patients who require dressings and treatment at home following that given at the time of the surgery visit. The fact that patients see doctor and nurse discussing their treatment together gives them a sense of security which was lacking when each worked in apparent isolation. The nurse too has far greater satisfaction in her work.

Staffing difficulties made it impossible for the health visitors to go ahead as quickly as the other services. Two liaison schemes became complete attachments and four new liaisons came into being. Liaison proceeding to attachment is, it is believed, the best way of dealing with this matter as far as the health visitor is concerned.

During the year a questionnaire on the progress of liaison and attachment schemes in the health visiting and home nursing spheres was the subject of a Ministry of Health research project. Croydon was one of the areas which was studied in some depth following completion of the questionnaire.

Domiciliary Midwifery Service

Although the number of deliveries have dropped, early discharges from hospital have increased. This has meant a slight change of emphasis on the duties of part-time midwives who tend to take over these nursings from colleagues working full-time. The majority of mothers prefer being nursed in their own homes once the delivery is over, but neither the hospital or domiciliary midwife get as much 'job satisfaction' as neither is completely responsible for seeing their patient through the birth and puerperium.

Throughout the year the taking of cervical smear tests for the early detection of signs of cancer of the womb have continued to be the responsibility of the midwifery service. Unfortunately it was not found possible to give more than a limited service until October, when the numbers were increased by 50%.

In December the Guthrie test for detecting phenylketonuria was put into operation. It is more sensitive than the urine tests previously carried out by health visitors. It requires the collection of two or three drops of

blood from the baby between the fifth and tenth day following birth, and it was thought that the midwife was the right person to undertake this work. The Superintendent Midwife deals with the despatch of specimens to the laboratory for the recording of results. Health visitors remained responsible for a second "Phenistix" urine test of babies between 5 and 6 weeks of age.

For detailed figures see page 25.

Health Visiting Service

In the early part of the year staffing presented particular problems. The nurse assistants appointed to undertake routine duties in connection with school work proved invaluable, but a depleted health visiting staff found it difficult to cope with their duties in the maternity and child welfare field. Many were carrying double case loads. Until September recruitment lagged behind resignations. Three sponsored students who qualified at that time made all the difference and a fresh impetus was given to this field of nursing. It is hoped that the Health Visitor Training Course now held at the Technical College will make it possible to fill vacancies more easily, thus relieving a very hard pressed service.

Health education suffered because of staff shortages, particularly in the toddler clinics where time is needed to persuade mothers that toddlers can be left to play under supervision and that a talk on health and family problems followed by discussion can be a stimulating experience for them. So much is written of these matters in periodicals and newspapers that the need for the spoken word is often forgotten. To be able to discuss one's problems with others is itself an exercise in health education.

Health Visitors were disturbed about the lack of play facilities for children under five and every help was given to women wishing to open playgroups. In spite of the demand, standards must be maintained and the specialist health visitor responsible for all services included in the Nurseries and Child Minders Regulation Act has proved to be of great help to all potential organisers. There was difficulty in finding sufficient women prepared to daily mind children despite this proving to be a well worth while job. Day nursery places are few and in many cases the nursery is not within easy reach of the mother.

During the year as a result of urine tests carried out by the health visitors two babies were found to be suffering from phenylketonuria. Both were under treatment and appeared to be progressing normally.

For detailed figures see page 25.

District Nursing Service

The appointment of a general trained nurse with a special training in the rehabilitation of patients following strokes or periods of prolonged

illness has proved most successful. She worked in close co-operation with the hospitals, continuing in the patient's home the treatment already commenced.

For detailed figures see Appendix page 111.

Throughout the year all services have taken part in seminars and study days as well as the statutory refresher courses. Further training as field work instructors was taken by selected health visitors to enable them to undertake the practical training of students in a more realistic manner. This is very important if the standard of health visiting is to be maintained.

Each service awaits change. Will the domiciliary and hospital midwifery services become one in the future as the recruitment of midwives becomes more difficult?

The home nursing service moves closer to complete general practitioner attachment whilst the health visitor finds the scope of her work increased as more and more specialists move into the field to deal with the ills that the stress and strain of modern life has brought about in family life.

IMMUNISATION

Efforts to raise the percentage of children immunised against poliomyelitis were successful, and some 90% of those born in 1967 were given this protection. The figure for diphtheria was 72% and an increase over the previous year. These results were achieved using existing recording methods, as computer programmes were delayed.

For tables see Appendix page 129.

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 conditions.

During the year 45 cases were so dealt with, 25 women, 12 men, 1 boy of 14 and 7 children under 5 years. There were in addition, 28 cases where the patients cancelled their applications after the arrangements had been made.

HOME HELP SERVICE

Miss J. E. Heath, Principal Home Help Organiser

1967 started well for the Croydon Home Help Service. The training scheme which aroused considerable interest in several parts of the country attracted visitors from the Ministry of Health, Royal College of Nursing and several other Local Authorities. Unfortunately, before the end of the year the scheme had to be suspended temporarily owing to shortage of District Home Help Organisers. Although only a limited number of Home Helps were able to take advantage of the scheme it became evident the Service was being injected with a new purpose. Experienced Home Helps improved their existing skills and displayed greater confidence in using their initiative. They felt, probably for the first time, integral members of a domiciliary health team. These early experiences indicated that the type of training offered to the Croydon Home Helps was designed on the right lines, and must as soon as possible become a permanent part of the Service. The patient at home is entitled to expect the services of staff with an established code of conduct which is only likely to come from trained personnel.

For detailed figures, see Appendix page 115.

HEALTH EDUCATION AND HOME SAFETY

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

Principal Health Education Officer

Staff changes and shortages within the section and in other sections of the Health Department together with preparations for the impending move of delicate equipment to Taberner House caused 1967 to be a most difficult year for health education.

Although no new projects could be attempted the determination and hard work of the Health Education staff enabled most of the existing work to continue. For nine months of the year 75% of the discussion groups in Toddlers' Clinics failed to function, but there was some improvement during the autumn and plans and programmes were being made to restore the work completely by January, 1968.

Family Planning

Educational work in this field increased satisfactorily during the year. Talks were included on the fathers' nights of all Parentcraft Classes and in Toddlers' Clinic Discussion Groups; a number of requests were received from Women's Organisations and methods of teaching the subject were demonstrated to groups of students, staff and other visitors to the department.

In-Service Training

(1) *Mental Health*:- Regular fortnightly discussion groups for assistant medical officers were led by Dr. G. Crosse, Consultant Psychiatrist in the Child Guidance Clinic. These were often illustrated with case studies or films and sessions will continue during 1968.

(2) *Methods and Techniques in Health Education*:- A course consisting of one session a week for eight weeks was given to ten district nurses.

They made excellent progress and are now giving an increasing number of courses and lectures and informal talks to groups in the community. This has added another interesting dimension to their work and enabled them to take a greater share in the promotion of health education.

Croydon Chamber of Commerce

A large section of the population - between the ages of 15 and 65 years - are employed in shops, offices and factories. They have few opportunities especially in smaller firms for discussion on personal health problems, the prevention of illness and the promotion of health. Yet time spent on these aspects of their lives might well result in a reduction of absenteeism, improved human relationships and a better understanding of work.

During a talk to Croydon Chamber of Commerce, the Principal Health Education Officer suggested that perhaps it would be possible in the future for employers to allow selected members or groups of their staffs to attend short discussion groups on subjects such as upper respiratory infection, first aid, feet and varicose veins aggravated by standing for long hours, family planning and health in middle age.

Visitors to the Section

An increasing number of people, singly and in groups, from hospitals, colleges, universities and overseas, visited the section for discussion or practical demonstrations.

Home Safety

Home safety topics were well integrated into general health education work during the year.

The exhibition at the Ashburton Flower Show was given a completely "new look". Two thirty-foot marquees were devoted entirely to Home Safety, General Health Education and Dental Health Education. The enthusiasm and help of health visitors, public health inspectors, dental staff and dental hygienist students from the Royal Dental Hospital, Tooting ensured the maximum participation of visitors in the educational games and competitions. There were also special displays and information about safety regulations for oil heaters.

The potential scope for health education is almost unlimited, but while the restraint on staff and finance continues, future plans must remain uncertain. As Abraham Lincoln once remarked, "If we could first know where we are and whither we are tending, we could better judge what to do and how to do it."

For details see Appendix page 117.

DENTAL SERVICE (MATERNITY AND CHILD WELFARE)

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

Dental treatment for expectant and nursing mothers and pre-school children is provided by the staff of the School Dental Service. Ideally, 20% of their time would be devoted to this function, but in the present situation where there is a large unsatisfied demand for treatment from school children, it is not possible to achieve this balance. The importance of regular dental treatment for pre-school children cannot be overstressed. So often the first visit a child makes is when he or she starts school. By that time, research has shown, the child is likely to have about five decayed teeth, and the first experience of dentistry is likely to be an everlasting impression of the discomfort of prolonged and extensive treatment. Early attention minimises the effect of dental caries. Also, a child needs an opportunity to get to know the dentist and the nurse and the unfamiliar surroundings of the surgery.

The three year old birthday scheme has been continued at the Sanderstead Centre. This has proved popular with parents and is successful in that about 20% of those contacted accept the offer of a dental inspection at the clinic. It is to be hoped that increased staff will permit the extension of this scheme throughout the Borough.

Dental Health Education talks have been given in infant welfare centres to mothers attending toddlers' clubs. The numbers of such meetings have decreased during the year. It is to be hoped that this service will be re-developed so that these opportunities for addressing groups of parents will provide an expanding outlet for dental health propaganda.

For details see Appendix page 118.

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.

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

1967 has been marked by two important events in the sphere of voluntary work for the mentally handicapped and mentally ill.

In June the Croydon Association for Mental Health was inaugurated under the presidency of His Worship the Mayor of Croydon. The Association aims to promote voluntary help by providing information as to needs and resources and helping to co-ordinate effort. It also aims to contribute actively in the field of education and information on mental health matters and to promote better understanding of the needs and problems to be met. In its first six months the Association started by making a survey of the local mental health services and of the scope for voluntary help and made plans for a conference on voluntary help to be held at Warlingham Park Hospital.

In July the Croydon Volunteer Aid Project was launched. This project aims to develop voluntary work in the mental health services, and has been set up by agreement between the National Association for Mental Health, the Public Health Committee and the Croydon and Warlingham Park Hospital Management Committee. The King Edward Hospital Fund is financing the project for an initial two year period. Mr. H.P. Muller has been appointed Co-ordinator of Voluntary Work under the project and he has made a detailed survey of openings for voluntary work. This has been followed up by the starting of a variety of voluntary work at Warlingham Park Hospital, and by the end of the year 34 volunteers had been helping there through the scheme.

The Croydon Association for Mental Health is actively supporting Mr. Muller's work, and together these two developments hold out much promise for the encouragement, development and co-ordination of voluntary aid in the field of mental health.

In the excitement of new ventures the continuing help of old friends is not forgotten. The interest and help of the Croydon and District Society for Mentally Handicapped Children in many aspects of work is a welcome source of encouragement, and the practical and material assistance given by the Society on many occasions is greatly appreciated.

Through its residential homes the Mental After Care Association continues to help many Croydon patients, 25 of whom were resident in the Association's Homes at the end of the year.

The Guardianship Society also continues to look after 11 severely sub-normal patients on behalf of the Local Health Authority (9 under guardianship and 2 placed informally).

Reference is again due to the help and interest of the Croydon Guild of Social Service and to the many other voluntary organisations and individuals who during the year have given willingly of time and resources to help Croydon patients.

Admissions under the Mental Health Act 1959

Although in 1966 there was an increase in statutory work of the Mental Welfare Officers, 1967 has shown the re-establishment of the earlier gradual downward trend in the number of admissions with which the Mental Welfare Officers were concerned.

There was a drop of about one third in the number of informal admissions and of 13% in compulsory admissions effected by the officers. There was a small increase in the number of cases investigated but where admission was not necessary. It is satisfactory to record a fall of 19% in the number of occasions when recourse was had to emergency admission procedures.

Details of the year's work are shown below:-

	Males	Females	Total
Admitted informally*	32	40	72
Under Section 25 (For observation)	44	52	96
Under Section 26 (For Treatment)	19	20	39
Under Section 29 (For Observation in Emergency)	61	123	184
Under Section 60 (Hospital Order through Court)	2	1	3
Under Section 136 (Police Action)	-	7	7
Investigated but not admitted	29	24	53
	<u>187</u>	<u>267</u>	<u>454</u>

*Figures for informal admissions only refer to those cases where the Mental Welfare Officers were involved, i.e. only about 9% of all voluntary admissions.

In Netherne and Cane Hill Hospitals Mental Welfare Officers were concerned with 48 Section 25 procedures and 22 Section 26 procedures.

Guardianship

During 1967 one patient was placed under the Guardianship of the Local Health Authority. No patient was discharged from guardianship. The number of patients under guardianship was thus increased from 18 on 12th December 1966 to 19 on 12th December 1967.

Training Centres

(i) Junior Training Centre

Further temporary adaptations have had to be made to Coldharbour House during 1967 to permit building work on the new school building which is eventually to replace the present centre. This made further difficulties for the Supervisor and staff of the centre, but a satisfactory level of work was maintained and the capacity of the centre was actually increased.

At the end of the year there were 30 girls and 51 boys on the books of the centre. The total of 81 compares with 67 at the end of 1966.

Residential Care

(i) Temporary Care

In 42 instances short term care for patients was made through the hospital service, and convalescent holidays were arranged for 11 patients during the year.

Temporary residential care for patients recovering from mental illness continues to be provided through the Mental After Care Association's hostel in Croydon.

(ii) Long Term Care

(a) Boarding Out Scheme

During 1967 43 patients were found lodgings through the Scheme, 7 more than in the previous year. Of these 24 were still in lodgings at the end of the year, 11 had moved on to other accommodation and 15 had been re-admitted to hospital.

Again tribute must be paid to the landladies who participate in the scheme and make it such a successful aid to the rehabilitation of patients.

(b) Small Group Homes

The two small group homes established by the end of 1966 continued to run satisfactorily and proved of great value to the 12 residents. During 1967 two further homes were opened providing accommodation for a further 13 residents; these also have been running satisfactorily.

During the year 16 patients were found places in these homes. Two residents moved on to other accommodation and one was re-admitted to hospital.

It is perhaps noteworthy that out of the 59 patients discharged from hospital to residential care provided by the local health authority only 8 were re-admitted to hospital.

Social Work

During 1967 it was not possible to make good all the staff losses in 1966 and there was some further loss of staff by retirement and appointment to more senior posts elsewhere.

The vital importance of the policy of secondment of staff for training is clearly seen in helping to maintain the scope and quality of the service despite the difficult recruitment position.

Through the year the level of work was well maintained and the case-load carried by the social workers remained at approximately 1,150.

The total number of cases referred to the social workers in the year was 1,083 so that they were again in touch with over 2,000 patients and their families during the 12 months.

Special attention was paid during the year to the community care work of the social workers, and a survey of this work was carried out. This showed the work to be increasing and to be already substantial. Some 400 requests for social work help were received in the year from community sources. In view of this special attention is now being given to the assessment of these cases with a view to providing a more efficient and effective service for them.

Attention was also given to the development of group work, and social workers initiated and helped with groups both for patients and relatives. This is seen as a potentially fruitful field of work in helping several individuals simultaneously.

Students

The Training Officer with the assistance of the social work staff continued to provide practical training for student social workers from the Croydon Technical College and elsewhere. The number of regular students was increased from 8 to 12 and a number of others visited for shorter periods of work.

Visitors

The mental health services in Croydon continue to be of interest nationally and internationally and the flow of visitors from many different places and disciplines continued through 1967.

1967 was a year of movement and fluctuating fortunes for the Industrial Units. Waylands, the new craftwork, training and social centre for 100 mentally handicapped adults and 100 physically handicapped adults opened on 2nd January and to it were transferred all the trainees from the temporary Bensham Adult Training Centre together with some who were unsuitably placed at the Crosfield Industrial Unit.

The premises of the Bensham Adult Training Centre were then subsequently utilised as an assessment and rehabilitation centre accepting all disabilities, leaving the Crosfield Industrial Unit as a sheltered workshop.

It was an unsettled year for industry and due to the economic situation several contracts were cut back which at one time represented an earnings loss to the units in the region of £10,000 over the year. By concentrated efforts and with the help of the Industrial Advisory Panel alternative contracts were obtained locally. At the end of the year the leeway had not entirely been made up but the final quarter showed a gratifying increase over the previous year's output.

Information about the centres and their activities during the year follows.

1. *Crosfield Industrial Unit.*

This unit for severely disabled persons is a sheltered workshop approved as such under Section 3 of the Disabled Persons (Employment) Act 1944. The assessment, training and rehabilitation section which was formerly part of the unit was transferred to the Bensham Assessment and Rehabilitation Centre.

Crosfield continues to be the headquarters and principal co-ordinating agency for all the contract work undertaken in the other centres and Warlingham Park Hospital.

Employees work a 40 hour week, the basic rate for men being £10.16s.8d. per week and £8.0s.10d. for women. Travelling expenses up to 2/- daily and free mid-day meals are provided. Two weeks paid holiday is given each year. 22 of the disabled are trade union members.

As in previous years there have been no problems arising over the wide cross section of mental and physical disability represented in the workforce and continuing experience supports the benefit of this policy to employees and to the establishment of a viable factory.

New ventures during the year included the setting up of a mobile work force which undertook grass cutting and simple gardening at old peoples homes whilst within the factory contracts for skilled electrical sub-assembly were successfully introduced to overcome the shortage of unskilled jobs.

The numbers of severely disabled persons employed on 31.12.67 were as shown below. The comparable figures for 1966 appear in brackets.

<i>Type of disability</i>	<i>Male</i>		<i>Female</i>		<i>Total</i>	
Mental Illness*	25	(16)	13	(7)	38	(23)
Subnormality	12	(8)	3	(1)	15	(9)
Severe Subnormality	9	(8)	7	(6)	16	(14)
Physical Handicap	10	(8)	3	(0)	13	(8)
	56	(40)	26	(14)	82	(54)

* 11 male (6) and 2 female (2) patients attend daily from Warlingham Park Hospital

<i>Totals of employees admitted from:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Crosfield Assessment & Rehabilitation Section	10	9	19
Day Hospitals	2	1	3
Waylands - Health Wing	1	0	1
Waylands - Welfare Wing	1	2	3
Bensham Assessment & Rehabilitation Centre	9	0	9
Social Workers	1	1	2
	24	13	37
Employees discharged to open employment	2	1	3
Died	2	0	2
	4	1	5

<i>Totals of employees unable to maintain Sheltered Workshop standard who returned to:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Warlingham Park Hospital	1	0	1
Home	3	0	3
	<u>4</u>	<u>0</u>	<u>4</u>

Of the 45 severely disabled trainees attending the Assessment and Rehabilitation Section of the Unit at the beginning of the year only 8 were left on 31.12.67. The remainder were transferred to the new Assessment and Rehabilitation Centre.

Remuneration

	<i>1967</i>			<i>1966</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)	1,113.	5.	6.	3,960.	12.	3.
Total amount paid out as gross wages (Sheltered Workshop)	30,589.	4.	3.	20,400.	4.	11.
Income						
Total earnings from industry approx.	22,077.	0.	0.	27,455.	0.	0.
Manufactured wooden boxes etc. approx.	277.	0.	0.	-		
Mobile Work Group approx.	1,271.	0.	0.	-		
Manufactured breeze blocks sold approx.	9,423.	0.	0.	865.	0.	0.
<i>Total</i>	<u>33,048.</u>	<u>0.</u>	<u>0.</u>	<u>28,320.</u>	<u>0.</u>	<u>0.</u>

Value of raw materials and breeze blocks in stock 31.12.67 approx.	1,440.	0.	0.	4,300.	0.	0.
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Attendances

<i>Excluding holidays (paid and approved unpaid)</i>	
Sheltered Workshop employees	95.59%
Trainees	85.67%

2. The Bensham Assessment and Rehabilitation Centre opened on 13th March 1967. Persons admitted to the centre must have some prospect of graduating to open employment. The health department provides and runs the centre whilst the Ministry of Labour pays training allowances to the rehabilitees, reimburses fares and contributes to the cost of mid-day meals.

Admissions and discharges are approved by a review panel under the chairmanship of a consultant psychiatrist who is also medical adviser on mental illness to the Medical Officer of Health. The review panel has similar responsibilities for the Sheltered Workshop and the Adult Training Centre (Waylands).

On 31st December 27 rehabilitees were attending the centre and further information follows:

<i>Type of disability</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Mental Illness*	10	3	13
Subnormality	5	5	10
Physical Handicap	2	2	4
	<u>17</u>	<u>10</u>	<u>27</u>

* 4 male rehabilitees attend daily from Warlingham Park Hospital.

<i>Totals of rehabilitees admitted from:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Warlingham Park Hospital	16	1	17
Waylands	9	6	15
Crosfield	5	4	9
Day Hospitals	4	2	6
Ministry of Labour	1	0	1
Social Workers	7	6	13
	<u>42</u>	<u>19</u>	<u>61</u>

Totals of rehabilitees discharged to:

Open Employment	4	6	10
Sheltered Workshop	9	1	10
Industrial Rehabilitation Unit	1	0	1
Government Training Centre	1	0	1
Waylands	1	1	2
	<u>16</u>	<u>8</u>	<u>24</u>

Terminated as unsuitable	8	1	9
Died	1	0	1

Total earnings for industrial work approx. £2,100. 0s. 0d.

3. Waylands Craftwork, Training and Social Centre

The wing for mentally handicapped adults, which forms part of this purpose built centre has had a very successful year. The training programme is based on work training and social training and the policy is designed to meet individual or small group needs with full parent participation.

The 'ideas' team responsible for much of the progressive policy development comprises the Centre Supervisor, Psychologist and a Specialist Social Worker and this combination of talents has contributed immeasurably to the scope and depth of the training programme.

Numbers of severely disabled persons attending the Health Wing at 31.12.67 were as follows:

Type of Disability	Male	Female	Total
Mental Illness	5	1	6
Subnormality	11	11	22
Severe Subnormality	36	33	69
Physical Handicap	2	2	4
	<u>54</u>	<u>47</u>	<u>101</u>

Total of trainees admitted from:

Junior Training Centre	5	2	7
Crosfield Industrial Unit	3	1	4
Day Hospital	3	1	4
Warlingham Park Hospital	0	1	1
Welfare Wing Waylands	1	2	3
Youth Employment Officer	4	3	7
Probation Officer	2	0	2
Social Worker	5	8	13
Bensham Assessment & Rehabilitation Centre	1	1	2
Other Sources	1	2	3
	<u>25</u>	<u>21</u>	<u>46</u>

Totals of trainees discharged to:

Bensham Assessment & Rehabilitation Centre	8	5	13
Sheltered Workshop	1	0	1
Welfare Wing Waylands	6	1	7
Subnormal Hospital	1	1	2
Left Area	2	1	3
Excluded	1	0	1
Voluntary Termination	2	0	2
	<u>21</u>	<u>8</u>	<u>29</u>

Remuneration

	£	s.	d.
Total merit payments, fares, craftwork payment to whole centre	5,532.	11.	8.
Total earnings for whole centre	6,107.	18.	3.
Average Attendance	86		

In addition to its day time activities Waylands is also the social and entertainment centre for the disabled in Croydon and films, shows and clubs operate most evenings and weekends.

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 £1.3s.5d. per day.

	Whitehorse Road	Hazleglen Sanderstead Road
Details of attendances -		
Capacity	50	30
Number on books at the end of year	49	29
Attendances: Under 2	3,588	1,111
Over 2	6,014	4,455
<i>Total</i>	<u>9,602</u>	<u>5,566</u>
Number of days opened ...	254	254
Average daily attendance	37.8	21.22

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 child health centres, and where staffing permitted, by home visits of health visitors.

For detailed figures see Appendix page 120.

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, and the engagement of a part-time chiropodist for 2 sessions a week. Similar facilities were provided at the "Waylands" Training Centre where up to 100 physically handicapped persons may attend each day and many need chiropody.

On December 31st 1967, 26 chiropodists were operating this scheme. During the period January 1st to December 31st 1967, they gave 19,291 treatments at their surgeries and 4,266 by domiciliary visits. 252 treatments were given at Parkway Clinic, New Addington and 63 at "Waylands".

CERVICAL CYTOLOGY

This service remained limited by the facilities available at the Special Regional Hospital Board Laboratory. A maximum of 40 specimens a week was allowed and easily covered by medical and nursing staff in Corporation clinics. The Ministry of Health directed local authorities to offer the test to women over 35 years of age and since the risk of developing cancer increases with age, it is reasonable to give this priority when facilities are limited and it is debatable whether testing from 25 years of age is justified. However, the publicity about cervical smear testing resulted in many applications from younger women, and despite re-assurances several were concerned at being refused on grounds of age. If new laboratory methods allow unlimited numbers of specimens to be examined, our problem will become the persuasion of those with the greatest risk to undergo testing.

For details see Appendix page 122.

In addition to its day time activities Waylands is also the social and entertainment centre for the disabled in Croydon and films, shows and clubs operate most evenings and weekends.

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 1967.

At the time of writing, we are in the process of settling down in new office accommodation in Taberner House, which after an initial period will, no doubt, prove a vast improvement on the accommodation in Wellesley Road and provide working conditions much more in line with modern concept and statutory requirements.

Housing work continued to play a prominent part in the activities of the Section. The Compulsory Purchase Order made under Part III of the Housing Act 1967 in respect of unfit houses and property adjoining in the Handcuff Road area and consisting in all of 79 properties, was confirmed by the Minister of Housing and Local Government with minor modifications after a Public Inquiry. Confirmation of a further Compulsory Purchase Order made later under Part V of the Act in respect of properties in the same area now leaves the way open for completion of a part of the Borough in urgent need of improvement. Much time and effort were applied to the problem of obtaining notices served in re-

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

legal proceedings or otherwise, quite good progress has been made.

In spite of economic pressures the Council has continued to implement its long term policy of attaining in due course a smoke controlled borough. No. 10 Smoke Control Order was made in December 1967 and has since been confirmed by the Ministry with a minor amendment. The effects of smoke control are becoming increasingly obvious, for not only can we see the improvement, but statistics confirm the downward trend in air pollution, both in the dramatic decrease in smoke levels and to a lesser extent in sulphur dioxide concentration.

The problem of recruiting public health inspectors is one that is causing some concern at the present time and it is significant to report that in spite of repeated advertisements no appointment of a public health inspector has been made from outside since the creation of the London Borough. Two trainees have qualified during this time and have been appointed on the staff. At the present time there are five vacancies for district inspectors out of a total establishment of 20. A recent advertisement met with no response whatsoever and consideration is being given to the need for additional incentive in the terms of appointment.

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. S.L. Wright, Medical Officer of Health, and the very willing help and loyalty of the whole of my staff.

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In spite of economic pressures the Council has continued to implement its long term policy of attaining in due course a smoke controlled borough. No. 10 Smoke Control Order was made in December 1967 and has since been confirmed by the Ministry with a minor amendment. The effects of smoke control are becoming increasingly obvious, for not only can we see the improvement, but statistics confirm the downward trend in air pollution, both in the dramatic decrease in smoke levels and to a lesser extent in sulphur dioxide concentration.

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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 1967

(i) Total number of houses inspected for housing defects (under Public Health or Housing Acts) - 3,663

(ii) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation

(a) In Clearance Areas - 53

(b) Other than in Clearance Areas - 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 - 489

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 - 148

(ii) Number of dwelling houses which were rendered fit after service of formal notices

(a) By owners - 194

(b) By Local Authority in default of owners - 24

(b) Proceedings under the Public Health Acts -

(i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied - 601

(ii) Number of dwelling houses in which defects were remedied after service of formal notices -

(a) By owners - 499

(b) By Local Authority in default of owners - 85

(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 - 4

(iii) Number of dwelling houses in respect of which Closing Orders were made - 3

(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	-	17
(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	-	108
(ii) Number of houses in which defects were remedied following service of formal or informal notice under Section 9, Housing Act	-	92
(iii) Number of houses in which additional amenities were provided following service of formal or informal notices under Section 15 of the Housing Act	-	61
(iv) Number of houses in which fire prevention works were completed following service of formal or informal notices under Section 16, Housing Act	-	74

5. Rent Act, 1957 - Certificate of Disrepair

(i) Number of applications for certificates	-	7
(ii) Number of certificates issued	-	4
(iii) Number of applications by landlords for cancellation of certificates	-	6
(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 is 5s.0d. per night or 35s.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 84, and the total number of lettings 30,842.

There are no private common lodging houses.

FACTORIES ACT, 1961

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

Part I of the Act

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

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	69	20	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,378	495	6	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	88	85	-	-
TOTAL	1,535	600	7	-

Cases in which DEFECTS were found:-

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	To H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1) ...	5	4	-	-	-
Overcrowding (S.2) ...	-	-	-	-	-
Unreasonable temperature (S.3)	1	1	-	-	-
Inadequate ventilation (S.4)	1	1	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7):-					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or defective	7	5	-	3	-
(c) Not separate for sexes	3	3	-	-	-
Other offences against the Act (not including offences relating to Outwork) ...	28	20	-	1	-
TOTAL	46	35	-	4	-

Part VIII of the Act

Outwork

Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 10 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Lampshades	21	-	-	-	-	-
Embroidery and Tapestry Printing	6	-	-	-	-	-
Paper bags and Cardboard boxes	11	-	-	-	-	-
Christmas cards, Christmas crackers and stockings	63	-	-	-	-	-
Tool assembly	5	-	-	-	-	-
Wearing apparel	97	-	-	-	-	-
Perfumery, Toiletries, etc.	22	-	-	-	-	-
Carding of buttons etc.	109	-	-	-	-	-
Artificial flowers	1	-	-	-	-	-
Curtain and furniture hangings	11	-	-	-	-	-
Household linen	22	-	-	-	-	-
Dolls and toys	22	-	-	-	-	-
Brushmaking	2	-	-	-	-	-
Typing	1	-	-	-	-	-
Knitting	2	-	-	-	-	-
Wigs	4	-	-	-	-	-
TOTAL	399	-	-	-	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The extensive development of office accommodation taking place in the London Borough is giving rise to problems associated with design, height to which office blocks are being built and their location in relation to other office blocks.

From inspections made within the London Borough, it appears that, unfortunately, certain unsatisfactory conditions and contraventions can be found within these modern buildings, with their otherwise spacious floors, panoramic views and up-to-date equipment.

It is true to say that working conditions have improved tremendously, but, unless particular attention is directed to heating and ventilation in these modern blocks, whether they are of single or multiple occupation, and the requirements of the Act are strictly enforced, unsatisfactory conditions can obtain.

It appears to be the policy, where possible for economic and efficiency reasons, to adopt the large open plan type of office, but it would appear to be not as efficient as it would seem. Individual requirements for air and warmth create problems, and complaints are made of noise from telephones ringing, people talking and general disturbance by persons walking to and from the offices in the course of their business. This can have an adverse effect on efficiency generally. Machines, such as those used for punch cards for computers, can create much noise and heat in large rooms and complaints have been made, both written and verbal, when inspecting this type of office. The management are often aware of such unsatisfactory conditions, but no action is taken until an inspection of the premises has been made and they are acquainted of the necessity for compliance.

Modern office blocks, due to their construction as tall buildings, and their close proximity to other tall office blocks, create boisterous wind currents which funnel over and around them and, in some circumstances, cause updraught action. The unique position exists that, although in some cases adequate openable windows are provided, they cannot be used due to wind currents which cause extreme draught when they are opened. In one office from which a complaint was received, a female clerk was found to have secured a length of P.V.C. sheeting to her chair to shield herself from draughts.

Windows constructed flush with the elevation aggravate the problem which would be mitigated by the construction of recessed windows to form wind breaks. The end result is that windows are not opened, and a stuffy atmosphere causing drowsiness and langour is created.

It has been found necessary in cases where sash windows cannot be opened to recommend Hinkes-Bird type windows on one elevation at suitable points, with Ventamatic type units to windows on the opposite elevation, but in most cases it is a matter of trial and error.

In order to prevent as far as possible contraventions of the Act arising, planning applications and plans referring to new and existing buildings are received from the Borough Engineer for perusal and recommendation in so far as the requirements of the Act under review are concerned.

During the year, 517 plans relating to offices and shops have been received and examined. This has resulted in correspondence with architects, builders and ventilating and heating engineers, conferences at office or on site, and during construction, before the buildings have been occupied. Although a good deal of time is taken up on this aspect of the work, and little can be recorded as far as inspections are concerned, it is hoped that as a result the premises will be found to comply with the main provisions of the Act when inspections are made in due course.

Furthermore, architects and others are made aware of the existence of the Act and enquiries are regularly received seeking advice.

Several complaints of overcrowding of offices were received and steps were taken to enforce compliance.

One Certificate of Exemption under Section 46(1)(a) and Section 5(2) (Minimum Space Standard) respecting an office was granted for a period of six months, which Certificate will expire on 6th June 1968.

All accidents notified have been investigated.

It has been of some concern that the details of the accident, reported in paragraph 4 of Form OSR 2 by the occupier have been, in a number of cases, quite incorrect. If the accident had not been investigated, a different coding would have been made on the quarterly return (OSR 11) which would have given a false impression of the nature of the accident.

Interviews with injured persons, preferably in their own homes, have proved most valuable and thrown a different light on the accident and have sometimes revealed persistent neglect on the part of the employer to remedy a long standing defect. Formal warnings have been sent in such cases. Recommendations to adopt measures to avoid a recurrence of the accident have been made and generally adopted and co-operation on the part of employers has proved helpful.

Accidents due to failure to use equipment provided to facilitate easiness of working or in an attempt to save time continue.

A man loading a box of tiles weighing 54 lbs. on to a motor van suffered strain and sprain which kept him off duty for nine days. A portable loading conveyor was provided which he did not use.

An electrician was fitting cables above his head for providing power to a refrigerator. He stood on a box which he found nearby; the box collapsed and he was absent for several days suffering from bruising. The proper equipment was supplied by his employers but he did not use it.

Accidents continue through lack of foresight.

A man aged 76 mounted a stool with casters to reach a file on a shelf some 6 feet high when the stool rolled backwards and he was thrown on the floor sustaining a fractured pelvis. The stool has since been removed from the premises.

Accidents due to change in heights of stair or step risers have been reported. External terazzo steps to a new office building caused an accident due to an architectural fault. The first step down was shorter than the top step which left a drop, the height of a double riser, at each side. An employee leaving the office in a hurry stepped the distance of two risers and fell, sustaining a fractured femur. The architect was met on the site, and he arranged for protective handrails to be fitted on each side to prevent a recurrence of this type of accident.

With regard to machine accidents, a brewers' employee whilst loading boxes of wine on to a moving chain conveyor trapped his foot between the chain and the cog wheel. Fortunately the conveyor was stopped almost immediately but his foot was saved from being crushed due to his wearing specially made metal protected toecaps to his shoes. It is to be regretted that it is not compulsory for protective shoes to be worn in occupations where such hazards exist.

An explosion in a gas cooker in a restaurant injured an employee by burns and kept her off duty for some three weeks. The employing company has been instructed and has undertaken to ensure the regular servicing of the gas cooker in future.

Problems have arisen in the past with regard to betting shops. Unsatisfactory conditions have been found where sanitary accommodation has been shared with occupants of domestic rooms above and ventilation of the offices has been restricted or is non-existent by fixing windows for security reasons. Another problem is that of the continuous counter without a raisable flap but with a gate in the riser through which authorised persons have to crawl or stoop to gain admittance to the premises at the rear of the counter. This method of access is at times likely to cause injury and is deprecated.

The receipt of planning applications for betting shops now gives the inspectorate opportunity to report upon the requirements of the Act before consideration by the planning committee.

The lack of staff rooms in shops has revealed unsatisfactory conditions where no meals as defined in Section 15 are taken in the shop. In one food supermarket the only "staff room" available is a small ventilated lobby containing two wash basins. Here the female staff congregate to smoke and talk, obstructing the use of the facilities for the purpose for which they were designed. Similar conditions have been noted in offices where provision has not been made for staff rooms.

One finds dirt and accumulations of rubbish in offices and shops. The occupier is not always to blame and the careless and untidy behaviour of staff in leaving their belongings, outer shoes, shopping bags etc., strewn over staff room floors with coats hung on opened doors of lockers leaves much to be desired.

Step ladders are often found in a bad state of repair. This is brought to one's notice when accidents occur. Although regulations have not yet been made, advice has been given for repair or replacement of step ladders when necessary.

Washing cups and saucers in wash basins continues in some instances (in offices and non-food shops) where there are no sinks separately allocated for the purpose but success is being achieved in making provision for separate sinks with hot and cold water supplies when plans for new buildings are submitted or alterations to old buildings proposed.

Safe access to lift and water towers does not receive sufficient attention from some architects. When approached on the subject one has met with the remark "It's only maintenance staff using it". Economy is often wrongly applied where there should be maximum safety.

The number of complaints respecting insufficient heating of offices and shops grows each winter as inspection of premises continues and the provisions of the Act become more widely known. Complaints of over-heating during the same period were received.

One complaint was made in January that the Inspector had insisted on a minimum temperature of 60.8°F in an office, which by an employee was considered too high. She held that a temperature between 50°F and 54°F was adequate. The air temperature on that date was 44°F. On the same day a complaint was received from another office that the temperature was 80°F.

In the latter case inadequate means of ventilation in a modern office block was found and remedied.

Insufficient lighting and defective lighting apparatus have been dealt with and remedied in old premises particularly in water closet compartments and passages.

During the year five cases were reported to the Town Clerk with a view to legal action being taken:-

- (1) A firm failed to provide a substantial handrail, contrary to Section 16(1). As a result of a letter from the Town Clerk, a handrail was provided.
- (2) A firm failed to notify an accident forthwith, contrary to Section 48 of the Act. As a result of a letter from the Town Clerk the Notification of Accident was received.
- (3) An assurance society was not maintaining a floor construction and floor covering in an office, contrary to Section 16(1). As a result of a letter from the Town Clerk the work was completed.
- (4) A brewers' bottling firm was reported for failing to fence securely the chain of a conveyor contrary to Section 17(1). An accident had been reported and investigated. The work of protection of the machinery required by the department was promptly carried out and a warning letter was sent by the Town Clerk to the company.

(5) A firm specialising in the sale of electrical appliances was reported to the Town Clerk for:-

- (a) improper construction of a staircase contrary to Section 16(1)
- (b) defective and dirty windows of stores, wash rooms and water closets and ineffective ventilation contrary to Sections 4, 7, 9 and 10.
- (c) lack of means of drying outdoor clothing contrary to Section 12(1)(b).
- (d) failure to maintain a reasonable temperature in the retail shop contrary to Section 6(3)(b).

Correspondence between the Town Clerk and the company ensued as a result of which items (a) and (b) above have been remedied. At the date of this report the last two mentioned items are outstanding.

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	104	1,123	116
Retail Shops	142	1,920	476
Wholesale Shops, Warehouses	5	107	26
Catering Establishments open to the public, Canteens	42	207	94
Fuel Storage Depot	-	2	-
TOTALS	293	3,359	712

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

3,772

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	27,176
Retail Shops	11,987
Wholesale Departments, Warehouses	2,030
Catering Establishments open to the public	2,521
Canteens	496
Fuel storage depots	22
TOTAL	44,232
Total Males	21,235
Total Females	22,997

TABLE D - Exemptions

Two exemptions were granted under the Act during 1967, one under Section 10(1) (Washing Facilities) and one under Section 5(2), (Air space standards) for periods of two years and six months respectively.

TABLE E - Prosecutions

There was no prosecution under the Act during the year.

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. CARRIED OUT

Accident Prevention Measures	11
Abstract of Act Provided	174
Clothing Accommodation Provided	45
Drainage Defects Repaired	8
Lack of Cleanliness Remedied	61
Drinking Water/Vessels Provided	3
Eating Facilities Provided	4
First Aid Equipment Provided	119
Floors, Stairs, Passages Repaired etc.	236
Heating Provided	28
Lighting Provided	56
Machines Guarded	41
Overcrowding abated	15
Premises registered	293
Sanitary Accommodation Provided	21
Defective Sanitary Accommodation Repaired	97
Staff seating facilities Provided	9
Thermometers Provided	116
Ventilation Provided	95
Walls, Ceilings etc. Repaired	186
Washing facilities Provided/Repaired	110
Provision of Disposal for Sanitary Dressings	7
Defective Electrical Wiring Remedied	11

SHOPS ACTS

The Shops Acts regulate the closing hours of shops and the working hours of shop assistants. Failure to observe "closing hours" has given little cause for complaint during the year. 1,217 inspections were made under the Shops Acts; infringements found were as follows:-

Hours of Closing	0
Notices to be exhibited or amended	257
Meal Intervals not granted to Staff	1

PROSECUTIONS UNDER SHOPS ACT, 1950

There were no prosecutions under the Act during the year.

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 87 inspections such inspections were made.

HAIRDRESSING ESTABLISHMENTS

Legislation calls for the registration of hairdressers' and barbers' premises. During the year 231 inspections were made of registered premises to check that the Byelaws in force were being observed. Generally little cause for complaint was found. 29 new Registration Certificates were issued.

DRAINAGE

2,557 visits of inspection were made to underground drains in course of repair. Of 445 Statutory Orders served, in 85 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 22 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.

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.

Recently new Regulations have been introduced governing the safety of stands for carrycots, the materials used in the manufacture of toys and the labelling of nightdresses to indicate the flammability of the material used.

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-flammability for textile fabrics which claim to be non-flammable.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

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

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

MINES AND QUARRIES ACT, 1954

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

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

THE SCRAP METAL DEALERS ACT, 1964

This Act requires 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 4 new 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. Four 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:-

Address	No. of Caravans	Period of Licence
Hall & Co. Depot, Marlpit Lane, Coulston.	1	1 year from 10.12.67.
Dennards Yard Magdala Road, Croydon.	1	Indefinite period.

Site licence conditions require a water carriage system of drainage, main water supply and fire precautions.

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. 7.68
No. 10	6,670	6,351	596	18.12.67	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 57 plans showing the construction and heights of new chimneys were examined and in 31 cases additional height was requested and agreed. 62 notices of the installation of new furnaces were received, 44 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 during the year:-

By Steam 6,992 articles

By Formalin Gas 200 articles

Total 7,192 articles

Disinfection of bedding and upholstered articles is carried out for traders, who delivery them to, and collect them from, the station. For this service a charge is made.

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

157 rooms, hospital wards, clinics etc.

25 library and other books.

On request disinfection was also carried out for conditions other than notifiable infectious diseases and for which a charge is made. During the year £28.3s.6d. was paid for such services.

1,202 items of home nursing equipment 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 144 adults and 21 children were cleansed of verminous conditions and 45 adults and 43 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 128, either by spraying or fumigation.

NOISE ABATEMENT

During the year 74 complaints were made regarding noise alleged to be a nuisance. In 8 cases no action was warranted.

In 57 instances the noise complained of was abated, or 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 12. In addition, 230 applications were made for the retention of names on the list for a further 12 months. No infringement of the Act was 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 one firm is now engaged in this type of business within the Borough.

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

Article	No. of Samples
Washed Flock	1
Cotton Felt	3

PET ANIMALS ACT, 1951

During the year 20 licences were renewed and three new licences were granted. 49 inspections were made and little cause for complaint relating to conditions specified in the licences was found.

DISEASES OF ANIMALS ACT

During the latter part of the year the serious and widespread outbreak of foot and mouth disease in the North and Midlands resulted in the restriction of movement of animals in all parts of the country, except under licence. Extensive enquiries are made into each application for a movement licence and only such movements as may be proved necessary are permitted in order to minimise the risk of spreading the disease. Close contact has been maintained with local farmers and pig keepers to ensure that all possible precautionary measures are maintained and the utmost diligence is still being exercised in this matter.

No case of contagious animal disease was reported within the Borough during the year. In such cases action is taken in conjunction with officers of the Ministry of Agriculture, Fisheries and Food to provide against the spread of the disease. Regular visits are made by 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 complaints.

During the year 3,472 premises were inspected following complaint and in 3,400 instances infestation was confirmed and dealt with by the rodent operatives. In addition, 48 premises were inspected for reasons other than complaint. 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 652 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 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, 1,234 are registered under Section 16 of the Food and Drugs Act, as follows:-

Retail sale of ice-cream	989
Manufacturers of ice-cream	Nil
Preparation or manufacture for sale of sausages, or potted, pressed, pickled or preserved food... ..	245

During the year 8,909 inspections and re-inspections were made of food businesses (for details see Page 75).

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

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

Description	No. of Premises	Wash hand basins provided during 1967	No. to which Sec. 19 applies.	No. fitted to comply with Sec. 19 during 1967
Bakehouses and Bakers Shops	128	2	128	2
Sugar Confectioners	374	6	340	2
Cafes, Restaurants, Snack Bars, etc.	326	8	326	6
Works & Club Canteens	406	2	406	2
Licensed Premises	134	1	134	-
Off Licences	111	-	20	-
Grocers	320	7	290	3
Butchers	175	2	175	2
Wholesale Meat Markets	8	-	-	-
Chemists	122	-	122	-
Greengrocers	221	3	221	3
Fishmongers	49	1	49	-
Fried Fish Shops	29	-	29	2
Milk Distributors and Dairies	268	2	247	-
Premises from which Roundsmen & Mobile Shops operate	91	-	91	-
Stalls/Delivery Vehicles	125	8	125	7
Food Manufacturers	21	-	21	-
Supermarkets and General Shops	164	6	80	6

FOOD AND DRUGS ACT, 1955 AND FOOD HYGIENE REGULATIONS

1960 AND 1966 - WORK CARRIED OUT AND DEFECTS REMEDIED

Structural defects in shops and stores remedied	3
Defective condition of walls, ceilings, doors and window glazing	172
Defective condition of floors, utensils, fixtures, etc. remedied	104
Defective or insufficient drainage repaired	13
Lighting, heating or ventilation provided	28
W.C. accommodation - repair or cleansing	19
" " - artificial lighting provided	5
" " - intervening ventilated space provided	14
Food - now stored 18 ins. off floor	72
" - means to prevent risk of contamination provided	29
" - store provided or repaired	1
Accumulations in yard or stores removed	30
Offal and refuse bins provided	23
Yard paving repaired	2
Hand washing notices exhibited	34
Ablutions - Wash basins provided	40
" - Hot water supplies provided	45
" - Nail brushes, soap and towels provided	35
Clothing accommodation provided	12
Sinks installed	28
Smoking offences abated	6
Defective or unsuitable table tops replaced	51
First Aid kits provided	25
Cleanliness - advice given	7
Rats/Mice Infestation abated	9

STALLS AND DELIVERY VEHICLES

Wash hand basins/Sinks with hot water provided	15
Nail brushes, soap towels provided	9
First Aid kits provided	22
Washable overclothing provided	18
Name and address boards supplied	27
Food now stored 18 ins. off floor	7
Accumulation of refuse etc.	15
Receptacles for waste food provided	16
Screening for stalls provided	9
Smoking offences abated	1
Cleanliness of Stalls and Vehicles remedied	1

Condemned Foodstuffs

Summary of meat and other articles of food found to be unfit and condemned by Inspectors during 1967:-

Article	Weight in lbs.
Carcase Meat	13,454
Offal	1,768
Sundry Foodstuffs	4,260
Canned, Bottled and Packet Foods	20,756
Total	<u>40,238</u>

Disposal of Condemned Foodstuffs

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

MEAT INSPECTION

District inspectors examine home killed and imported carcase meat and offal at the 8 wholesale meat depots in the Borough. Meat exposed for sale is inspected in butchers' shops.

The Diseases of Animals (Waste Foods) Order, 1957

The Order provides that, in general, all waste foods 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.

MILK SUPPLY

During the year 86 inspections were made of dairies and premises from which milk is sold.

The Milk (Special Designation) Regulations 1963

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

Licences to use the designation "Pasteurised" —

(a) Dealer's (Pre-packed Milk) Licences 38

Licences to use the designation "Sterilised" —

(a) Dealer's (Pre-packed Milk) Licences 12

Licences to use the designation "Untreated" —

(a) Dealer's (Pre-packed Milk) Licences 5

Licences to use the Designation "Ultra Heat Treated" —

(a) Dealer's (Pre-packed Milk) Licences 19

Frequent inspections of these licenced premises are 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	...	...	...	...	...	...	...	95
Sterilised Milk	...	...	...	...	...	...	...	69
Untreated Milk	...	...	...	...	...	...	...	18
Ultra Heat treated	...	...	...	...	...	...	...	7

The following tables summarise the results of bacteriological examinations of pasteurised, sterilised and untreated milk samples during the year :-

<i>Untreated Milk</i>	<i>Methylene Blue Test</i>	
No. Samples Taken	Not Satisfied	Satisfied
18	1	17

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>Methylene Blue Test</i>		<i>Phosphatase Test</i>	
No. Samples Taken	Not Satisfied	Satisfied	Not Satisfied	Satisfied
95	2	93	-	95

<i>Sterilised Milk</i>		
No. Samples Taken	<i>Turbidity Test</i>	
	Not Satisfied	Satisfied
69	-	69

	<i>Ultra Heat Treated Milk</i>			
	<i>Methylene Blue Test</i>		<i>Phosphatase Test</i>	
No. Samples Taken	Not Satisfied	Satisfied	Not Satisfied	Satisfied
7	-	7	-	7

Bacteriological Examination of Milk Bottle Rinses

Bottle Rinse Samples - 19	Satisfactory	-	19
	Unsatisfactory	-	-

BACTERIOLOGICAL EXAMINATION OF CREAM

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

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

96 samples were taken, the results being as overleaf:-

Grade							No. of Samples
1	...	...	...	...	...	...	82
2	...	...	...	...	...	...	9
3	...	...	...	...	...	...	2
4	...	...	...	...	...	...	3

In all cases after the results of sampling are known, the vendors and/or manufacturers are made aware of the reports, 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

One sample was taken from a local shop and was 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 is no egg pasteurisation plant in Croydon. 15 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, 201 samples of milk and cream, and 307 other samples were taken, of which number, 27 were found to be "Not Genuine".

Summary of Samples

During 1967 samples were obtained and submitted to the Public Analyst as follows:-

	Total Samples	Genuine	Not Genuine	Prosecutions	Convictions
Actron	1	1	-	-	-
Ale	1	1	-	-	-
Almond Marzipan	1	1	-	-	-
Almonds, Ground	1	1	-	-	-
Aspirin Tablets, 5 gra. B.P. ...	1	1	-	-	-
Aspirin Tablets, Children's ...	1	1	-	-	-
Baked Beans with Tomato Sauce	1	1	-	-	-
Balsam Mentholated	1	1	-	-	-
Beecham's Powders	1	1	-	-	-
Beef Chow Mien without Noodles	1	1	-	-	-
Beef Curry and Rice	2	2	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Beef, minced... ..	2	2	-	-	-
Beef, minced with onion and gravy ...	1	1	-	-	-
Beer	12	12	-	-	-
Beetroot, Sliced	1	1	-	-	-
Benylin Expectorant	1	1	-	-	-
Benzac Tablets	1	-	1	-	-
Blackcurrant Crumble	1	-	1	-	-
Blackcurrant Juice	1	-	1	-	-
Black Eyed Beans	1	1	-	-	-
Black Pudding	3	3	-	-	-
Brandy	3	3	-	-	-
Bread and Butter	1	1	-	-	-
Bread Crumbs	1	1	-	-	-
Bread, Milk	1	-	1	-	-
Bread, Nimble	1	1	-	-	-
Butter	1	1	-	-	-
Butter Beans	1	1	-	-	-
Butter, Cooking	1	1	-	-	-
Buttered Rolls	1	1	-	-	-
Capsules, 10 hour... ..	1	1	-	-	-
Caramel Flavour Powder	1	1	-	-	-
Castor Oil	1	1	-	-	-
Cheese, Cheddar	1	1	-	-	-
Cheese, Demi Sel Soft	1	1	-	-	-
Cheese, Powdered Garnish	1	1	-	-	-
Cheese, Ilchester blended with Beer	1	1	-	-	-
Cheese Spread	1	1	-	-	-
Cheese Spread with Onion	1	1	-	-	-
Cheese Spread with Shrimp	1	1	-	-	-
Cherry Cough Linctus	1	1	-	-	-
Cherry Pie Filling	1	1	-	-	-
Cherry Syrup, Acerola	1	1	-	-	-
Chewing Gum	1	1	-	-	-
Chicken flavoured Stockpot	1	-	1	-	-
Chicken Fritter	1	1	-	-	-
Chili Sauce Relish	1	1	-	-	-
Chocolate Meringue Pie	1	-	1	-	-
Christmas Pudding	1	-	1	-	-
Cho-Cho	1	1	-	-	-
Chocolate, Flaked	1	1	-	-	-
Chutney, sweet Mango	1	1	-	-	-
Cochineal	1	1	-	-	-
Coconut, creamed	1	1	-	-	-
Coconut, desiccated	2	2	-	-	-
Cola and Rum	1	1	-	-	-
Condiment, non brewed	8	1	7	-	-
Corned Beef	2	2	-	-	-
Cough Balsam, Herbal	1	1	-	-	-
Cough Pastilles	2	2	-	-	-
Cough Syrup	2	2	-	-	-
Crab, Dressed	1	1	-	-	-
Crab, Fancy	1	1	-	-	-
Cream	2	2	-	-	-
Cream, Double	1	1	-	-	-
Cream Horn	1	1	-	-	-
Cream, Jersey	1	1	-	-	-
Cream, Soured	1	1	-	-	-
Cream, Sterilised	1	1	-	-	-
Dairy Cream Trifle	1	1	-	-	-
Dandelion Coffee	1	1	-	-	-
Dew Drops	1	1	-	-	-
Dhania (Coriander)	1	1	-	-	-
Diabetic Fruits	1	1	-	-	-
Do-Do Tablets	1	1	-	-	-
Doughnuts, Cream	2	2	-	-	-
Drinking Chocolate	2	2	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Dripping, Beef	1	1	-	-	-
Eade's Tonic	1	1	-	-	-
Embrocation	1	1	-	-	-
Evaporated Milk	1	1	-	-	-
Faggots	2	2	-	-	-
Filletts	1	1	-	-	-
Fishball Soup	1	-	1	-	-
Frankfurter Sausages	1	1	-	-	-
Fruit Crush, Hawaiian	1	1	-	-	-
Fruit Salad in Syrup	1	1	-	-	-
Fudge Cake	1	1	-	-	-
Gall Stone Mixture	1	1	-	-	-
Guava Jelly	1	1	-	-	-
Gin	3	2	1	-	-
Glucose Orange Sweets with Vitamin C	1	1	-	-	-
Grakauer (Sliced sausage)	1	1	-	-	-
Gravy Cubes	1	1	-	-	-
Gum	1	1	-	-	-
Ham	1	1	-	-	-
Ham, Chopped with Pork	1	1	-	-	-
Handcare Cream	1	1	-	-	-
Herrings, Rollmop with vegetables	1	1	-	-	-
Honegar	2	2	-	-	-
Honey	2	2	-	-	-
Ice Cream	1	1	-	-	-
Ice Cream, soft	1	1	-	-	-
Ice Lolly, Keeko	1	1	-	-	-
Ice Lolly, Orange	1	1	-	-	-
Irish Stew	2	2	-	-	-
Jaffa Orange Juice	1	1	-	-	-
Jam	1	1	-	-	-
Jam, Cherry	1	1	-	-	-
Jam, Mixed Fruit	1	1	-	-	-
Jam, Raspberry	1	1	-	-	-
Jam Sponge Pudding	1	1	-	-	-
Jam, Strawberry	2	2	-	-	-
Jellies, Assorted	1	1	-	-	-
Jelly	1	1	-	-	-
Jiffi-Jelli	1	1	-	-	-
Ladoos	1	1	-	-	-
Lard	3	3	-	-	-
Laxative (Mil-Par)	1	1	-	-	-
Lemon Juice	1	1	-	-	-
Lemonade Crystals	1	1	-	-	-
Lemonade Pickup	1	1	-	-	-
Lemon Pie Filling	1	1	-	-	-
Linctus of Codeine B.P.C.	1	1	-	-	-
Liver Sausage	1	1	-	-	-
Loaf, wholemeal	1	1	-	-	-
Loganberries	1	1	-	-	-
Lollies, mixed fruit	1	1	-	-	-
Lozenges of Linseed, Liquorice & Chlorodyne	1	1	-	-	-
Lucozade	1	1	-	-	-
Luncheon Meat	2	2	-	-	-
Macaroni Cheese	1	1	-	-	-
Malt Vinegar with Caramel	1	1	-	-	-
Mango Pickle, Sweet	1	1	-	-	-
Margarine	2	2	-	-	-
Masoor Dhal (Lentils)	1	1	-	-	-
Meat Tenderiser	1	-	1	-	-
Menthol and Wintergreen Cream with Mustard	1	1	-	-	-
Milk	181	178	3	-	-
Milk, Channel Islands	2	2	-	-	-
Milk Shake Syrup	1	1	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Milk, Top Quality	1	1	-	-	-
Milk, U.H.T.	2	2	-	-	-
Milk, Untreated	7	7	-	-	-
Milk, Untreated, Channel Islands ...	2	2	-	-	-
Minced Turkey in Jelly	1	1	-	-	-
Mixed Vegetables	1	1	-	-	-
M.S.G... ..	1	-	1	-	-
Nerve Tonic Syrup	1	1	-	-	-
Nutmeg, Ground	1	1	-	-	-
Nuts	2	2	-	-	-
Oil of Eucalyptus	1	1	-	-	-
Orange Squash, Concentrated ...	2	2	-	-	-
Oregano	1	1	-	-	-
Ox Tongue	1	1	-	-	-
Paracetamol Tablets	2	2	-	-	-
Pasta, Egg	1	1	-	-	-
Pease Pudding	2	2	-	-	-
Peanuts, Salted	1	1	-	-	-
Peas, Processed	1	1	-	-	-
Peas, Sweet Young, Quick Dried ...	1	1	-	-	-
Pepper, ground black	1	1	-	-	-
Phensic	1	1	-	-	-
Pineapple Syrup	1	1	-	-	-
Pink Salmon	1	1	-	-	-
Plums in Syrup	1	1	-	-	-
Pork Brawn	1	1	-	-	-
Pork, Chopped	1	1	-	-	-
Pork, Luncheon Meat	1	1	-	-	-
Potato Crisps	1	1	-	-	-
Potted Beef	1	1	-	-	-
Prawns	1	1	-	-	-
Prunes in Syrup	2	2	-	-	-
Rapid Energy Tablets	2	2	-	-	-
Ravioli, Swiss	1	1	-	-	-
Red Bean Curd	1	1	-	-	-
Red Currant Jelly	1	1	-	-	-
Rhubarb in Syrup	1	1	-	-	-
Rice, creamed	2	2	-	-	-
Rice, ground	2	2	-	-	-
Rolls, buttered	1	1	-	-	-
Rum	8	8	-	-	-
Sal Volatile	3	2	1	-	-
Sanatogen Junior Vitamins	1	1	-	-	-
Sauce, Cranberry	1	1	-	-	-
Sausage Meat, beef & pork, preserved	1	1	-	-	-
Sausage Meat, Pork	1	-	1	-	-
Sausage Meat, Pork, preserved ...	1	1	-	-	-
Sausage Rolls, Pork	1	1	-	-	-
Sausages, Beef, preserved	1	1	-	-	-
Sausages, Cocktail	1	1	-	-	-
Sausages, Pork	3	1	2	-	-
Sausages, Pork with preservative	4	4	-	-	-
Sausages, Skinless, Hot Dog ...	1	1	-	-	-
Sausages, Tinned Pork	1	1	-	-	-
Saveloys	1	1	-	-	-
Slim Maid Tablets	1	1	-	-	-
Soup, Tomato	1	1	-	-	-
Sour Sop Nectar	1	1	-	-	-
Spaghetti	1	1	-	-	-
Spam	1	1	-	-	-
Steak and Kidney Pie	4	4	-	-	-
Steak, mince	1	1	-	-	-
Steak, stewed in gravy	1	1	-	-	-
Stewed Steak	2	2	-	-	-
Stewed Steak in Rich Gravy	1	1	-	-	-
Strawberry Flavouring	1	1	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Sugar, Barbados, Muscavado	2	2	-	-	-
Sugar, Demerara	1	1	-	-	-
Syrup of Cocillana	1	1	-	-	-
Syrup, Sorrel flavour	1	1	-	-	-
Tapioca	1	1	-	-	-
Tapioca, flaked	1	1	-	-	-
Tomato Puree	1	1	-	-	-
Tomatoes, Peeled	1	1	-	-	-
Tonic, Children's	1	1	-	-	-
Tonic Yeast Tablets	1	1	-	-	-
Vanilla Extract	1	1	-	-	-
Ve getable Laxative Pill	1	1	-	-	-
Vinegar, garlic	1	1	-	-	-
Vinegar, Malt	4	4	-	-	-
Vitamins, Junior	1	1	-	-	-
Vitaplust	1	1	-	-	-
Vodka... ..	4	4	-	-	-
Witch Hazel	1	1	-	-	-
Whisky	16	16	-	-	-
Whisky 70° Proof	2	1	1	1	1
Whisky, Scotch 70° Proof	1	-	1	1	1
TOTALS	508	481	27	2	2

FOOD AND DRUGS ACT, 1955

In conjunction with 24 other London Boroughs, samples of various foods were submitted during the year to the Public Analyst for examination for pesticide residues in foodstuffs.

Appropriate action would be taken by the Authority concerned should unsatisfactory results be received. A total of 18 samples was taken within this Borough, all of which were satisfactory.

Result of Analysis of Milk Samples

The samples of milk were obtained as follows:-

Taken on Milk Rounds	45
Taken at Dairies	137
Taken at Institutions	13
Total	195

Average composition of samples:-

Milk (excluding South Devon and Channel Islands Milks)

Solids not Fat	9.2
(Legal standard is 8.5%)	
Milk Fat	3.72
(Legal standard is 3%)	

South Devon and Channel Island Milk

Solids not Fat 8.9

(Legal standard is 8.5%)

Milk Fat 5.1

(Legal standard is 4%)

DETAILS OF NON-GENUINE SAMPLES TAKEN

<i>Article</i>	<i>Nature of Adulteration or Deficiency</i>	<i>Remarks</i>
Chicken Flavoured Stockpot	As this sample did not contain any Chicken or Chicken fat, the name given was not in the opinion of the Public Analyst an appropriate designation for the article; also as the sample contained cornflour, this should have been included on the list of ingredients.	This article has now been discontinued.
Blackcurrent Crumble	As this article required the addition of more sugar and margarine or butter, the container should have stated the necessity for these extra ingredients.	A new label has now been introduced.
Blackcurrent Juice	This sample was diluted with more than its own bulk of water and was falsely described as Blackcurrent juice - Sugar added.	Article now re-labelled Blackcurrent drink.
Fish-ball Soup	The ingredients of this article as specified on the label included "Seasonings" which is a generic and not a specific description as required by the Labelling of Food Order, 1953.	Label has now been amended.
M.S.G.	This article was not described in full by its common or usual name, as Mono-sodium glutamate as required by the Labelling of Food Order, 1953.	New label has now been introduced.
Meat Tenderiser	This sample which contained more than two ingredients was not labelled in accordance with the labelling of Food Order, 1953.	Label now amended to include ingredients in their quantitative order.
Whisky (2 samples)	Both samples contained added water.	Vendor prosecuted.
Milk Bread	This sample had been made with skimmed milk powder and was not entitled to the description of "Milk Bread".	Manufacturer warned.
Gin	Sample contained trace of added water.	Vendor warned.
Chocolate Meringue Pie.	The packet containing the article illustrated a complete pie with whole eggs and chocolate flakes, whereas the article contained only dried white of eggs and no chocolate.	Production of this commodity discontinued.
Pork Sausages (2 samples)	These samples contained an added preservative.	Notices declaring the presence of preservatives in these articles are now exhibited on the Vendor's premises.
Pork Sausage Meat	This sample contained an added preservative.	A notice declaring the presence of preservatives was in fact exhibited at the time of sale.
Christmas Pudding	Whilst this pudding was not unfit it was not of the quality which a purchaser would expect in that its appearance was objectionable.	Vendor warned and remaining stocks removed from sale.

Article	Nature of Adulteration or Deficiency	Remarks
Sal-Volatile	This article was deficient in both ammonium carbonate and free ammonia and had become sub-standard by reason of age.	Existing stock destroyed.
Sterilised Milk (2 samples)	These samples were slightly deficient in milk solids other than milk fat in that they contained a trace of added water.	Further samples taken were satisfactory.
Pasteurised Milk (1 sample)		
Non-Brewed Condiment (7 samples)	These samples were deficient in acetic acid and one sample had a slight deposit of miscellaneous vegetable matter.	Premises now closed down.
Benzac Tablets	It was considered by the Public Analyst that Benzac Pastilles which name was coined from an active constituent, namely Benzal-konium Chloride and used for an entirely different purpose as these tablets could be confusing to the purchaser.	Change of mark on the tablets under consideration.

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

OFFENCE	RESULT
Toffee containing a piece of wire.	Fined £20.
Sausages unfit for human consumption.	Fined £35.
Malt loaf containing a metal nozzle spray.	Fined £15.
Two samples of whisky containing added water.	Fines totalling £45.
Jar of jam containing a piece of glass.	Fined £20.
Selling Oranges not of the substance demanded. (3 cases)	Fines totalling £50.
Steak and Mushroom Pie containing metal washers.	Fined £20.
Bottled milk containing a fragment of glass.	Fined £40.
Food Premises unclean, and involving risk of contamination by food handlers.	Fined £90.

FOOD COMPLAINTS

During the year 240 food complaints of various types were received fully investigated and appropriate action taken where necessary. Nine prosecutions were taken against firms concerned as reported above.

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	3,663
Houses inspected following applications for certificates of disrepair	7
Inspection of underground rooms	65
Special inspections in connection with the Housing Survey	586
Houses inspected for overcrowding conditions	64
Re-inspections of work outstanding on housing notices	12,447
Number of visits regarding infectious diseases	1,066
Number of visits regarding food poisoning	65
Inspections of drainage work during repair	2,557
Drainage systems inspected, surveyed or traced	2,942
Drains tested	419
Inspections of cesspools and earth closets	42
do schools and school sanitary conveniences	12
do public conveniences	168
do verminous premises	119
do ponds and ditches	69
do premises in course of demolition	1,018
do theatres, cinemas, halls, etc.	7
do tents, vans and similar structures	83
do premises in connection with improvement grants	200
do houses in multiple occupation	1,094
Inspection and re-inspections in connection with Smoke Control Orders	15,793
Smoke observations	226
Visits regarding exhumation	32
Visits to premises for food condemnation	596
Inspections of wells and gathering grounds of water supply	77
do scrap metal dealers' premises	26
do rivers and streams for pollutions	22
do hairdressers	217
Food and Drugs Acts; Food and drugs samples taken	307
Food and Drugs Acts; Milk samples taken (special designations)	201
Ice Cream samples taken (bacteriological)	96
Samples taken of Fertilizers and Feeding Stuffs	17
do swimming baths water	110
do drinking water, bacteriological and chemical	659
do subsoil water	5
do private wells	179
do rag flock and other filling material	4
do sundry specimens (food poisoning etc.)	50
Visits in connection with Food Complaints	440
do do miscellaneous public health nuisances	3,259
Inspections under Merchandise Marks Act	21
do of butchers' premises	422
do meat premises (wholesale)	175
do poultry and game dealers' premises	16
do fishmongers' premises	131
do fried fish premises	110
do grocers premises	830
do fruiterers' and greengrocers premises	378
do bakers' premises - including bakehouses	281
do dairies	30
do Milk shops	56
do general shops and supermarkets	111
Visits in connection with Animal Boarding Establishments Act	23
do do Rag Flock Act	3
do do Mines and Quarries Act	8
do do Croydon Corporation Act	14
Visits to immigrants	142
Unsuccessful calls	5,790

Inspections of premises where cooked meats etc. are prepared or sold	26
Inspections of confectioners premises	329
do confectionery manufacturers' premises	35
do cafes, snack bars, canteens, hotels and their kitchens	1,424
do school kitchens and serveries	87
do hospital kitchens	61
do ice cream vendors' premises	4
do ice cream barrows and carts	147
do market and barrows	638
do other food premises not enumerated above	149
Licensed premises	189
Inspections of factories with mechanical power	495
do factories without mechanical power	20
do works of building and engineering	185
do shops (under Shops Acts)	1,217
do outworkers' premises	251
Appointments kept with owners, builders, etc.	5,677
Investigations of complaints other than housing matters	1,099
Inspections under Fertilizers and Feeding Stuffs Act	6
do Diseases of Animals Act	38
do Pets Act	49
do Pharmacy and Poisons Act	31
do Noise Abatement Act	863
do Consumer Protection Act	84
do Offices, Shops and Railway Premises Act	3,519
Visits regarding rats and mice infestation by rodent operators	13,613
Visits regarding rats and mice infestation by district inspectors	1,321
Informal Notices outstanding 31.12.66	2,434
Informal Notices served	1,378
Informal Notices complied with	2,032
Informal Notices outstanding 31.12.67	1,780
Statutory Notices outstanding 31.12.66	955
Statutory Notices served	1,141
Statutory Notices complied with	1,175
Statutory Notices outstanding 31.12.67	921
Total number of callers and complaints received at the office	8,903
Total number of letters received at the office	14,952
Planning applications and plans scrutinised	1,693

Nuisances, Infringements of Acts, Byelaws, Regulations or Orders ascertained by the Public Health Inspectors during the year 1967 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	170
Conditions causing dampness:	
Defective roofs	183
Defective window frames	125
Defective walls, etc.	86
Want of efficient damp-proof course	31
Defective gutters and downspouts	129
Other structural defects:	
Defective plaster	191
Cleansing and redecorating required	17
Defective floors stairs and woodwork	160
Insufficient ventilation under floor	13
Defective brickwork, sills lintels, chimneys	121
Defective stoves and fireplaces and flues	14

Defective drains, sanitary fittings, etc:										
Defective sinks and waste pipes	...	...	...	...	...	...	...	...	...	56
Defective W.C.'s...	...	...	...	...	...	...	...	...	...	68
Defective drainage	...	...	...	...	...	...	...	...	...	394
Stoppage in drains	...	...	...	...	...	...	...	...	...	134
Defective water services and tanks	...	...	...	...	...	...	...	...	...	10
Cesspools filled in	...	...	...	...	...	...	...	...	...	4
Drains sealed off	...	...	...	...	...	...	...	...	...	118
Domestic nuisances:										
Want of cleanliness	...	...	...	...	...	...	...	...	...	14
Verminous conditions	...	...	...	...	...	...	...	...	...	17
Other nuisances and infringements:										
Offensive accumulations	...	...	...	...	...	...	...	...	...	69
Overcrowding abated	...	...	...	...	...	...	...	...	...	4
Sundry nuisances or defects	...	...	...	...	...	...	...	...	...	46
Particulars inserted in Rent Book (Housing Act)	...	...	...	...	...	...	...	...	...	15
Public Urinals	...	...	...	...	...	...	...	...	...	5
Smoke nuisance	...	...	...	...	...	...	...	...	...	12
Keeping of animals	...	...	...	...	...	...	...	...	...	4
Food cupboards provided	...	...	...	...	...	...	...	...	...	15
Defective yard paving	...	...	...	...	...	...	...	...	...	35
Dustbins provided	...	...	...	...	...	...	...	...	...	17

LECTURES

During the year 35 lectures were given by qualified members of the staff to local community associations, schools and commercial and industrial organisations. These lectures provide an opportunity to stimulate public interest in food hygiene, smoke abatement and the other varied aspects of the work of the public health inspector and are a valuable contribution to both public relations and health education.

WATER SUPPLY

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

<i>Supply Authority</i>	<i>Square Miles.</i>	<i>Estimated Population.</i>
Croydon Corporation (Central and northern part of the Borough)	17.0	222,350
Metropolitan Water Board (Spring Park Estate and New Addington)	2.8	34,800
East Surrey Water Company (Sanderstead, Selodon, Kenley, Purley and Coulsdon West)	15.5	56,450
Sutton District Water Company (Woodcote and Coulsdon East)	1.9	13,800
	<u>37.2</u>	<u>327,350</u>

The waters in supply are of good organic quality and moderately hard in character. They have no chemical solvent characteristics and the fluoride content is low. The water is supplied from mains and there are no standpipes for this purpose. In the Croydon undertaking's area, 810 samples of raw water and 1,411 samples of water going into supply were tested bacteriologically. For results of consumer samples of water sent by the health department to the Public Health Laboratory Service see Appendix page 128.

PUBLIC HEALTH SERVICES

SEWAGE DISPOSAL

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

"Construction of the new sewage treatment works at Biddington has continued throughout the year and civil engineering work is now about 40% complete. A further four machinery contracts, together with a building contract, have been let during the year and these, together with 11 contracts previously let will, when completed late in 1969, enable the old works to be closed down and irrigation of settled sewage over the land to cease."

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	<u>37.2</u>	<u>327,200</u>

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, 810 samples of raw water and 1,411 samples of water going into supply were tested bacteriologically. For results of consumer samples of water sent by the health department to the Public Health Laboratory Service see Appendix page 128.

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MEDICAL EXAMINATION OF CHILDREN FOR THE CHILDREN'S DEPARTMENT

During the year 318 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 22 in number.

Providing places for 145 children

Part time Child Minders (Playgroups) 27 in minders' own homes

Providing places for 315 children

Playgroups on premises other than

private homes

44 premises

OTHER SERVICES

In addition to the above places there are assisted daily minders, partly paid for by the Council for the aid of the unsupported mother. Chest X-rays are demanded as for registered child minders. All homes are inspected by a senior health visitor who also checks for fire precautions.

Number of homes passed as suitable

at 31st December, 1967 50

Children placed 40

MANUAL WORKERS - HEALTH STATEMENTS

Commencing September 1967 manual workers were required to complete health statements. These employees are now only medically examined if so required by the Principal Medical Officer.

Number of health statement received

from manual employees 732

Considered not fit for inclusion in

sickness pay scheme 2

Deferred for review 55

Unfit for employment 2

MEDICAL EXAMINATION OF CHILDREN FOR THE CHILDREN'S DEPARTMENT

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NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Full time Registered Child Minders are 22 in number.

Providing places for 146 children

Part time Child Minders (Playgroups) 27 in minders' own homes

Providing places for 316 children

Playgroups on premises other than

private homes 44 premises

Providing places for 1,215 children

In addition to the above places there are assisted daily minders, partly paid for by the Council for the aid of the unsupported mother. Chest X-rays are demanded as for registered child minders. All homes are inspected by a senior health visitor who also checks for fire precautions.

Number of homes passed as suitable

at 31st December, 1967 50

Children placed 40

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Number of health statement received

from manual employees 732

Considered not fit for inclusion in

sickness pay scheme 9

Deferred for review 57

Unfit for employment 2

STAFF MEDICAL EXAMINATION

The medical supervision of all Corporation staff provided by the health department includes:-

(a) Scrutiny of health statements made by successful applicants for 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) Vision 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 radiological 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.

1,209 examinations were made during the year by the medical staff of the department including 188 vision tests for drivers. Of these 429 were in respect of manual workers, who were classified as follows:-

Fit for employment and sick pay scheme	374
Deferred for review	8
Unfit for sick pay scheme	44
Fit for light employment only	
(Not fit for sick pay scheme)	1
Unfit for employment	2
	<hr/>
	429

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 99 cases registered:-

16 were due to glaucoma and

42 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: -

4 patients had died.

EPILEPTICS

Reference is made in the school health section of this report regarding the number of cases known to the department. In addition the Chief Welfare Officer informs me that 136 adult cases are registered with his department, 9 of whom are in special homes.

NATIONAL ASSISTANCE ACT, 1948, SECTION 47

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

During 1967 no order for compulsory removal was required.

LONGSTAY IMMIGRANTS.

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

For details of arrivals in 1967, see Appendix page 123.

RE-HOUSING FOR MEDICAL REASONS

Dr. C.G. Nicol, Principal Medical Officer, reports enquiring into 830 applications in 1967 for rehousing on medical grounds. He made 150 personal visits of inspection, sometimes accompanied by a public health inspector, health visitor, or welfare officer. An approximate sub-division of the applications recommended for special consideration by the Housing Lettings Sub-Committee showed:-

- 30% cases of - serious heart failure
- 15% cases of - severe breathlessness from chronic bronchitis and emphysema.
- 15% cases of - serious disability following crippling strokes.
- 15% cases of - obvious hazards to premature infants or chronically ill children.
- 10% cases of - cancer
- 10% cases of - infectious tuberculosis
- 3% cases of - severe mental disorder
- 2% cases of - other miscellaneous conditions

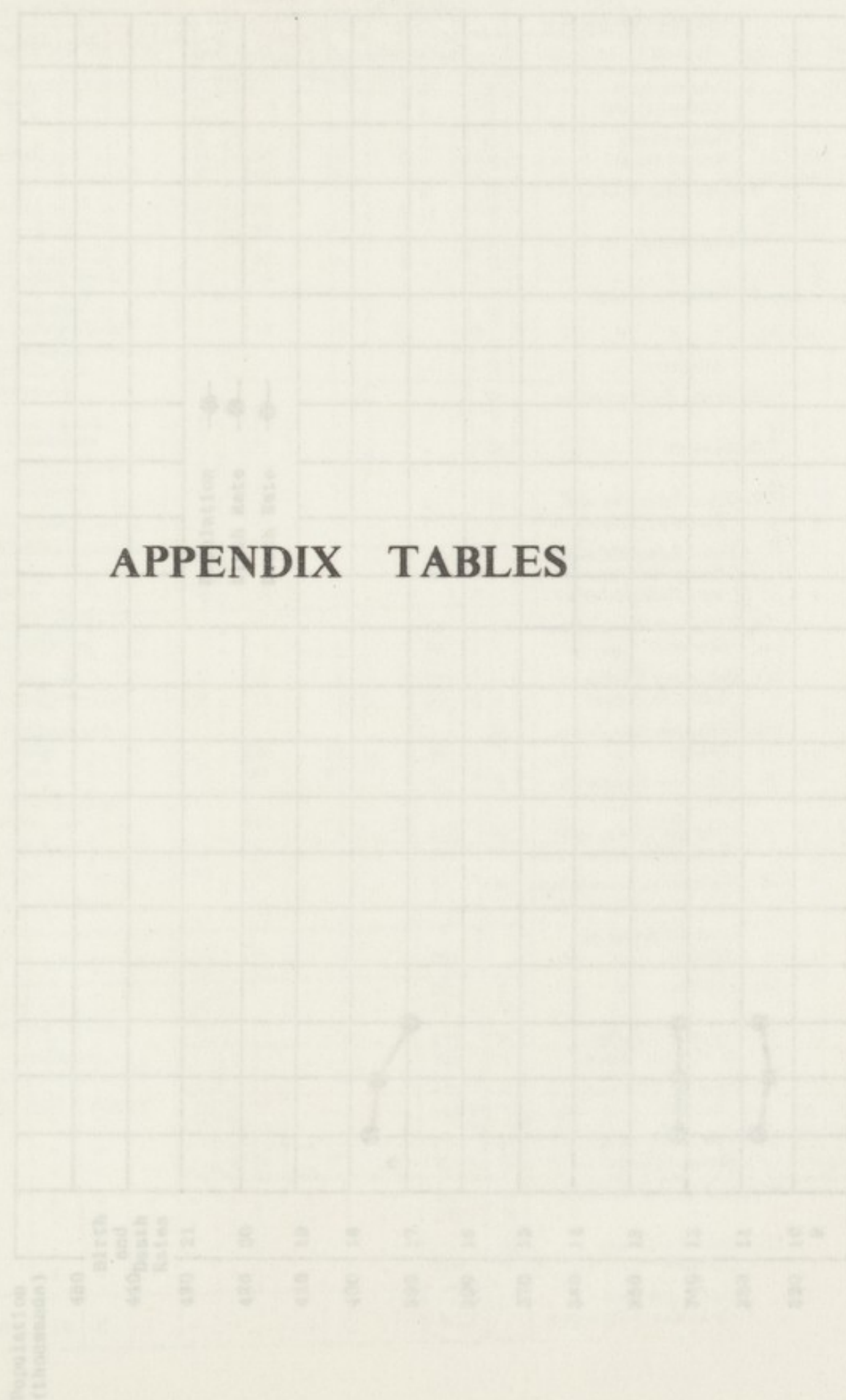
One unusual application concerned the home treatment of a patient with kidney failure. A recommended transfer to a council house with an extra bedroom and electrical and plumbing adaptations allowed the use at home of an artificial kidney machine. Domiciliary treatment has considerable advantages of hospital in-patient care in these cases, and the ready help of the Housing Department ensured this being speedily arranged.

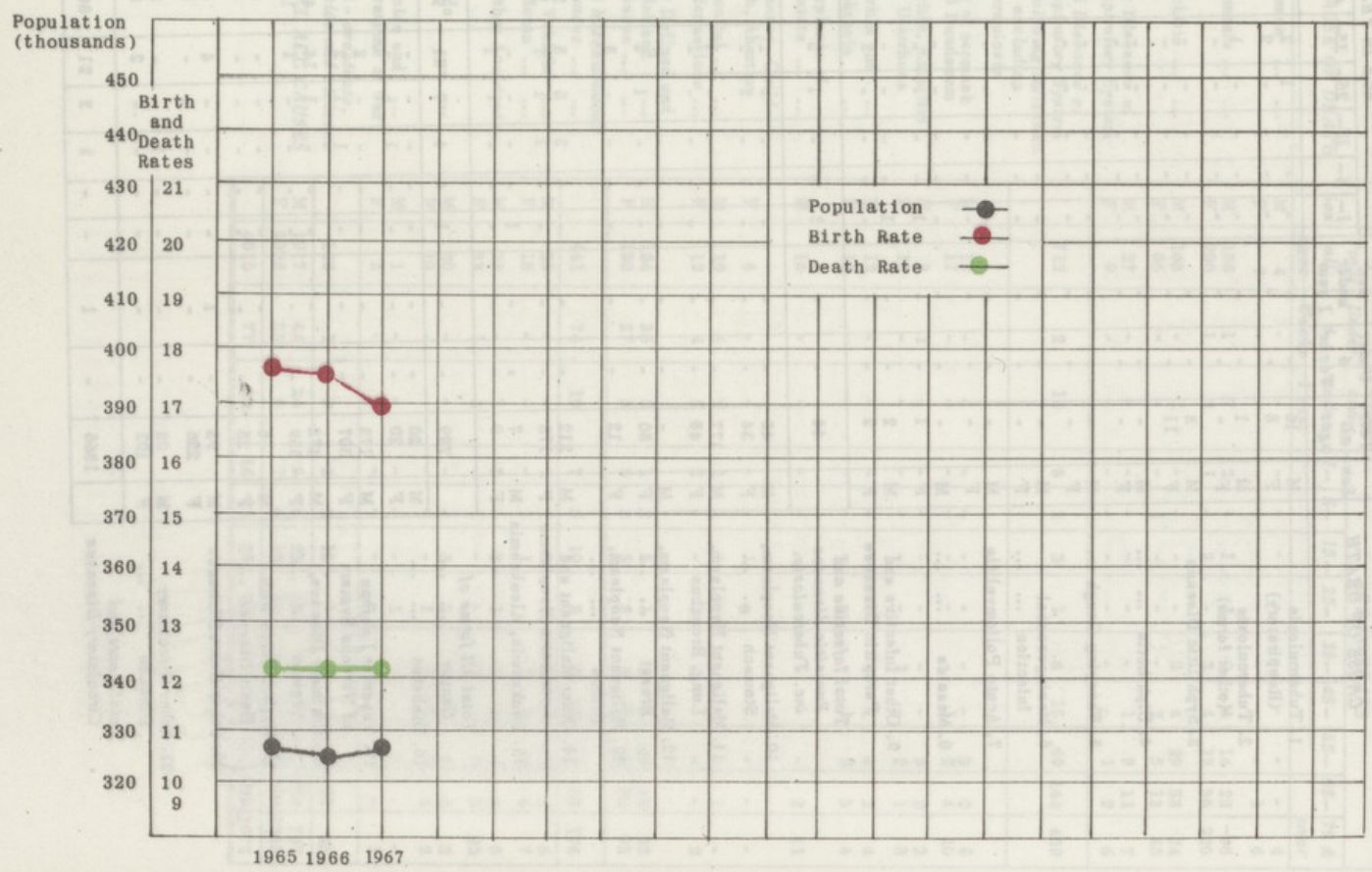
A comment by a disappointed applicant was an apt summary on the difficult question of selecting rare and exceptional cases:-

"Fairs fair; lots of people want council houses and I can see that those who get them on medical grounds are desperate cases".

APPENDIX TABLES

APPENDIX TABLES





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										65- 75 & over	75 & over
					1-	5-	15-	25-	35-	45-	55-					
1. Tuberculosis (Respiratory)	M	16	-	-	-	-	-	1	2	1	1	6	5			
	F	8	-	-	-	-	-	-	2	1	1	1	-			
2. Tuberculosis (other forms)	M	1	-	-	-	-	-	-	1	-	-	-	-			
	F	-	-	-	-	-	-	-	-	-	-	-	-			
3. Syphilitic Disease	M	3	-	-	-	-	-	-	-	-	1	2	9			
	F	11	-	-	-	-	-	-	-	-	-	2	-			
4. Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-			
	F	-	-	-	-	-	-	-	-	-	-	-	-			
5. Whooping Cough ...	M	-	-	-	-	-	-	-	-	-	-	-	-			
	F	-	-	-	-	-	-	-	-	-	-	-	-			
6. Meningococcal Infection	M	-	-	-	-	-	-	-	-	-	-	-	-			
	F	-	-	-	-	-	-	-	-	-	-	-	-			
7. Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-			
	F	-	-	-	-	-	-	-	-	-	-	-	-			
8. Measles	M	-	-	-	-	-	-	-	-	-	-	-	-			
	F	1	-	-	1	-	-	-	-	-	-	-	-			
9. Other Infective and Parasitic Diseases	M	2	-	-	1	-	-	-	-	-	-	-	-			
	F	2	-	-	-	-	-	-	-	-	1	-	-			
Total Infective and Parasitic diseases inc. Tuberculosis.		44	-	-	2	-	-	1	5	2	4	12	18			
10. Malignant Neoplasm, Stomach	M	45	-	-	-	-	-	-	-	6	10	15	14			
	F	34	-	-	-	-	-	-	-	2	5	10	17			
11. Malignant Neoplasm, Lung, Bronchus	M	177	-	-	-	-	-	-	1	14	57	72	8			
	F	48	-	-	-	-	-	-	-	9	15	16	-			
12. Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	23			
	F	80	-	-	-	-	-	1	4	14	22	16	-			
13. Malignant Neoplasm, Uterus	F	12	-	-	-	-	-	-	3	1	3	5	-			
14. Other Malignant and Lymphatic Neoplasms	M	212	-	-	-	4	3	5	5	27	49	51	63			
	F	175	-	-	-	-	1	1	7	14	40	42	70			
15. Leukaemia, Aleukaemia	M	7	-	-	1	-	-	-	-	1	1	2	4			
	F	9	-	-	-	-	-	-	1	2	-	2	-			
Total all forms of Cancer		799	-	-	1	4	4	7	21	90	202	231	239			
16. Diabetes	M	20	-	-	-	-	-	-	-	3	7	5	5			
	F	20	-	-	-	-	1	-	-	-	2	3	14			
17. Vascular Lesions of Nervous System	M	173	-	-	-	-	-	-	2	8	27	49	87			
	F	307	-	-	-	-	1	1	2	9	26	55	213			
18. Coronary Disease, Angina	M	472	-	-	-	-	-	1	14	48	125	136	148			
	F	359	-	-	-	-	-	-	1	10	80	103	215			
19. Hypertension with Heart Disease ...	M	6	-	-	-	-	-	-	-	-	1	3	2			
	F	25	-	-	-	-	-	-	-	-	2	5	18			
20. Other Heart Diseases	M	93	-	1	-	-	-	-	4	6	10	19	53			
	F	226	-	-	-	-	-	1	-	5	15	32	173			
21. Other Circulatory Disease	M	82	-	-	-	-	1	-	-	3	18	21	39			
	F	103	-	-	-	-	-	-	2	8	9	15	69			
Total Heart and Circulatory Diseases		1366	-	1	-	-	1	2	21	80	210	334	717			

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	-	-	-	-	-	-	-	-	-	-	4	
	F	7	-	-	-	-	-	-	-	-	-	1	6	
23. Pneumonia	M	156	1	7	2	-	1	1	2	4	14	28	96	
	F	280	1	2	1	-	2	-	2	4	12	36	220	
24. Bronchitis	M	163	-	1	-	-	-	-	2	4	29	53	74	
	F	66	-	-	-	1	-	-	-	2	5	13	45	
25. Other Diseases of Respiratory System	M	27	-	-	-	-	-	-	-	1	8	11	7	
	F	9	-	-	-	-	-	-	-	-	1	2	6	
Total Diseases of Respiratory System - including influenza and excluding tuberculosis		712	2	10	3	1	3	1	6	15	69	144	458	
26. Ulcer of stomach and Duodenum	M	13	-	-	-	-	-	-	-	-	3	2	8	
	F	17	-	-	-	-	-	-	-	1	2	4	10	
27. Gastritis, Enteritis and Diarrhoea	M	8	1	-	-	-	-	-	-	-	3	2	2	
	F	12	-	-	-	-	-	-	1	-	2	1	8	
28. Nephritis and ... Nephrosis ...	M	12	-	-	-	-	-	-	1	1	4	2	4	
	F	10	-	-	-	-	-	-	-	1	2	3	4	
29. Hyperplasia of Prostate	M	13	-	-	-	-	-	-	-	-	-	2	11	
30. Pregnancy. Child- birth, Abortion	F	4	-	-	-	-	1	3	-	-	-	-	-	
31. Congenital Malformations ...	M	19	6	9	1	1	1	-	-	-	-	1	-	
	F	12	4	2	2	-	-	1	1	-	-	-	2	
32. Other Defined and ill-defined diseases	M	124	36	5	1	2	5	1	2	6	20	14	32	
	F	198	27	3	3	3	3	3	3	8	18	32	95	
Total Miscellaneous diseases		441	74	19	7	6	10	8	8	17	54	63	176	
33. Motor Vehicle ... accidents	M	25	-	-	1	1	8	1	1	3	1	3	6	
	F	18	-	-	-	1	1	-	1	2	2	4	7	
34. All Other Accidents	M	23	-	1	2	-	3	1	1	2	4	4	5	
	F	33	1	1	-	1	-	-	2	-	3	3	22	
35. Suicide	M	20	-	-	-	-	3	3	3	3	2	4	2	
	F	10	-	-	-	-	-	1	1	1	2	3	2	
36. Homicide and ... operations of War	M	1	-	-	-	-	-	1	-	-	-	-	-	
	F	2	-	1	-	-	-	-	-	-	-	-	1	
Total - accidents, suicide and violence		132	1	3	3	3	15	7	9	11	14	21	45	
TOTAL ALL CAUSES	M	1917	44	24	9	8	25	15	41	141	395	508	707	
	F	2098	33	9	7	6	10	12	33	94	220	409	1265	
		4015	77	33	16	14	35	27	74	235	615	917	1972	

CANCER

Deaths from Cancer occurred at the following Ages

Age Period	Male	Female	Total
Under 25 years	8	1	9
25 and under 35 years	5	2	7
35 and under 45 years	6	15	21
45 and under 65 years	165	127	292
65 years and over	257	213	470
<i>Total</i>	<i>441</i>	<i>358</i>	<i>799</i>

Site	Male	Female	Total	Percentage of Total
Skin	5	1	6	0.75
Oesophagus	5	12	17	2.13
Stomach	47	34	81	10.12
Liver	3	2	5	0.63
Bowel	30	33	63	7.88
Rectum	16	21	37	4.63
Bladder	17	10	27	3.38
Prostate	27	-	27	6.12
Larynx and Pharynx	4	2	6	0.75
Uterus	-	6	6	1.65
Cervix	-	6	6	1.65
Breast	-	80	80	10.00
Ovary	-	19	19	5.31
Pancreas	17	17	34	4.25
Gall Bladder and Duct	2	5	7	0.88
Tongue and Mouth	1	3	4	0.50
Bones	4	3	7	0.88
Lungs and Bronchus	177	48	225	28.13
Kidney	5	-	5	0.63
Brain and Nervous System	20	7	27	3.38
Lymphatic Glands and Connective Tissue	5	4	9	1.13
Haematopoietic Tissues	-	-	-	-
Hodgkin's Disease	5	1	6	0.75
Leukaemia	5	9	14	1.75
Genital Organs	-	2	2	0.25
Trachea	1	-	1	0.13
Anus	-	1	1	0.13
Thyroid	1	2	3	0.38
Other	25	-	25	3.13
Undefined	19	30	49	6.13
<i>Total</i>	<i>441</i>	<i>358</i>	<i>799</i>	

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	15,560	342	22.0	232	14.9	2	6	-	-	36	2.3	1	0.06	-	-	87	5.6	43	2.4	+110
Bensham Manor	15,780	280	17.8	196	12.4	6	21	1	0.06	31	2.0	3	0.19	-	-	76	4.8	37	2.3	+84
Broad Green	14,310	278	19.4	160	11.2	10	36	-	-	27	1.9	2	0.14	-	-	45	3.1	40	2.8	+118
Central	14,810	249	16.8	188	12.6	4	16	-	-	30	2.0	3	0.20	-	-	83	5.6	45	3.0	+61
Coulsdon East	15,330	235	15.3	255	16.6	3	13	-	-	42	2.7	2	0.13	-	-	85	5.5	47	3.1	-20
East	16,230	158	9.7	178	11.0	3	19	-	-	32	2.0	-	-	-	-	66	4.1	40	2.5	-20
New Addington	25,770	544	21.1	122	4.7	10	18	-	-	14	0.5	2	0.08	-	-	28	1.1	29	1.1	+422
Norbury	16,300	220	13.5	223	13.7	4	18	-	-	31	1.9	1	0.06	-	-	83	5.1	58	3.6	-3
Parley	16,310	230	14.1	201	12.3	1	4	-	-	19	1.2	-	-	-	-	85	5.2	45	2.8	+29
Sanderstead North	17,030	243	14.3	191	11.2	8	33	-	-	24	1.4	-	-	-	-	71	4.2	34	2.0	+52
Sanderstead & Seledon	15,990	186	11.6	142	8.9	2	11	-	-	10	0.6	-	-	-	-	47	3.0	39	2.4	+44
Shirley	19,140	233	12.2	142	7.4	7	30	-	-	22	1.2	-	-	-	-	42	2.2	28	1.5	+91
South Norwood	17,020	428	25.1	198	11.6	16	37	-	-	35	2.1	2	0.12	-	-	65	3.8	47	2.5	+230
Thornton Heath	15,010	292	19.4	150	10.0	6	21	-	-	30	2.0	1	0.17	-	-	44	2.9	34	2.3	+142
Upper Norwood	16,000	254	15.9	185	11.5	3	12	-	-	23	1.4	1	0.06	-	-	69	4.3	38	2.4	+69
Waddon	16,830	245	14.6	250	14.8	5	20	-	-	46	2.6	1	0.06	-	-	80	4.8	52	3.1	-5
West Thornton	15,070	264	17.5	166	11.0	4	15	-	-	25	1.7	1	0.07	-	-	65	4.3	35	2.3	+98
Whitehorse Manor	15,020	366	24.4	194	12.9	9	25	-	-	31	2.1	-	-	-	-	74	4.9	37	2.5	+172
Woodcote and Coulsdon West	15,440	218	14.1	322	19.7	4	18	-	-	91	5.9	2	0.13	1	0.06	109	7.0	40	2.6	-104
Woodside	15,340	317	20.6	165	10.8	3	9	-	-	36	2.3	1	0.07	-	-	54	3.5	31	2.0	+152
The Borough	328,290	5,582	17.0	4,015	12.2	110	19.7	1	0.003	665	2.0	23	0.07	1	0.003	1,358	4.1	799	2.4	+1,567

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

DETAILS OF INFANT MORTALITY

The following tables gives the causes of death during the first month of life (Neo-natal Mortality):-

(1) Complications of Labour

Trauma at Birth	6
Anoxia	-

(2) Foetal States -

Congenital Malformations	10
Atelectasis	8
Haemorrhagic Diseases of Newborn ...	-

(3) Prematurity 42

(4) Post-Natal Causes 11

Total 77

	Percentage Deaths under 1 year per Total Infantile Deaths		Deaths under 1 year per 1,000 Births	
	1966	1967	1966	1967
Injury at Birth and Congenital ...	32.3	22.7	3.52	4.48
Premature Births	54.8	38.2	6.00	7.52
Respiratory Diseases	3.2	11.0	0.35	2.15
Atelectasis, Debility and Marasmus	-	7.2	-	1.43
Diseases of Digestion*	1.6	0.9	0.18	0.18
Other causes	8.1	20.0	0.88	3.94

* These from Gastro Enteritis

Perinatal Deaths

Stillbirths	- 87	Perinatal Rate - 27 per 1,000
Deaths in first week	- 66	Total (live and still) births

Causes of Death in first week

Prematurity	- 41	Pneumonia	- 1
Congenital conditions	- 7	Diarrhoea & Enteritis	- 1
Atelectasis	- 7	Other causes	- 3
Birth Trauma	- 6		

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

CAUSES OF DEATH	1st day	2nd day	3rd day	4th day	5th day	6th day	7th day	8th - 14th day	15th - 21st day	22nd - 28th day	Total Under 1 month	1 + months	2 + months	3 + months	4 + months	5 + months	6 + months	7 + months	8 + months	9 + months	10 + months	11 + months	TOTAL
All Causes	43	9	4	5	2	1	2	5	4	2	77	5	9	4	5	-	2	2	3	1	-	2	110
Meningo-Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chickenpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria and Croup ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculous Meningitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal Tuberculosis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Tuberculous Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Convulsions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Laryngitis	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	1	2	-	-	-	-	11
Pneumonia (all forms) ...	1	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	1
Diarrhoea and enteritis ...	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Gastritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Malformations ...	1	1	1	3	1	-	-	1	2	-	10	3	-	1	2	-	1	-	1	1	-	-	19
Premature Births	30	7	2	1	1	-	-	1	-	-	42	-	-	-	-	-	-	-	-	-	-	-	42
Atrophy, Atelectasis, Debility and Marasmus ...	7	-	-	-	-	-	-	1	-	-	8	-	-	-	-	-	-	-	-	-	-	-	8
Injury at Birth	4	-	1	1	-	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	6
Haemorrhagic disease of newborn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes	-	1	-	-	-	1	1	2	2	1	8	2	5	3	-	-	-	2	-	-	-	2	22
TOTALS	43	9	4	5	2	1	2	5	4	2	77	5	9	4	5	-	2	2	3	1	-	2	110

MIDWIFERY SERVICE

Municipal Indwivies attended:-

1. Deliveries	1,444
2. Primiparae	216
Multiparae	1,228
3. Midwifery Cases	42
Maternity Cases	1,402
4. Live Births	1,439
5. Still Births (including 1 Asphyxia, 1 BBA Rapid Labour, 1 Intra-Uterine Death - inadequate A/N care, 1 Congenital Heart, 1 Premature - Mother Hypertensive)	5
6. Neo-natal deaths at home	Nil
7. Premature Births (Including twins)	36
(1) Term - 5 lbs. 4 ozs.	(20) Term - 5 lbs. 4 ozs.
(2) Term - 4lbs. 12 ozs. - Admitted	(21) 39 weeks - 5 lbs.
(3) 38 weeks - 5lbs. 6 ozs.	(22) 36 weeks - 5 lbs. - Undiagnosed
(4) 36 weeks - 5 lbs. 12 ozs.	5 lbs. 8 ozs. - Twins
(5) Term - 5lbs. 4 ozs.	(23) Term - 5 lbs. 2 ozs. - Asphyxia - Admitted
(6) Term - 5 lbs. 2 ozs.	(24) Term - 5 lbs. 4 ozs.
(7) 30 weeks - 2 lbs. 8 ozs. - Admitted	(25) 38 weeks - 4 lbs. 6 ozs.
Unbooked case	5 lbs. 8 ozs. Undiagnosed
(8) 39 weeks - 5 lbs. 4 ozs.	(26) 5 lbs. 4 ozs. Twins
(9) 38 weeks - 3 lbs. 15 ozs. - Admitted	(27) 36 weeks - 5 lbs. 14 ozs.
(10) 39 weeks - 5 lbs.	(28) 38 weeks - 5 lbs.
(11) 39 weeks - 5 lbs. 4 ozs.	(29) 36 weeks - 5 lbs. 4 ozs.
(12) Term - 5 lbs. 4 ozs.	(30) 36 weeks - 5 lbs. 12 ozs.
(13) 38 weeks - 5 lbs. 4 ozs.	(31) 37 weeks - 5 lbs. 6 ozs.
(14) 37½ weeks - 5 lbs - Admitted	(32) 36 weeks - 6 lbs.
(15) ? 34 weeks - 3 lbs. 6 ozs. - B.B. (Hypertension)	(33) 39 weeks - 4 lbs. 12 ozs. - Admitted
(16) 39½ weeks - 5 lbs. 4 ozs.	(34) Term - 4 lbs. 14 ozs. - Admitted C.A.
(17) 38 weeks - 4 lbs. 4 ozs. - BBA Admitted	(35) Term - 5 lbs. - Admitted later
(18) 37½ weeks - 4 lbs. 12 ozs. - Admitted	(36) Gestation Uncertain - 5 lbs. Admitted later.
(19) 39 weeks - 5 lbs.	
8. Trilene (Analgesia Given)	174
9. Gas and Air (Analgesia Given)	321
10. Entonox (Analgesia Given)	737
11. Post Partum Haemorrhage (Treated at Home 19 Transferred to Hospital 7)	26
12. Retained Placenta (Treated at Home 6 Transferred to Hospital 19)	25
13. Manual Removal of Placenta at Home	Nil
14. Flying Squad Calls	15
15. Blood Transfusions at Home	5
16. Anaemia of Pregnancy Treated at Home	145
17. Toxaemia of Pregnancy Treated at Home	25
18. Prolonged Labour (over 24 hours) Delivered at Home	23
19. Forceps Delivery	1
20. Ventouse Extractions	5
21. Breech Deliveries	3
22. Twins Delivered (Including 1 set admitted for delivery of 2nd. twin I.U.D. and Retained Placenta)	3½ sets
23. Triplets Delivered	Nil

FOR THE INFANT

Prematurity	9
Deformed Penis Unable to pass urine	3
Sticky Eyes	15
Pyrexia with Mastitis	1
Feeding Problems	3
Melaena Stools	1
Cyanosis	1
Respiratory Infection	1
Projectile Vomiting and Cyanosis	1
Congenital Abnormalities	22
Baby Transferred to Foster Mother from out of area	1
Intra Uterine Death - Inadequate A/N care	1
Vomiting	3
Lethargic and Poor Colour	1
Jaundice	1
Severe Moulding	1
Asphyxia Pallida	1
Asphyxia Livida	3
Head Cold	2
Heavy Pseudo-Menstruation	1
Liver Dysfunction	1
Twitching	2
Blisters on Shoulder	1
Thrush	1
Mastitis	1
Strapping Foot	1
Adherent Cord	1
31. Pupil Midwives Trained	35
32. District Visits of Obstetric Course Students	116

**MATERNAL AND INFANT MORTALITY
FOR THE YEARS 1965 - 1967**

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
1967	5,669	4	0.71	20.0

Midwife	Miles	Deliveries	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.	6,035	83+8	1	1	77	4	10	59	-	922	569	769	654	111	128	21	
2.	1,115	12+0	-	-	11	1	-	11	-	150	-	187	-	40	29	19	
3.	Bicycle	39+1	-	-	39	-	-	-	80	1,127	-	835	-	76	81	2	
4.	3,049	64+1	-	-	62	2	-	56	4	779	-	1,110	-	44	35	2	
5.	2,643	32+3	-	-	30	2	-	20	7	426	-	682	-	54	19	4	
6.	3,213	54+1	-	-	53	1	21	-	25	653	-	871	-	62	18	21	
7.	3,405	70+7	-	-	61	9	9	51	-	1,810	717	1,123	771	120	135	6	
8.	3,847	58+5	-	-	55	3	-	46	5	999	116	909	107	96	60	2	
9.*	3,361	71+3	-	-	66	5	-	2	59	828	-	889	-	72	34	6	
10.	5,043	56+13	-	-	55	1	26	18	-	916	-	845	-	81	111	3	
11.*	1,088	25+3	2	-	22	1	4	16	-	276	-	308	-	8	1	8	
12.	1,338	51+5	5	1	41	4	34	-	6	678	-	409	-	54	58	7	
13.	2,421	62+6	2	1	56	3	44	17	-	714	110	598	85	64	70	6	
14.	2,493	76+6	5	1	65	5	2	64	-	726	818	641	1,057	109	153	3	
15.	2,051	-	-	-	-	-	-	-	-	2	-	3	-	-	-	1	
16.	1,835	49+4	-	-	47	2	43	-	1	342	-	390	-	47	46	2	
17.*	7,162	82+7	4	1	75	2	22	38	-	1,351	689	900	471	109	110	3	
18.*	4,468	90+3	5	-	82	3	-	78	-	1,045	527	873	822	118	132	6	

continued overleaf

Midwife	Miles	Deliveries	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				
19.	3,610	36+7	-	-	33	3	15	9	-	238	128	488	157	53	72	2	Clinic Sessions
20.	4,330	94+3	6	-	85	3	2	78	1	744	665	591	816	145	149	1	
21.	3,576	70+2	-	-	67	3	51	13	1	1,751	-	922	-	62	76	4	
22.	3,672	69+10	3	-	65	1	1	58	-	1,191	801	1,292	1,738	167	181	7	
23.	2,099	45+0	2	-	41	2	8	24	-	649	800	394	359	51	78	1	
24.	Bicycle) 815)	58+8	2	-	54	2	4	14	35	455	-	651	-	88	96	6	
25.	3,650	70+1	-	-	69	1	1	62	-	821	-	1,189	-	82	35	4	
26.	To commence duties January, 1968.																
															3	-	
Part-time Staff																	
1.ⓐ	2,133	5	-	-	5	-	5	-	-	242	-	366	-	-	-	23	48
2.	5,652	-	-	-	-	-	-	-	-	293	-	1,217	-	-	-	35	129
3.	Walking	-	-	-	-	-	-	-	-	22	-	129	-	-	-	3	Daily
4.	4,818	-	-	-	-	-	-	-	-	375	-	1,375	-	-	-	55	115
5.*	995	-	-	-	-	-	-	-	-	175	-	232	-	-	-	3	19
6.	5,172	-	-	-	-	-	-	-	-	803	-	1,516	-	-	-	104	67
7.	3,561	-	-	-	-	-	-	-	-	121	-	887	-	-	-	6	-
8.ⓐ	3,153	8+1	-	-	8	-	7	-	-	443	-	808	-	-	-	32	66
9.ⓐ	2,479	7+1	-	-	7	-	5	-	-	275	-	408	-	-	-	15	40
10.ⓐ	2,755	8+0	-	-	8	-	7	-	-	564	-	595	-	-	-	39	67
Total	105,047	1,444+107	37	51	339	63	321	737	174	12,668	5,440	25,402	7,027	1,933	1,910	464	551

④ NOs. 1, 8, 9, 10

These part-time midwives undertaking day-time deliveries if required.

GENERAL PRACTITIONER OBSTETRICIANS

*Nos. 9, 17, 18. Midwives attached to General Practitioner Obstetricians and undertaking a proportion of normal duties.

THE REMAINING MIDWIFERY STAFF Assisted 23 G.P. Obstetricians at 785 A/N
Sessions held in their surgeries.

FULL TIME STAFF CHANGES

No. 5 Recommenced duties following sick leave February 1967.

*No. 11 Compassionate leave May 15th - Sept. 17th 1967. Then transferred temporarily to part-time duties - Not Replaced.

No. 12 Left Service 31.7.67. Not Yet Replaced.

No. 13 Left Service 9.67. Replaced by No. 3.

No. 3 Commenced Duties .10.67.

No. 14 Recommended Duties following sick leave March 1967.

No. 16 Left Service 26.6.67. To Be Replaced by No. 26.

No. 26 To Commence Duties .1.68.

No. 23 Left Service 30.6/67. Replaced by No. 19.

No. 19 Commenced Duties 19.6.67.

IN ADDITION

There remains One Vacancy from 1966

One Vacancy from 1965

Four Vacancies from 1964

PART-TIME STAFF CHANGES

No. 1 Left Service 9.7.67. Replaced by No. 9.

No. 9 Commenced Duties 5.6.67.

No. 3 Temporary Appointment Clinic and Nursing Duties. 19.7.67. Left Service 11.11.67.

*No. 5 Temporary transfer from full-time duties (No. 11) on compassionate grounds 18.9.67.

CARE OF PREMATURE INFANTS

(1) Number of live premature infants notified during 1967 who were born* -

(i) at home or in a nursing home 52

(ii) in hospital* 336

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

who were nursed entirely there 42

who were transferred to hospital on or before the
28th day 10

who died during the first 24 hours 3

who died in 1 and under 7 days 1

who died in 7 and under 28 days 1

who survived at the end of one month 47

(3) Number of those born in hospital -

who died during the first 24 hours 30

who died in 1 and under 7 days... .. 15

who died in 7 and under 28 days 5

who survived at the end of one month 286

(4) Number of premature still births who were born

(i) at home or in a nursing home 2

(ii) in hospital 50

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

HOME VISITS BY HEALTH VISITORS 1967

	Part-time				Comm. Aug.	Part-time			Comm. Apr.		Comm. Nov.	Part-time							Comm. June	Comm. June			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
No. of Families visited for first time in 1967	171	620	539	415	349	182	528	473	402	80	405	344	439	412	349	716	764	522	316	134	792	651	399
No. of Families re-visited during 1967	110	360	429	760	123	250	560	362	684	92	224	475	493	430	645	692	416	978	244	245	736	795	529
Children born 1967	120	159	118	97	91	65	110	203	115	53	95	158	134	87	130	258	171	142	142	110	193	369	274
Children born 1966	129	169	180	129	52	53	116	101	153	38	97	102	125	101	143	249	156	160	69	34	53	276	111
Children born 1962/65	295	413	501	325	142	58	421	307	452	147	237	146	381	366	391	461	367	117	208	99	124	468	221
Persons 65 or over	3	1	6	4	2	1	17	6	13	-	7	4	8	2	12	4	4	-	4	-	6	31	9
Mentally disordered persons	-	10	11	4	1	-	10	-	3	2	3	-	6	8	14	13	13	-	4	3	15	43	8
Persons discharged from hospital	1	17	4	-	2	-	19	1	3	-	3	-	-	1	1	8	9	-	1	-	4	-	2
Households visited re. infectious diseases (incl. tuberculosis)	1	4	2	2	-	-	3	-	6	3	3	-	-	-	1	1	4	-	-	-	27	2	2
Other cases	15	5	-	19	3	12	10	24	14	-	67	-	95	48	30	91	217	16	27	-	70	225	24
TOTALS	564	778	822	580	293	189	706	642	759	243	512	410	749	613	722	1085	941	435	455	246	492	1414	651

(Continued next page)

HOME VISITS BY HEALTH VISITORS 1967 (Continued)

	Comm. June 24	Part-time 25	Comm. Aug. 26	27	28	29	30	31	32	33	34	Comm. May 35	Part-time 36	Comm. June 37	38	39	40	Comm. Dec. 41	Comm. Dec. 42	TOTALS FOR 1967	TOTALS FOR 1966
No. of Families visited for first time in 1967	264	232	168	479	552	303	561	565	433	395	470	499	349	383	404	728	582	9	8	17,386	16,300
No. of Families re-visited during 1967	399	274	229	626	728	366	621	386	816	498	596	547	480	198	834	643	842	111	101	19,927	19,234
Children born 1967	126	51	75	171	129	86	146	202	181	173	99	112	100	144	144	198	265	33	66	5,895	5,730
Children born 1966	58	64	77	103	89	88	158	170	200	63	133	89	153	95	85	128	214	54	19	4,836	4,406
Children born 1962/65	129	194	154	252	291	238	382	279	387	107	401	330	473	255	265	348	250	51	46	11,479	11,596
Persons 65 or over	1	-	-	3	8	10	17	7	-	7	8	4	7	4	1	10	14	-	1	246	225
Mentally disordered persons	2	-	4	-	2	5	3	-	1	4	10	-	12	1	-	8	10	-	-	233	239
Persons discharged from hospital	-	-	1	4	3	-	1	2	6	-	-	-	10	-	3	2	14	-	-	122	118
Households visited re. infectious diseases (incl. tuberculosis)	-	-	1	-	13	-	-	-	15	-	4	-	2	4	8	-	14	-	-	122	3,422
Other cases	44	-	2	4	-	-	-	87	270	55	-	-	107	37	-	197	217	1	-	2,033	
TOTALS	360	309	314	537	535	427	707	747	1060	409	655	535	864	540	506	891	998	139	132	24,966	25,736

ATTENDANCES AT INFANT WELFARE CENTRES - 1967

	Addiscombe Grove Thurs. P.M.	All Saints Mon. P.M.	Bensham Manor Mon. A.M. & P.M.	Boston Road Thurs. P.M.	Brighton Road, Coulsdon Thurs. P.M.	Brighton Road, S. Croydon Wed. P.M.	Cherry Tree Green Thurs. A.M.	Coulsdon Youth Club Mon. A.M. & P.M.	East Croydon Tues. A.M.	East Croydon Fri. P.M.	Falconwood (Alt.) Wed. P.M.	Hazelgreen Wed. A.M.	Kenley Fri. P.M.	Lodge Road Thurs. A.M. & P.M.	Lodge Road Fri. P.M.	Mitchley Avenue (Alt.) Tues. P.M.	Monks Hill Thurs. P.M.	Monks Orchard Mon. P.M.	New Addington Wed. A.M. & P.M.	New Addington Thurs. P.M.	Norbury Wed. A.M. & P.M.	Old Coulsdon Tues. A.M. & P.M.	Parish Church Mon. P.M.
Infants born 1967	80	96	206	90	86	105	28	84	130	162	31	53	83	268	99	26	64	53	269	190	210	127	128
No. of re-attendances	541	590	1438	477	664	833	196	717	774	909	225	409	567	1233	543	124	355	415	1316	801	1907	886	832
Children 1 to 5 years	52	117	582	118	229	193	134	281	105	260	84	55	264	338	131	49	91	233	984	216	209	339	227
No. of re-attendances	573	430	2017	709	959	935	823	1410	1302	1109	202	310	1387	1566	710	276	688	696	2786	1155	2099	1655	1000
Total attendances	1246	1233	4243	1394	1938	2066	1181	2492	2311	2440	542	827	2292	3405	1483	475	1198	1397	5355	2362	4425	3007	2187
Consultations with doctors	417	346	1405	518	714	687	-	754	679	912	230	22	470	1567	639	125	595	672	1886	793	1545	746	773
No. of sessions	61	47	96	52	52	52	50	96	51	51	35	50	51	100	50	21	51	48	104	47	104	102	47
Average per session 1967	20.4	26.2	44.2	26.8	37.3	39.7	23.6	26.0	45.3	48.0	15.5	16.5	44.9	34.1	29.7	22.6	23.5	29.1	51.5	50.2	42.5	29.5	46.5
Average per session 1966	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	51.5

Continued next page

ATTENDANCES AT INFANT WELFARE CENTRES - 1967

	Purley Tues. A.M.	Rectory Park Thurs. P.M.	Reedham Park Avenue Fri. P.M.	St. Albans Wed. P.M.	St. Jude's Tues. A.M. & P.M.	St. Oswald's Thurs. P.M.	St. Paul's Fri. P.M.	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 - 1967	TOTAL - 1966	Clinics held at General Practitioners' Surgeries in 1967
Infants born 1967	127	109	84	121	171	100	104	96	97	78	67	58	185	129	173	226	82	285	4855	4767	211
No. of re-attendances	781	716	169	658	1048	617	623	624	921	574	336	399	1063	652	901	1300	462	1156	29702	29577	1247
Children 1 to 5 years	237	288	86	313	395	249	267	286	319	220	197	177	186	296	108	496	261	640	10262	10845	530
No. of re-attendances	967	968	276	1211	1688	1028	853	1114	2267	1164	615	341	808	781	1002	2015	799	1986	44671	42513	1825
Total attendances	2062	2081	565	2303	3302	1994	1847	2120	3604	2031	1215	975	2142	1858	2184	4037	1604	4067	89490	87702	3813
Consultations with doctors	702	617	337	962	1142	791	788	782	621	455	612	706	669	825	838	1519	612	1946	31369	32175	1885
No. of sessions	51	52	39	52	102	52	51	48	96	50	48	51	52	51	51	102	52	104	2522	2362	150
Average per session 1967	40.4	40.0	14.5	44.3	32.4	38.3	36.2	44.2	37.5	40.6	25.3	19.1	41.2	36.4	42.8	39.6	30.8	39.1	35.5	-	25.4
Average per session 1966	42.7	22.5	16.4	53.9	36.8	52.2	44.4	50.4	33.8	25.3	26.5	21.3	40.3	47.5	41.2	40.4	31.6	37.8	-	37.1	22.6

HOME NURSING

Staff at 31.12.67.

Assistant Superintendent Nursing Officer (District Nursing)

Deputy Assistant Superintendent Nursing Officer (District Nursing)

2 Assistant Superintendents

54 Queen's Nurses (including 5 males).

3 S.E.N. Nurses

6 Queen's Students.

Summary of Work carried out during the year 1967.

Patients remaining on books at December 1966	1,217
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[illegible]

Total ... 6,169

New Patients

Medical 2,612

Surgical 2,248

Gynaecological 26

Obstetric 15

Maternity 51

Total ... 4,952

Specially Classified

Cases	Visits
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
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86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Tuberculosis	61	1,826
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Pneumonia	39	325
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Maternity complications	133	922
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Infectious diseases	4	24
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Erysipelas	4 15
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Children under five years	130	1,092
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Over 65 years old	3,760	107,900
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Termination of Cases

Convalescent	2,923
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Hospital	844
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[illegible]

Removed for other causes	483
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Still on books 1,453

Total ... 6,169

[illegible]

REHABILITATION OF ELDERLY PERSONS

Patients Visited during 1967.

Female	...	...	...	...	...	...	...	...	...	...	...	65
Male	...	...	...	...	...	...	...	...	...	...	...	31
										<i>Total</i>	...	96
Admitted to hospital			...	...	...	...	...	...	...	...	...	7
Rehabilitated	...	...	...	...	...	...	...	...	...	...	...	34
Limited or no success			...	...	...	...	...	...	...	...	...	18
Died	...	...	...	...	...	...	...	...	...	...	...	2
Remaining on books			...	...	...	...	...	...	...	...	...	35
										<i>Total</i>	...	96

Ages

30 - 39 years	...	...	...	...	...	...	...	...	...	-
40 - 49 years	...	...	...	...	...	...	...	...	...	2
50 - 59 years	...	...	...	...	...	...	...	...	...	5
60 - 69 years	...	...	...	...	...	...	...	...	...	24
70 - 79 years	...	...	...	...	...	...	...	...	...	35
80 - 89 years	...	...	...	...	...	...	...	...	...	30
90 --95 years	...	...	...	...	...	...	...	...	...	-
								Total	...	96

Illnesses.

Hemiplegia	...	...	...	...	...	...	...	...	...	49
Arthritis, Rheumatism and Fibrositis	...	...	...	...	...	...	...	...	...	26
Amputation of leg	...	...	...	...	...	...	...	...	...	3
Fractures	...	...	...	...	...	...	...	...	...	2
Other conditions (Parkinson's disease, Diss. Sclerosis, Carcinoma, Cardiac	...	...	...	...	...	...	...	...	...	16
								<i>Total</i>	...	96

In the Age Group 30 - 59 years. 7 Cases

2 Cases Arthritis

- 1 case very severe, walking aid provided.
- 1 case, chairbound for years. Manages with aids, lives alone.

2 Cases Hemiplegia

- 1 case, severe brain damage, admitted to Hospital.
- 1 case, speech improving - limited mobility, attends "Waylands".

3 Cases Diss. Sclerosis

- 1 case - chairbound - no success.
- 1 case - has exercises, manages some housework, but is deteriorating.
- 1 case - visits "Waylands". After acquiring a car, was a changed person.

NEW EXTENSION OF SERVICE

The 'Rehabilitation' nurse attends a weekly clinic at Queen's Hospital. These clinic attendances are to be extended to other hospitals in the area in 1968.

GENERAL PRACTITIONER ASSISTANCE SCHEMES

(a) Attachment.

(Health visitor, domiciliary midwife or home nurse is responsible for all patients on the lists of specified general practitioners within the local authority boundaries without a traditional geographical district).

Health Visitor Attachments	2
Domiciliary Midwife Attachments	5
Home Nurse Attachments	11

(b) Liaison

(Health visitor, domiciliary midwife or 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 boundaries, she does not herself visit them but is responsible for liaison between the general practitioner and the appropriate nurse).

Health Visitor Liaison	8
Domiciliary Midwife Liaison	23
Home Nurse Liaison	4

These figures are those for year ended 31.12.67.

LOAN OF NURSING EQUIPMENT

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

1967

	Health Dept.	British Red Cross Society					
		Central (A)	Purley (A)	Coulsdon (B)	Selsdon (B)	Shirley (B)	Norbury (B)
Air Beds	-	-	-	1	-	-	-
Air Rings	92	17	14	8	4	2	18
Bed Blocks	1	2	-	-	-	1	-
Bed pans	134	52	34	20	8	9	22
Bed Rests	122	32	25	18	3	13	30
Bedsteads	3	-	-	-	-	-	-
Bed Tables	6	2	5	4	-	4	1
Bellows	-	1	-	1	-	-	-
Commodes	161	84	30	34	3	11	48
Cradles	58	38	12	6	1	5	21
Crutches	5	17	5	1	-	2	9
Dunlopillo Mattresses	3	-	-	-	-	-	-
Enuresis Machines	83	-	-	-	-	-	-
Feeding Cups	7	7	3	2	3	-	1
Foot suction pumps	2	-	-	-	-	-	-
Fracture Boards	4	1	-	-	-	-	-
Hydraulic Hoists	8	-	-	-	-	-	-
Incontinence Pads	35,614	-	-	-	-	-	-
Kidney Bowls	1	-	-	-	-	-	-
Mackintosh Sheets	107	16	12	8	6	3	25
North Pads	21	-	-	-	-	-	-
Paddi Pads	181	-	-	-	-	-	-
Paddi Rolls	195	-	-	-	-	-	-
Protective Under-Garments	120	-	-	-	-	-	-
Pulleys	6	-	-	-	-	-	-
Ripple Beds	25	-	-	-	-	-	-
Urinals	62	16	13	8	4	8	12
Walking Aids	80	12	-	-	-	3	-
Walking Sticks	1	5	-	-	-	-	-
Wheelchairs	72	109	24	15	-	8	23

HOME HELP SERVICE

Staff at 31.12.67.

1 Principal Home Help Organiser
5 District Organisers
1 Tutor Organiser
5 Clerical Assistants.
1 Assessment Officer
16 Full Time Home Helps
191 Part Time Home Helps

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

Patients remaining on books from 1966	1,674
New Applicants	1,227
Patients carried forward to 1968	1,616

New Applicants

(a) Maternity	383
(b) Sickness	889
(c) For Night Service	-

Classification of Cases Attended

(a) Maternity	379
(b) Tuberculosis	9
(c) Chronic Sick including Old Age	2,251
(d) Others including Acute Sick, Problem Families and Mental Health	247

Number of Hours of Service Given 205,687

Average Duration of Service Given

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

Amount Recovered for Service £11,627.11.10.

Rate of Remuneration of Home Helps at 31.12.67.

5/6 $\frac{7}{8}$	per hour	- Home Helps
5/6 $\frac{7}{8}$	" "	- Washing Service
6/0 $\frac{7}{8}$	" "	- Problem Family Helps
10/-d	" "	- Disinfestation

CONGENITAL ABNORMALITIES

No. registered in 1967 - 96 of these 58 were live-births
 26 were still-births
 12 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>		TOTALS		OVERALL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
LIVE	1	1	-	-	9	3	2	3	-	-	8	1	12	10	-	-	1	2	1	4	34	24	5
STILL- BIRTHS	11	8	-	-	3	-	-	-	-	-	1	-	-	1	-	-	-	-	2	15	11	2	
DEATHS	2	2	-	-	-	-	2	3	2	-	-	-	1	-	-	-	-	-	-	7	5	1	
TOTALS	14	11	-	-	12	3	4	6	2	-	9	1	13	11	-	-	1	2	1	6	56	40	9

CAUSES OF DEATH OR STILL-BIRTH

Col: 1. Anencephalus	9	Col: 5. Defect of Lung
Hydrocephalus	9	Defect of Respiratory system
Encephalocele	2	Col: 6. Polycystic Kidney
Spina Bifida	2	Col: 7. Achondroplasia
Col: 3. (Oesophageal Atresia (and Stenosis)	1	Polydactyly and Defects of ears
Cleft Lip	1	Col: 10. Hydrops Foetalis
Cleft Lip and Palate	1	Monster
Col: 4. Congenital Heart	3	
Defect of Heart	1	
Persistent Foramen Ovale	1	

ISSUE OF WELFARE FOODS

Year	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin A & D Tablets
1966	54,698	110,465	6,503	8,254
1967	42,763	108,809	6,487	7,019

HOME ACCIDENTS

Details of patients removed to hospital by the London Ambulance Service following a home accident, January 1st - November 30th, 1967, inclusive.

Age	Males	Females	Sex not stated	Total
Under 1 year	20	17	-	37
1 - 4 years	184	121	-	305
5 - 14 years	119	74	-	193
15 - 24 years	47	53	-	100
25 - 44 years	52	74	-	126
45 - 64 years	63	121	-	184
65 - 74 years	43	100	-	143
75 years and over	32	215	-	247
Not stated	12	12	-	24
TOTAL	572	787	-	1,359

DEATHS FROM ACCIDENTS IN THE HOME 1967

Cause	No.	Details
Falls	32	There were 24 women and 8 men between 58 and 89 years of age.
Suffocation	3	There was 1 girl - age 3 weeks - asphyxia from smothering. 1 woman - age 75 years - asphyxia from inhalation of food.
Poisoning	6	2 men aged 20 years and 60 years - accidental carbon monoxide poisoning (domestic coal gas) 2 women aged 70 years and 76 years, 1 girl age 5 years and 1 boy aged 4 years - from carbon monoxide poisoning due to smoke and fumes from fires.
TOTAL	41	

**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	563	124
Subsequent Visits	905	250
Total Visits	1,468	374
Number of Additional Courses of Treatment other than the First Course commenced during the year.	59	8
Treatment provided during the year -		
Number of Fillings	1,000	180
Teeth Filled	871	173
Teeth Extracted	252	119
General Anaesthetics given	139	30
Emergency Visits by Patients	120	33
Patients X-Rayed	4	18
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	16	66
Teeth Otherwise Conserved	293	-
Teeth Root Filled	-	-
Inlays	-	-
Crowns	-	1
Number of Courses of Treatment Completed during the Year	370	86

Part B. Prosthetics

Patients Supplied with F.U. or F.L.
(First Time)

2

Patients Supplied with Other
Dentures

7

Number of Dentures Supplied

11

Part C. Anaesthetics

General Anaesthetics Administered
by Dental Officers

2

Part D. Inspections

	Children 0 - 4 (inc.)	Expectant and Nursing Mothers
Number of Patients given First Inspections During Year	996	128
Number of Patients in A and D above who required Treatment	417	107
Number of Patients in B and E who were Offered Treatment	417	107

Part E. Sessions

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

For Treatment	368
For Health Education	5

DEAFNESS

There were 1,444 children on the "At Risk" register by the end of 1967. Of the number tested during 1967, 12 cases where some doubt was felt as to hearing ability were referred and seen at Dr. Morgan's Stycar Hearing Clinic.

No. of Clinics held in year 1967	11
No. of Appointments made during year	99
Non Attenders	31
Of the 68 seen:-	
A. <i>Referred to Clinic from Infant Welfare Centres</i>	46
Doubtful Responses to Hearing Test at Infant Welfare Centre 28	
2 - Unsatisfactory Responses. T.C.A. 3 months.	
4 - Unsatisfactory Responses. Referred to E.N.T.	
1 - Satisfactory Hearing, but to be seen again in 6 months because of poor speech.	
1 - Unsatisfactory Responses. Referred to Consultant	
1 - Unsatisfactory Responses. T.C.A. 2 months.	
1 - Satisfactory Hearing, but referred to E.N.T. re. T's and A's.	
18 - Hearing Satisfactory. Discharged.	
? Backward 4	
1 - Unsatisfactory Responses. T.C.A. 2 months.	
1 - Satisfactory Responses, but referred to Speech Clinic.	
1 - Hearing Satisfactory, but T.C.A. 6 months in view of poor speech.	
1 - Hearing Satisfactory. Discharged	
Poor Speech 12	
2 - Unsatisfactory Responses. Referred to E.N.T.	
1 - Unsatisfactory Responses. T.C.A. 3 months	
1 - Unsatisfactory Responses. T.C.A. 2 months.	
1 - Unsatisfactory Responses. T.C.A. 1 month.	
1 - Hearing Satisfactory. Referred to Speech Clinic.	
6 - Hearing Satisfactory. Discharged.	

Family History of Deafness 1

1 - Hearing Satisfactory. Discharged.

? Mentally Retarded 1

1 - Hearing Satisfactory, Mentally Retarded.
Referred for I.Q.

B. Referred from Sources other than Infant Welfare Centres 10

Referred by Mr. Oakley, Audiometry

not possible 2

1 - Hearing Satisfactory. Referred to Speech
Clinic.

1 - Unsatisfactory Responses. Referred to
Consultant.

Parents' Request 2

1 - Unsatisfactory Responses. Referred to
Consultant.

1 - Hearing Satisfactory. Discharged.

General Practitioner's Request 4

1 - Unsatisfactory Responses. Referred to
Consultant.

1 - Unsatisfactory Responses. Referred to
Consultant.

2 - Hearing Satisfactory. Discharged.

From Health Visitor - Poor Speech 2

2 - Hearing satisfactory. Referred to Speech
Clinic.

C. Retests 12

Poor Responses to First Test 8

2 - Hearing Satisfactory. Referred to
Speech Clinic.

1 - Unco-operative. T.C.A. 3 months.

5 - Hearing Satisfactory. Discharged.

Poor Speech 3

2 - Hearing Satisfactory. Referred to
Speech Clinic.

1 - Hearing Satisfactory. Discharged.

Parent's Request 1

1 - Hearing Satisfactory, but in view of
poor speech T.C.A. 6 months .

CERVICAL CYTOLOGY

Number of Women Tested

Month	No. of Clinics	Ante Natal Cases	Class I		Class II		Class III		Class IV		Class V		Totals		TOTALS
			New Cases	Repeats	New Cases	Repeats	New Cases	Repeats	New Cases	Repeats	New Cases	Repeats	New Cases	Repeats	
January	8	16	24	-	58	4	1	1	-	-	-	-	83	5	88
February	None	-	-	-	-	-	-	-	-	-	-	-	-	-	-
March	7	15	31	1	38	1	-	-	-	-	-	-	69	2	71
April	8	16	39	5	33	3	4	-	-	-	-	-	76	8	84
May	8	14	48	6	33	3	1	-	-	-	-	-	82	9	91
June	9	2	59	6	40	6	-	-	-	-	-	-	99	12	111
July	9	8	67	12	67	12	1	2	-	1	-	-	135	27	162
August	8	2	26	5	85	14	-	-	-	-	-	-	111	19	130
September	8	2	44	11	93	16	1	-	-	-	-	-	138	27	165
October	9	7	48	9	117	17	2	2	1	-	-	-	168	28	196
November	9	15	68	12	97	33	4	1	-	-	1	-	170	46	216
December	7	2	33	6	77	18	-	-	-	1	-	-	110	25	135
Total	90	99	487	73	738	127	14	6	1	2	1	-	1,241	208	1,449

Class I - NORMAL SMEAR PATTERN according to age and physiological state (including pregnancy)

Class II - "INFLAMMATORY" PATTERN - may be due to erosion, bacterial or Monilia infections, Trichomonad infestation, Pill, I.U.D. etc. Malignant cells not seen. Treat if clinically advisable.

Class III - DYSKARYOTIC CELLS present. Implies that nuclei of epithelial cells are abnormal and may be a reflection of some atypicality of cervical epithelium. Current opinion suggests that at this stage such a condition may be reversible. Careful follow-up and specialist management required.

Class IV - ISOLATED CELLS SUGGEST MALIGNANCY. Early gynaecological review essential.

Class V - MALIGNANCY PROBABLE. Early gynaecological review essential

NUMBERS REFERRED TO FAMILY DOCTORS FOR TREATMENT

January	2	June	5	October	16
March	4	July	5	November	16
April	10	August	1	December	13
May	6	September	3	TOTAL	81

AGE GROUPS

	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Total
Class I	1	20	46	94	135	111	91	45	12	2	2	1	560
Class II	2	35	100	147	201	148	111	65	45	8	3	-	865
Class III	-	4	4	1	3	5	2	1	-	-	-	-	20
Class IV	-	-	1	1	-	-	1	-	-	-	-	-	3
Class V	-	-	-	-	-	-	1	-	-	-	-	-	1
Total	3	59	151	243	339	264	206	111	57	10	5	1	1,449

LONGSTAY IMMIGRANTS

<i>Country Issuing Passport</i>	<i>Notifications Received</i>	<i>Successful Visits</i>	<i>Unsuccessful Visits</i>
Commonwealth Countries			
Carribean	210	178	32
India	52	40	12
Pakistan	56	39	17
Other Asian	37	27	10
African	30	25	5
Others	37	32	5
Non-Commonwealth Countries			
European	36	35	1
Other	12	11	1
<i>Total</i>	470	387	83

DETAILS OF Notifications received were - 122 Males 141 Females
207 Children

Nursing Homes - Nursing Homes Act, 1964

	Number of Homes	Number of beds provided for		
		Maternity	Other	Total
Homes registered during the year	2	-	52	52
Homes on the Register at the end of the year ...	17	36	416	452

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 2,643 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 1967

Total number of Bodies received 913

Total number of Post Mortem Preparations 910

Total number of Post Mortem Examinations
for Coroner 910

Class IV - ISOLATED CELLS SUGGEST MALIGNANCY. Early gynaecological review essential.

Class V - MALIGNANCY PROBABLE. Early gynaecological review essential

NUMBERS REFERRED TO FAMILY DOCTORS FOR TREATMENT

January	2	June	5	October	16
March	4	July	5	November	16
April	10	August	1	December	16
May	6	September	2	TOTAL	81

AGE GROUPS

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Class I	1	20	45	94	135	111	91	45	12	2	2	1
Class II	2	25	100	147	201	145	111	65	45	2	2	-
Class III	-	4	4	1	2	5	2	1	-	-	-	-
Class IV	-	-	1	1	-	-	1	-	-	-	-	-
Class V	-	-	-	-	-	-	1	-	-	-	-	-
Total	2	59	151	243	339	264	206	111	67	10	6	1

COMMUNICABLE DISEASES NOTIFIED DURING 1967

Notifiable Disease	At all ages	Cases Notified							Total cases notified in wards																									
		At ages - years							U. Norwood	Norbury	W. Thornton	Ben. Menor	Thornton Heath	S. Norwood	Woodside	East	Addiscombe	Whitehorse M.	Broad Green	Central	Waddon	Addington	Shirley	Sanderstead North	Sanderstead and Seledon	Woodcote and Cousidon West	Cousidon East	Purley	M	F	TOTAL			
		Under 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 & over																										
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scarlet Fever ...	235	1	62	163	5	3	1	-	7	9	16	5	15	15	11	3	11	3	7	2	17	48	9	12	16	5	12	12	114	121	235	-	-	
Diphtheria ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Erysipelas ...	14	-	-	-	-	-	9	5	-	2	1	-	1	-	-	-	-	-	1	-	-	-	2	1	-	-	4	1	1	7	7	14	-	-
Meningococcal Infection	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	1	-	-	
Enteric & Para-typhoid	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Puerperal Pyrexia	3	-	-	-	3	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	3	3	-	-	
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dysentery..., ...	31	-	11	15	3	1	1	-	1	-	1	2	2	-	-	-	2	-	-	11	2	1	2	2	-	-	1	4	14	17	31	-	-	
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Primary and Influenzal Pneumonia	28	1	2	4	-	4	6	11	-	1	-	1	6	-	2	-	1	-	-	1	2	4	2	3	-	-	-	5	13	15	28	-	-	
Food Poisoning	30	1	3	2	9	7	7	1	-	2	-	10	4	-	1	-	-	2	4	4	-	1	-	-	-	1	-	1	18	12	30	-	-	
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	5076	220	3152	1667	18	18	1	-	206	132	133	205	311	342	236	137	192	159	141	199	287	948	223	146	204	371	306	198	2568	2508	5076	-	-	
Whooping Cough	506	74	230	179	1	12	7	3	4	14	22	6	12	11	28	11	16	37	35	11	28	146	34	10	13	28	13	27	240	266	506	-	-	
	5925	298	3460	2030	37	48	32	20	218	160	174	229	351	368	278	151	222	201	188	229	337	1150	271	173	234	410	333	248	2975	2950	5925	-	-	

Tuberculosis notifications are shown in the section relating to that disease.

MONTHLY INCIDENCE OF COMMUNICABLE DISEASES 1967

Notifiable Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Respiratory Tuberculosis	7	9	8	6	9	10	7	5	6	4	5	5	81
Non-Respiratory Tuberculosis	-	5	1	1	-	-	2	1	1	1	-	1	18
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	26	36	46	21	31	20	11	2	5	12	16	9	235
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	1	3	1	3	3	1	-	2	-	-	-	-	14
Meningococcal Infection	-	-	-	-	-	-	-	-	1	-	-	-	1
Enteric & Paratyphoid ...	-	-	-	-	-	-	-	-	-	1	-	-	1
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	2	-	-	-	-	-	-	-	-	1	-	-	3
Ophthalmia Neonatorum ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	5	18	-	1	1	2	2	1	1	-	-	-	31
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-
Ac. Pri. & Ac. Inf. Pneumonia	3	2	4	5	-	2	-	3	-	-	3	6	28
Food Poisoning	3	1	-	1	2	-	-	-	4	7	7	5	30
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1197	2150	976	252	163	129	106	57	24	13	6	3	5076
Whooping Cough	11	25	17	38	19	50	93	105	68	35	38	7	506
													6019

FOOD POISONING

Corrected food poisoning notifications for 1967 numbered:-

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
4	3	4	19	30

Outbreaks due to identified agents:-

Total Outbreaks

4

Total Cases

12

Outbreaks due to:-

(a) Chemical poisons Nil	(d) botulinum Nil
(b) Salmonella Organisms ... 4	(e) welchii Nil
(c) Staphylococci (including toxin) Nil	(f) Other Bacteria Nil

Outbreaks of undiscovered cause:-

Total Outbreaks

2

Total Cases

6

Single Cases:-

Agent identified

9

Unknown Cause

3

Total

12

Cases due to:-

Salm. typhimurium

5

Salm. enteritidis

1

Salm. Galiema

1

Salm. Indiana

1

Staphylococci

1

Salmonella infections not food-borne:-

Nil

SAMPLES SUBMITTED TO THE PATHOLOGICAL LABORATORY FOR BACTERIOLOGICAL EXAMINATION - 1967

Faeces outfits	...	...	...	...	...	...	...	...	1,843
Drinking Water samples	...	...	...	...	...	...	...	...	659
Public Swimming Bath Water samples	...	...	...	...	...	...	...	...	64
Private Swimming Bath Water samples	...	...	...	...	...	...	...	...	146
Private Wells	...	...	...	...	...	...	...	...	179
Milk samples	...	...	...	...	...	...	...	...	189
Cream samples	...	...	...	...	...	...	...	...	6
Ice Cream Samples	...	...	...	...	...	...	...	...	96
Sundry Food Specimens	...	...	...	...	...	...	...	...	50
Blood	...	...	...	...	...	...	...	...	48
Urine	...	...	...	...	...	...	...	...	459
Nose and Throat Swabs	...	...	...	...	...	...	...	...	43
Total									<u>3,782</u>

Samples of Drinking Water

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

Bacteriological	...	...	...	659
Chemical	...	...	...	6

Unsatisfactory Samples

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

IMMUNISATION AGAINST WHOOPING COUGH

A total of 5,075 children were immunised against whooping cough, comprising 4,908 under school age and 167 school children.

In addition 1,367 children were given reinforcing injections.

IMMUNISATION AGAINST TETANUS

A total of 5,932 children were immunised against Tetanus, comprising 4,931 under school age and 1,001 school children.

In addition 6,945 children were given reinforcing injections.

VACCINATION AGAINST SMALLPOX

A total of 5,583 persons were vaccinated against Smallpox.

	<i>Under 1 year of age</i>	<i>1</i>	<i>2 - 4</i>	<i>5 - 15</i>	<i>16 or over</i>	<i>Total</i>
Successful Vaccinations	147	2,534	1,356	444	194	4,675
Successful Re-vaccinations	-	-	8	256	644	908
Insusceptible to Vaccination	-	-	-	-	-	-
						5,583

DIPHTHERIA

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1967 who completed a course of immunisation during the year.

<i>Age at 31.12.67. i.e. Born in year</i>	<i>Under 1 1967</i>	<i>1964-1966</i>	<i>1963-1960</i>	<i>1959-1951</i>	<i>Total</i>
Completed course of injections	929	3,993	376	171	5,469
Reinforcing injections	-	751	4,050	2,413	7,214
TOTAL	929	4,744	4,426	2,584	12,683

	<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	5,520	23,080	28,600	46,700	75,300

VACCINATED AGAINST POLIOMYELITIS

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

VACCINATED	Children born 1967	Children born 1966	Children born 1965	Children born 1964	Young Persons born 1963-60	Persons born 1959-51	Persons over 16 years of age
With Salk Vaccine	2	16	10	2	3	3	1
With Oral Vaccine	1,069	3,081	460	194	491	192	105
With Quadruple Vaccine	-	3	12	-	-	-	-

Number of persons who received a reinforcing vaccination as at 31st December, 1967.

VACCINATED	Persons given a first reinforcing Vaccination during 1967
With Salk Vaccine	16
With Oral Vaccine	5,210
With Quadruple Vaccine	2
Annual Total	5,228
TOTAL since Vaccination began	125,417

INTERNATIONAL VACCINATION CERTIFICATES

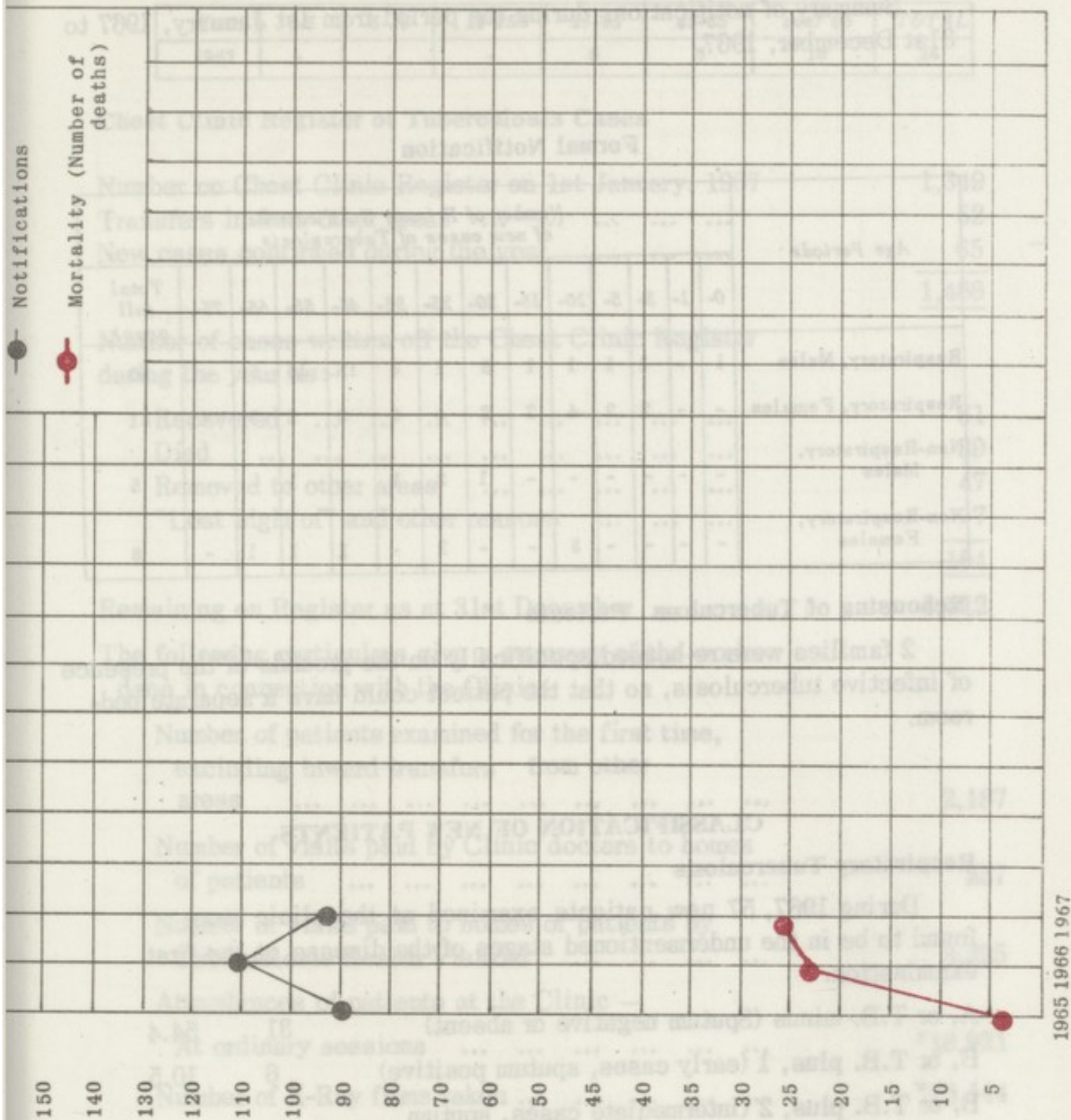
During the year 4,493 certificates were authenticated, 3,790 Small-pox, 563 Cholera, 140 T.A.B. and Yellow Fever.

IMMUNISATION OF CHILDREN BORN IN 1966

Polio		Diphtheria	1966 Live Births
2136	- (Immunised 1966) -	897	
<u>3100</u>	- (Immunised 1967) -	<u>3190</u>	
5236		4087	5682
(92%)		(72%)	

TUBERCULOSIS (All Forms)

PRIMARY NOTIFICATIONS AND MORTALITY - 1967



1965 1966 1967

Ages at Death from Respiratory Tuberculosis

Year	0-5	5-15	15-25	25-45	45-65	over 65	TOTAL
1967	-	-	-	5	3	16	24

Chest Clinic Register of Tuberculosis Cases

Number on Chest Clinic Register on 1st January, 1967	1,349
Transfers in from other areas	52
New cases confirmed during the year	65
	<u>1,466</u>

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

Recovered	61
Died	39
Removed to other areas	47
"Lost sight of" and other reasons	7
	<u>154</u>
Remaining on Register as at 31st December	1,312

The following particulars give a summary of the work done in connection with the Clinic:-

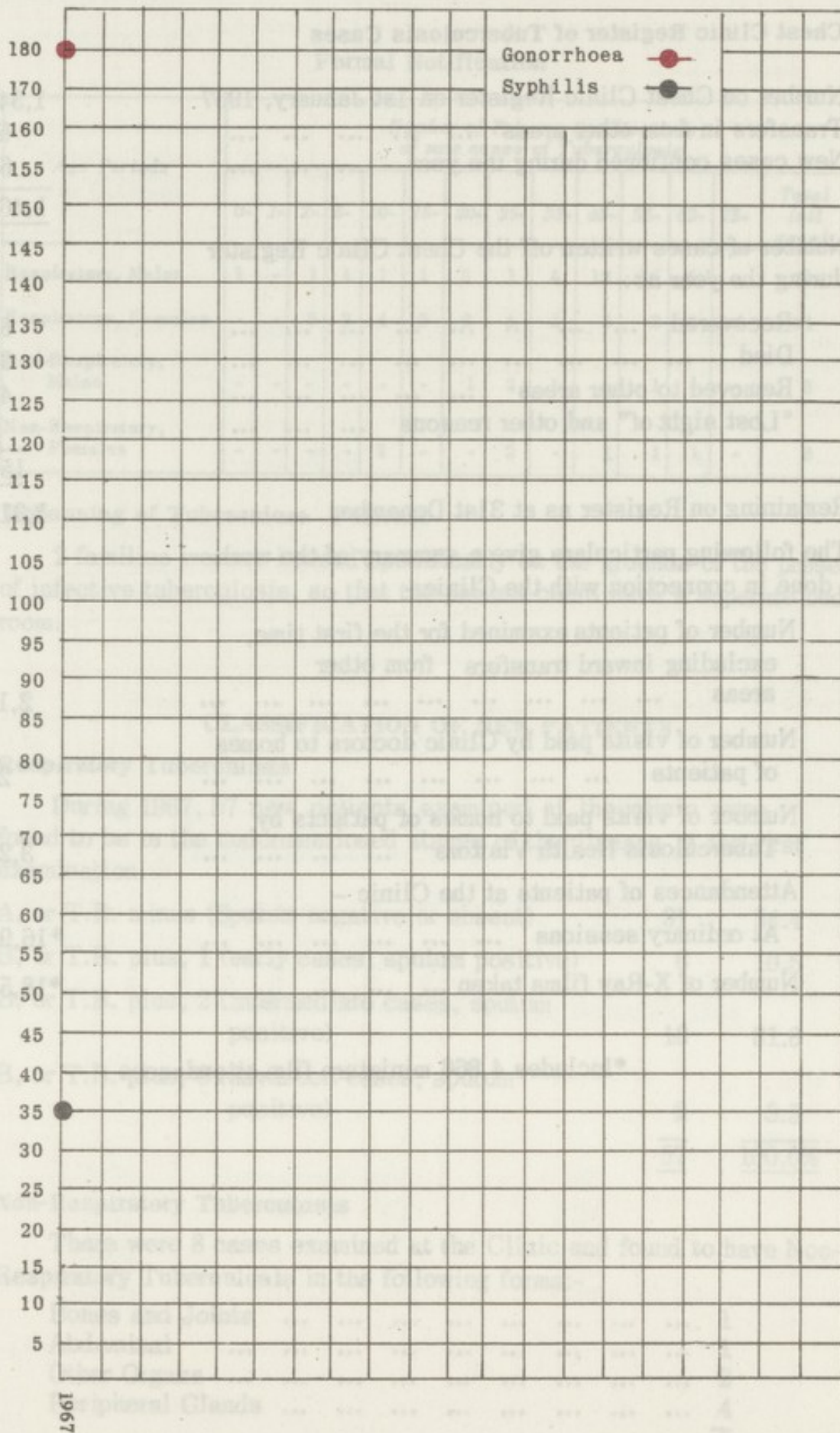
Number of patients examined for the first time, excluding inward transfers from other areas	2,187
Number of visits paid by Clinic doctors to homes of patients	257
Number of visits paid to homes of patients by Tuberculosis Health Visitors	3,225
Attendances of patients at the Clinic -	
At ordinary sessions	*16,921
Number of X-Ray films taken	*18,544

*Includes 4,866 miniature film attendances

VENEREAL DISEASES 1967

New cases residing in Croydon and treated at:-

Croydon General Hospital St. Bartholomew's Hospital
 St. Thomas's Hospital Westminster Hospital
 Whitechapel Clinic



VENEREAL DISEASES
Croydon General Hospital Centre.

SYPHILIS

1. New Cases of Syphilis		Totals	Males	Females
(i) Primary		2	2	-
(ii) Secondary		2	2	-
(iii) TOTAL OF LINES 1 (i) and 1 (ii)		4	4	-
(iv) Latent in the first year of infection		2	1	1
(v) Cardio-vascular		2	1	1
(vi) Of the nervous system		1	1	-
(vii) All other late and latent stages		20	9	11
(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		1	-	1
(xii) TOTAL OF LINES 1 (iii) to 1 (xi)		30	16	14
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		3	3	-
3. Cases Transferred from other Centres in England and Wales after Diagnosis				
... ..		2	2	-
4. Cases in Which Treatment and Observation were Completed.				
... ..		7	5	2
5. New Cases of Gonorrhoea				
(i) Post-pubertal infections		167	121	46
(ii) Vulvo-vaginitis		1	-	1
(iii) Ophthalmia neonatorum		1	-	1
(iv) TOTAL OF LINES 5 (i) to 5 (iii)		169	121	48
6. Age Groups of Cases in Item 5 (i) Above				
(i) Under 16		4	-	4
(ii) 16 and 17		7	3	4
(iii) 18 and 19		32	13	19
(iv) 20 - 24		64	49	15
(v) 25 and over		72	56	16
7. Cases Transferred from Other Centres in England and Wales after Diagnosis.				
... ..		4	4	-
8. Cases in which Treatment and Observation were Completed.				
... ..		49	40	9

GONORRHOEA

14. Attendances and Diagnoses of Contacts	Totals	Males	Females
(1) Contacts slips issued to patients with			
(i) Syphilis, primary and secondary	1	1	-
(ii) Gonorrhoea	120	112	8
(2) Contacts attending with			
(i) Syphilis, primary and secondary	-	-	-
(ii) Gonorrhoea	28	4	24
(iii) Other conditions	107	20	87
15. Total Attendances of All Patients			
(i) Syphilis	577	420	157
(ii) Gonorrhoea	791	520	211
(iii) Other conditions	2953	1807	1146
(iv) ALL CONDITIONS (TOTAL OF 15 (i) (ii) and (iii))	4261	2747	1514
16. Cultures for the Gonococcus	554	11	543

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.

Name of Local Health Authority	Number of new cases in year			
	Syphilis	Gonorrhoea	Other Conditions	Totals
Croydon	29	115	624	768
Bromley	-	16	48	64
Kent	-	1	13	14
Lambeth	-	5	27	32
Lewisham	-	1	6	7
Merton	1	8	24	33
Surrey	-	11	76	87
Sussex	-	-	8	8
Sutton	-	8	34	42
Wandsworth	-	-	7	7
Hammersmith	-	-	2	2
Others	-	4	22	26
	30	169	891*	1090#

* plus 11 undiagnosed

plus 11 undiagnosed

LONDON BOROUGH OF CROYDON

ANNUAL REPORT

OF THE PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1967

To the Chairman and Members of the Education Committee:

LADIES AND GENTLEMEN,

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

Routine Medical Inspections

As mentioned last year, a survey with General Practitioners showed that the majority of defects found at School Medical Inspections were not previously known to family doctors. Dr. Horner comments further on the final results of this important study.

Cleanliness Inspections and Minor Ailments

Following representations by Head Teachers, the former system of routine examinations every term in all schools was replaced by the selection of those known by past experience as likely to have infested pupils. In these schools there was a greater total of children examined, but fewer were found infested. Scabies, a communicable skin infestation, has been reported as increasing in prevalence throughout the country, and more children were treated in Croydon for this condition than in the previous two years. The total number (27) was small, but the return of this troublesome itching complaint, which was a particular nuisance during the war years 1939 - 1945, is so far without explanation. It is hoped that prompt diagnosis and effective treatment (for which we have kept facilities at the Disinfecting Station) will again lead to it virtually disappearing. At School Minor Ailment Clinics the cure of warts was the major item of treatment, and one child had an unusual reaction which is described in detail.

Eye Defects

The numbers requiring correction by glasses exceeded available facilities, and it was necessary to open a School Eye Clinic at New Addington.

Nervous and Psychological Defects

Support was given to a study day on Epilepsy sponsored by the British Epilepsy Association and held at John Ruskin School. Three study sessions for staff concerned with children and adolescents, on the subject of "Drug Dependence" were arranged in conjunction with the Education Department, and held at the Denning Hall.

The School Medical Officers recommenced their regular bi-weekly training discussion groups with the Medical Director of the Child Guidance Clinic. This continues a long tradition first begun in 1950 by the late Dr. T. P. Rees. Since all School Medical Officers work also at Corporation Child Health Centres, it is an important aspect of preventive mental health services.

Handicapped Pupils

Descriptions of existing services and those in course of provision, covered in the Report, show how the Committee have met the needs of these less fortunate children. Recent discussions about the optimum size of an Education Authority suggested very large population units were essential to permit specialist services. For School Health Service purposes the range Croydon is able to span is clear proof that a total population of 330,000 is more than adequate if care is taken to integrate hospital and local authority resources.

Health Education

Last year mention was made of a book being considered by a joint working part of the Health and Education departments intended to "help teachers to provide a wide range of learning experience leading to the development of desirable health habits, attitudes and knowledge, and so assist children to achieve health behaviour as a matter of personal choice". The book was published in 1967 as "Health Education - Patterns for Teaching. Daphne S. Elliott and Elaine T. May", and was very favourably reviewed. Copies were supplied to every Croydon school and there has been a considerable national demand.

Reports on Special Services

Much of our work is necessarily repetitive routine, but the Committee have always fostered enthusiasm and progress by supporting recommendations for reasonable pilot studies of new services. Most of these have proved of value and become an accepted part of standard care. The special report of Dr. White on her results at the Enuresis Clinic which began in 1954, is a typical example and will, I am sure, be read with interest.

Preparations for the move to new offices included plans for the centralisation of Medical Records. Their present part dispersal to schools is inefficient and inconvenient, and it is hoped to accomplish this task without undue delay.

It is a fair summary of the year under review that all basic services were maintained, and planned developments went forward. The usual cordial co-operation was forthcoming from the Chief Education Officer, members of his staff and Head Teachers. Officers of the Department, by the efficient discharge of their duties, satisfied the constant policy of the Committee to meet the needs of the school children in Croydon.

Yours faithfully,

S.L. WRIGHT,

Principal School Medical Officer.

PARTICULARS OF SCHOOL CLINICS

as at 31.12.1967

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)
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	Lodge Road Clinic Annexe, Lodge Road, Croydon. 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. and occasional additional clinics) Parkway Clinic, New Addington. (Approx. twice Monthly, Monday p.m.) Purley Clinic, Whytecliffe Road, Purley. (Approx. twice Monthly. Friday p.m.)
Eye	Purley Clinic, Whytecliffe Road, Purley. (alternate Fridays and alternate Tuesdays p.m.) Sanderstead Clinic, Rectory Park, Sanderstead. (alternate Fridays p.m.) Parkway Clinic, New Addington. (Alternate Tuesdays 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)	(36.7%)
*Medical Officers	5 (part-time)	
Consultants and Specialists	8 (part-time)	
*Dental Officers	12 (including 5 part-time)	(80%)
*Physiotherapists	7 (including 4 part-time)	
Speech Therapists	6	
*School Nurses and Nurse/Assistants	66 (including S. H. V. and Deputy)	(53%)
*Dental Surgery Assistants	14 (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 £127,481

Cost of Special Schools

Schools maintained by the Council	£122,001
Other Schools (not maintained by local Education Authorities)	£50,641
Adjustments with other authorities in respect of Special Schools	£34,903
	<u>£207,545</u>

PART I. MEDICAL INSPECTION IN SCHOOLS

The medical inspection of school children 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.

It has been claimed that the routine school medical inspection is no longer necessary since any defects which are discovered are already known to the family doctor. There is remarkably little evidence for such a statement, and in 1966 a survey was conducted in Croydon of all children referred to a hospital specialist as a result of a routine school medical inspection. The results were published in "The Lancet" in 1967 and showed that 67.2% of all such defects discovered by a school medical officer were not known to the family doctor. In a further 26.1% of cases, the family doctor, although aware of the defect, agreed with the decision to seek a specialist opinion, and asked the Principal School Medical Officer to make the necessary arrangements. These results were not unexpected since the School Health Service should be seeking defects before the stage at which symptoms have appeared. In this way early treatment is possible before the defect can produce medical or educational repercussions. Nevertheless, it has been helpful to have documentary evidence that the Service is not duplicating the work of others, since the survey was the first one of its kind in this country.

Another increasingly popular statement asserts that the School Health Service is only concerned with medical defects which have an educational significance. Since 1965 the Service has forwarded to Head Teachers a

brief summary of those defects discovered at school medical inspections which are thought to have an educational significance. These summaries are intended for insertion on the child's educational record card in those schools which no longer keep medical records due to the gradual centralization of such records. It is noticeable that these summaries are becoming longer as more and more defects are seen to have educational repercussions. Modern opinion in the Teaching Profession suggests that many factors may have an effect upon learning and that it is essential for the teacher to be fully informed about such factors. Those who refer to medical defects with an educational significance as if these were few in number reveal a limited understanding of the role of a modern School Health Service, which should seek to be the essential link between the Teaching and Medical professions.

Table I. Numbers seen at Medical Inspections 1967

Routine Inspections -		17,062
Special Inspections -		
	at school medical sessions	534
	at inspection clinics	45
		579
Reinspections		
	at school medical sessions	3,202
	at inspection clinics	753
		3,955

The number of children who were medically examined in 1967 is similar to that in the previous year. There was a marked shift in the place of reinspections. Previously children who were followed up by the medical officer were seen at special inspection clinics, but there has been a noticeable trend for these children to be seen in school with a consequent reduction in the amount of school time lost. The number of these reinspections shows a significant increase and confirms the observations made in last year's report that school medical officers are now supervising defects which might formerly have been referred for specialist investigation and supervision.

The proportion of parents who attended the inspections remained stationary, and the high proportion of parents who continue to attend the first medical inspection gives cause for satisfaction.

Table 2. Attendances of Parents at School Medical Inspections

	1967		1966	
	Boys	Girls	Boys	Girls
Entrants	83.4%	87.0%	88.6%	84.1%
Leavers	3.3%	7.8%	3.8%	7.1%
Others	59.0%	59.8%	58.1%	55.9%
Total Number of children examined	8,492	8,570	8,655	8,622
Total Attendance of Parents	53.6%		53.2%	

Medical inspections in non-maintained schools have continued during the year in those schools which have requested such facilities. No requests were received for any extension of these facilities during the year. A total of 629 children were medically examined at non-maintained schools in 1967, and detailed findings have been recorded in Appendix C, page 57.

As a result of medical inspections in all schools a total of 7,079 defects were receiving or were thought to require medical treatment, and this increase compared with the previous year is almost entirely due to an increased recording of dental defects by the school medical officers. A further 6,312 defects were referred for further observation by the school medical officers. A summary of the defects which were found has been recorded in Table 3. The proportion of defects which were discovered in every hundred children examined has been recorded in Table 4.

Personal Hygiene

The changes in procedure which were outlined in the 1966 Report (page 10) and which allow a more selective form of hygiene inspection, presented no difficulties during the year. Indeed, a greater number of children were inspected for cleanliness in association with the school medical procedure than had been possible during separate inspections in the previous year, and yet the number of children actually found to be infested showed a welcome decline. The number of children who were found to be infested at follow-up visits showed a marked reduction (42%) compared with the previous year, and this reduction is sufficient testimony to the continued vigilance of the school nurses who deal with this small but persistent problem.

The exclusion of children from school because of infestation with nits and vermin has occasionally led to difficulties because of natural reluctance by the staff to invoke statutory powers. Minor administrative changes during the year allowing informal exclusion to be linked, where necessary, with legal enforcement are expected to avoid such difficulties in the future.

Table 3
**RETURN OF DEFECTS FOUND IN THE COURSE OF ROUTINE
 MEDICAL INSPECTIONS, 1967**

Defects	Boys			Girls		
	Number requiring Treatment	Number requiring Observation	Percentage of total Defects	Number requiring Treatment	Number requiring Observation	Percentage of total Defects
Uncleanliness -						
Head/Body	5	9	0.2	6	3	0.1
Teeth	712	71	11.1	888	96	15.6
Skin	1150	82	17.4	302	108	6.5
Eyes -						
Defective Vision	873	559	20.2	888	688	25.0
Squint	113	24	1.9	137	25	2.6
External Eye Trouble ...	21	20	0.6	31	31	1.0
Ears -						
Deafness	109	146	3.6	84	159	3.9
Otitis Media	41	95	1.9	35	98	2.1
Other Defects	13	18	0.4	18	22	0.6
Nose and Throat	170	384	7.8	164	376	8.6
Enlarged Cervical Glands	17	71	1.2	16	60	1.2
Speech	96	70	2.3	52	51	1.6
Heart and Circulation ...	50	135	2.6	47	158	3.2
Lungs	103	116	3.1	72	98	2.7
Developmental -						
Hernia	25	38	0.9	8	22	0.5
Other Defects	121	345	6.6	86	211	4.7
Deformities -						
Posture	19	30	0.7	53	94	2.3
Flat Feet	169	228	5.6	77	127	3.2
Other	71	164	3.3	95	209	4.8
Nervous System -						
Epilepsy	14	13	0.4	21	18	0.6
Other	53	48	1.4	19	34	0.9
Psychological -						
Development	25	60	1.3	15	62	1.2
Stability	60	130	2.7	40	139	2.9
Abdomen	19	40	0.9	30	34	1.0
Other Defects	34	100	1.9	63	142	3.2
TOTALS	4083	2996		3247	3065	

Total Children Examined

8,492 Boys

8,570 Girls

Table 4

SUMMARY OF FINDINGS AT ROUTINE MEDICAL INSPECTIONS 1967
(Percentages of Children Examined)

Defects	Entrants		Inter-mediates		Entrants to Secondary School		Final Leavers		All Groups	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Teeth	9.5	7.8	13.0	10.9	9.4	15.0	6.0	14.0	9.4	11.7
Skin	3.4	2.9	5.7	4.2	19.4	6.5	32.4	6.6	14.6	4.9
Eyes -										
Vision ...	13.7	14.7	16.7	17.3	18.2	20.1	20.9	22.8	17.1	18.5
Squint ...	2.7	3.1	1.9	2.0	1.1	1.8	0.6	0.6	1.4	1.9
Other ...	0.9	0.6	0.5	0.7	1.8	1.2	2.0	0.6	1.3	0.7
Ears -										
Hearing ...	5.8	5.1	3.3	3.1	2.4	1.7	0.7	1.1	3.2	2.9
Otitis Media	3.4	3.1	1.6	1.4	0.6	0.9	0.3	0.6	1.6	1.6
Other ...	0.5	0.5	0.6	0.8	0.8	0.4	1.0	0.6	0.7	0.6
Nose and Throat ...	12.2	11.4	7.5	6.1	4.2	4.8	2.5	2.6	7.0	6.5
Speech	4.6	2.7	1.7	1.2	0.6	0.4	0.4	0.2	2.0	1.2
Cervical Glands ...	2.1	1.7	1.0	0.9	0.9	0.5	0.1	0.3	1.1	0.9
Heart and Circulation	3.0	2.9	2.0	1.8	2.0	2.8	2.2	2.3	2.3	2.5
Lungs	3.8	2.9	2.6	2.5	3.0	1.8	1.1	1.2	2.7	2.2
Developmental -										
Hernia ...	1.0	0.8	0.6	0.3	0.8	0.2	0.5	0.1	0.8	0.4
Other ...	5.1	1.4	7.1	3.4	7.8	5.4	3.6	5.1	5.8	3.6
Orthopaedic -										
Posture ...	0.7	0.5	0.6	1.1	0.8	2.4	0.6	3.2	0.7	1.7
Flat Feet ...	3.7	2.1	3.6	2.6	8.9	3.0	5.9	2.2	5.4	2.5
Other ...	3.9	3.8	2.8	3.1	2.6	4.4	3.2	3.8	3.2	3.8
Nervous System -										
Epilepsy ...	0.4	0.6	0.2	0.3	0.3	0.5	0.5	0.4	0.3	0.5
Other ...	1.9	0.8	1.7	0.8	0.9	0.8	0.5	0.1	1.3	0.6
Psychological -										
Development	1.5	1.7	1.9	0.7	0.7	0.4	0.1	0.7	1.1	0.9
Stability ...	3.3	3.1	3.8	2.4	1.9	2.0	0.2	0.9	2.3	2.1
Abdomen	0.6	0.5	1.5	0.8	0.8	1.3	0.2	0.6	0.7	0.8
Other Defects ...	1.6	1.6	1.4	2.4	3.0	2.4	0.8	3.4	1.7	2.4

A cleansing station is provided for the treatment of scabies and persistent verminous conditions. Twenty-seven school children attended the cleansing station for treatment of scabies, and nineteen school children were treated for head vermin.

Table 5. Cleanliness Inspections

Number of children inspected for cleanliness	51,158
Number of children inspected at follow-up visits	3,893
Number found unclean for the first time in 1967	357
Number of occasions in which children were found unclean at follow-up visits	141

Defects of the Skin

The number of skin defects discovered during the year showed no significant change.

In September 1967 an unexpected reaction to the standard treatment employed at the school clinics for the removal of warts raised doubts about current procedures. The child had been treated on previous occasions and a number of warts had been successfully removed. The procedure on this occasion did show minor variations but these were later proved to be of no significance in determining subsequent events. Unfortunately marked blister formation away from the treated area proved so severe that in-patient hospital treatment was considered advisable. Fortunately, the whole incident resolved without any permanent scarring. The Committee appointed Dr. D.I. Williams, Consultant Dermatologist, from King's College Hospital, to investigate the nature of the reaction and, on the basis of his reassuring report, it was decided that no changes in current procedures were necessary.

One school child developed ringworm of the scalp during the year. Another member of the family was also affected, but specialist treatment ensured that no spread of infection occurred in the school.

Defects of Vision

Defects of vision constitute the largest single group of abnormalities discovered by the School Health Service. In 1967, 22.5% of all defects were in this group (Table 3). The greatest proportion of vision defects in a single age group is now found at thirteen years (Table 6) when the examination of vision is not accompanied by a general medical inspection. Although this additional test undoubtedly increases the burden which is placed upon available school time, it will be seen that in numerical terms the Committee's decision to introduce it is fully confirmed.

The screening test of vision in use throughout the schools is the standard Snellen letter chart. A simpler chart is used for younger children who are expected to draw the shape or to recognise it on a key card rather than identify the letter by name. Inevitably there are children who are unable to read all of the letters on the chart but who may not require immediate referral to an eye specialist. Standards are laid down so that *any* child who cannot read all of the letters and who has not yet received a specialist opinion is re-tested either in six or in twelve months' time, and thereafter until the vision improves or until a specialist opinion is considered to be justified. When the child is not able to read the two lowest lines of the chart or when symptoms of eyestrain are reported, reference to a specialist is automatic.

The number of children with a significant defect of vision in Croydon appears to have outstripped available medical treatment resources in the area. In successive reports the very high proportion of vision defects has been stressed. In some age groups every fourth child fails to reach an acceptable standard (Table 6). Waiting lists for the Mayday Eye Clinic, administered by the Hospital Service, continue to be long, and the Committee therefore agreed to extend its own service during the year by the creation of a third school eye clinic at Parkway, New Addington (page 54).

The School Health Service cannot be satisfied, however, with the mere provision of spectacles. Despite changing attitudes there are still far too many school children who do not wear the spectacles which have been especially designed to help them. This seems to be particularly so when the defect affects only one eye. Neither parents nor children seem yet to appreciate the enormous importance of satisfactory vision in both eyes in the age of the motor car. The use of two eyes allows judgement of distance as those who have seen "three D" pictures will readily appreciate. It is now standard practice to write to parents when a school child who appears to need spectacles is found at a routine test not to be wearing them. A copy of the letter is sent to the Head Teacher so that he, too, is aware of the position. Occasionally a simple explanation is forthcoming, but more usually the letter provides a reminder that the vision defect is still important. In exceptional cases where the defect is very severe it may be necessary to remind the parents that it is affecting educational progress and that special educational treatment may be justified.

The Committee changed its policy concerning the repair of spectacles during the year. Regulations made under the National Health Service Act allow the Local Executive Council to reclaim charges for the repair of spectacles from the Local Education Authority, providing that the Authority has already agreed to accept responsibility for such charges. Previously it had been felt that such responsibility should only be exercised in respect of the Authority's own Eye Clinics, but

the Committee resolved that, in future, responsibility for the repair of spectacles should be accepted in all cases even when there was evidence of negligence to account for the damage.

Table 6. Summary of Findings at Routine Inspections of Vision

	Boys			Girls		
	<i>Number Examined</i>	<i>Number of defects</i>	<i>%</i>	<i>Number Examined</i>	<i>Number of defects</i>	<i>%</i>
Entrants	2,735	372	13.6	2,735	397	14.6
8 year old group	2,196	365	16.6	2,085	357	17.1
Entrants to Secondary Schools	1,480	283	19.1	1,478	322	21.8
13 year old group	1,235	334	27.0	1,426	341	24.0
Final leavers	2,081	434	20.0	2,272	517	22.0
Totals (All age groups)	9,727	1,788	18.4	9,996	1,934	19.4

Defects of Ears, Nose and Throat

The number of children found to be suffering or to have suffered from middle ear disease (otitis media) continued at the high levels reported in the 1966 Report (page 13). There was even a very slight but significant increase in the number of such defects which were noted for review by the school medical officers. Although this increase is small it continues a trend which has been noted in each of the last three years. This is a serious condition which may have long term sequelae so that continuous observation for several years will be necessary before the importance of these findings can be adequately assessed.

There was a change during the year in the audiometric standard used for the Sweep test of hearing so that comparisons with earlier years are no longer valid.

Defects of Heart and Circulation

There was no significant change in the pattern of these defects during the year. The school medical officers continue to supervise three of these defects for every one referred to a hospital specialist. Leading heart specialists consider that these regular reviews are of critical importance in the assessment of heart murmurs in symptomless children and it is very satisfying to record this further testimony to the value of the in-service training which was provided for the medical staff in 1966.

Defects of the Lungs

The number of lung defects reported during the year remained similar to that in 1966 when a marked increase was noted. In view of the difficulties in maintaining an adequate physiotherapy service it seems likely that this increase is a real one and not merely the result of improved treatment services.

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

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

Pulmonary	—	8
Non-Pulmonary	—	3

The school population was 50,000 (approx.) so that the incidence rate of pulmonary tuberculosis per 100,000 was 16. In 1966 the rate was 22/100,000. Once again there were no deaths from tuberculosis.

Developmental Defects

The sharp increase in the number of these defects noted in last year's report was not maintained and indeed a slight reduction in the high figure for 1966 is confirmed.

Orthopaedic Defects

Dr. Thelma Wield, a school medical officer with special responsibilities for the treatment of orthopaedic conditions, reports that school children with minimal spasticity (cerebral palsy) are giving rise to some anxiety. Although they are encouraged to attend ordinary schools and no complete record of their disabilities is kept, it does seem that their special needs may be overlooked. The cause of the condition is minimal brain damage and, whilst this may not result in the more obvious appearance of a spastic child, it may lead to lack of manual dexterity which is all too easily attributed to "clumsiness". Moreover minimal brain damage may have an effect on learning ability, or on a particular aspect of learning, so that general or specific educational retardation may occur. Many of these difficulties can be overcome if all concerned are aware of the condition and it cannot be too strongly stressed that it is wise to exclude organic factors in every child with learning difficulties, poor manual dexterity and over-active behaviour before concluding that such a child is either lazy, clumsy or naughty.

Fifty-seven children with more severe forms of cerebral palsy were known to the Service on 31.12.67. and they were receiving education as follows:-

- 30 were attending St. Giles' School
- 2 were attending St. Margaret's School, Croydon.
- 2 were attending St. Christopher's School.
- 4 were attending Residential Schools for Physically Handicapped Children.
- 1 was attending a Unit for Partially Hearing Pupils.
- 2 were attending Special Day Schools outside Croydon.
- 1 was attending a normal private school.
- 15 were attending the Spastics Centre.

Dr. Anne Letts comments upon the practice in some schools of requiring the children to wear indoor shoes. In practice the effect of such a rule is that plimsolls are worn throughout the school day. Whilst these rules probably reduce wear and tear on school buildings, the effect on the health of the children is less advantageous. Plimsolls often fit badly, quickly become outgrown and laces have a depressing habit of disappearing. Cost acts as an effective deterrent against early renewal so that the use of unsatisfactory footwear continues far longer than can be considered acceptable. The role played by such footwear in the production of permanent deformities of the feet is now well recognised so that this indirect encouragement of bad health habits during early life is particularly unfortunate. Moreover, since there is no obvious parallel between this rule and equivalent conditions in adult society it is difficult to see how the practice can be justified.

Defects of the Nervous System

There has been a slight increase in the number of children known to be suffering from epilepsy. During the year the British Epilepsy Association held a one-day conference in Croydon concerning the medical, educational and social problems which epileptic children present. The School Health Service was well represented but the opportunity provided by the conference was almost entirely lost by the complete absence of representatives from the teaching profession in Croydon. The views of educational colleagues were sadly missed both in the formal sessions and in informal meetings throughout the day.

Psychological Defects

Although psychological defects account for only 4% of the defects discovered at school medical inspections (Table 3) it is likely that the true incidence is much higher. Indeed Dr. Thelma Wield reports that this is the defect which is most likely to be missed by current procedures in secondary schools. Parents seldom attend the medical inspections of older children, whilst the children themselves are usually reluctant to volunteer such information. Teachers have proved to be particularly helpful in drawing early attention to the emotional problems of their pupils and the value of this

information cannot be over-estimated. Unfortunately the waiting list at the Child Guidance Clinic, a matter to which Dr. George Crosse makes reference in his report (page 19) makes it difficult to provide help as quickly as one would wish, although it must be stressed that immediate help for an unexpectedly urgent situation is always available. Two out of every three emotional problems known to the Service are now supervised by the school medical officers themselves, and the Health Committee recognised this fact in 1967 by the appointment of Dr. Crosse to undertake regular in-service training with the school medical officers for an hour every second Monday morning. These short sessions have given encouragement to medical officers in the Department to undertake more ambitious treatment in individual cases in the confident expectation that expert help is continuously available for regular consultation.

A number of discussions took place with interested bodies during the year concerning the problems of drug dependence and drug experimentation. These discussions suggested the need for a drug advisory service and a conference for professional staff. Both objectives were achieved during the year and both confirmed independently that, despite persistent rumours to the contrary, no satisfactory evidence can be found that either drug dependence or experimentation is yet a problem amongst Croydon school children.

Height and Weight

The figures of average heights and weights are recorded in Table 7. Annual fluctuations in each age group make comparisons difficult, but an impression is gained that whilst the average height of older pupils remains stationary, the average weight is showing a gradual increase. Since overweight children are known to become overweight adults and, since so many of the latter fall prey to the diseases of middle age, the problem of the overweight school child is a matter for increasing concern. In this context the role of the school tuckshop must not be overlooked. The service has been reluctant to criticise the sale of biscuits and confectionary in school since it has recognised the important financial contribution to school funds which such sales provide, as well as the obvious excuse that such provision meets a real need which would simply be taken over by the retail trade. Nevertheless, it seems necessary to remind the Committee that the dietary and dental cost of these sales is heavy and that this price is one which they themselves are largely called upon to pay.

Dr. Phyllis Mortimer (formerly Dr. Gibbons) has reported upon her clinic for overweight school girls (page 28) whilst Dr. Simmonds has now established a clinic for the treatment of schoolboys. Each boy and his parent attend a lecture explaining the necessity for reducing weight and the only successful way of doing so. Advice is given concerning the ways by which dieting can be made less tedious and by which the interest of

the boy can be maintained. The intervals between follow-up examinations are now longer than was previously the case, and, somewhat unexpectedly, the method appears to be more successful than seeing the boy frequently during the initial period. Individual problems are discussed at these sessions and those with no interest in weight reduction are removed from the group. Experience has shown that the support and co-operation of both parent and child are required, and where these are not forthcoming, currently available treatment techniques seem to be of no value.

Table 7

Average Heights and Weights in 1967 and Previous Years

Ages	Number Exam- ined 1967	Average Height in inches					Average Weight in lbs.				
		1967	1966	1965	1964	1939	1967	1966	1965	1964	1939
BOYS											
5 years	1,506	43.3	43.2	43.1	42.8	41.8	44.0	43.3	43.1	43.0	41.5
6 years	528	44.2	44.2	44.5	43.9	43.8	45.0	44.7	45.3	45.2	43.4
14 years	612	64.0	63.5	64.2	63.6	59.0	115.5	113.3	117.8	113.9	90.8
15 years	656	65.6	65.6	64.9	64.9	-	122.6	121.4	119.6	120.3	-
16 years	344	67.5	66.9	66.4	67.2	-	131.4	130.0	130.1	130.5	-
17 years	111	68.1	68.6	68.3	68.0	-	135.3	137.6	137.6	137.7	-
GIRLS											
5 years	1,489	43.0	42.8	42.6	42.4	41.2	42.2	42.0	41.9	42.2	39.7
6 years	570	43.6	43.9	43.2	44.9	42.7	43.3	44.0	42.8	44.8	41.4
14 years	721	62.4	62.1	61.9	62.2	60.3	113.8	113.6	115.8	113.3	97.9
15 years	951	63.1	63.2	62.6	63.5	62.0	117.7	120.1	117.9	115.3	105.5
16 years	385	63.8	63.5	63.3	63.7	-	121.5	121.1	122.4	121.8	-
17 years	76	64.1	63.9	64.2	64.1	-	126.0	126.0	128.4	125.2	-

PART II SPECIALIST SERVICES

AUDIOLOGY SERVICE

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

1967 was a very busy year for the Audiology Clinic; 1,087 children were tested by pure tone audiometer, this included routine follow up cases, cases referred by School Medical Officers and 504 Sweep Test failures. Regular clinics were held at Lodge Road, Parkway, New Addington and Whytecliffe Road, Purley.

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. The pressure of this work was eased considerably in September when a Nursery Unit was opened in Kingsley Infants School. The last of the 3 speech training machines provided by the Corporation was received during the early part of the year and an additional one was presented to the clinic by the Surrey Region of the Deaf Children's Society. The presentation was made at their Annual General Meeting in the Fairfield Halls.

70 babies were seen at the special clinic held in conjunction with Dr. Morgan, for the early ascertainment of deafness in young babies, 9 of these were referred to Mr. Stewart, one of the Corporation's Otologists. 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. Early diagnosis and the institution of auditory training, together with a hearing aid, greatly improve the outlook for a child with impaired hearing.

99 children were seen by either Mr. Parsons or Mr. Stewart, who held regular sessions at Lodge Road Clinic and Kingsley Infant and Junior Units. 11 hearing aids were recommended, 5 of these were National Health Service 'Medresco' aids and the other 6 commercial aids paid for by the Corporation. Commercial aids are considered necessary if the hearing loss is greater than the range covered by the 'Medresco' aid, 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 may become painful.

During the year, all infant schools were visited at least once and apart from absentees and unco-operative children (523), all children newly admitted to school during the year were tested. Of the 6,528

children tested, 540 (approx. 8.2%) failed the test and were referred to the Audiology Clinic for further assessment. In September, we were advised by our Consultant to regard the normal hearing range on British Standards as 0-30dB. We had hitherto been working on the American Standard of 0-20dB. This will in future reduce the number of failures.

For additional statistical details, see Appendix B, Page 52.

CHILD GUIDANCE CLINIC

I am grateful to Dr. G. Crosse, Consultant Psychiatrist, South West Metropolitan Regional Hospital Board, for the following report:-

In the belief that the resolution of complex emotional problems of childhood demand a full range of disciplinary skills the clinic staff have been encouraged to adopt an orientation which puts the highest priority on a team approach to case work. The year under review has seen the progressive elaboration of this central idea and close links have been forged between the various disciplines operating at the clinic. This interlocking and co-ordination of individual effort is exemplified in the management of the severely maladjusted child where it is the rule rather than the exception to have a doctor, psychologist, social worker, teacher and nurse all working cohesively on one family problem. A high premium is put on internal communications and regular staff discussions are held every week.

A combination of such attitudes and procedures is costly in terms of time and highly prohibitive in terms of turnover, a position which gives rise to the dilemma facing all child guidance clinics to-day, namely, of gearing work output to new cases referred. Waiting list accretion continues unabated and special arrangements have had to be put into force to deal with the more serious and urgent cases. It must be stressed however that this concession in turn reflects adversely on the waiting time for diagnostic consultations of "cold cases".

With regard to inpatient facilities for emotionally disturbed children, it is pleasing to report that the admission of the pre-adolescent age range is still easily secured at the short stay psychiatric unit at Queen Mary's Hospital, and it is only in the true adolescent range that one finds increasing frustration.

Experience over the past year has shown that urgent admissions to the Adolescent Unit at Long Grove Hospital cannot be secured, and the clinic has had to fall back more and more on the resources of the local adult psychiatric hospital, Warlingham Park. Although this hospital has

provided a very high standard of inpatient care for the odd adolescent admission, it is not a satisfactory alternative inasmuch as parents strongly object to their children living cheek by jowl with adult psychiatric patients.

The clinic is being extensively used as a training centre for social workers and psychiatric social workers Miss M.G. Gradwell and Miss M. R. Heller, have each been responsible for several student attachments during the year; the former with students from the Croydon Technical College and the latter with students from the University of Sussex.

A welcome administrative innovation during the year was the special clinic role given to two school welfare officers, Mrs. Parrott and Mr. Sinclair. They have been of enormous help in the management of school non-attenders who are on the treatment list at the clinic. As a result of their close liaison with the clinic they are able to relate their contribution in the field to clinical developments in the treatment situation.

Dr. Stella Ring, Senior Registrar, and Staff Nurse Bowman, have been largely responsible for the development of a Friday evening social club for children who need the stimulus of an informal group setting. The majority of disturbed children experience difficulty in their peer relationships and the club has enabled them to achieve a new level of social confidence.

This report cannot be closed without a word of thanks to Dr. S. L. Wright and the school health service who have supported our service in so many ways, not least of which is the patience and co-operation they have shown in the testing procedures which govern the admission of children to residential schools.

<i>Referred by:</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
School Health Service	40	29	69
General Practitioners	47	36	83
Education Department	4	7	11
Juvenile Court	4	9	13
Children's Department	3	3	6
Other Agencies	18	11	29
Parents	4	-	4
Milton House Remand Home	-	85	85
	<u>120</u>	<u>180</u>	<u>300</u>
<i>Action</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Diagnostic	20	110	130
Cases under treatment	70	48	118
Closed cases - Improved	14	12	26
Closed cases - No change	1	1	2
Closed cases - Unco-operative	9	7	16
Closed cases - Moved away	1	-	1
Closed cases - Transferred	5	2	7
	<u>120</u>	<u>180</u>	<u>300</u>

DENTAL SERVICE

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

Until quite recently the general public expected, as a normal occurrence, that middle age would bring the disintegration of their teeth and gums. The eventual need for artificial teeth was regarded as pre-ordained. It has been said that primitive societies regard certain conditions of ill health as inevitable, and it is unfortunate that dental diseases which are a direct result of sophisticated diets associated with increasing affluence, have been accepted in the same way. The World Health Organisation defines health as complete mental, physical and social well being, not merely the absence of disease. By this definition 98% of the population are dentally ill. There are, however, signs that more young people today are seeking regular treatment. This is most probably due to the increased availability of dental care through the National Health Service and the provision of free dental treatment for children within this and the Local Authority Dental Service. The idea that dentistry consists mainly of emergency treatment must be removed from the public mind, and the fact of the undoubted benefits of regular dental treatment, proper cleaning of the teeth and sensible restriction of diet, must be stated and repeated so that it is accepted by all.

The concept of Public Health preventive dentistry is gaining support within the profession. The most effective method of reducing dental decay at present known is the fluoridation of the public water supply. It has been shown in endless series of studies that where one part per million of the fluoride ion is present in drinking water the prevalence of dental decay is 60% less than in areas where the water is deficient in this natural substance. It is known that as well as strengthening the growing teeth, existing decay is delayed and in some cases arrested. One can only hope that general agreement amongst other authorities will permit the introduction in the near future of this most valuable dental health measure for the benefit of the people of Croydon.

During the year students of the Royal Dental Hospital School of Oral Hygiene have given Dental Health Education talks in primary schools. Nearly 5,000 children have been instructed at classroom level, with the minimum of disruption of Headteachers' timetables, and at the same time keeping the children in small groups. The students' enthusiasm has been transmitted to the pupils with encouraging results and has favourably impressed the teaching staff. School inspections make parents aware of their children's dental defects and not only the School Dental Service but also the General Dental Practitioners' Service find that numbers of patients attend only after being seen at school. Annual inspection has not been achieved and although every effort is made to increase the number of schools visited, a further addition in staff is essential if the target is to

be attained. Although the number of children seen at school was less than in 1966 the number first inspected at a clinic, that is, those who request appointments or respond to reminders, shows an increase of 40% over last year's figure and is an indication of the growing awareness of the need for regular dental attention.

The number of emergencies attending has increased and is 0.4% higher than in 1966 and this may be related to the reduced number of school children seen at school inspections. The percentage of children accepting treatment within the School Dental Service shows an apparent decrease, but since not all schools were inspected this is not a true figure. The table below shows the variation from clinic to clinic, depending on the area and the number of general dental practitioners available. The difference between primary and secondary schools is also shown.

<i>Clinic</i>	<i>Primary Schools</i>			<i>Secondary Schools</i>		
	<i>% referred</i>	<i>% accept</i>	<i>% P.D.A.</i>	<i>% referred</i>	<i>% accept.</i>	<i>% P.D.A.</i>
Waddon	65	61	29	50	26	28
Parkway	70	59	14	73	26	-
Selhurst	42	34	29	44	33	28
Lodge Road	51	32	39	36	22	49
Shirley	56	25	54	46	20	59
Sanderstead	25	19	59	22	12	58
Purley	41	16	66	46	13	53

The establishment of dental staff has been increased by the appointment of a Senior Dental Officer who has responsibility for the provision of more advanced conservative treatment.

During the year the proportion of conservative work has again increased in relation to exodontic procedures, and for every 100 teeth filled only 30 were extracted, compared with 34 last year and 47 in 1965.

Dental statistics will be found on Page 53.

ENURESIS CLINIC

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

During 1967, 333 children attended the three Enuresis Clinics in the London Borough of Croydon; 166 were discharged during the year, and 167 were still attending at the end of December. Of the 166 discharged, 107 were discharged dry; and 45 were discharged for non-attendance, of these 12 attended once only. Three children were thought to have symptoms of some disorder of the urinary tract and were referred to a urologist.

In the past years the family history of enuresis obtained has been under 50%, which is less than the figure given by most Authorities. Over the past year more care has been taken in determining the family history and the figures this year show a family history of 100 out of the 166 discharged; 60% which is much nearer the figure usually found.

The buzzers have been used by 55 of the children discharged, which is an increase over the past years owing to less mechanical breakdown among the machines and therefore a quicker turnover rate of these conditioning machines.

The percentage of males to females attending remains remarkably consistent over the years; almost exactly twice as many boys as girls attended.

Total Attendance	333 children	
Still Attending	167	
Discharged	166	Male - 112. Female - 54.
Discharged Dry	107	
Discharged for non-attendance	45	
Referred to Urologist	3	
Left Area	6	
Emigrated	3	
Lodge Road Clinic	83	
New Addington Clinic	50	
Purley Clinic	33	
Used Buzzer	- 55.	Family History - 100.
Age: (years)	4 5 6 7 8 9 10 11 12 13 14 15 18	
Number in Group:	2 8 26 33 29 23 19 9 5 3 4 4 1	

SCHOOL EYE CLINIC

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

The work of the school eye clinics at Purley and Sanderstead has continued and an additional clinic is now being held at Parkway, New Addington. Since the latter commenced a waiting list for appointments has demonstrated the local need. Extra clinics have also been held at Purley.

Treatment undertaken at these clinics includes refraction and the ordering of spectacles, examination of children referred from routine school medical inspections, and other referrals by Local Authority staff and general practitioners. Squint and amblyopia are treated medically when suitable.

The Croydon Eye Unit maintains close liaison with the clinics, providing orthoptic services and undertaking treatment of those cases referred as suitable for surgery.

The principal source of demand remains the referral of cases found at routine school medical inspection to have impaired visual acuity or other ocular abnormality. The importance of this service and the continuing vigilance and accuracy of the Local Authority staff is acknowledged.

Statistics will be found on page 54.

HEALTH EDUCATION IN SCHOOLS

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

In spite of severe staff shortages and difficulties health education work in schools continued and even increased.

The book "Health Education - Patterns for Teaching" was published in April and six copies were issued by the Health Department to every school to offer them some help and guidance.

Secondary Schools

The one term Community Health Course was given to fourth year pupils in thirteen Secondary and Grammar Schools during the year and the attendance and interest of teachers was most rewarding. Much of the subject matter was revised and new material introduced.

A number of other talks on special subjects were given by the health education staff; there were also some first aid lectures to pupils of Croydon High School by Dr. J.S. Horner and "Mouth to Mouth Resuscitation" demonstrations by Dr. Phyllis Mortimer at Westwood School.

Junior and Infants Schools

"Growing Up"

The pairs of talks to parents and fourth year children in Junior Schools continued and half the schools in Croydon now take advantage of the service.

A pilot scheme on the same subject was successfully carried out by Dr. W. Simmonds for new boys at two secondary schools. The sessions were held during school hours after all the boys had been seen at medical examinations. All the parents who were asked for their views seemed enthusiastic.

Dental Health Education

The experiment begun last year to provide teaching practice for twelve dental hygienist students from the Royal Dental Hospital, Tooting, and thorough dental health education was resumed. The students were very well received and carried out a high standard of work in Elmwood, Beulah, Waddon, Oval, Castle Hill and Wolsey Schools.

Croydon Youth Leadership Training Council

Health Education Staff took part in two Stage II Courses during the year, covering the physical, mental and emotional aspects of "Child into Adult".

In-Service Training

Drug Dependence

Following a public meeting in Croydon a committee of representatives of voluntary organisations and officers of statutory organisations considered further action. One recommendation was short in-service training sessions on drug dependence for professional staffs of all disciplines dealing with young people. About four hundred professional workers attended the two sessions.

Chaired by the Principal School Medical Officer, the programme began with the film "Drugs and the Nervous System". A most stimulating and original paper by Dr. H. Dale-Beckett, Consultant Psychiatrist, Cane Hill Hospital, on "Drug Dependence - Some Facts and Misconceptions" was followed by an hour's general discussion.

Dr. H. Dale-Beckett generously gave up time the following week to lead a smaller discussion group on particular problems connected with the subject.

The help and encouragement of so many teachers in the schools visited during the year helped to make this work an exciting part of the health education service.

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.

203 children were examined during 1967. The classifications arrived at, together with recommendations made, were as follows:-

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203 children were examined during 1967. 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 54

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

(2) Found to be unsuitable for education in School 20

(3) Other Recommendations:-

(a) Referred back to an Ordinary School 34

(b) Referred for further investigation by School Psychological Service 11

(c) Recommended for Day Special Schools for other handicaps 11

(d) Referred for Speech Therapy 2

(e) Referred for Medical Treatment 8

(f) Referred for further assessment 26

(g) Other Investigations 33

203

Awaiting assessment on 31.12.67. 11

In addition, 53 intelligence tests were given to children attending St. Christopher's Special School.

A further 14 intelligence tests were given to children who were about to attend St. Giles' Special School, and a further 11 children already attending St. Giles'.

PHYSIOTHERAPY SERVICE

In 1967 the complete reorganisation of the Physiotherapy Service was arranged by the creation of a Superintendent Physiotherapist responsible for the integration of the work of five Physiotherapists engaged in the School Health Service and in the Maternity and Child Welfare Service. Miss M. Veach, M.C.S.P., was appointed to the newly created post but left the Service almost immediately. Later in the year Miss J. McBride was appointed.

Miss J. McBride, M.C.S.P., A.P.T.A. Superintendent Physiotherapist.

Arrangements have now been made for the treatment of school children at Lodge Road and St. James' Road, West Croydon, Waddon, Purley, Sanderstead and New Addington, and it is hoped that these will be used to their fullest extent.

It is felt that physical medicine has much to offer in the treatment of respiratory, neurological (with both motor and sensory involvement), orthopaedic and traumatic conditions. The realisation that empirical treatments are valueless is not new. Mild postural growth disturbances are not helped by re-education through voluntary exercise since it is not the right medium.

Physiotherapy has much to offer in the rehabilitation field. To date treatment has been started on an extensively burned child in a clinic, thus permitting a more rapid return to school and normal life.

SPEECH THERAPY SERVICE

Mr. J.R. Brook, Senior Speech Therapist

The year for the Speech Therapy Service has been a disrupted one because of the large number of staff changes including that of the Senior Speech Therapist. Mrs. Wickerson, the Senior Therapist, left after many years, first as therapist and then as head of the section. The development of the Speech Therapy Service in Croydon to one of the best and most comprehensive in the country is in large measure due to her energy and enthusiasm. It is with considerable regret that we see her leave. During 1967 Miss V. M. Connery and Miss J. Stavenhagen also left, both therapists of experience.

The Senior Therapist is now Mr. John Brook. Mrs. D.K. Proctor, Miss V.A. Barlow and Miss P.M. Kilford also joined the staff during the year.

These changes have inevitably resulted in a longer waiting list and have raised other problems where working with children puts stress on familiarity and continuity.

Speech Therapy in Croydon now has regular clinics at Purley, New Addington, Sanderstead, Shrublands, Waddon and the Central Clinic at St. James' Road. There is also the Special Unit for Dysphasic Children at the West Thornton School and the Special Schools of St. Christopher's and St. Giles' are served.

The Schools of the Borough and the Junior Training Centre continue to be visited regularly. Talks have been given on the speech therapy service to various organisations such as Toddlers' Clubs and Young Wives' Clubs. The invaluable service of providing practical experience for speech therapy students also continues.

In April Dr. Stuart Horner, the Deputy Medical Officer of Health together with Mrs. Wickerson, produced and had published in the Medical Officer, a paper entitled "A Comprehensive Local Authority Speech Therapy Service."

We are now in the unusual position where half of our staff have been with us for less than six months. It is hoped that as the settling in is completed we will provide Croydon with a speech therapy service which will rival the excellent service of the past.

WEIGHT CONTROL CLINIC

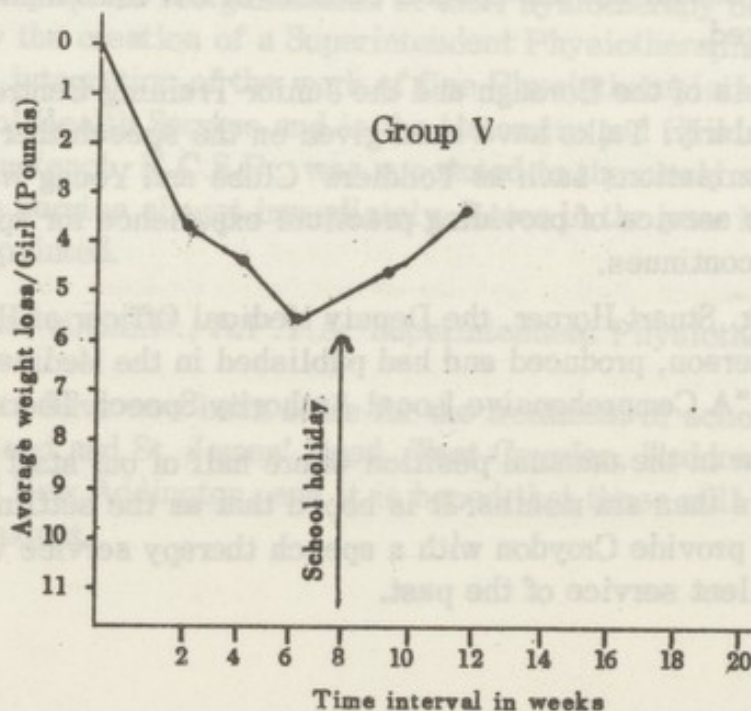
Dr. Phyllis M. Mortimer, School Medical Officer

The Weight Control Clinic continues to develop and provide a much needed service, although, in terms of numbers of new patients treated, the past year has been less rewarding than the first two.

During this year one new group has been established and a further one will have started by the end of the year. To make time available for these, progressive amalgamation of groups has been necessary; this has been accomplished satisfactorily as many of the girls in the original groups have now left school and others have achieved satisfactory weight reduction and left the clinic. There are still a few girls who seem unable to lose weight in spite of regular attendance; in some cases this is due to lack of motivation but in others to lack of parental support. These girls pose a so-far unsolved, problem but the nutritional re-education they receive at the clinic will benefit them in later life. The pattern of meetings has continued unchanged but the scope of activities has been increased to include drama (the girls enact scenes written for them which demonstrate nutritional fallacies) and talks from outside speakers.

The two school Weight Control Groups have also continued to meet during lunch hours this year. The majority of girls who attend regularly have lost weight satisfactorily and our aim is now to expand these groups to include the large numbers of girls at these schools who would benefit from this treatment.

The main change during the year has been a change in group leadership during my temporary absence. One of our Health Visitors, Mrs. Hoskin, has been running the clinics and I am extremely grateful for all she has done so successfully. I should also like to thank the staff of the Health Education Department for all the help they have continued to give Mrs. Hoskin and myself.



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 22 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>
General Debility	12	2 weeks
Asthma	1	2 weeks
Emotional Disturbances	8	2 weeks
Chronic Cough	2	2 weeks
TOTAL	<u>23</u>	

Juvenile Employment Return

The following numbers of children were examined by the medical officers during 1967 as to their fitness to undertake the part-time employment indicated.

	1967	1966	1965
Delivery of Goods for Shopkeepers	28	30	57
Delivery of Newspapers	213	193	202
Delivery of Milk	6	4	5
Shop Assistants	65	76	83
<i>Totals</i>	<u>312</u>	<u>303</u>	<u>347</u>

Provision of Meals and Milk

During 1967 all milk was supplied free of charge and approximately 34,900 children per day received one-third of a pint each in Maintained Schools. This was equal to 55% 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 6,300 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 1967 was approximately 30,600.

Cost of Milk and Meals

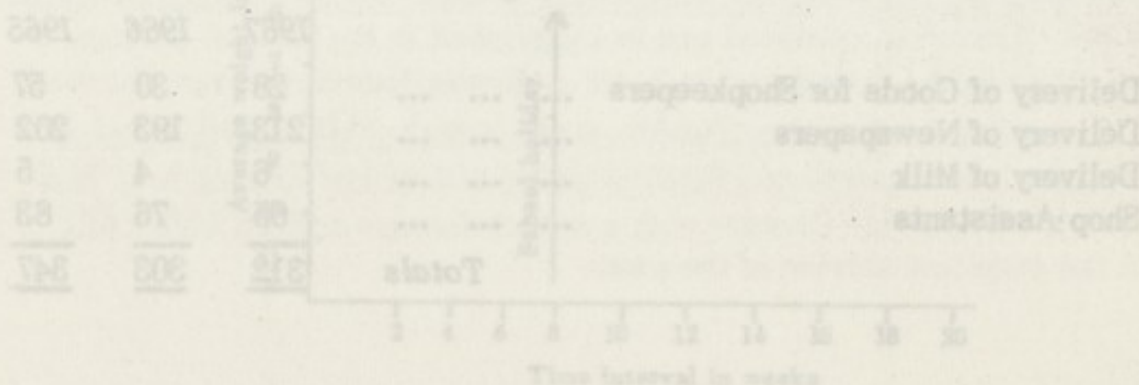
Meals and Milk cost £853,764. Income from payment for meals was £266,965, making a net cost of £586,799, on which grant is paid of 100 per cent. on approved expenditure.

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 9 in 1967 equal to a death rate to this group of 0.18 per thousand.

The details were

Accidental	2
Cancer	2
Asthma	1
Heart Disease	1
Orthopaedic Disorder	1
Liver Disease	1
Fybrocystic disease of pancreas	1
Total	<u>9</u>



PART III HANDICAPPED PUPILS

There are some 691 children in Croydon who are sufficiently handicapped to warrant the provision of special educational treatment facilities. This represents an increase of 42 children (6.5%) over the number in 1966. 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. No record is maintained of the number of children with handicaps who are being educated satisfactorily in ordinary schools, 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 1967 a total of 132 pupils were newly ascertained by the Education Committee as requiring special educational facilities either in special schools or special units. In the majority of cases medical recommendations were quite straightforward but some children required especial consideration and were assessed by the Consultant Panel, to which reference was made in last year's Report (page 34). The Panel met on one occasion during 1967.

TABLE 10

Children Requiring Special Education, 1967

CATEGORY	New Cases Ascertained by Committee	* New Admissions	Number of children receiving special educational treatment 18.1.68.							No. of children awaiting placement on 18.1.68.	
			Special Schools		Independent Schools	Hospitals	Day Units	Home Tuition	Total	Day	Residential
			Day	Residential							
BLIND	1	0	0	4	1				5	-	2
PARTIALLY SIGHTED	3	2	14	5	1				20	-	1
DEAF	2	4	5	12					17	-	1
PARTIALLY HEARING	3	0	7	3			24		34	-	-
EDUCATIONALLY SUB-NORMAL	62	65	218	17	6				241	51	6
EPILEPTIC	0	2	14	5	1				20	-	-
MALADJUSTED	16	17	8	11	30		21		70	-	7
PHYSICALLY HANDICAPPED	30	28	95	7	2	12	34	3	153	12	-
SPEECH	2	1	3	1			12		16	1	2
DELICATE	13	8	40	6	2	1		3	52	8	-
TOTAL	132	127	404	71	43	13	91	6	628	72	19

* Including cases ascertained in previous years.

Improvements in the detection of pre-school handicapped children to which reference was made in the 1966 Report (page 34) and which received added impetus by the issue of a joint circular from the Department of Education and Science (9/66) and the Ministry of Health (7/66), have brought spectacular rewards in numerical terms. A total of 146 pre-school handicapped children are now known to the Service, and their likely disabilities are shown in Table 11. This represents an increase of 52% compared with the previous year, and the improvement is noticeable in all age groups. These statistics must be interpreted with extreme caution since it is often not possible to assess the real needs of a handicapped child until he is about to enter school. Certainly not all of the children recorded in the table will require admission to special schools or units, and some will undoubtedly be found to be mentally severely subnormal. In spite of these reservations, the figures in Table 11 show possible trends and provide a reasonable basis for future planning.

TABLE 11

PRE-SCHOOL HANDICAPPED CHILDREN

Category	Age on the 31st December, 1967				
	5 years.	4 Years	3 Years	2 Years	1 Year or less
Vision Defect	-	2	1	2	-
Hearing Defect	-	-	1	3	3
*Mental Disorder	5	15	18	9	12
Epileptic	-	1	2	1	1
Physically Handicapped or Delicate	4	17	15	13	21
Total	9	35	37	28	37

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

Pre-school handicapped children are currently assessed annually from the age of 2 years so that likely special educational needs can be determined. This work will receive added impetus as the Committee's proposals for nursery units of special education become established fact. Already special education for the deaf and partially hearing is provided from the age of 3 years, and the new school for educationally subnormal children, upon which building work will shortly commence, includes accommodation for

children under the age of five years. Moreover, the Committee have submitted proposals to the Department of Education and Science for a new nursery and infant unit at St. Giles' School for physically handicapped pupils. It is hoped that the approval for this project will be given in the next special schools building programme commencing in 1971, and the need for such facilities is readily apparent from the figures in Table 11. Indeed, it may be asked whether present facilities are sufficient to meet the increasing number of physically handicapped children likely to come forward during the next few years. A study of the present pattern of attendance at St. Giles' School shows that a significant number of children, resident outside Croydon, are currently being accommodated at the school. Providing new admissions are increasingly restricted to Croydon residents the additional numbers of children coming forward will probably be contained, but adjoining areas may well find it necessary to review their own facilities in the light of a necessarily more restrictive policy in Croydon in the future.

BLIND AND PARTIALLY SIGHTED PUPILS

	<i>Blind</i>	<i>Partially Sighted</i>
In Residential Schools	5	6
In Day Schools	-	14

Blind

One blind child was ascertained during the year.

Partially Sighted

During the year two children were found to require special educational treatment in this category and both of them were admitted to St. Luke's School. The placement of two of the children who had reached secondary school age but who were considered to be unsuitable for transfer to accommodation at St. Giles' School, gave rise to continued anxiety. Neither had been placed by the end of the year despite many approaches to alternative schools, and energetic attempts to follow the advice, both of the staff of the Authority and of the Department of Education and Science. The Committee eventually concluded that one child was unsuitable for education in school and arrangements were being made to transfer her to an adult training centre for the blind.

I am grateful to Miss J. Rundle for the following report of the work of the school during 1967.

ST. LUKE'S SCHOOL FOR THE PARTIALLY SIGHTED

During the year steady progress continued in all aspects of school activities. The average number of children on roll has been sixteen. Of this number there are five children in the infant age group, nine in the junior and two in the senior age groups. Alternative placement for the two latter children is being actively sought but both are seriously handicapped and this caused many problems regarding their education.

From the beginning of the Autumn Term part-time teaching assistance has been available for each morning. This has made it possible for the unit to be divided for part of the day into two groups which has been very beneficial for the children whose educational needs and degree of vision vary to such a great extent.

At the beginning of the new school year a pupil of high intelligence began part-time attendance at Winterbourne Junior Boys' School. It is pleasing to report that he is working alongside normal children very well, and is benefiting from the competition provided by normally sighted children. The co-operation of the neighbouring head-teachers will be sought whenever it is felt that a partially sighted child could benefit from working with normal children. If adjustment to normal education can be carried out gradually, then it may be possible to integrate the more able partially sighted child into normal school life once some measure of confidence has been acquired.

A group of children have attended swimming regularly and they have all made good progress. Three children have gained swimming certificates. Mr. W. Cole, the swimming instructor, has given the children a great deal of help and their progress is due to his patience and interest.

Various school functions such as Open Day, Parents Evenings and the Harvest Festival Service, have been well attended. The parents are very appreciative of opportunities to meet and to discuss problems.

Several educational visits have been arranged during the year. These have included visits to the London Zoo, Greenwich Park, Horniman's Museum and Brighton. Whenever possible the children travel by public transport to give them the experience of using 'buses and trains as the aim is to make them as mobile as their disability will permit.

Mr. T.E. Davies, the Ophthalmologist, has visited the school twice during the year, and Dr. J.S. Horner has carried out a routine medical examination.

Children on Roll 31.12.67 - 16	Children admitted	- 3
Transferred to St. Giles' - 2	Transferred to other area	- 1

DEAF AND PARTIALLY HEARING PUPILS

	<i>Deaf</i>	<i>Partially Hearing</i>
In Residential Schools	12	3
In Day Schools and Units	5	31

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 six were found to require admission to suitable units for the partially hearing. It is pleasing to record the opening of the third unit for partially hearing pupils in Croydon at the Kingsley Schools. The new unit is sited in the Infants' Department and accommodates children of nursery school age (3 years - 5 years). The opening of the new unit effectively solved the waiting list problem, about which it has been necessary to comment in the two preceding reports, and also allowed a rationalisation of the age grouping of partially hearing children at Kingsley Infants' School. During the last five years the Education Committee has opened three units for partially hearing pupils, and when the fourth one (for secondary school children) is opened in 1968 a complete service will have been provided within the Borough in a remarkably short period of time.

It is important to emphasise that the nursery unit will also fill a diagnostic role. Whilst it is now possible to detect children with significant degrees of hearing loss before the age of three years, it is not always possible to assess the degree of that loss or its impact upon the education of the child. Thus both deaf and partially hearing pupils are admitted to the nursery unit so that prolonged assessment by specialist teachers, medical officers and consultant specialists is possible. It is pleasing therefore to record the return to active participation in this work of Mr. H.M. Parsons, the Corporation's Senior Consultant Adviser in hearing disorders. Both teachers and parents have expressed pleasure at Mr. Parsons' return to these duties since his advice has always been particularly helpful.

46 deaf or partially hearing pupils are at present placed in the following special schools or units, and 14 of these pupils are of secondary age

<i>Day Pupils</i>		<i>Residential Pupils</i>	
Kingsley Partially Hearing Units		Royal School for the Deaf	
(a) Nursery Unit	10	Margate	4
(b) Infant Unit	8	Nutfield Priory School,	
(c) Junior Unit	4	Surrey (Deaf)	3
Riverview Partially Hearing Unit, Surrey	2	Mary Hare Grammar School (Deaf)	2

(continued over)

*Day Pupils**Residential Pupils*

Partially Hearing Units, Greater London -		Burwood Park School, Surrey (Deaf)	1
Holman Hunt	1	Edith Edwards House, Banstead	1
Sedghill	3	Ovingdean Hall, Brighton	1
Schools for the Deaf -		Portley House, Surrey (Deaf)	1
Old Kent Road	1	St. John's School, Boston Spa	1
Oak Lodge (London)	1		
Portley House (Surrey)	2		

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

"Since September 1967 a nursery partially hearing unit has been in operation at the Kingsley Infants' School. This unit accommodates ten children of nursery age, and as a result the infants' partially hearing unit at the school is able to accommodate ten children from 5 - 7 years of age. This has been made possible by appointing two newly trained teachers of the deaf - who had been sponsored for their course of training by the Croydon Education Committee.

The appointment of separate teachers for the nursery and infant children will undoubtedly result in mutual benefit to both the children and teachers concerned.

A newly trained teacher of the deaf was also appointed to the junior partially hearing unit at Kingsley Junior School in September 1967, following the resignation of the previous teacher - Mr. Davies.

The children attending these units are making satisfactory progress. They are seen at regular intervals at the school by Mr. Parsons. To this interview parents are invited and in addition the teacher concerned, Mr. Oakley and myself are also present to discuss each child."

I am grateful to the Chief Education Officer who has arranged for the following reports on the work of the three partially hearing units.

PARTIALLY HEARING UNIT, KINGSLEY NURSERY SCHOOL

The new partially hearing unit for children of nursery age was opened in September 1967. There are two rooms for this unit. One is an acoustically tiled room which has the induction loop system and in which the majority of teaching and work is done. The second room is available for free activity and has not been acoustically treated.

A visit has already been made to New Cross Hospital and with the exception of one child all the children were fitted for new ear moulds. Arrangements have been made for these young children to be taken to the hospital about every three months to have their moulds checked.

In one room as already mentioned, there is the induction loop system. There are two individual speech trainers and both can be adapted by the use of a "wired" mat for use in a similar way to the induction loop system. They are portable and can be used anywhere in or out of school. All children have individual aids.

An audiometer, tape recorder and gramophone are also available for use in the unit. The tape recorder has been used to record children's speech and sounds, and the gramophone has been used in the programme of auditory training. It is apparent even at this early stage that provision must be made for "group" teaching and that four group aids should be installed.

There are ten children aged between $3\frac{1}{2}$ and 5 years in the nursery unit, and for nine of them this is their first experience of school. Without exception they settled quickly and happily to school routine. Their hearing losses, which at this age are difficult to assess with true accuracy, cover a wide range, but the majority have some "useful" hearing.

The children are being given language by the "natural" method in which language provides meaningful situations for them. Already three children have used speech spontaneously. All are now aware that language and speech is the means of communication and all try to return phrases and words, although at this stage it is pure repetition and mimicry. All children have auditory training and already this has proved invaluable as a guide to what they can hear.

These children integrate 3 or 4 times a week with the normally hearing nursery children. Integration has been very successful in a social and educational sense for all concerned.

The rest of the children's education is continued on the same programme as for normally hearing children of this age.

The attitude and progress of the majority of these children shows clearly that parents are very co-operative and this is most encouraging.

PARTIALLY HEARING UNIT, KINGSLEY INFANTS' SCHOOL

Since the last report no major changes have taken place in the unit. The rate of progress has depended on a number of factors; the extent of the hearing loss is one of these but irregularity of attendance and inadequate parental co-operation have been serious obstacles in the paths of a few children.

All the children integrate with the hearing children at playtimes and dinner time. Five children integrate each day for one to one and a half hours, in hearing classes according to their development. This is proving very worthwhile and happy relationships are being made to the mutual benefit of the hearing and the handicapped. The opening of the partially hearing nursery class has given the infants another opportunity for happy social contact, curiosity and concern.

Both classes went with the juniors to New Cross Hospital in October for new ear moulds. A similar visit will be made at regular intervals to ensure a continuing comfortable and efficient fit.

Attendance has been very good except for one child. The children are working very well, and showing progress too in social development. Six children give spontaneous speech, although not necessarily intelligible. Two children give speech when prompted but one boy has so far failed to respond in this way, but does vocalise various "noises" spontaneously.

Since September we have had several visitors all of whom have shown kindness and interest, and the children have enjoyed the occasions. They specially enjoyed the Road Safety Demonstrations given in the school hall.

We are now looking forward to various Christmas activities and hope that in 1968 progress will be maintained. Perhaps, too, parental co-operation can be improved, especially with reference to the wearing of hearing aids.

PARTIALLY HEARING UNIT, KINGSLEY JUNIOR SCHOOL

There are now seven pupils in this unit with an age range of eight to eleven years. The teacher, Mr. Davies, resigned in July 1967 and has been succeeded by Mr. H. Brozel, a fully qualified teacher of the deaf with much experience of remedial work with normally hearing pupils.

The children are making good progress. There have been several contacts with and visits by parents, and advantage is taken wherever possible to urge proper and sufficient use of hearing aids outside school hours. There is now more integration of these children with other classes in the school, and this will gradually increase as need and opportunity dictate. The appointment of a part-time qualified and experienced teacher to assist with this unit and the two units in the Infants' School was very welcome not only as a means of providing more individual attention for pupils but as a means of continuing the work of the unit should the full-time teacher be absent.

The renewing of moulds for hearing aids, hitherto the responsibility of parents, has not always been attended to with sufficient regularity. Following a suggestion from technicians at New Cross Hospital, the Education Department has been able to arrange for all partially hearing children at the Kingsley Schools to be taken as a group to the hospital at correct and regular intervals for renewal of their moulds. The first visit in October was most satisfactory.

There have been additions to the apparatus in use in the Junior School Unit. The tape recorder and record player supplied this year are already proving useful, and a modest programme of apparatus construction has begun in order to explore certain aspects of hearing. It is hoped practical apparatus will be developed to aid those children who, because of limited dynamic range of hearing, have difficulty in using normal aids. The Experimental Aid OL63 is being tested in the unit and results of speech audiometry will be carefully considered.

EDUCATIONALLY SUBNORMAL PUPILS

In Day Special Schools	218
In Residential Special Schools	23
Awaiting placement	57

This is the largest single group of handicapped pupils accounting for almost half of those requiring special educational treatment in Croydon. This fact is often not appreciated when discussions take place about the care of handicapped children.

During the year 62 children were ascertained as educationally subnormal in Croydon and although efforts were made to increase accommodation at St. Christopher's School there was general frustration as waiting lists lengthened. Progress in the preparation of detailed plans for the second special school for educationally subnormal pupils continued in anticipation that building would commence in 1968. It is possible; by studying the number of pupils in each age group who have been found to need special educational facilities, to determine the extent to which educationally subnormal pupils are at present being retained in ordinary schools. In general the number of such children is remarkably constant from year to year, but a marked deficiency of educationally subnormal pupils exists in the age group 5 years - 9 years. There are approximately 42 such pupils fewer than would be expected and it seems likely that these children have not been put forward for examination by head teachers because of current waiting lists.

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

ST. CHRISTOPHER'S SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN

1. <i>Statistics</i>	Boys	Girls	Total
Number on Roll 31st December, 1966	121	89	210
Admitted during 1967	40	21	61
Left to work at 16 years	16	10	26
Transferred to other areas	5	6	11
Transferred to Residential Schools	3	2	5
Transferred to Modern Secondary Schools	-	1	1
Excluded as unsuitable for education in School	2	2	4
Number on Roll 31st December, 1967	135	89	224

2. At the commencement of the Term an extra class of 16 children was formed in the spare classroom at St. Luke's School, and is functioning most satisfactorily. This is largely due to the teacher in charge, Miss O. Davies, and Miss Rundle, who has made us so welcome in her school. The formation of this class has reduced the waiting list to 49, and to reduce it even further the Education Committee have allocated a mobile classroom to the school for January 1968.

3. Swimming

The Swimming Gala was held at the Central Baths on Wednesday, 12th July. The following Swimming Certificates were gained during 1967.

<i>Distance</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
25 yards	17	10	27
50 yards	11	13	24
100 yards	16	17	33
440 yards	5	2	7
Half mile	4	3	7

In addition 13 pupils - 8 boys and 5 girls - obtained the Bronze Badges for Life Saving.

4. School Functions.

(a) The Annual New Year Party was held on Saturday, January 21st. This was arranged and financed by the Parents' Association, who provided a Film Show, a Tea and a present for each child. I should like to thank Mrs. D. Wheatland and her Committee for undertaking this task and making the Party so successful.

(b) The Annual School Sports were held at the Barclay's Bank Sports Ground, Norbury on Thursday July 13th.

(c) The Annual Parents' Day and Exhibition of Work was held on Wednesday, July 5th. This year an evening session was held in addition in order to encourage fathers to attend, and this proved most successful.

(d) The Harvest Festival was held on Thursday, October 5th. The Service was conducted entirely by the senior pupils 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 aged pensioners.

(e) The Annual Carol Service was held on Wednesday, December 13th, when the school hall was packed with parents and friends. The singing was accompanied by the School Recorder Group and the programme included two carols composed by members of the staff.

5. Parents' Association.

This has continued to flourish and, at the parents' request, very well attended courses of lectures and discussions have been held at the school.

In addition, the parents, at their own request, are taking a very active part in the running of the Old Scholars' Club.

6. First Aid Instruction.

As an experiment, all pupils who were due to leave in 1967 undertook a course in First Aid organised by the St. John Ambulance Brigade. This course was held in the school, and a St. John Instructor was in charge. Twenty pupils attended and seventeen were successful in passing the test at the end. We are so encouraged by the results that we intend to continue this course for each group of leavers in the future. In connection with the course, we are grateful to the Parents' Association who provided a training manual for each child.

7. Camping Club.

This continues to flourish. The senior boys held four weekend camps and spent three weekends youth hostelling.

8. The Old Scholars Club.

Celebrated its seventh birthday in September. It still continues to flourish most successfully and obviously fills a great need in the lives of our ex-pupils, during the difficult period of adjustment to working conditions.

9. Social Work.

A pleasing feature of the year has been a voluntary increase in social work by the senior pupils. In addition to helping old aged pensioners in various ways, and contributing financially and in kind to the Friends of Animal League, they have also supported an appeal by the T.V. Programme for a project on "Blue Peter" and raised money to help finance a project in one of the under-developed areas.

10. The Stamp Club.

is most successful. In addition to continuing with their collections, the members have visited all the exhibitions in the area, posted to themselves first day covers of all the new issues in 1967, and visited the National Gallery to see the original paintings from which the 1967 Christmas Stamps were copied.

EPILEPTIC PUPILS

In Day Special Schools	- 15
In Residential Special Schools	- 5

During the year one epileptic child was recommended for placement in a special school. Unfortunately the decision to admit such a child is often based not upon the degree of epilepsy but upon the degree of disturbance occasioned in the school. The views of teaching staff are therefore often critical in arriving at such a decision. It has been usual for some years to recommend that such pupils are accommodated at St. Giles' School. The school medical officer, Dr. Thelma Wield, visited Lingfield Hospital School for epileptic pupils during the year to ensure uniformity of approach since the latter school often accepts Croydon children for whom residential education has become necessary.

MALADJUSTED CHILDREN

In Day Unit	- 21
In Day Special Schools	- 11
In Residential Special Schools	- 38
Awaiting placement	- 7

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.

A total of 15 children were ascertained to be in need of special educational facilities in this category and shortage of places inevitably resulted in delays in finding suitable accommodation. Moreover, the ability to provide such help only on a residential basis occasionally led to difficulties during the year and the provision of the new purpose-built day special school is anxiously awaited.

The Day Hospital Unit at the Child Guidance Clinic (page 19) continued to provide much needed temporary relief for the care of autistic and severely mentally disturbed young children, and the provision of teaching facilities by the Chief Education Officer throughout the year despite staff changes was much appreciated.

PHYSICALLY HANDICAPPED PUPILS

In Day Special Schools	-	96
In Residential Special Schools	-	8
Awaiting Placement	-	12

During the year 30 physically handicapped children were recommended for admission to a suitable special school. Although waiting lists lengthened in 1967, the provision of additional accommodation at St. Giles' School enabled most of the children to be admitted at the commencement of 1968. The future development of St. Giles' School was considered during the year, especially in view of the increasing number of children who suffer from spina bifida.

Spina Bifida (meningomyelocele) is a congenital condition resulting in the incomplete fusion of the lower end of the spine leading to exposure and possible paralysis of delicate nerve fibres. Formerly the condition was often lethal during the first year of life, and even today a significant number of children die from the condition. By an operation in the first few hours of life, however, it is now possible to prevent many deaths and to retain useful nerve function in the lower limbs and to the bladder. Some of the children so treated will be able to attend ordinary schools but those in whom the operation is less successful will still require the facilities of special schools. Moreover some children, whilst they will eventually be capable of attending an ordinary school, may need some specialised help, usually in relation to bladder function, during the age period 4 years - 7 years. The Education Committee considered their future and agreed that the provision of a nursery unit at St. Giles' School to which children could be admitted from the age of 3 years would do much to overcome the problems which the increasing number of spina bifida children present. It was recognised that some of the children might later return to ordinary schools, whilst the more severely handicapped child would remain at the special school. Proposals were submitted to the Department of Education and Science for a nursery unit and for the construction of a new primary school unit which could accommodate these more heavily handicapped children.

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

ST. GILES' SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

The year has been one of consolidation after the recent reorganisation.

Seven candidates offered an average of four subjects each for the 1967 C.S.E. Examination and maintained the high standard set last year. The average grade obtained was 3.2. Swimming and golf continue to flourish as school activities and sixteen children received professional instruction in golf.

The average number on roll was 182 and the average attendance 81%. There were thirty-six admissions and forty-one leavers during the year. One child died in hospital.

The September intake was particularly heavily handicapped; 5 wheel-chair cases and 7 incontinents. There are now 13 wheelchair cases in the school and these, together with the incontinents reveal the limitations of toilet accommodation in the school.

During the year 361 children were seen at routine medical inspections by Dr. Wield, 146 parents being present. At special medical examinations by Dr. Fearnley, 10 children were seen, 7 parents being in attendance, and by Mr. McQueen, 25 children were seen with 11 parents present. The school nursing sister and her staff were responsible for the preparation and follow-up of these examinations, the maintenance of records and the treatment of minor ailments in addition to dealing with 129 major epileptic fits and the toilet training of 23 children.

The Physiotherapy Department gave a total of 9,033 treatments to 42 postural and 50 orthopaedic cases.

Speech Therapy suffered from staff changes and some treatment had to be curtailed. It is hoped that the position will improve in the coming year. 492 treatments were given, 30 cases reviewed and 19 initial assessments made

Number of children on roll	Boys	Girls	Total
Physically Handicapped	74	60	134
Delicate	23	20	43

Record of Principal Disabilities

Cerebral Palsy	25	16	41
Asthma	19	14	33
Epilepsy	7	8	15
Congenital Heart Disease	6	5	11
Spina Bifida	5	5	10

PUPILS SUFFERING FROM SPEECH DEFECT

In Day Special Schools or Units	- 15
In Residential Special Schools	- 1

The Day Special Unit for Speech Disordered Children at West Thornton School continued to make progress during the year, but its work was hampered by the loss in quick succession of two members of the Speech Therapy team in addition to the medical officer. Nevertheless, the following report provided by the Chief Education Officer makes it clear that the high standards which have been created at this Unit were fully maintained:-

UNIT FOR SPEECH DISORDERED CHILDREN WEST THORNTON J.M. & I. SCHOOL

The work of the Unit has continued steadily throughout the year. Dr. Worster-Drought, Consultant Specialist, visits the Unit each term; Dr. Fisher, medical adviser, attends regularly and all the children have intensive speech therapy.

Two children were considered ready for transfer to ordinary schools near their homes. Both have adjusted very well and are making good progress. Two children were admitted and there have been twelve on roll for most of the year. These twelve, all of whom have some degree of aphasia, can be grouped as follows:-

- 3 producing fluent and intelligible speech.
- 5 producing a fair amount of intelligible speech.
- 3 producing some speech that is less readily understood.
- 1 producing 100 - 150 isolated words.
- 2 having severe difficulty in understanding speech.

Three children are now spending most of the day in the junior school, going to the Unit for speech therapy, remedial reading, or any help that is needed with specific difficulties. All the children join the ordinary school for assembly, P.E., dancing, dinner and all social activities. They benefit a great deal from the friendliness of the children of this school. The continued understanding and kindness of the Unit staff, and the willing co-operation of the infant and junior school remains a most powerful factor in the growing confidence and steady progress of these children.

DELICATE PUPILS

In Day Special Schools	- 40
In Residential Special Schools	- 8

During the year 13 children were found to be delicate and recommended for admission to a suitable special school. Reference was made to the declining importance of this category in the Report for 1965 (page 47) and at that time there were 76 delicate children receiving special educational treatment. In 1967 the number was only 52. Children who are categorised as delicate in Croydon 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 22 children were recommended for home tuition and a further 5 children were already receiving such tuition.

UNSUITABLE FOR EDUCATION IN SCHOOL

18 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, 13 have never previously attended a state school and 5 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, or, in some cases, admitted to hospital.

One child attending the Junior Training Centre was re-assessed and found suitable for St. Christopher's School, to which she was subsequently admitted.

Three 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 two cases it was found that the child was still unsuitable for education in school, but the third child had made some improvement justifying a trial in an ordinary school. The Committee therefore concluded that the child was now suitable for education in school, and varied the previous decision accordingly.

Cerebral Palsy

Asthma

Epilepsy

DELICATE PUPILS

In Day Special Schools

In Residential Special Schools

During the year 13 children were found to be delicate and recommended for admission to a suitable special school. Reference was made to the declining importance of this category in the Report for 1965-66 and at that time there were 75 delicate children receiving special educational treatment. In 1967 the number was only 52. Children who are categorised as delicate in Croydon are admitted to St. Christopher's School or to a residential open air school if a change of environment is considered to be beneficial.

Residential Special Schools

HOME TUITION

The Day Special Unit for Speech Impaired Children at West Thornton

School continued to make progress during the year but its present capacity is not sufficient to accept all the children who are recommended for home tuition. Wherever possible such children are referred to a school or to a residential special school. It is recognised that social contact with other children is an essential part of normal child development. During the year 11 children were recommended for home tuition and 5 were already receiving such tuition.

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 1968, as in Forms 7, 7M, and 11 Schools

49,020

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)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1963 and later	265	264	1	10	48	52
1962	3,657	3,647	10	149	502	611
1961	1,338	1,333	5	74	212	258
1960	210	209	1	11	39	45
1959	1,620	1,620	-	140	288	389
1958	1,858	1,857	1	179	323	463
1957	803	803	-	69	131	185
1956	419	419	-	51	78	120
1955	1,710	1,709	1	258	466	639
1954	829	829	-	89	217	280
1953	1,580	1,580	-	230	410	593
1952 and earlier	2,773	2,773	-	501	746	1,118
TOTAL	17,062	17,043	19	1,761	3,460	4,753

Col. (3) total as a percentage of Col. (2)
total..... 99.89%

Col. (4) total as a percentage of Col. (2)
total..... 0.11%

PART 2

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS

DURING THE YEAR 1967

T = requiring Treatment

O = requiring Observation

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
SKIN	T	87	771	594	1452	3
	O	70	43	77	190	2
EYES - (a) Vision ...	T	233	731	797	1761	26
	O	500	199	548	1247	12
(b) Squint ...	T	116	23	111	250	2
	O	36	1	12	49	-
(c) Other ...	T	18	11	23	52	1
	O	20	3	28	51	2
EARS - (a) Hearing ...	T	59	26	108	193	15
	O	214	10	81	305	4
(b) Otitis Media	T	39	9	28	76	2
	O	127	10	56	193	1
(c) Other ...	T	9	7	15	31	-
	O	15	3	22	40	-
NOSE AND THROAT	T	158	42	134	334	13
	O	432	52	276	760	11
SPEECH	T	95	9	44	148	6
	O	90	3	28	121	3
LYMPHATIC GLANDS	T	20	1	12	33	1
	O	77	7	47	131	2
HEART	T	34	30	33	97	2
	O	118	54	121	293	6
LUNGS	T	58	22	95	175	7
	O	101	22	91	214	6
DEVELOPMENTAL - (a) Hernia	T	15	7	11	33	1
	O	30	4	26	60	-
(b) Other	T	27	89	91	207	7
	O	130	87	339	556	5
ORTHOPAEDIC - (a) Posture	T	3	30	39	72	1
	O	26	46	52	124	1
(b) Feet	T	38	50	158	246	1
	O	110	79	166	355	1
(c) Other	T	31	69	66	166	8
	O	161	53	159	373	4
NERVOUS) - (a) Epilepsy SYSTEM)	T	9	14	12	35	1
	O	16	3	12	31	1
(b) Other	T	24	9	39	72	4
	O	44	3	35	82	2
PSYCHO-) - (a) Development LOGICAL)	T	11	4	25	40	5
	O	67	12	43	122	6
(b) Stability	T	27	7	66	100	5
	O	136	14	119	269	16
ABDOMEN	T	7	11	31	49	-
	O	17	7	50	74	1
OTHER	T	14	45	38	97	11
	O	66	46	130	242	6

PART 3

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	7
Errors of refraction (including squint)	1014
Total ...	1021
Number of pupils for whom spectacles were prescribed	309

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

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	-
(b) for adenoids and chronic tonsillitis	317
(c) for other nose and throat conditions	17
Received other forms of treatment	-
Total ...	334
Total number of pupils still on the register of schools at 31st December 1967, known to have been provided with hearing aids:-	
(a) during the calendar year 1967	3
(b) in previous years	87

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics	275
(b) Pupils treated at school for postural defects	42
Total ...	317

TABLE D. - DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	27
Impetigo	6
Other skin diseases	64
Total ...	97

TABLE E. - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	215

TABLE F. - SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists	1349

TABLE G. - OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	1555
(b) Pupils who received convalescent treatment under School Health Service arrangements	23
(c) Pupils who received B.C.G. vaccination	2738
(d) Other than (a), (b) and (c) above, Please specify	
(1) Audiology	46
(2) Enuresis	333
(3) Overweight Clinics	195
(4) Consultant for Speech Disorders	48
<i>Total (a) - (d)</i>	<i>4938</i>

APPENDIX B - TREATMENT CLINICS

SUMMARY OF ATTENDANCES

	1967	1966	<i>Increase or Decrease</i>
Audiology Clinic	105	141	-36
Dental Clinics	21,892	19,718	+2,174
Enuresis Clinics	1,151	1,092	+59
Eye Clinics	743	665	+78
Inspection Clinics	652	957	-305
Minor Ailments and Verruca Clinics	9,475	9,525	-50
Physiotherapy Clinics	4,258	4,537	-279
Weight Control Clinics	395	276	+119
	38,671	36,911	+1,760

AUDIOLOGY CLINIC

Numbers attending Croydon Day Schools and Pre-School Children

With hearing sufficiently impaired to require regular supervision:

Primary School Pupils	...	...	...	...	...	...	29
Secondary School Pupils	...	...	...	...	...	...	12
Pre-School Pupils	...	...	...	...	...	...	5
<i>Total</i>	...	...	...	...	...	...	<u>46</u>

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

(a) Tested for the first time	...	...	...	...	...	...	278
(b) Tested as a review case	...	...	...	...	...	...	305
<i>Total</i>	...	...	...	...	...	...	<u>583</u>

Auditory Training

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

(a) At the Audiology Clinic	...	...	...	...	...	...	105
(b) At home or school	...	...	...	...	...	...	186
<i>Total</i>	...	...	...	...	...	...	<u>291</u>

Sweep Testing of Five year Old School Entrants

Number of Schools visited	...	...	...	...	...	...	59
Number of children tested	...	...	...	...	...	...	6,528
Number of children passed	...	...	...	...	...	...	4,698
Number of children failed	...	...	...	...	...	...	540
Number of children to be re-tested	...	...	...	...	...	...	769
Number of children not tested (absent or unco-operative)	...	...	...	...	...	...	523

The failures were re-assessed as follows:

No hearing loss	...	...	...	...	...	...	173
Slight hearing loss	...	...	...	...	...	...	133
Moderate hearing loss	...	...	...	...	...	...	176
Moderately severe hearing loss	...	...	...	...	...	...	19
Severe hearing loss	...	...	...	...	...	...	3
Failed to keep appointments	...	...	...	...	...	...	21
Left district	...	...	...	...	...	...	8
Waiting to be tested	...	...	...	...	...	...	7
<i>Total</i>	...	...	...	...	...	...	<u>540</u>

Issue of Hearing Aids

(a) National Health Service 'Medresco' Aids	...	...	...	5
(b) Commercial Aids bought by Croydon L.E.A.	...	...	...	6
<i>Total</i>	...	...	...	<u>11</u>

4 children under school age are using hearing aids.

DENTAL SERVICE

	1967	1966
(1) Number of children first inspected at school	28,976	33,699
(2) Number of children first inspected at clinic	4,512	2,574
(3) Number of (1) and (2) found to require treatment	16,126	19,014
(4) Number of (1) and (2) offered treatment	16,126	19,014
(5) Number re-inspected at school or clinic	4,461	4,818
(6) Number of (5) requiring treatment	2,150	2,644
(7) Visits - First	6,433	6,091
Subsequent	<u>15,459</u>	<u>13,627</u>
	21,892	19,718
(8) Additional courses commenced	1,367	1,227
(9) Fillings - Permanent	10,497	9,157
Deciduous	<u>5,649</u>	<u>5,342</u>
	16,146	14,499
(10) Teeth Filled - Permanent	9,372	7,990
Deciduous	<u>5,162</u>	<u>4,652</u>
	14,534	12,642
(11) Extractions - Permanent	1,544	1,369
Deciduous	<u>2,834</u>	<u>2,995</u>
	4,378	4,364
(12) General Anaesthetics	1,817	1,633
(13) Emergencies	1,104	917
(14) X-Rays (Number of patients)	736	698
(15) Prophylaxis	937	1,037
(16) Teeth otherwise conserved	1,441	1,459
(17) Teeth root filled	100	171
(18) Inlays	12	1
(19) Crowns	31	7
(20) Other operations	3,555	3,448
(21) Advice	1,298	1,098
(22) Appointments not kept	6,530	6,515
(23) Courses of treatment completed	6,289	5,508

1967

1966

(24) Orthodontics -

Cases remaining from previous year	325	266
New cases commenced during year	217	225
Cases completed during year	137	128
Appliances - Removable	457	429
Fixed	51	43

(25) Number of dentures supplied 14 16

(26) Number of sessions - Treatment 3,068 2,799
 Inspection 265 314
 Dental Health Education 6 19

EYE CLINIC**PURLEY, SANDERSTEAD AND ADDINGTON**

No. of New cases examined 634
 No. of Re-examinations 109
 Total number of examinations 743
 No. of children for whom spectacles were prescribed 259

On 31st December 1967 the number of:-

- (1) New Cases referred but not yet examined was 35
 (2) Children due for review in 1967 and still awaiting re-examination was 178

MINOR AILMENTS CLINICS

<i>Clinic</i>	<i>Defects</i>	<i>Attendances</i>
Ashburton School	195	1,151
Lodge Road	262	2,487
New Addington	499	1,815
Purley	98	649
Rectory Park	153	1,101
Rockmount School	137	872
Waddon	211	1,400

MINOR AILMENTS CLINICS (continued)

Defects	1967			1966		
	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
Impetigo	6	15	2.5	18	40	2.2
Other Skin Diseases	64	190	3.0	82	249	3.0
Otorrhoea and other Ear defects	3	6	2.0	10	16	1.6
External Eye Defects	10	15	1.5	16	30	2.0
Verrucae	964	6,720	7.0	997	7,313	7.3
Miscellaneous	508	2,529	5.0	452	1,864	4.1
TOTALS	1,555	9,475	6.1	1,579	9,525	6.0

PHYSIOTHERAPY CLINICS

I. ST. JAMES'S ROAD

	1967			1966		
	Attendances	Classes	Ave. Att.	Attendances	Classes	Ave. Att.
Respiratory conditions	274	90	3.0	288	93	3.1
Orthopaedic "	1,630	654	2.5	1,716	686	2.5
TOTALS	1,904	744		2,004	779	

98 cases treated.

II. NEW ADDINGTON

	1967			1966		
	Attendances	Classes	Ave. Att.	Attendances	Classes	Ave. Att.
Respiratory conditions	55	33	1.6	58	35	1.7
Orthopaedic "	447	100	4.5	471	105	4.5
TOTALS	502	133		529	140	

82 cases treated.

III. PURLEY/SANDERSTEAD

	1967			1966		
	Attendances	Children	Ave. Att.	Attendances	Children	Ave. Att.
Respiratory conditions	1,852	{ 51 }	14.3	1,950	{ 53 }	14.4
Orthopaedic "		{ 78 }			{ 82 }	
TOTALS	1,852	129		1,950	135	

SPEECH CLINIC

Total number of cases treated during 1967	1,349
<i>Of these</i>	
Treated weekly or more often	501
Treated at longer intervals	585
Discharged	263
<i>Of those discharged</i>	
Satisfactory	70%
Unsatisfactory - non-attendance etc.	15%
Transferred, left district etc.	15%
<i>Types of Disorder</i>	
Defect of Articulation	50%
plus 's' defect only	14%
Stammer	13%
Retarded Speech and Language	14%
Aphasia including Dysarthria etc.	3%
Deaf	2%
Cleft Palate	3%
Others	1%

These figures include the Special Schools and Clinics.

APPENDIX C

RETURN OF MEDICAL INSPECTIONS - NON-MAINTAINED SCHOOLS

A. Routine Medical Inspections								Year	Year
								1967	1966
Aged 5 and under	...	...	...	...	...	...	...	12	54
6	...	...	...	...	...	...	...	1	7
7	...	...	...	...	...	...	...	5	-
8	...	...	...	...	...	...	...	2	-
9	...	...	...	...	...	...	...	42	-
10	...	...	...	...	...	...	...	34	-
11	...	...	...	...	...	...	...	62	37
12	...	...	...	...	...	...	...	102	101
13	...	...	...	...	...	...	...	71	38
14	...	...	...	...	...	...	...	55	35
15 and over	...	...	...	...	...	...	...	242	187
Total Children								628	459
Visits to Non-maintained Schools								40	31
B.-The following defects were found:-								Requiring	
								Treatment	Observation
Skin	...	...	...	...	...	...	...	51	13
Vision	...	...	...	...	...	...	...	161	45
Squint	...	...	...	...	...	...	...	2	-
Hearing	...	...	...	...	...	...	...	1	6
Ears - other defects	...	...	...	...	...	...	...	1	6
Nose and Throat	...	...	...	...	...	...	...	21	7
Speech	...	...	...	...	...	...	...	1	-
Lymphatic Glands	...	...	...	...	...	...	...	-	4
Heart and Circulation	...	...	...	...	...	...	...	3	9
Abdomen	...	...	...	...	...	...	...	2	4
Lungs	...	...	...	...	...	...	...	3	1
Development	...	...	...	...	...	...	...	2	23
Orthopaedic	...	...	...	...	...	...	...	60	36
Nervous System	...	...	...	...	...	...	...	4	3
Psychological	...	...	...	...	...	...	...	3	6
Other defects	...	...	...	...	...	...	...	15	25

C. Other Inspections

There were 19 Special Medical Inspections and 61 Re-inspections.

APPENDIX D

NUMBERS OF PUPILS ON SCHOOL REGISTERS, AND NUMBERS OF
CHILDREN EXAMINED AT ROUTINE MEDICAL INSPECTIONS IN
MAINTAINED SCHOOLS DURING THE YEAR 1967.

Primary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
Applegarth Junior Mixed	359	45	54	99
Applegarth Infants	329	60	66	126
Atwood Junior Mixed & Infants	308	58	49	107
Ashburton Junior Mixed	485	69	56	125
Ashburton Infants	307	69	82	151
Benson Junior Mixed & Infants	560	97	86	183
Beulah Junior Mixed	455	-	-	-
Beulah Infants	384	62	61	123
Castle Hill Junior Mixed	535	71	67	138
Castle Hill Infants	358	80	77	157
Chipstead Valley Junior Mixed & Inf.	455	83	82	165
Cypress Junior Mixed	260	34	33	67
Cypress Infants	229	55	51	106
David Livingstone Junior Mixed & Inf.	227	36	29	65
Davidson Infants	120	20	17	37
Duppas Junior Mixed & Infants	335	40	42	82
Ecclesbourne Infants	203	40	45	85
Elmwood Junior Boys	296	89	-	89
Elmwood Junior Girls	337	-	96	96
Elmwood Infants	359	72	63	135
Fairchildes Junior Mixed	476	64	57	121
Fairchildes Infants	308	63	45	108
Gilbert Scott Junior Mixed	599	41	67	108
Gilbert Scott Infants	463	140	84	224
Gonville Junior Mixed & Infants	515	78	82	160
Gresham Junior Mixed & Infants	333	55	48	103
Hayes Junior Mixed & Infants	415	91	95	186
Howard Junior Mixed & Infants	243	36	34	70
Kenley Junior Mixed & Infants	315	50	57	107
Kensington Avenue Junior Mixed	417	61	70	131
Kensington Avenue Infants	299	45	44	89
Keston Junior Mixed	393	48	47	95
Keston Infants	285	96	82	178
Kingsley Junior Mixed	477	59	60	119
Kingsley Infants	403	75	88	163
Monks Orchard Junior Mixed & Infants	449	107	84	191
Norbury Manor Junior Mixed	406	60	51	111
Norbury Manor Infants	277	46	59	105
Oval Junior Mixed	325	96	74	170
Oval Infants	193	77	58	135
Portland Infants	122	32	38	70
Purley Oaks Junior Mixed	340	37	46	83
Purley Oaks Infants	243	58	70	128
Reedham Junior Mixed & Infants	144	28	17	45
Ridgeway Junior Mixed	316	50	46	96
Ridgeway Infants	223	51	58	109
Rockmount Junior Mixed	272	30	34	64
Rockmount Infants	216	51	54	105
Roke Junior Mixed	195	34	27	61
Roke Infants	124	33	27	60
Rowdown Junior Mixed	409	54	74	128
Rowdown Infants	344	73	67	140
St. Peter's Junior Mixed & Infants	252	18	16	34
Selsdon Junior Mixed & Infants	491	96	66	162
Smitham Junior Mixed & Infants	498	85	78	163
South Norwood Junior Mixed	438	95	75	170

Primary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
South Norwood Infants	331	87	83	170
Spring Park Junior Mixed	473	62	55	117
Spring Park Infants	311	75	61	136
Sydenham Junior Mixed	267	26	39	65
Sydenham Infants	217	57	55	112
Toldene Junior Mixed & Infants ...	266	49	53	102
Waddon Infants	207	40	36	76
West Thornton Junior Mixed & Infants	371	70	50	120
Whitehorse Manor Junior Mixed ...	464	-	-	-
Whitehorse Manor Infants	299	95	64	159
Winterbourne Junior Boys	440	119	-	119
Winterbourne Junior Girls	396	-	105	105
Winterbourne Infants	419	68	92	160
Wolsey Junior Mixed	563	72	66	138
Wolsey Infants	387	66	61	127
Woodside Junior Mixed	508	68	74	142
Woodside Infants	282	61	62	123
Woodcote Junior Mixed	308	39	33	72
Woodcote Infants	238	43	43	86
TOTAL	25,816	4,390	4,167	8,557
VOLUNTARY PRIMARY SCHOOLS				
All Saint's (C. of E.) Jr. Mxd. & Inf.	351	52	63	115
Christ Church (C. of E.) Jr. Mxd. & Inf.	245	27	27	54
Coulsdon (C. of E.) Jr. Mxd. & Inf.	181	15	20	35
Good Shepherd (R.C.) Jr. Mxd. & Inf.	395	81	50	131
Margaret Roper (R.C.) Jr. Mxd. & Inf.	274	45	41	86
Parish Church (C. of E.) Jr. Mxd.	249	31	35	66
Parish Church (C. of E.) Infants	224	46	45	91
Regina Coeli (R.C.) Jr. Mxd. & Inf.	364	11	18	29
St. John's (C. of E.) Jr. Mxd. & Inf.	277	51	60	111
St. Joseph's (R.C.) Jr. Mxd. & Inf.	501	43	40	83
St. Mark's (C. of E.) Jr. Mxd. & Inf.	264	32	49	81
St. Mary's (R.C.) Jr. Mxd. & Inf.	409	43	35	78
St. Michael's (C. of E.) Infants	121	21	29	50
Thomas Becket (R.C.) Jr. Mxd. & Inf.	236	46	51	97
TOTAL	4,041	544	563	1,107
SPECIAL SCHOOLS				
St. Christopher's (E.S.N.) Mixed	225	59	40	99
St. Giles' (Del. & P/H) Mixed	175	95	80	175
St. Luke's (Partially Sighted) Mixed	16	11	5	16
TOTAL	416	165	125	290
NURSERY SCHOOLS				
Coulsdon Full-time	18	)	15	17
a.m. Part-time	16			
p.m. Part-time	16			
Crosfield Full-time	20	)	27	29
a.m. Part-time	21			
p.m. Part-time	17			
Purley Full-time	42	)	5	6
TOTAL	150	47	52	99

Secondary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
SECONDARY SCHOOLS				
Archbishop Tenison (C. of E) Mixed	358	54	88	142
Ashburton Boys	617	217	-	217
Ashburton Girls	585	-	372	372
Coloma (R.C.) Girls	598	-	182	182
Croydon Sec. Technical Boys ...	367	209	-	209
Chipstead Valley Mixed	164	27	23	50
Davidson Mixed	408	58	53	111
Ecclesbourne Girls	388	-	76	76
Fairchildes Boys	614	266	-	266
Fairchildes Girls	547	-	233	233
Heath Clark Mixed	730	173	120	293
Ingram Boys	580	142	-	142
John Newnham Mixed	456	68	138	206
John Ruskin Boys	629	166	-	166
Lady Edridge Girls	519	-	246	246
Lanfranc Boys	480	90	-	90
Lanfranc Girls	469	-	309	309
Norbury Manor Boys	330	61	-	61
Norbury Manor Girls	443	-	111	111
Our Lady's (R.C.) Girls	179	-	125	125
Overbury Mixed	754	165	81	246
Portland Mixed	368	48	35	83
Purley Boys	579	178	-	178
Purley Girls	574	-	176	176
Riddlesdown Mixed	637	117	105	222
Roke Mixed	179	38	20	58
St. Andrew's (C. of E.) Mixed ...	278	76	107	183
St. Mary's (R.C.) Mixed	403	63	44	107
Selhurst Boys	662	256	-	256
Selhurst Girls	524	-	192	192
Shirley Mixed	642	95	25	120
South Croydon Mixed	513	104	111	215
Stanley Technical Boys	335	160	-	160
Tavistock Boys	330	234	-	234
Tavistock Girls	251	-	103	103
Taunton Manor Mixed	448	104	90	194
Thomas More (R.C.) Mixed	559	114	106	220
Westwood Girls	388	-	252	252
Woodcote Mixed	571	139	103	242
TOTAL	18,456	3,422	3,626	7,048

CASES OF INFECTIOUS DISEASES NOTIFIED BY HEAD TEACHERS

<i>Disease</i>	<i>1967</i>	<i>1966</i>	<i>1965</i>
Chicken Pox	1,320	1,000	273
Conjunctivitis	16	16	1
Diphtheria	-	-	-
Gastro-Enteritis	4	13	4
German Measles	863	246	134
Impetigo	12	14	10
Jaundice	2	4	1
Measles	1,201	464	291
Mumps	806	953	30
Non-Specific Diarrhoea incl. Dysentery	573	773	593
Non-Specific Vomiting	115	95	107
Other Diseases	47	320	34
Poliomyelitis	-	-	-
(Body	-	2	2
Ringworm or Vermin (
(Scalp	1	-	-
Scabies	1	3	6
Scarlet Fever	167	92	61
Sore Throat incl. Tonsillitis	11	51	15
Whooping Cough	175	25	19
TOTALS	5,314	4,071	1,581

WORK OF THE SCHOOL HEALTH VISITORS AND NURSES

Home Visits re pupils	1,679 visits
Social/Welfare Visits to Schools	382 visits
Minor Ailments	1,444 sessions
Hygiene	630 "
Pre-Medical	1,171 "
Routine Medical Inspections	1,231 "
Follow-up	101 "
Contagious and Infectious Diseases	13 "
Immunisation	165 "
Health Survey	30 "
Health Education	73 "
Enuresis Clinics	83 "
Audiology	274 "
Eye Clinics	147 "
Inspection Clinics	49 "

APPENDIX E.

THE TREATMENT OF ENURESIS

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Introduction

The effect of enuresis on the family unit is greater than would be expected from such a minor defect. In these families there is an increase in work caused by laundering sheets and pyjamas daily. This, though the most obvious effect, is probably the least serious for the family. There is the problem of visiting relations or friends and taking a holiday in a hotel or boarding house. The families of most enuretics are forced to take their holidays in caravans or rented houses. This means that the mother does not have a holiday, merely a change of sink.

At about eight years a proportion of boys go camping, e.g. with the cubs. Enuretic boys either do not join such organisations or in many cases stop attending after a time because they do not wish to explain why they are not going camping. A still more serious effect is upon the parents' marriage. For an ill assorted couple, arguments over the severity of the punishment which should be meted out to the bed-wetter cause still more dissension in the home, and greater anxiety and distress in the child.

If the effects on the family can be serious, the effects on the child can be disastrous. There are few things so deleterious to normal emotional development as repeated and persistent failure. All psychologically normal children want to be dry. They often have the added humiliation of a younger sibling who does not wet the bed. Enuretics try very hard to control their bladders, but as with a child who stutters, the more they worry about their difficulty, the less they succeed in over-coming it.

Present Series

In 1954 a clinic was started in Croydon for the treatment of those children for whom no treatment was available in the local hospitals, and who were not suitable for referral to the local child guidance clinic. The treatment had of necessity to be simple as the use of drugs apart from vitamin supplements is considered to be the province of the family doctor and not the local authority.

Clinics are held weekly in the main clinic, fortnightly at New Addington and at Purley.

There are two types of enuresis, primary and onset enuresis.

Primary Enuresis

The cause of primary enuresis is probably rarely organic, nor is the child usually emotionally disturbed. In most cases it is a slowness to develop control of the bladder, which is largely a hereditary trait, and if it could be completely ignored it would lead to spontaneous cure by the time the child reaches 7 or 8 years. Unfortunately, it is never ignored; 30% of mothers admitted scolding or beating the child, and those who were not obviously disapproving made their attitude to the child's wet beds quite plain even if they used only the kind words they claimed to use. The result of this is that the child becomes anxious and tries very hard to have a dry bed; as he has not yet acquired control, this is impossible and he becomes depressed and the anxiety is reinforced. The effect of anxiety in the enuretic as with the child with a stammer is to make the situation worse rather than better, and a vicious circle is set up.

There are two other factors concerned. First the hereditary tendency and secondly the habit of mothers "lifting" their children on to the pot to urinate without waking them. 287 mothers admitted doing this with children over 5 years old. The effect of this is to train a child to pass water in its sleep.

Treatment

Since 1954, 1,000 children have attended the clinic more than once. Those who attended once only and did not return for follow-up have not been included in this series. The treatment has consisted of getting to know the child, explaining to him why he wets the bed, particularly that it is not his fault, and asking him to mark a card when he has a dry night only. The card must never be marked on the wet nights, only the dry. Placebo tablets are given - as much for the benefit of the mother as the child, since many mothers would not return if the child was not given some sort of medication. The comments made on the effects of the tablets have been interesting. Several mothers reported that the tablets kept the child awake all night. These were obviously aware of the use of amphetamines for this condition. Some comments include "they made her faint"; "they gave him terrible griping pains"; and "without those tablets he would never have passed his 11+".

No limitation of fluid is recommended. The child is told he will not get better straight away, that the treatment will take about six months, but that each month he will get a little better. The children are seen at monthly intervals and *always* by the same person. This is of extreme importance, the child brings the card with the dry beds marked by crosses, to show to the doctor whom he knows. The child subconsciously brings a gift of so many dry beds per month to a friend; he will be less anxious to produce results for a stranger.

Conditioning Apparatus - "The Buzzer"

In 1965 the Corporation of Croydon bought its first enuresis machine, and this was used successfully for those cases who did not respond quickly enough to tablets. The Authority now lends out 35 of these conditioning apparatus and of the 1,000 children in this survey 359 have used the "buzzer". Although the buzzer was developed to work in one way, it actually works in another. The idea was that the child would be conditioned to wake up and empty his bladder in the night; but when children using the buzzer become dry, they do not wake up and empty their bladders in the night; they sleep through quite dry till morning. The electric machine works because it gives complete security and confidence. The child knows that as long as it is working he will never wake up in a wet bed again, as the bell rings when only a drachm of urine has been voided. The buzzers are given now to older children in preference to the tablets, and to younger children who do not respond to the tablets. They cause a child to become dry much more rapidly than the placebo, plus reassurance. They do, however, have a higher relapse rate than those treated with the tablets.

Seven children who used the buzzer suffered from chemical burns. In two cases this necessitated cessation of treatment; the others were able to continue. The Department now possesses a transistorised buzzer for children who react in this way.

Results of Treatment

A child is discharged as dry when it has reached the stage of having only one wet bed per month, the mother is told to report again if this "occasional accident" has not stopped within three or four months. If a child has not become dry it is not discharged even after six months, but treatment is continued until the child is dry or ceases to attend.

Five children have been discharged as not cured. These were all children of 15 or 16 years, who had previously been treated and investigated, who had used the buzzer, in some cases for 18 months. All improved but none were completely dry.

The attendance rate is poor and many cease to attend after 2 or 3 visits; in those cases their records usually show considerable improvement. The results are given as discharged dry; or discharged for non-attendance.

TABLE 1

Results Total 1,000

Male 647	Female 353	Family History of Enuresis -	
Discharged Dry	728	YES 414 NO 502 NOT KNOWN	84
Discharged for non-attendance	168	Some emotional disturbance	151
Discharged still enuretic	5	Onset Enuresis	77
Referred elsewhere	38	of whom 19 (24.7%) had a	
Left district	59	family history	
Died in accident	1		

Of the 1,000 children, 728 (72.8%) were discharged dry; 168 (16.8%) were discharged for non-attendance. 5 (.5%) discharged still enuretic, 38 (3.8%) referred elsewhere, 59 (5.9%) left the district, and one died in an accident. 51 or 5.1% cases discharged as dry subsequently relapsed and returned to the clinic for further treatment. 436 of the children have received treatment elsewhere prior to attendance at the clinic.

Some had previously used buzzers without success. It is not sufficient merely to issue a buzzer with a list of instructions, there must be a follow-up of the patient. A common cause of failure with the buzzer is the child not waking until the bed is already thoroughly wet. If any child does not wake and get out of bed as soon as the bell rings, the mother must be encouraged to sleep with it herself. It is imperative that there should never be more than a small patch of damp (smaller than a saucer) on the drawsheet. A further cause of trouble with the buzzers is that they become too sensitive and ring when the child turns over in bed. Unless these problems are sorted out the parent and child will give up using the conditioning machine without it being properly tried. 359, (35.9%) of the children used the local authority's conditioning apparatus.

Onset Enuresis

Of the 1,000 cases, 77 were of onset enuresis. That means enuresis starting after a child had developed and maintained control of his bladder for at least one year. These children fell into a totally different category from those with primary enuresis. The familiar incidence is smaller (24.7% against 41.4% in the primary enuresis cases) and the cause is frequently known. Of the 77 cases of onset enuresis the probable cause was known in 66; the commonest cause was starting school, the next most common was birth of a sibling. Other causes include going into hospital, going up to the junior school and some parental change.

Treatment for these children was the same; because the cause was obviously psychological, they responded well to psychological treatment.

TABLE 2

Causes of Onset Enuresis

Starting school at five	23	Return to own parents after fostering	2
Birth of sibling	17	Taken into care of Children's Dept.	2
Going into hospital	7	Parents deserted	2
Immigration	5	Mother re-married	2
Going into junior school	4	Death of grandparent	2
Not known	11		

Associated Medical Conditions

One child was killed in an accident and 59 left the district. The remaining 38 were referred to other clinics because their enuresis was considered to be part of a more extensive disorder; 28 to the Child Guidance Clinic, 9 to the consultant urologist and one to the physician. Three were found to have organic kidney disease; the child referred to the physician had acute rheumatism. Those referred to the Child Guidance Clinic had symptoms of emotional instability such as lying, stealing or aggressive traits.

Family History

414 (41.4%) of the children had a close relative who had also been enuretic. 502 (50.2%) had no such history and 84 (8.4%) did not know.

11 educationally subnormal children were treated, 8 of whom (including two mongols) were discharged dry. Others referred but not treated included one deaf and dumb subnormal child, one deaf child, one three year old and one two year old.

The commonest age at the beginning of treatment was six years; (18%), the next common being 5, 7 and 8; (12%, 12.4% and 12.6%) and the average length of time 5.8 months.

Follow up

In 1967 it was decided to survey 118 children who had been discharged two years previously. The results were of interest. They showed that of those who were discharged for non-attendance, 39 out of 44 were still wetting the bed; showing that the theory that all children will "grow out of it" is not accurate, or at least that the process takes longer than two years.

Of the 118 children discharged, 14 had left the district. Of the 62 discharged dry, ten had relapsed to the stage of having more than one wet bed per month. 7 of these had previously used the buzzer. Of the 42 discharged for non-attendance still wet, five had become dry, five children had received further treatment elsewhere since leaving the clinic, one had become dry, the four others were still enuretic.

TABLE 3

Age in years	3	4	5	6	7	8	9	10	11	12	13	14	15	16
No. of children	6	12	120	180	124	126	119	99	52	59	43	23	27	71

Conclusion

Enuresis is due to a neuromuscular disability and aggravated by a child realising he is unable to satisfy parental expectations. The needs of a child with this condition are not costly or powerful drugs, but confidence and moral support, and in many cases the mother requires similar treatment, together with advice on the management of the child.

The conditioning apparatus or buzzer is a valuable adjunct to this therapy and is the treatment of choice where speed is essential and in teenage children. Older children are more resistant to treatment.

CONTENTS

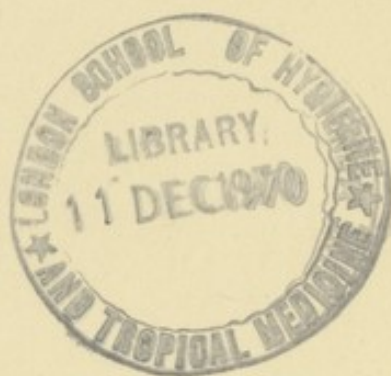
A. - PUBLIC HEALTH REPORT

	Page		Page
Animals, Diseases of	63	Liquid Egg	68
Animals, Keeping of	59, 60, 63	Marriages	12
Ante-natal clinics	25	Maternal mortality	11, 102
At risk register	25	Maternity homes	124
Births	11, 12	Meat Inspection	66
Blindness	87	Medical examinations	85, 86
Byelaws	76	Men's hostel	50
Camping sites	60	Mental health	34
Cancer	96	Midwifery	28, 100
Care of Mothers and young children	25	Midwives Act	26
Census	11	Milk supply	66
Cervical cytology	44, 122	Mines and Quarries Act, 1954	59
Chest clinic, work of	16	Mortuary	124
Child health centres	27, 109, 110	National Assistance Act	87
Child minders	85	Neo natal deaths	11, 98
Chiropody	44	Noise abatement	62
Clean Air Act	60	Notification of Births Acts	12
Committee, Health	3	Nuisances	76
Communicable diseases	15, 125, 126	Nursing equipment, Loan of	114
Congenital malformations	28, 116	Nursing homes	124
Consumer Protection Act	59	Nurses' agencies	124
Convalescence	31	Offices, Shops and Railways	
Cremation	124	Act, 1963	52
Day nurseries	43, 85	Outwork	51
Deafness	43, 120	Perinatal deaths	11, 98
Deaths	11, 94	Pests	63
Dental treatment (M. & C.W.)	34, 118	Phenylketonuria	25
Disinfection	61	Pharmacy and Poisons Act	62
Disinfestation	62	Poliomyelitis	130
Drainage	58	Population	11
Epileptics	87	Post-natal clinics	25
Elderly persons, rehabilitation of	112	Post-mortems	124
Fabrics (Misdescription) Act, 1913	59	Premature infants	25, 106
Factories and workshops	50	Public Health Inspectors,	
Food and Drugs Act, 1955	64, 68	Work of	47, 75
Food Hygiene Regulations, 1960	64	Public Health Laboratory,	
Food poisoning	127	Service	21, 128
Food supply	64	Public Health Nursing Services	28
General Practitioner Attachment		Rag, Flock Act	62
schemes	113	Rats & Mice (Destruction Act	63
Hairdressing	58	Remedial works carried out	57
Health education	32	Riding Establishments Act, 1964	60
Health visitors, Work of	28, 107, 108	Rivers and Streams, Pollution of	58
Home helps	31, 115	Scrap Metal Dealers Act, 1964	60
Home nursing	29, 111	Sewage disposal	81
Home safety	33, 117	Shops Act	58
Housing	48, 88	Stalls and delivery vehicles	65
Ice-cream - bacteriological		Statistics, Summary of	11
examination of	67	Still births	11
Illegitimacy	11, 26		
Immigrants	88, 123		
Immunisation	30, 129		
Infant mortality	11, 98, 99		

	Page		Page
Tuberculosis, After care	20	Unmarried mothers	26
" Allowances	20	Vaccinations (smallpox)	129
" Contacts	17	Verminous persons	62
" Home visits	17	Venereal diseases	21, 135
" Mass radiography	19	Vital statistics	11, 93
" Mortality	16, 17	Ward statistics	97
" Notifications	131	Water supply	81, 128
" Occupational therapy	21	Welfare foods	27, 116
" Prevention and control	16	X-Ray	19, 133
" Vaccination	18		

B. - SCHOOL MEDICAL REPORT

	Page		Page
Audiology	18, 52	Non-maintained schools	8, 57
Child guidance	19, 42	Orthodontic service	21, 54
Cleansing of children	8, 11, 48	Orthopaedic defects	14, 43
Clinics	4, 50 to 56	Overweight children	16, 28
Convalescent treatment	29		
Costs	5, 30		
Deaf children	18, 35 to 38	Parents, attendance of	7, 8
Deaths	30	Partially hearing units	35
Defects found	9, 10, 49	Physiotherapy clinics	26, 55
Delicate children	31, 45	Plantar Warts	11, 55
Dental service	4, 21, 53	Populations of schools	47, 58
Developmental defects	14	Psychological defects	15
Ear, nose and throat defects	13	School nurses, work of	61
Enuresis clinic	22, 62	Spastica... ..	14
Epileptic children	44	Special inspections	6, 7, 48, 49
Handicapped pupils	2, 31	Speech	27, 45, 56
Health education	2, 24	Staff	5
Heart and circulation defects	13	Statutory tables	47
Heights and weights	16, 17	Sub-normal children	39, 46
Home tuition	45	St. Christopher's School	39
		St. Giles' School	43
		St. Luke's School	34
Infectious diseases	61	Transport of children	29
Intelligence tests	25	Tuberculosis	14
Juvenile employment	29	Uncleanliness	8, 11, 48
Meals, provision of	30		
Medical inspections	1, 6, 47, 58	Verrucae	11, 55
Milk, provision of	30	Vision defects	11, 23, 33
Minor ailments tables	51, 54		



R9/70

