

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

Contributors

Croydon (London, England). County Borough.

Publication/Creation

[1969?]

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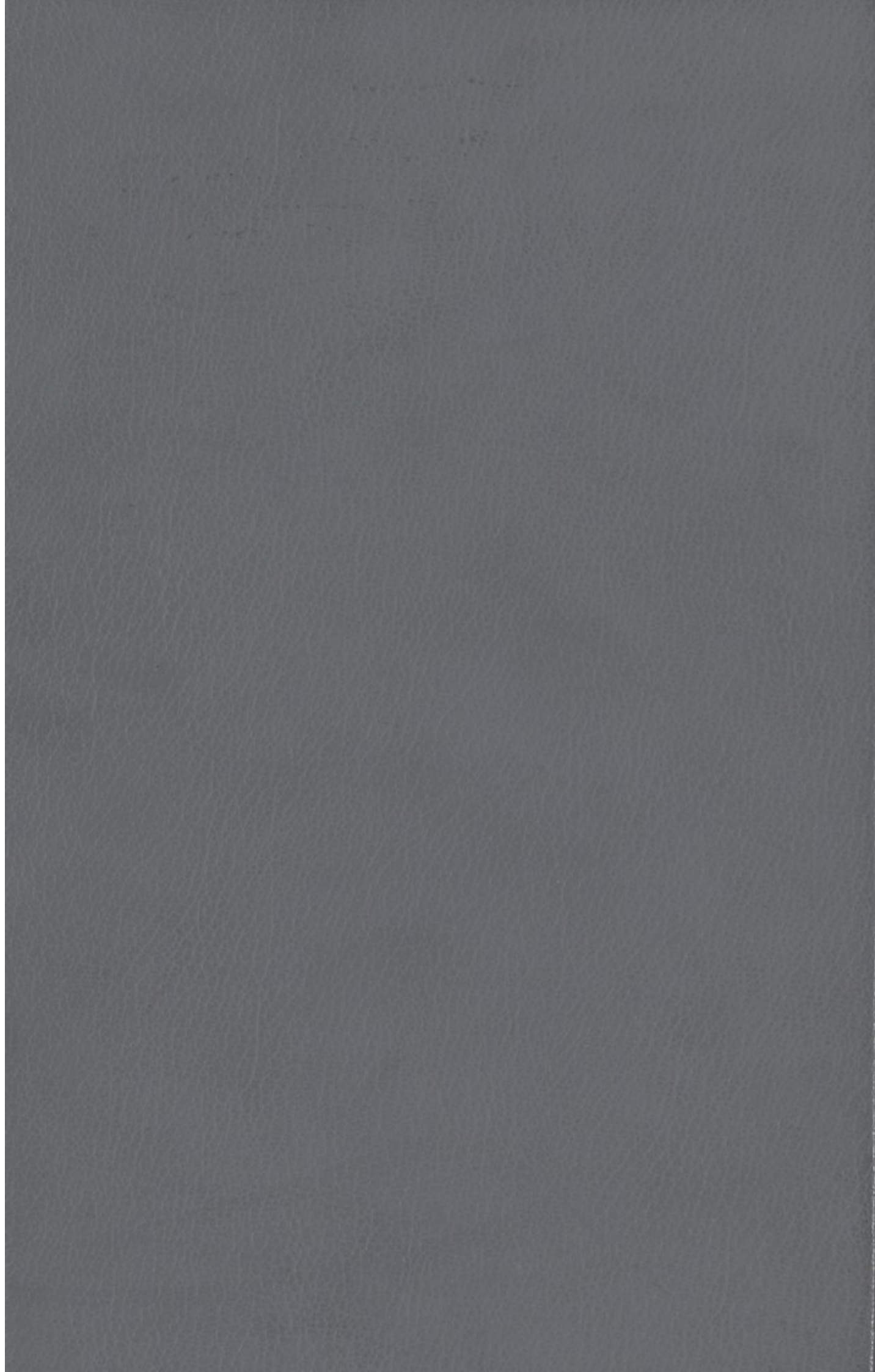
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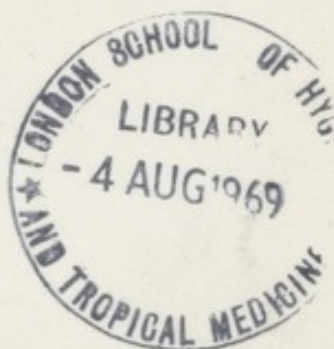






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PUBLIC HEALTH IN CROYDON 1968

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PUBLIC HEALTH IN CROYDON

1968

ANNUAL REPORT
OF THE MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1968

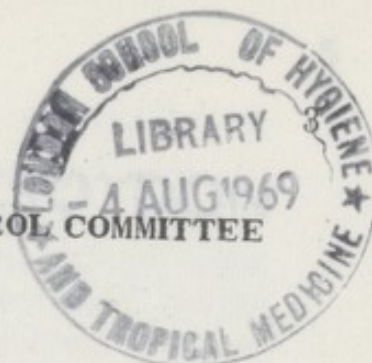
S.L. WRIGHT, M.D., F.R.C.P., D.P.H.

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CR9 3BT

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HEALTH AND PUBLIC SERVICES CONTROL COMMITTEE

1968



Alderman Keith Edwards (<i>Chairman</i>)	Councillor C.E. Kelly
Councillor B.H. Rawling (<i>Vice-Chairman</i>)	Councillor R.W. Kersey, B.Sc.
Alderman B.C. Sparrowe (<i>The Mayor</i>)	Councillor G. Levy
Alderman A.V. Dammarell	Councillor W.E. Ross Gower,
Alderman D.M. Weightman M.A.	B.E.M.
Councillor Mrs. N.B. Booth	Councillor Mrs. B. Saunders
Councillor S.E. Brassington	Councillor H.G. Whitwell
Councillor A.E. Buddle	G. Hirst, Esq., M.A., M.B., B.Chir.
Councillor Mrs. M.E. Campbell	J.S. Lane, Esq., B.A., M.R.C.S.,
Councillor J.G. Davies	L.R.C.P.
Councillor R.W. Gilbert	J.C. Miller, Esq., F.R.C.S.
Councillor Mrs. D.C.H. Hobbs	F.R.C.O.G.
Councillor C. Johnston, A.I.S.T., M.R.S.H.	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.	} <i>Local Medical Committee</i>
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.	
A.F. Clift, Esq., F.R.C.S., M.R.C.O.G.	} <i>Croydon Group Hospital Management Committee</i>
S.Y. Marsters, Esq.	
Mrs. E.M. Ryle Horwood -----	} <i>Royal College of Nursing Royal College of Midwives Croydon Family Planning Association 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)</i>
Miss I. Lowenstein, S.R.N., S.C.M., M.T.D.	
Mrs. P. Brown -----	
Mrs. J. Toogood -----	
J.S. Horner, Esq., M.B., Ch.B. D.P.H., D.I.H., (Eng.)	
G.J. Cottier, Esq.	
F.R. Jamieson, Esq., M.P.S.	

NOTE: Alderman Sparrowe resigned membership of the Committee on 12th July, 1968 and Councillor Mrs. Campbell was appointed to fill the vacancy on 22nd July, 1968



1968

Albion Keith Edwards (Chairman)	Councillor C.E. Kelly
Councillor R.H. Rawling (Vice-Chairman)	Councillor R.W. Kewey, B.Sc.
Albion R.C. Sparrow (The Mayor)	Councillor G. Levy
Albion A.V. Dunsenell	Councillor W.E. Ross (Guest)
Albion D.M. Weighman M.A.	R.E.A.
Councillor Mrs. M.B. Booth	Councillor Mrs. R. Sanders
Councillor E.L. Bransington	Councillor S.G. Whitwell
Councillor A.R. Budge	G. Huel, Esq., M.A., M.B., B.Ch.
Councillor Mrs. M.E. Campbell	J.A. Lane, Esq., B.A., M.C.S.
Councillor J.O. Davies	L.R.C.P.
Councillor R.W. Gilman	J.C. Miller, Esq., F.R.C.S.
Councillor Mrs. D.C.H. Hobbs	F.R.C.O.G.
Councillor C. Johnston, A.M.T., M.R.S.H.	T.G.E. White, Esq., M.D.
	M.R.C.O.G.

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

Local Medical Committee	J.P. Boyle, Esq., M.B., B.Ch., D.O.M.S., F.R.C.S.
	G. Clements, Esq., M.B., B.S.
	Miss F. Harding, B.A. (Hons.), M.B., B.S., M.R.C.S., L.R.C.P.
Coventry Group Hospital Management Committee	A.F. Cox, Esq., F.R.C.S., M.R.C.O.G.
	A.Y. Howarth, Esq.
Royal College of Nursing	Mrs. M.E. Ryle (Honorary)
Royal College of Midwives	Miss I. Lowndes, B.N., B.C.M., M.T.B.
Coventry Family Planning Association	Mr. P. Brown
Coventry Federation of Dentists & Dental The St. John Ambulance Brigade (Coventry Area)	Mr. J. Tongue
The Coventry Institute of Coventry	A.S. Smart, Esq., M.B., B.S.
The Pharmaceutical Society of Great Britain (Coventry Group)	D.P.H. D.L.S. (Esq.) G.I. Carter, Esq.
	F.S. Jackson, Esq., M.P.S.

NOTE: Albion Sparrow resigned membership of the Committee on 12th
July, 1968 and Councillor Mrs. Campbell was appointed to fill the
vacancy on 23rd July, 1968.

LONDON BOROUGH OF CROYDON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1968

To the Chairman and Members of the Health Committee

LADIES AND GENTLEMEN

In accordance with statutory requirements I present this Report for 1968 on the health of the residents of the London Borough of Croydon.

Statistics

The birth rate was very slightly lower, and the general death rate marginally higher than in 1967. The infant mortality rate was below that for the country as a whole, but greater than usual for Croydon, because the death rate for illegitimate babies was relatively high. One mother died in childbirth, but there was no death associated with abortion. Fewer persons died from cancer of the lung or from pulmonary tuberculosis than in 1967.

Health Centres

The Department of Health and Social Security approved schemes to adapt the Parkway Clinic at New Addington, and a new building in South Norwood. The latter proposal was the subject of a public meeting arranged by the local ratepayers association, at which the whole concept of health centres and the special needs of the area were explained by the family doctors and the local health authority. These talks and the discussion which followed cleared many misunderstandings and misgivings of potential patients. It was an excellent example of the importance of proper communication and public participation.

Domiciliary Midwifery

Home confinements fell to 25% of all Croydon births. The introduction of schemes for early discharge of mothers from maternity units in recent years has steadily diminished the numbers of mothers having their babies born at home. Insofar as this allows the admission of all high risk cases to hospital it is obviously to be supported, but the gradual replacement of domiciliary midwifery by maternity nursing raises staffing problems.

Health Visiting

Recruitment continued to improve with the policy of secondment for training. The experiment of using clinic nurses and assistants for tasks not requiring trained Health Visitors was so successful that authority for an appropriate permanent establishment was given. The publication of the report on Social Workers, caused some concern to Health Visitors about the future scope of their work. The developing pattern of attachment to general practice, and the increasing need for health education at group and personal level for all sections of the community, imply a greater demand for Health Visitors than at any time since the conquest of infant mortality.

Care of Children Under 5 Years of Age

New legislation covering the registration of child minders imposed fresh responsibilities. The popularity of private nursery groups continued to increase. There is a growing demand for facilities for pre-school children particularly from mothers living in tall blocks of flats. Nursery schools or nursery classes would meet the needs of the majority, leaving day nursery places for mothers compelled to work as the sole wage earner of the family; and for handicapped children. Despite the Corporation's scheme of assisted daily minders, it was not possible to cope with all demands from mothers entitled to day nursery places, and an application was made to the Department of Health for authority and grant to build a day nursery in Thornton Heath, for 50 children.

Mental Health

The major event was the completion of the new Coldharbour School. This provides 60 places for children of school age, deemed unable to benefit from attendance at an ordinary school, 24 places for similar children of pre-school age, and 24 places for very severely handicapped children. It replaced the adapted house on the same site, previously used as the Junior Training Centre, and anticipates in design and name the transfer of these facilities to the Education authority.

Only one extra home was added during the year to the Group Units. Several properties were considered, but planning difficulties and high conversion costs could not be overcome. An approach was made to the Housing Committee about the inclusion of premises in a housing project, as the use

of standard housing accommodation with very minor alterations seems feasible. This is being pursued but comes unfortunately at a time when few large scale housing developments are being planned. The need for more residential places was a constant problem.

Clean Air

The programme of an additional smoke control area every year was maintained. As an outer London borough with initially less smoke pollution than the central districts, our anticipated completion date for the whole of Croydon is later than that of the majority. Nevertheless substantial progress has been made in our northern more densely populated wards, with unquestionable benefit. A proposal of the Greater London Council to build a refuse incinerator in Sutton, immediately on the western boundary of the borough was therefore viewed with some concern. The problems of refuse disposal are understood, but the burning of 1,200 tons or more a day in a single incinerator raised possibilities of serious air pollution. No comparable plant was operating in this country, and reports were obtained from Holland and France. A plant in Paris was inspected and reassuring reports were received. As a choice between two evils, it was decided that with adequate safeguards this method of refuse disposal could be accepted.

Fluoridation of Water Supplies

Owing to the number of different sources of supply and the mixing of water from these separate sources to meet varying demands, there would be added technical difficulties and expense if Croydon attempted fluoridation in advance of adjoining areas. Although accepting the general principle the Corporation proposed no action pending agreement of other authorities.

Future Developments

It is clear that far reaching changes in the administration of the health services are now probable. Close co-operation has been achieved in Croydon during the last 20 years especially in the former county borough area. This has been shown to be possible, with the support of the Regional Hospital Board, when the Hospital Management Committee has a catchment area roughly co-terminous with the Local Health Authority dealing with personal health services. Consequently the proposals of the "Green paper" which disregarded this fact were viewed with much concern. The alternative now emerging of a two tier structure retaining a second level authority representing a joint hospital and local authority unit, would use advantages gained in areas where success has been achieved under existing legislation.

Staff

Problems of recruitment were eased by the Council's policy of secondment for training, and the establishment of local training courses, but difficulties persisted, especially in the Public Health Inspectors section. Miss Oakley the first Principal Nursing Officer appointed to this post retired

after a period of extended service, and was succeeded by Miss Hayward. Changes in the duties and deployment of members of the Health Visiting, Nursing and Midwifery staff have in recent years been far reaching, and clearly there are still more to come. The need for the supervising and co-ordinating post of Principal Nursing Officer has been established beyond doubt.

In thanking the staff of the department for their continued loyal support I am pleased to mention several examples of individual efforts to increase efficiency in aspects of work generally regarded as humdrum routine jobs. These stemmed from attendances at refresher courses, and the resulting awareness of challenge and opportunity must more than repay training costs whether calculated in terms of money or job satisfaction.

The difficulties of the Committee in a period of financial stringency are understood, and your trust in the advice given by members of the department was a great incentive to the optimum use of all available resources, and much appreciated.

I am

Yours faithfully,

S.L. WRIGHT,

*Medical Officer of Health
and Principal School Medical Officer.*

SUMMARY OF STATISTICS FOR 1968

Area, 23,315

Population (Census 1961), 327,239 Total population (estimate of Registrar General), 329,210 (Midsummer, 1968)

Number of Domestic Dwellings: 104,571

Rateable Value of Borough 1968 as from 1.4.68 £20,019,774

Product of a Penny Rate, for London Borough of Croydon purposes, 185,150

Rate in the £ 11s. 8d. (for the year 1.4.68 to 1.4.69)

Live Births	Males	Females	Total
Legitimate	2,502	2,444	5,036
Illegitimate	365	322	547
			5,583
Illegitimate Live Births per cent. of total births			9.8
Live Birth Rate (as adjusted by comparability factor 1.03)			17.0
(England and Wales)			16.9
Stillbirths			71
Stillbirth rate per 1,000 total (live and still) births			13
			14
Total Births (Live and Still)			5,654
Infant Deaths			97
Infant Mortality rate per 1,000 live births			17.0
(England and Wales)			18.0
Infant Mortality rate per 1,000 legitimate births			15.9
Infant Mortality rate per 1,000 illegitimate births			31.1
Neo-natal Mortality rate (First four weeks)			
per 1,000 total live births			12.5
(England and Wales)			12.3
Early neo-natal Mortality rate (First week)			
per 1,000 total live births			11.5
(England and Wales)			10.5
Perinatal Mortality rate (stillbirths + deaths during the first			
week) per 1,000 total live and still births			24
(England and Wales)			25
Maternal Deaths (excluding abortion)			1
Maternal Mortality rate (including abortion)			
per 1,000 total live and still births			0.35
(England and Wales)			0.24
Deaths, 4,160 Death-rate per 1,000 of the estimated population			12.6
(England and Wales)			11.9
Death rate (as adjusted by comparability factor 0.90)			11.3

STATISTICS

SUMMARY OF STATISTICS FOR 1968

Area, 23,815

Population (Census 1961), 327,239 Total population (estimate of Registrar General), 329,210 (Midsummer, 1968)

Number of Domestic Dwellings: 104,571

Rateable Value of Borough 1968 as from 1.4.68 £20,019,774

Product of a Penny Rate, for London Borough of Croydon purposes, £85,150

Rate in the £. 11s.8d. (for the year 1.4.68 to 1.4.69)

Live Births	Males	Females	Total
Legitimate	2,592	2,444	5,036
Illegitimate	265	282	547
			5,583
Illegitimate Live Births per cent. of total births			9.8
Live Birth Rate (as adjusted by comparability factor 1.03)			17.0
(England and Wales)			16.9
Stillbirths			71
Stillbirth rate per 1,000 total (live and still) births			13
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Death rate (as adjusted by comparability factor 0.90)			11.3

Marriages

The number of marriages solemnised in 1968 in the Croydon Registration District are as follows:—

Church of England	...	...	...	...	...	1,142
Nonconformist Places of Worship	...	...	...	...	...	584
Register Office	...	...	...	...	...	1,153

When supplying these figures Mr. Davies, the Croydon Superintendent Registrar, kindly analysed recent trends and commented "Of the total number of persons giving notice of intention to marry either at Nonconformist Places of Worship or Register Office in 1968, 23.72% were under the age of 21 years, compared with 22.96% in 1967 and 22.03% in 1966".

Notification of Births

Notifications were received in respect of confinements conducted by:—

	Live Births	Still Births	Total
Midwives	4,068	43	4,111
Doctors	1,030	23	1,053
	<u>5,098</u>	<u>66</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 1968. 559 residents had babies outside Croydon and 207 non-residents were confined in Croydon.

	Number	Percentage
In Private Houses	1,306	25.28
In Public Institutions	3,769	73.00
In registered Maternity Homes	89	1.72
Total	<u>5,164</u>	

COMMUNICABLE DISEASES

No case of diphtheria was notified, but a suspected case of poliomyelitis was admitted to hospital. The condition was subsequently shown to be due to injury, and another year free from any case of this infection was thus recorded. Although an inter-epidemic year for measles, over 400 cases were notified, due to a minor outbreak during the summer months. Notifications of cases of pulmonary tuberculosis were fewer than in 1967 and the number of deaths markedly reduced.

For detailed tables of communicable diseases see Appendix page 136.

COMMUNICABLE DISEASES

Marriages

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Nonconformist Places of Worship	584
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	Live Births	Still Births	Total
Midwives	4,068	43	4,111
Doctors	1,030	23	1,053
	<u>5,098</u>	<u>66</u>	<u>5,164</u>

COMMUNICABLE DISEASES

Accommodation for Confinements

The following table shows where babies were born in the Borough of Croydon during the year 1968. 569 residents had babies outside Croydon and 297 non-residents were confined in Croydon.

	Number	Percentage
In Private Houses	1,306	25.28
In Public Institutions	8,768	73.00
In registered Maternity Homes	89	1.72
Total	<u>5,164</u>	

COMMUNICABLE DISEASES

No case of diphtheria was notified, but a suspected case of poliomyelitis was admitted to hospital. The condition was subsequently shown to be due to injury, and another year free from any case of this infection was thus recorded. Although an inter-epidemic year for measles, over 400 cases were notified, due to a minor outbreak during the summer months. Notifications of cases of pulmonary tuberculosis were fewer than in 1967 and the number of deaths markedly reduced.

For detailed tables of communicable diseases see Appendix page 126.

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 1968 may be regarded as satisfactory.

Incidence

76 cases of Respiratory Tuberculosis and 17 cases of Non-Respiratory Tuberculosis were notified on Form A during 1968 (Table 1 - Formal Notifications). Of these 61 males and 15 females were Respiratory cases and 8 males and 9 females were Non-Respiratory. In addition 37 Respiratory cases and 5 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 1968 by notification or otherwise was 135.

113 of these were cases of Respiratory Tuberculosis; 83 in males and 30 in females.

There were no cases of Non-Respiratory Tuberculosis among children under 15 years. The number of cases in adults was 17.

The incidence rate of Tuberculosis, all forms, was 0.40 per 1,000 of the population, for Respiratory Tuberculosis 0.34 and for Non-Respiratory Tuberculosis 0.06 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, 1968:

RESPIRATORY			NON-RESPIRATORY			Total Cases
Males	Females	Total	Males	Females	Total	
936	636	1,572	62	90	152	1,724

In 1968 the death-rate from all forms of Tuberculosis was 0.04 per 1,000 population.

The rate from Respiratory Tuberculosis was 0.04 and the rate for Non-Respiratory 0.00.

In 1968 the total number of deaths was 15. All but 1 of the deaths occurred in the age groups 45 years and over. There was no death in children of school age.

Notifications: See Appendix page 132.

Deaths from Non-Respiratory Tuberculosis

During 1968 3 deaths were certified to be due to Non-Respiratory Tuberculosis.

Co-ordination with the Health Department

During the year 11 children were referred by the School Health Service of the Public Health Department.

Extra Nourishment

Provision of special nourishment in the form of milk was granted to 42 selected cases for varying periods during the year and 32 cases were in receipt of extra nourishment at the end of the year.

The Chest Clinic and Home Visiting

1,632 new cases were examined during the year. 74 were found to be definitely tuberculosis.

The total number of attendances for examination at the Chest Clinic was 16,397.

The Clinic doctors paid 226 home visits and the Tuberculosis Visitors 3,284 visits for Clinic purposes. In addition the Tuberculosis Visitors made 134 primary visits for the purposes of the Notification Register. There were also 1,115 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	4,237
Number of patients recalled for examination and large film	421
Number of active cases of Pulmonary Tuberculosis found	17
Number of cases of lung cancer found	23

Contact Examination

During 1968, 455 persons were examined for the first time as contacts of notified cases of Tuberculosis.

Of these contacts, 5 were found to be tuberculous. This is equal to a Tuberculosis rate per 1,000 contacts of 11 compared with 0.40 per 1,000 of the general population. In addition there was 1 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 1968 and regular sessions were held at the Clinic for this purpose. 328 contacts were successfully vaccinated during the year. In addition 6 nurses and domestics were successfully vaccinated, and 46 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	...	...	...	...	...	4,095
Number found to be negative	...	...	...	...	...	3,083
Number vaccinated with B.C.G.	...	...	...	...	...	3,067

MASS RADIOGRAPHY 1968

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	17,484	10	15
Female	13,866	5	1
TOTAL	31,350	15	16

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	460	1	6
Female	376	-	1
TOTAL	836	1	7

AFTER-CARE OF THE TUBERCULOUS PATIENT

As in previous years, the tuberculous patient has been followed up not only at the Chest Clinics but with home visits. Help and advice have again been given on finances and employment as well as on home and personal problems.

The Croydon Care Committee has given invaluable help for some years past, but in 1968 grants have had to be curtailed owing to lack of funds. However, although unable to pay for holidays for needy patients and their families, the Committee has continued to give help with extra fuel and special needs, and in a year of rising costs this has been most helpful to patients living on a low income. At Christmas the Care Committee issued grocery vouchers to the value of £180 for distribution amongst Croydon and Purley Chest Clinic Patients. Statutory benefits have been similar to those existing last year except for an increase in the Supplementary grants. The allowance from the Public Health Department for milk remains at £525, and this money has been used to provide about 32 frail tuberculous patients with 1 pint of free milk daily.

Despite the efforts of the Disablement Resettlement Officer, it is still difficult for the tuberculous patient, who is only fit for light work, to obtain suitable employment. In certain cases arrangements have been made through the Welfare Officer for the Handicapped for these patients to attend Waylands Occupation Centre, and they may move on later to the Industrial Unit.

There have been a variety of personal and home problems over the past year, and often help was needed so that difficulties did not retard the patient's progress. The Home Help Service, Housing Department, District Nurses and Children's Department have given excellent co-operation when required, and there is no doubt that the liaison of all concerned, either directly or indirectly, in the after-care of the tuberculous patient has again proved to be very helpful.

OCCUPATIONAL THERAPY

The Chest Clinic Occupational Therapy Department has been kept busy throughout 1968. A steady number of new patients were visited, most of whom are now doing Occupational Therapy in their homes, and others who were well enough to cope were passed on to Waylands.

This year has been rather less productive than of late as a greater number of the patients were more frail and poorly, and in these cases we concentrated on lighter and less tiring occupations. However, we have had a very good year in some departments and have made and sold large numbers of mosaic plant pots and other mosaic articles as well as the usual canework and toys.

All the patients are enthusiastic about their work and find the demand for their products very satisfying.

Our sales were very encouraging again and there was a continuous demand for the goods in the showcase throughout the year. We did not hold our Annual Sale in December but some craftwork was taken to Purley Hospital before Christmas and everything sold quite quickly.

VENEREAL DISEASES

It has always been difficult to assess local trends. Returns are needed from all clinics in the London and Surrey areas, classified according to places of residence of patients, and some have not been forthcoming for 1968. From the figures received from the Croydon General Hospital, new cases of Syphilis were fewer than in 1967, but there were more cases of Gonorrhoea and of non-specific urethritis. Although the total returns to date show a reduction against the general background of continuing national increases, one hesitates to assume success in efforts to limit the spread of venereal diseases in Croydon. Quarterly returns for the current year support the view that increased prevalence is the overall tendency.

For detailed figures see Appendix page 137.

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 129.

CARE OF MOTHERS AND YOUNG CHILDREN

Pre-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 ante-natal clinics a total of 5,891 mothers attended during the year. 954 mothers attended the post-natal clinic. At relaxation and mother-child clinics 901 mothers made 3,948 attendances. 3,881 patients had an initial blood test. 42 were found to have Rh. antibodies, 41 were referred to the special clinic for venereal diseases.

Care of Premature Babies

PERSONAL HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT

Phenylketonuria

During 1963 all babies born in the borough or normally resident there have been screened for phenylketonuria by having either a Guthrie test or a urine test. It is hoped that early in the new year all babies born in the borough, whether at home or in hospital, will have a Guthrie test. It was as a result of a Guthrie test that one case of phenylketonuria was discovered, a few days after birth. A diagnosis was made and treatment started early in the disease. The baby is currently under treatment and is progressing well.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Clinics

Existing arrangements of a unified hospital and local authority obstetric service for the former County Borough area continued. There was 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 ante-natal clinics a total of 5,891 mothers attended during the year. 954 mothers attended the post-natal clinic. At relaxation and mothercraft classes 901 mothers made 3,948 attendances. 3,881 patients had an initial blood test. 42 were found to have 4h. antibodies. 41 were referred to the special clinic for venereal diseases.

Care of Premature Babies

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

For detailed figures see Appendix page 104.

Phenylketonuria

During 1968 all babies born in the borough or normally resident there have been screened for phenylketonuria by having either a Guthrie test or a urine test. It is hoped that early in the new year all babies born in the borough, whether at home or in hospital, will have a Guthrie test. It was as a result of a Guthrie test that one case of phenylketonuria was discovered, a true diagnosis was made and treatment started early in the disease. The baby is currently under treatment and is progressing well.

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:—

294 cases were dealt with by the social workers.

42 girls were admitted to mother and baby homes.

50 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	...	...	...	-	12 years old	...	...	...	-
13 "	"	...	...	1	13 "	"	...	...	-
14 "	"	...	...	8	14 "	"	...	...	4
15 "	"	...	...	8	15 "	"	...	...	9
16 "	"	...	...	17	16 "	"	...	...	18
17 "	"	...	...	37	17 "	"	...	...	33
18 "	"	...	...	28	18 "	"	...	...	23
					19 "	"	...	...	9

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 105. 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.

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 1968.

For details see Appendix, page 105.

Child Health Centres

The demand for these facilities which comprise education of parents, assessment supervision and immunisation of children, was unchanged. There were fewer attendances of children born in 1968 but the requests for more toddler sessions could not be met in full, owing to financial restrictions.

For detailed figures see Appendix page 110.

Welfare Foods and Medicaments

The policy of restricting sales at Child Health Centres to National dried milk and Ministry of Food vitamin preparations was relaxed to include a vitamin A and D concentrate. Many mothers said their infants would accept only this form of A & D supplement, and could not be persuaded to take cod liver oil. Most of the former objectionable taste has been removed from the cod liver oil now available, and prejudice relates probably more to parents than to children. The dangers from lack of vitamins A & D are too real to permit any excuse for their being withheld, and with the agreement of the local Pharmaceutical Committee a clinic pack of A & D concentrate is now sold.

Issue of Welfare Foods in 1968:—

National Dried Milk	...	...	...	...	...	...	36,019
Cod Liver Oil	...	...	...	...	...	...	6,019
Vitamin A and D Tablets	...	...	...	...	...	...	6,857
Orange Juice	...	...	...	...	...	...	106,459

For detailed figures see Appendix page 105.

THE WORK OF THE PUBLIC HEALTH NURSING SERVICES

Miss A. Hayward, S.R.N., S.C.M., H.V. Cert.
Principal Nursing Officer.

Miss L.E. Oakley, Principal Nursing Officer of Croydon retired in October, 1968 after working more than thirty years in the Public Health Service - all of it in Croydon. She had seen two Local Government re-organisations, and although the first, in 1948, had not had the same impact in Croydon as in other London Boroughs, the London Government Act, 1964 did increase the size of the Borough, bringing new staff and services to be assimilated. Miss Oakley, who had been Superintendent Health Visitor in Croydon since 1954, was appointed as Principal Nursing Officer to the new London Borough, and using her many years of administrative experience was able to set the pattern for a unified Borough Nursing Service.

Domiciliary Midwifery Service

The work of the midwives in 1968 reflected the national tendency towards more hospital confinements resulting in a general reduction in domiciliary bookings, with fewer primigravida being delivered at home. The staff continued to care for an increased number of early discharges, most of them unplanned.

Domiciliary Midwives have taken blood specimens for the Guthrie Test from all babies in their care and dispatched these, together with those collected by hospital staff to St. Ebba's Hospital Laboratory. They have also been responsible for taking any repeat tests found to be necessary.

The Anti-D immunoglobulin treatment for Rhesus negative patients has been started in the Borough this year.

For detailed figures see page 101.

Health Visiting Service

The staffing situation in this branch of the service improved during the year, no doubt due in part to the Health Visitor Training Course at Croydon Technical College. Five sponsored students successfully completed their training and joined the staff in October 1968. Six more are currently training at Croydon Technical College.

The amended legislation relating to child minding which became operative in November placed an increasing burden on this section of the service. The Specialist Health Visitor, who prior to November 1968 had visited Playgroups and Daily Minders, became responsible for the initial assessment of all applicants. This ensured that a common standard was obtained. Health Visitors paid follow-up visits to registered daily minders and the Specialist Health Visitor, or the Deputy Superintendent Health Visitor continued to supervise the larger Playgroups.

For detailed figures see page 108.

Home Nursing Service

During the year arrangements were completed with Croydon General Hospital for an Integrated S.E.N./District Nurse Training. The first intake of pupils was in November 1968 and they will spend two weeks with the District Nurses during their first year and six weeks during their second year of training. As the hospital plans four schools a year this will become an increasing responsibility for the District Nursing Service. However, it is hoped that in due course this training will provide a pool for recruitment of Enrolled Nurses for district work.

The new S.E.N./District Nurse Training has extended the close links already forged between the hospital and community nursing services. All branches of the Borough Nursing Services have appreciated the invitations extended to them by their hospital colleagues to participate in Staff Study days.

For detailed figures see page 112.

IMMUNISATION

Regarding 75% as the minimum protection rate for the population at risk, reasonably satisfactory levels were achieved for poliomyelitis, diphtheria, pertussis and tetanus. It was still not possible to use computer records for this service. Instructions to involve the family doctor before vaccinating against smallpox were observed, but towards the end of the year it became clear that the number of children receiving this protection had fallen very drastically as a result of this policy. It is to be re-assessed. Vaccine giving protection against measles was issued by the Department of Health, and offered to those eligible. The case for giving measles vaccine in this country where the disease is generally mild, is by no means as clear cut as for more dangerous illnesses. The vaccine itself can produce reactions including a mild attack of a measles type illness, and these were noted, without any worrying adverse results being reported.

For tables see Appendix page 130.

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 Retirement 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 37 cases were so dealt with, 28 women and 9 men. There were in addition, 22 cases where the patients cancelled their applications after the arrangements had been made.

HOME HELP SERVICE

Miss J.E. Heath, Principal Home Help Organiser.

"It befits those happy at home to remain there" Latin proverb.

A home is one of the essential aspects of human life particularly for the very young and the very old. To all ages it means a secure and familiar environment, but the maintenance of a home requires skill and physical energy. When energy fails through illness or old age, a substitute must be found. One present day source of substitute energy is the Home Help Service.

Unfortunately apart from the move to Taberner House, 1968 was not an inspired year for the Croydon Home Help Service. The training scheme for Home Helps which aroused considerable interest in several parts of the country had a temporary set-back. Shortage of District Home Help Organisers necessitated the employment of the Tutor Organiser for relief duties. Happily by December three appointments were made and the training scheme became fully operational by January 1969.

"Waiting for Seeborn" became a speculative pastime throughout the country, particularly amongst Home Help Organisers. Home Helps have always formed part of the domiciliary health team, and in the formative years of the Service much of the statutory social work was performed by Public Health Staff. Today the vast pattern of social work is much more intricate and complicated and the recommendation that the Home Help Service should form part of the Social Services was not unexpected. There are however many points still to be debated, not the least being the recruitment of suitable women for Home Help work. As the number of recruits diminishes, more stringent reviews of priorities are required, and the question must be answered, which must take precedence, medical or social need?

The work of a Home Help changes with the introduction of more mechanical aids. In this field there may well be an unexplored avenue for helping the aged and handicapped to perform more tasks for themselves. Relating the cost and availability of staff to the cost of provision of modern equipment could prove an interesting equation. The conception that a Home Help's duties should consist mainly of all the unpleasant tedious tasks in the home should be dispelled as soon as possible. No emergency request for the Service should be cut to a bare minimum number of hours because of a public misinterpretation that the Service is provided to polish floors and furniture every week. Some recruits to the Service are lost, not because of the difficulties and responsibilities of the work (in fact most Home Helps respond to a challenge) but because they do not get "job satisfaction". They rightly object to being considered itinerant floor cleaners.

Many women enter the Home Help Service not simply for the sake of earning some pin money but from a real public spirited desire to bring comfort and inspire hope and confidence amongst sick and aged people. The Home Helps' training programme nurtures and encourages this spirit and demonstrates through the practical work the simplest way to tackle the many and varied tasks concerned with homemaking.

For detailed figures see Appendix page 117.

HEALTH EDUCATION AND HOME SAFETY

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

Principal Health Education Officer

1968 was a turbulent year of movement and adjustment to Taberner House, the acquisition of basic furniture and equipment and staff changes. By December the Health Education Section had settled down well with the exception of persistent and time-wasting difficulties with car parking and the loading and unloading of equipment.

The Library now extensively used by all sections of the Health Department is growing slowly and efforts will be made to increase its resources during the coming financial year. Considerable time is spent in helping Public Health, Nursing and Teaching Staffs and Students of different disciplines with references, materials and the arrangement of their educational work.

The quality and quantity of work among mothers in the Toddlers Clinics improved again during the year and the wide variety and range of subjects in the programmes illustrated the interest of the public and the imagination of the Staff, many of whom were newly appointed and undertook this work for the first time.

The co-operation and work done by the Public Health Inspectors with Staff and Students within the organisations in the Borough and in Clinic Groups was much appreciated. The general public has remarkably little knowledge of the breadth and depth of Public Health Services.

Mental Health

The Health Education and Mental Health Sections worked with the Croydon Association for Mental Health and helped in the organisation of activities during Mental Health Week. Displays, some illustrating the activities and workload of the Community Mental Health Services and others illustrating topics and talking points on the promotion of good Mental Health used in various educational settings, were set up in Rees House and in a shop in St. George's Walk. They were always manned by a member of Staff from the Mental Health Section and a volunteer from the Croydon Association for Mental Health. Interest was stimulated by paintings executed by patients and loaned by Warlingham Park Hospital, and some of these were hung in the foyer of Croydon Technical College. A coffee Morning was held on the first Saturday in St. Matthew's Church Hall and two Mental Health films suitable for the general public were shown during the morning. The attendance was lower than anticipated but the discussion and questions following the films were lively and worth while. Among other activities arranged to involve many sections of the public were Church Services and Open Days at Waylands Training Centre, Warlingham Park Hospital, The Crescent Day Centre and St. Lawrence's Hospital. Films followed by

discussion and led by expert speakers were shown at Rees House every evening during the week. The content each evening was designed for a specific audience interested in a specific aspect of Mental Health and the week concluded with a panel on local Mental Health Services chaired by the Medical Officer of Health.

Mental Health Education Panel

Croydon Association of Mental Health organised a panel of professional people and lay members of the Association to ensure that Speakers on the different aspects of the care of the mentally ill and the mentally subnormal were always prepared and could be called upon when invitations to address the public were received. A record is kept of the particular aspect about which each member of the panel can speak with ease and the time of day when they can be available. In addition to their own educational programme, Health Education Staff give help and advice on teaching methods and order, make or provide visual aids for speakers.

Health Education in Industry and Commerce

A series of three talks was given to Trainee Manageresses at Marks & Spencers by the Deputy Medical Officer of Health and Principal Health Education Officer and a session on Mouth to Mouth Resuscitation was undertaken by a Health Education Officer for the Post Office Staff at Impact House. With the stabilisation of the Health Education Section it is hoped to extend and improve this aspect of the work.

Family Planning

Education for Family Planning continued during the classes for expectant parents and in many of the Toddler Clinic Discussion Groups. A Health Education Officer gave In-service Training Sessions to small groups of Health Visitors and Midwives, many of whom now take their own groups.

Other In-Service Training Sessions held in the Health Education Section

Assistant Medical Officers of Health

- (a) A lecture was given by Mr. Dermot Pierce, Ophthalmic Surgeon on "The Detection and Diagnosis of Squint in the Pre-school Child".
- (b) Doctor Crosse, Child Psychiatrist, continued fortnightly discussion groups on the "Early Diagnosis and Treatment of Behaviour Problems in Young Children".

Dentists

- (a) Practical demonstrations of mouth to mouth and cardiac resuscitation.
- (b) A lecture and film on dental anaesthesia given by Mr. Brooks, Consultant Anaesthetist.

Health Visitors

Monthly Staff Meetings were held and speakers on topics relating to Health Visiting were a regular feature. For example:—

- (a) Miss J. Hayes, Superintendent Health Visitor from the County Borough of Oxford a member of the Central Health Services Council, spoke about the Council's report on the future role of the Child Health Centres.
- (b) Mrs. Toomer from the Royal National Institute for the Blind spoke about the problems and training of blind children.

Visitors to the Department

Now that Health Education work is firmly established in Croydon it is interesting to note how many Colleges and Organisations ask for sessions in Croydon for their students on the subject of Health Education organisation, principals, methods and techniques. Although not fully operational because of disruption caused by the move to Taberner House, the following groups were fitted in during the year:—

Health Visitors' Association

- One group of Health Visitor Fieldwork Instructors
- Two groups of Health Visitor Students
- One group of School Nurses.

Croydon Hospital

- Three groups of Student Nurses (in addition to lectures on the social aspects of disease given at the hospital by members of the Staff)

Royal College of Nursing

- Four groups of Health Visitor Tutors
- Two groups of Public Health Administrators
- One group of Health Visitor Students.

University of Surrey and Brighton College of Technology

- One group of Health Visitor Students from each College.

London Boroughs Training Committee

- Two groups of Health Visitors undertaking re-entry courses in health visiting.
- One group of Home Help Organisers.

Croydon Technical College

- One group of Health Visitor Students (series of lectures was given in the Health Education Section on Public Health Services by the Deputy Medical Officer of Health).

Coloma Teachers' Training College

One group of Second-year Students

One group of mature Students

Lambeth Health Department

One group of Health Visitors and in addition Health Visitors and Health Education Officers visited from other London Boroughs and as far away as Coventry. Programmes were also arranged for two W.H.O. Fellows visiting the Health Department.

When not in use the Lecture Room was loaned to other departments for showing films during in-service training sessions.

Home Safety

Once again two thirty-foot marquees were taken at the Ashburton Flower Show. One of these was devoted entirely to Home Safety and Health Education and the other to Dental Health Education. The Home Safety activities involved the participation of the public as much as possible and a large number of people visited the tent during the course of the afternoon.

A new venture this year was to set up a Home Safety Exhibition in the Health Education Lecture Room and Work Room. A group of Student District Nurses visited the section and had talks and discussions on the topics shown in the room. As an experiment groups of children from the Parish Church Primary School were also brought into the Department. Individual groups took an interest in individual exhibits and a talk and film were shown to conclude the session. This unusual form of work was interesting to the children and stimulating to the Staff. A group of girls from Lanfranc Secondary Girls School also visited the Exhibition as part of a series of talks given in the Community Health Course. Having undertaken these one or two experiments, we hope very much to use the Health Education Lecture Room more often as an experimental classroom.

The Health Education Staff worked very hard during this rather difficult year and are particularly grateful for all the help they received from members of the administrative staff and other sections of the Health Department. Without their kindness and goodwill in helping to sort out the vast amount of equipment and the early difficulties encountered on first reaching Taberner House, it would have been difficult to have undertaken so much work during the year.

For details see Appendix page 115.

DENTAL SERVICE (MATERNITY AND CHILD WELFARE)

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

During the year 918 children under five years of age were dentally examined. Of these over half (52 per cent) were found to need treatment. Basing an estimate on the total number of live births in the Borough in 1965 and 1966, it is reasonable to say that there are approximately 11,400 three and four year olds in Croydon, of whom 5,900 are likely to have decayed teeth. Even allowing for the work done for these patients by the General Dental Service practitioners it is certain that efforts must continue to encourage parents to bring their children for treatment in good time. If their first acquaintance with the dentist is for the extraction of a tooth or teeth under a general anaesthetic, the memory will be very hard to remove, especially if this treatment was preceded by a period of acute pain.

The three year old birthday card scheme was continued at Sanderstead clinic. During the year 222 cards were sent out and in response to these 77 children (35 per cent) attended for a routine examination. This is a welcome improvement on the number who accepted in 1966 (22 per cent) the first year of scheme. Talks were given on Dental Health Education matters to mothers in toddlers clubs and it is hoped that this sphere of activity may be increased. From the interest that is shown and the questions that are asked it is obvious that parents are keen to learn more about care of their children's teeth. A surprising number are still not aware that the Local Authority Dental Service provides free treatment for pre-school children.

For detailed figures 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

Thanks are due to the increasing number of volunteers and voluntary organisations who have given generously of time, effort and money during the year to help the mentally handicapped and the mentally ill. The interest and concern expressed in this very practical way is tremendously encouraging and enables the scope and quality of the Mental Health Service to be greatly extended.

The Croydon and District Society for Mentally Handicapped Children, The Mental After Care Association and The Guardianship Society, must be specially mentioned. Each of them has helped us for many years and continues to do so invaluable. The recently formed Croydon Association for Mental Health has been active during the year in the field of education and information on mental health matters, and was largely responsible for the successful and varied programme for "Mental Health Week"

The Croydon Volunteer Aid Project under the direction of Mr. H.P. Muller goes from strength to strength, and the variety of tasks and the number of organisations and individuals concerned in the work has increased greatly over the past year.

Through its residential homes the Mental After Care Association continues to help many Croydon patients, 29 of whom were resident in the Association's Homes at the end of the year.

Reference is again due to the help and interest of the Croydon Guild of Social Service and to 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

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Admitted informally	41	54	95
Under Section 25 (For observation)	50	46	96
Under Section 26 (For treatment)	20	33	53
Under Section 29 (For observation in emergency)	75	116	191
Under Section 60 (Hospital Order through Court)	5	1	6
Under Section 136 (Police Action)	2	5	7
Investigated but not admitted	23	50	73
	<u>216</u>	<u>305</u>	<u>521</u>

In Netherne and Cane Hill Hospitals, Mental Welfare Officers were concerned with 45 Section 25 procedures, 33 Section 26 procedures, and 15 Section 29 procedures.

	1967	1968	
Informal Admissions	72	95	i.e. rise of 32%
Emergency admissions S.29	184	191	i.e. rise of 4%
Investigated but not admitted	53	73	i.e. rise of 38%
Total admissions under Sections	329	353	i.e. rise of 7.3%
Total cases dealt with	454	521	i.e. rise of 14.8%

Guardianship

During 1968 the Guardianship of one patient under the Local Health Authority lapsed, and the total number under Guardianship was thus reduced to 18.

Training Centres

(i) Junior Training Centre

Coldharbour House continued in use during the best part of the year, but on the 18th November the new building came into use under the name of Coldharbour School. In the ensuing year admissions will bring the numbers attending to 108.

Residential Care

(i) Temporary Care

In 51 instances short term care for patients was made through the hospital service, and convalescent holidays were arranged for 21 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 1968 32 patients were found lodgings through the Scheme, 11 less than in the previous year. Of these 21 were still in lodgings at the end of the year, 8 had moved on to other accommodation and 3 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) Group Homes

The 4 small group homes already established continue to run smoothly and provide accommodation for 25 residents.

Social Work

During the year the social workers again received well over a thousand requests for help from various sources. Almost half of these requests came from psychiatric sources. The other half came from other departments of the Corporation, various other social agencies, from general practitioners and the general public.

The number of active cases carried has risen steadily over the year from 1166 to 1325, and this represents a high level of activity in the history of the service.

Work with groups has received additional attention. Selected officers have been given training in this work, and a number of new groups have been started.

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 12 to 14 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.

Countries from which they came included - Australia, Costa Rica, Finland, France, Germany, Ghana, Hungary, Sweden, Switzerland and the U.S.A.

The Unified Industrial Therapy Service

1968 was a year of consolidation. The rationalisation of the industrial contract seeking mentioned in earlier reports, whereby contracts were obtained and allocated through one Organiser/Manager, based on the Sheltered Workshop, has continued and the value of the unification policy is increasingly underlined. The Sheltered Workshop earnings increased by 33%, the Craftwork, Training and Social Centre (Waylands) by 111% and the Assessment and Rehabilitation Centre by 14%.

The total income from work undertaken by or subcontracted from the three centres amounted to approximately £71,500 and during the year over 1,000 orders were fulfilled.

The mobile work group which undertakes grass cutting and simple gardening secured contracts for several new sites and the concrete production section of the sheltered workshop had a good year - the demand for its products being so high that a quota system had to be introduced.

The Waylands Centre, which, when it opened in 1967 was an experiment in providing services under one roof for the physically disabled and mentally handicapped, has continued to function satisfactorily. This report deals with the section of the Centre concerned with the mentally handicapped, the remaining section being the responsibility of the Chief Welfare Officer.

Links with centres run by voluntary societies, particularly the Spastics and the Guild of Social Service, were strengthened. Practical co-operation between the voluntary and statutory bodies is essential if services for the disabled are to be really effective and there were promising signs in 1968 that the services were dovetailing to provide a comprehensive pattern of day centre provision.

The Industrial Advisory Panel, representing local industrialists, continued to give valuable guidance and advice and in a quite different sphere, the Croydon and District Society for Mentally Handicapped Children maintain their traditionally enthusiastic support of the Council's policies.

The next milestone in the development of the service occurs in 1969, when the Crosfield Industrial Unit will move into a new, purpose-built factory, financed with the aid of a grant from the Department of Employment and Productivity. This factory will be a model of its kind. For the future there remains the setting up of a Home Workers scheme and the establishment of a new Adult Training Centre for the mentally handicapped.

The three principal local authority units in the service are:—

- (i) the Crosfield Industrial Unit (the Sheltered Workshop);
- (ii) the Bensham Assessment and Rehabilitation Centre and
- (iii) the Waylands Craftwork, Training and Social Centre.

1. *Crosfield Industrial Unit.*

This unit for severely disabled persons of all categories is a sheltered workshop, approved as such under Section 3 of the Disabled Persons (Employment) Act 1944. It is the headquarters and principal co-ordinating agency of the industrial therapy service.

All but five of the severely disabled are full-time employees, appointed under special terms and conditions of service. A full 40-hour week is worked with the men earning £10. 16s. 8d. per week and the women £8. 0s. 10d. Responsibility allowances of up to £2 weekly may also be paid. Travelling expenses up to 2/- daily and free midday meals are provided. Two weeks paid holiday is given each year, and trade union membership is open to every employee.

See Appendix page 123.

2. *Bensham Assessment and Rehabilitation Centre*

This centre provides industrial work assessment for disabled persons who may eventually be capable of open employment. It was primarily established to provide a service for the mentally disordered, although some physically disabled persons can also be accommodated if alternative provision is not available.

It is run by the Council, with the active support and participation of the Department of Employment and Productivity.

Persons admitted to the centre are allowed to attend for up to 12 months. By the end of that time, and preferably sooner, they must move on - either to open employment, to sheltered work, or, in the event of failure, back to the centre or hospital which referred them.

See Appendix page 124.

CORPORATION DAY NURSERIES

There are 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. 5s. 0d. as from 1st December 1968.

	Whitehorse Road	Hazleglen Sanderstead Road
Details of attendances -		
Capacity	50	30
Number on books at the end of year	50	34
Attendances: Under 2	3,582	1,426
Over 2	5,947	4,416
<i>Total</i>	<u>9,529</u>	<u>5,842</u>
Number of days opened ...	256	256
Average daily attendance	37	23

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 107.

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 1968, 24 chiropodists were operating this scheme. During the period January 1st to December 31st 1968, they gave 19,415 treatments at their surgeries and 4,369 by domiciliary visits. 443 treatments were given at Parkway Clinic, New Addington and 307 at "Waylands".

CERVICAL CYTOLOGY

This service remained limited by the facilities available at the special Regional Hospital Board laboratory but it was possible to deal with all the applications resulting from general publicity, with reasonable speed. In anticipation of the time when local campaigns will be necessary to obtain applicants, initial approaches were made to industrial and commercial firms offering them sessions in their own premises. In this way it is hoped that more women in groups with a greater incidence of cancer of the womb may accept the test. It is too early to judge the results of this method of approach.

For detailed figures see Appendix page 120.

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 1968.

Work has been maintained at a fairly satisfactory level throughout the year having regard to the shortage of staff, and working conditions have improved beyond recognition as a result of our move to Taberner House.

Housing in all its aspects is perhaps the most important and time consuming of the many duties undertaken by the Section. Although there are no longer in the Borough any large areas of unfit houses that merit Clearance Order procedure there is scope for further redevelopment in obsolescent areas. Action will also continue to be necessary as long as one can foresee, in respect of small pockets of property or individual houses and basements.

During the year Demolition or Closing Orders were made in respect of 21 houses, and Closing Orders were made in respect of 18 basements or parts of houses.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Houses in multiple occupation provide a great deal of work and reasonable progress has been made in obtaining compliance with various provisions of the Housing Act, but the problem of "reasonable expense" in relation to cost of works and value of properties is becoming increasingly critical.

The administration of the Offices, Shops and Railway Premises Act, 1963 has progressed and more detailed comment is made in the body of the report.

The continued implementation of a smoke control policy in the Borough is a major cause for satisfaction. The long term effects of this environmental health measure will be demonstrated in terms of amenity and the public well being.

Inspection of food and food premises is a most important duty and as far as possible increasing attention has been directed to this subject. Improved hygiene standards and remedial works are achieved in most cases by advice and educational work but in a number of cases it has been necessary to take more formal action as will be indicated in the list of prosecutions set out in this report.

The recruitment of Public Health Inspectors remains an ineluctable problem and it is only by training students that the Department can partly fill the vacancies caused by resignation and retirement. It is inevitable that more use will have to be made of Technical Assistants working under the supervision of qualified Public Health Inspectors and steps are being taken to this end.

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During the year Demolition or Closing Orders were made in respect of 20 houses, and Closing Orders were made in respect of 18 basements or parts of houses.

Houses in multiple occupation continue to provide a great deal of work and reasonable success can be claimed in obtaining compliance with notices served in respect of amenities and means of escape in case of fire. Similar comment can be made in respect of the repair provisions of the Housing Act, but the problem of "reasonable expense" in relation to cost of works and value of properties is becoming increasingly critical.

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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.

I have the honour to submit a report on the work of the Public Health Inspector for the year 1952.

Work has been maintained at a fairly satisfactory level throughout the year having regard to the shortage of staff, and working conditions have improved beyond recognition as a result of our move to Taberner House.

Housing in all its aspects is perhaps the most important and time consuming of the many duties undertaken by the Section. Although there are no longer in the Borough any large areas of unfit houses that merit Clearance Order procedure there is scope for further redevelopment in occasional areas. Action will also continue to be necessary as long as one can foresee, in respect of small pockets of property or individual houses and basements. During the year Demolition or Closing Orders were made in respect of 30 houses, and Closing Orders were made in respect of 18 basements or parts of houses.

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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 1968
 - (i) Total number of houses inspected for housing defects (under Public Health or Housing Acts) - 3,615
 - (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 - -
 - (b) Other than in Clearance Areas - 20
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 868
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 - 255
 - (ii) Number of dwelling houses which were rendered fit after service of formal notices -
 - (a) By owners 213
 - (b) By Local Authority in default of owners 22
 - (b) Proceedings under the Public Health Acts -
 - (i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied - 764
 - (ii) Number of dwelling houses in which defects were remedied after service of formal notices -
 - (a) By owners - 537
 - (b) By Local Authority in default of owners - 93
 - (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 - 9
 - (ii) Number of dwelling houses demolished in pursuance of Demolition Orders - 3
 - (iii) Number of dwelling houses in respect of which Closing Orders were made - 11

(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	-	18
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	-	4
4. Houses in Multiple Occupation -		
(i) Number of Houses in Multiple Occupation inspected during the year	-	155
(ii) Number of houses in which defects were remedied following service of formal or informal notice under Section 9, Housing Act	-	117
(iii) Number of houses in which additional amenities were provided following service of formal or informal notices under Section 15 of the Housing Act.	-	99
(iv) Number of houses in which fire prevention works were completed following service of formal or informal notices under Section 16, Housing Act	-	105
5. Rent Act, 1957 - Certificate of Disrepair -		
(i) Number of applications for certificates	-	9
(ii) Number of certificates issued	-	3
(iii) Number of applications by landlords for cancellation of certificates	-	1
(iv) Certificates cancelled	-	1

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.

During the latter part of the year a policy of "run-down" in the number of occupants was introduced as it was anticipated that the Hostel would close in December, 1969 to make way for a Highway Improvement Scheme.

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	73	14	3	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,137	470	20	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	105	80	-	-
	1,315	564	23	-

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	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1) ...	-	-	-	-	-
Overcrowding (S.2) ...	-	-	-	-	-
Unreasonable temperature ...	-	-	-	-	-
(S.3)	-	-	-	-	-
Inadequate ventilation ...	-	-	-	-	-
(S.4)	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
(S.6)	-	-	-	-	-
Sanitary conveniences (S.7):-					
(a) Insufficient	3	3	-	-	-
(b) Unsuitable or defective	6	6	-	1	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork) ...	24	17	-	1	-
TOTAL	33	26	-	2	-

Part VIII of the Act

Outwork

Nature of Work (1)	Section 110			Section 111		
	No. of outworkers 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	2	-	-	-	-	-
Paper bags and Cardboard boxes	7	-	-	-	-	-
Christmas cards, Christmas crackers and stockings	36	-	-	-	-	-
Tool assembly	14	-	-	-	-	-
Wearing apparel	134	-	-	-	-	-
Perfumery, Toiletries, etc.	10	-	-	-	-	-
Carding of buttons etc.	66	-	-	-	-	-
Artificial flowers	1	-	-	-	-	-
Curtain and furniture hangings	15	-	-	-	-	-
TOTAL	308	-	-	-	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Inspection of offices and shops of all types has progressed satisfactorily throughout the year.

Premises are still being found which are unregistered, and there still seems to be general ignorance on the part of both large and small firms - of the requirement to register their premises if staff is employed.

In accordance with normal practice and where appropriate, planning applications and plans have been referred to the department by the Borough Engineer for comment. The scrutiny of these plans followed by reports to architects, builders and agents with, in some cases, subsequent meetings, is time absorbing and inevitably affects the number of routine visits made to other premises. It is considered however that the long term gains made by this form of approach are well worthwhile.

In all 850 plans have been scrutinised during the year under review.

Shopfitters, in particular, seem loth to provide means of ventilation to shop front elevations on security grounds, but much good work has been done in this respect in the absence of other forms of ventilation such as air conditioning. A great deal of persuasion has to be used to convince occupiers of shops that entrance doors alone cannot be accepted as a means of ventilating a shop.

In a piano shop dry rot found in the wood lined walls was so severe as to infect a piano to such an extent that it had to be destroyed. There was adequate provision for ventilating the shop but the windows had been sealed for a considerable time.

Lack of handrails, particularly in staff quarters of large new shops, have been found to be a common fault and absence of steps, or unsuitable means of ascent from floor level to loading bay deck level have been found within months of completion of the premises.

In one large store the metal staircase balusters were so weak at the change of direction on each floor of a six floored building as to fail to withstand reasonable pressure of goods carried by hand and replacement by strong metal mesh was found necessary.

Staircases designed as an architectural feature with rounded treads and risers at the bottom of the flight and with handrails not extending to the full length of the staircase provide accident risk to staff and customers alike.

Eleven complaints were received during the year respecting overcrowding, heating and ventilation of shops and offices.

No doubt as a result of high overheads in new office blocks, there is a tendency on the part of some occupiers to overcrowd their premises. Recognition of overcrowding and maintenance of effective ventilation, particularly where there is partitioning of offices, requires careful inspection and survey.

In my report for the year 1967 I recorded that a Certificate of Exemption was granted for a period of six months in respect of a large office, which was overcrowded. The Certificate of Exemption expired on the 6th June, 1968, and, in the meantime the Company had taken over occupancy of adjoining offices in addition to their existing accommodation on the same floor, thus abating the overcrowding. The Certificate of Exemption was therefore withdrawn.

A type of electric water heater is on the market which consists of a container filled manually by connecting a rubber tube to the water supply tap. When the container becomes empty, the manual operation in filling has to be repeated. Reinspections have revealed neglect in refilling, extending in some cases, it is thought, over a number of days. Occupiers have been warned, when served with a notice to provide running hot or warm water, that this type of heater is deprecated, and, if found empty on reinspections, will be considered as a contravention of the Act.

Water closet compartments are still found which are cluttered up with tools or commodities, and obstructed passages are still frequently encountered for the same reason. Problems arising from insufficient sanitary accommodation shared by the sexes where more than five persons are employed have been investigated and resolved.

Lack of running hot water in laundry receiving offices seems to be a speciality of the trade. It is extremely rare on primary inspection to find a supply of hot water in such premises, and notices have been served in plenty, often with a threat of proceedings in default. As the employees have to handle soiled and dirty clothing, one would regard the provision of hot water almost as essential as that required for food handlers, and that this would have long been the concern of the trade in question.

Petrol service stations have been found without running hot water for hand washing. Complaints have been received that employees dislike eating their food on the premises with hands from which petrol odour has not been fully removed by cold water washing.

It is the policy of the department to investigate all accidents. Such investigations are worthless unless painstaking investigation is carried out. Frequently the stated cause of the accident reported has been found to be quite incorrect, and failure to interview the injured person would have resulted in faulty administrative action. Reports of accidents are often given by managers of premises who have not witnessed the accident and have to report from hearsay. When interviewing an injured person, one is able to assess the personal characteristics of the individual concerned,

his physical ability, ascertain the type of footwear used and whether or not spectacles are worn etc. Close questioning sometimes brings out other factors closely related to the incident.

The number of accidents reported in 1968 was 150, compared with 118 in 1967. The number of notifications has therefore increased, but as a large number of the accidents reported are from multiple firms in the Borough it is thought that a number of notifiable accidents must still continue to be unreported, in view of the number of premises registered. Occupiers are advised, when general inspections are made, of their responsibility to notify accidents as defined in the Act.

Haste and endeavour to "save time" continue to contribute to a large number of accidents. Persons running to closing lift doors and falling in the attempt, hurrying downstairs, "speeding up" conveyor belts and taking "short cuts" all contribute to the increasing number of accidents reported.

A number of firms employ "week-end students" for short periods. The risk in such employment lies in the fact that such employees do not always receive adequate training in handling machines or are unaware of the particular hazards of the occupation and several accidents have occurred for these reasons.

An accident was caused in a builder's yard due to the contents of a paint kettle, containing caustic solution, being splashed into the eyes of a yardman. The man was employed in clearing up the yard and the paint kettle, together with other open cans had been in the yard for some time and had been filled with rainwater. The contents of the various containers were therefore unknown and when the paint kettle was picked up suddenly, the accident occurred. Fortunately access to a nearby standpipe tap supplying fresh water reduced the injury to the skin of the face particularly around the eyes. Hospital treatment followed and the injured person recovered from his facial injuries. The provision of an eye bath in the First Aid Box would have been of considerable assistance in this case. Such an eye bath is not required under the Regulations and the appropriate officer of the Ministry appointed under the Act has been informed of this shortcoming.

A boiler fitter suffered burns due to the blowback of an oil fired burner which he was testing following breakdown.

Consideration for the welfare of warehousemen, boiler attendants, lift mechanics and maintenance engineers leaves much to be desired in the preparation of plans of many new buildings. Boiler houses have been found to be constructed with extremely cramped conditions for the workers and a number of these rooms lack secondary means of exit in case of fire. Very often no provision is made for a bench where a mechanic may deposit detached parts, lighting points are not always correctly placed and it is found difficult to attach long lead cables to inspect remote parts of the boiler.

One fatality occurred to a woman employee who fell on a short flight of stairs and struck her head against a wall at the foot of the stairs.

Another accident occurred on concrete stairs of quite recent construction in a large office where, not only was there found to be difference in the height of the risers of the stairs in the same flight, but there was a difference in several treads to the extent of $\frac{3}{4}$ of an inch in the height between each side, of the same riser.

Although no regulations exist, as yet, for portable steps and ladders, particular attention is paid to these items of equipment when inspecting premises. Boxes of varying sizes and tea chests have been used as a substitute and have collapsed in the process. Accidents arising from improper or defective steps can have serious effects.

One such accident occurred with serious consequences in the office of a well known Company. One step of a short step ladder completely collapsed when stood upon causing the employee to fall to the ground. The Company was instructed to carry out a thorough inspection of all steps and ladders in their premises and to repair or destroy any such equipment found defective.

Accidents due to "horseplay", thoughtlessness, ignoring warning notices, and improper use of implements continue.

An employee received a cut thumb when using a gravity feed food slicing machine for slicing cucumbers for sandwiches. Whilst the machine was adequately equipped for the purpose for which it was made, its use for slicing cucumbers was highly improper. The firm provided a hand slicer as a result of the accident.

An employee was injured in the print room of a large firm due to an explosion of ether caused by another employee smoking a cigarette in close proximity and despite a "No Smoking" notice being exhibited. The management have issued a warning notice that summary dismissal will result in future in the event of an employee offending against the "No Smoking" rule.

An employee badly cut his hand by endeavouring to remove the screw cap of a mineral water bottle by jamming it between rails of a window sash. The bottle broke at the neck causing laceration of the tendons of his hand.

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

- (1) A firm of solicitors employed one assistant in a room with insufficient airspace, contrary to Section 5(2). As a result of a letter from the Town Clerk, the adjoining office was integrated with the smaller office occupied by the assistant, and the overcrowding was thus averted.

- (2) A laundry receiving office was not maintaining a floor covering, contrary to Section 16(1), and protruding metal nosings to stairtreads were not being maintained in a safe condition contrary to the same section. As a result of a letter from the Town Clerk, the work required to make safe the flooring and stairs was carried out.
- (3) A multiple firm of radio and television dealers was not providing means for drying outdoor clothing contrary to Section 12(1) (b). A letter was sent to the Company by the Town Clerk. When the Inspector revisited the premises he was shown an electric bar heater fitted to the wall, but not capable of being connected to a power point. The Inspector revisited a few days later when the bar was found connected with the power point but still ineffective when the switch was turned on. The manager stated that the heater "took a long time to warm up". The Inspector visited some two hours later and found the heater still not operating and the manager then admitted that the heater bar was defective. As a result of the Inspector's repeated visits and persistence a new heating bar was fitted.
- (4) A ladies outfitters was reported for failure to provide suitable and efficient ventilation of the shop contrary to Section 7, and to the water closet compartment, contrary to Section 9. These matters were, however, remedied before the Town Clerk commenced the institution of proceedings.
- (5) The occupiers of a sugar confectionery shop were reported for failure:—
 - (a) to maintain the walls and ceiling of the shop in a clean condition contrary to Section 4(1),
 - (b) to repair or renew the defective flooring in the shop behind the counter and in the shop doorway contrary to Section 16(1),
 - (c) to maintain walls, ceiling, windows and woodwork of the storeroom in a clean condition contrary to Section 4(1),
 - (d) to provide a supply of clean, running hot and cold or warm water for ablution purposes contrary to Section 10(1).

A letter was sent to the Company by the Town Clerk, and, at the date of this report, certain matters were in process of being complied.

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	106	1,188	121
Retail Shops	174	1,911	515
Wholesale Shops, Warehouses	9	110	26
Catering Establishments open to the public, Canteens	43	203	56
Fuel Storage Depot	-	2	-
TOTALS	332	3,414	718

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

3,750

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	28,734
Retail Shops	12,238
Wholesale Departments, Warehouses	2,154
Catering Establishments open to the public	2,662
Canteens	511
Fuel storage depots	22
TOTAL	46,321
Total Males	22,151
Total Females	24,170

TABLE D - Exemptions

No exemptions were granted under the Act during 1968.

TABLE E - Prosecutions

There were no prosecutions under the Act during the year.

The majority of inspections carried out under the Act are undertaken by a Specialist Public Health Inspector assisted by three Technical Assistants. In addition, the public health inspectorate (establishment - 20) carry out inspections at food premises to avoid duplication of visits.

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	36
Abstract of Act Provided	268
Clothing Accommodation Provided	50
Drainage Defects Repaired	8
Lack of Cleanliness Remedied	23
Drinking Water/Vessels Provided	7
Eating Facilities Provided	4
First Aid Equipment Provided	211
Floors, Stairs, Passages Repaired etc.	387
Heating Provided	40
Lighting Provided	100
Machines Guarded	35
Overcrowding abated	14
Premises registered	332
Sanitary Accommodation Provided	8
Intervening Ventilated Space Provided	20
Defective Sanitary Accommodation Repaired	112
Labelling of Sanitary Accommodation	33
Staff seating facilities Provided	12
Thermometers Provided	158
Ventilation Provided	125
Walls, Ceilings etc. Repaired	312
Washing Facilities - Wash Basins Renewed/Provided ...	65
" " - Hot Water Provided	86
" " - Nail Brushes, Soap and Towels Provided	17
Provision of Disposal for Sanitary Dressings	6
Defective Electrical Wiring Remedied	50
Accumulations of Rubbish Removed	52

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 6 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.

Regulations have been introduced governing the safety of stands for carrycots, and the labelling of nightdresses to indicate the flammability of the material used.

Regulations also govern the use of certain materials in the manufacture of toys and, during the year, seven toys were submitted for chemical examination. Four of these articles were unsatisfactory and the retailer concerned immediately withdrew the remaining stock from sale.

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, 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 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. Two licences have been granted to local establishments.

CAMPING SITES

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

Site licences in force during the year were as follows:—

<i>Address</i>	<i>No. of Caravans</i>	<i>Period of Licence</i>
Hall & Co. Depot, Marlpit Lane, Coulsdon.	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
No. 11	7,099	6,573	588	27. 1.69	1. 7.70

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 32 plans showing the construction and heights of new chimneys were examined and in 20 cases additional height was requested and agreed. 42 notices of the installation of new furnaces were received, 29 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	...	...	...	...	...	...	...	7,217 articles
By Formalin Gas	...	...	...	...	...	...	...	294 articles
<i>Total</i>								7,511 articles

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

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

28 rooms, hospital wards, clinics etc.

19 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 £51.18s.6d. was paid for such services.

1,165 items of home nursing equipment were disinfected.

CLEANSING OF VERMINOUS, ETC., PERSONS

A cleansing station consisting of a reception room, three 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 6 adults and 20 children were cleansed of verminous conditions and 26 adults and 28 children were treated for scabies.

DISINFESTATION OF PREMISES

Modern insecticides provide 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 138, either by spraying or fumigation.

NOISE ABATEMENT

During the year 93 complaints were made regarding noise alleged to be a nuisance. In 15 cases no action was warranted.

In 61 instances the noise complained of was abated, or reduced so as not to be a nuisance and 17 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 23. In addition, 200 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 cotton felt were taken. All of these samples conformed with the requirements of the Regulations made under the Act.

PET ANIMALS ACT, 1951

This Act governs the sale of pet animals and, during the year, 18 licences were renewed and six new licences granted. The proprietor of a licenced pet shop was prosecuted following his failure, on three occasions, to isolate sick animals and for obstructing an Inspector during his inspection of the premises. The Court imposed fines totalling £40. The application for the renewal of this particular licence, for 1969, was subsequently refused by the appropriate Committee and the shop has now been closed.

During the year 53 inspections of licensed pet shops were carried out and, apart from the above case, no infringements of the Act were found.

DISEASES OF ANIMALS ACT

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 3,475 premises were inspected following complaint and in 3,227 instances infestation was confirmed and dealt with by the rodent operatives. In addition, 72 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, during the year, 592 manholes were test baited. Further treatments are planned to cover the whole Borough and treatment has 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, 1,297 are registered under Section 16 of the Food and Drugs Act, as follows:—

Retail sale of ice-cream	...	...	...	...	...	1,019
Manufacturers of ice-cream	...	...	...	...	...	Nil
Preparation or manufacture for sale of sausages, or potted, pressed, pickled or preserved food	...	...	...	...	...	278

During the year 5,467 inspections and re-inspections were made of food businesses (for details see Page

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 1968	No. to which Sec. 19 applies	No. of sinks fitted to comply with Sec. 19 during 1968
Bakehouses and Bakers				
Shops	118	3	118	3
Sugar Confectioners	412	7	370	5
Cafes, Restaurants, Snack Bars, etc.	256	13	256	16
Works & Club Canteens	391	10	391	9
Licensed Premises	141	9	141	7
Off Licences	111	-	20	-
Grocers	307	5	270	4
Butchers	155	2	155	2
Wholesale Meat Markets	8	-	-	-
Chemists	86	-	86	-
Greengrocers	214	2	214	2
Fishmongers	41	1	47	1
Fried Fish Shops	38	2	38	2
Milk Distributors and Dairies	298	2	267	2
Premises from which Roundsmen & Mobile Shops operate	92	-	91	-
Food Manufacturers	18	-	18	-
Supermarkets and General Shops	163	5	81	6

**FOOD AND DRUGS ACT, 1955, FOOD HYGIENE (GENERAL)
REGULATIONS, 1960, AS AMENDED AND FOOD HYGIENE
(MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS,
1966, AS AMENDED**

Food Premises

Structural defects in shops and stores remedied	1
Defective condition of walls, ceilings, doors and window glazing	288
Defective condition of floors, utensils, fixtures, etc. remedied	142
Defective or insufficient drainage repaired	6
Lighting, heating or ventilation provided	48
W.C. accommodation - repair or cleansing	48
" " - artificial lighting provided	1
" " - intervening ventilated space provided	3
Food - now stored 18 ins. off floor	15
" - means to prevent risk of contamination provided	73
" - store provided or repaired	4
Accumulations in yard or stores removed	45
Offal and refuse bins provided	45
Yard paving repaired	5
Hand washing notices exhibited	53
Ablutions - Wash basins provided	61
" - Hot water supplies provided	97
" - Nail brushes, soap and towels provided	91
Clothing accommodation provided	25
Sinks installed	59
Smoking offences abated	14
Defective or unsuitable table tops replaced	86
First Aid kits provided	43
Cleanliness - advice given	21
Rats/Mice Infestation abated	17
Repair/Cleansing of Machinery/Refrigerators	69
Leaflets on Food Hygiene supplied	20

Stalls and Delivery Vehicles

Wash hand basins/Sinks with hot water provided	...	...	...	...	...	...	...	...	...	32
Nail brushes, soap, towels provided	...	...	...	...	...	...	...	...	...	9
First Aid kits provided	...	...	...	...	...	...	...	...	...	15
Washable overclothing provided	...	...	...	...	...	...	...	...	...	31
Name and address boards supplied	...	...	...	...	...	...	...	...	...	48
Food now stored 18 ins. off floor	...	...	...	...	...	...	...	...	...	25
Accumulation of refuse etc.	...	...	...	...	...	...	...	...	...	21
Receptacles for waste food provided	...	...	...	...	...	...	...	...	...	24
Screening for stalls provided	...	...	...	...	...	...	...	...	...	22
Smoking offences abated	...	...	...	...	...	...	...	...	...	3
Cleanliness of Stalls and Vehicles remedied	...	...	...	...	...	...	...	...	...	43
Advice given on Storage of Stalls	...	...	...	...	...	...	...	...	...	3
Lighting of Stalls/Vans improved	...	...	...	...	...	...	...	...	...	2

Condemned Foodstuffs

Summary of meat and other articles of food found to be unfit and condemned by Inspectors during 1968:—

<i>Article</i>	<i>Weight in lbs.</i>
Carcase Meat	16,588
Offal	4,858
Sundry Foodstuffs	15,745
Canned, Bottled and Packet Foods	35,612
<i>Total</i>	<i>72,803</i>

In addition to the above, 3,889 bottles of wines, spirits and minerals, of various sizes, were condemned as the result of the September floods.

Disposal of Condemned Foodstuffs

Meat condemned at wholesale meat markets or at shops, 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 94 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 23

Licences to use the designation "Sterilised" —

(a) Dealer's (Pre-packed Milk) Licences 7

Licences to use the designation "Untreated" —

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

Licences to use the Designation "Ultra Heat Treated" —

(a) Dealer's (Pre-packed Milk) Licences 13

Frequent inspections of these licenced premises are carried out during the year to see that the conditions of the licences are observed.

The Milk and Dairies (General) Regulations, 1959

One applicant has been registered as a distributor of cream.

Bacteriological Examinations of Milk

During the year the following samples of milk were examined:—

Pasteurised Milk	...	...	...	...	...	...	...	68
Sterilised Milk	...	...	...	...	...	...	...	46
Untreated Milk	...	...	...	...	...	...	...	14
Ultra Heat Treated	...	...	...	...	...	...	...	6

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

Untreated Milk	Methylene Blue Test	
	Not Satisfied	Satisfied
14	2	12

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

	Pasteurised Milk	
	Methylene Blue Test	
No. Samples Taken	Not Satisfied	Satisfied
68	1	67

<i>Sterilised Milk</i>		
	<i>Turbidity Test</i>	
No. Samples Taken	Not Satisfied	Satisfied
46	1	45

<i>Ultra Heat Treated Milk</i>		
	<i>Colony Count</i>	
No. Samples Taken	Not Satisfied	Satisfied
6	-	6

Bacteriological Examination of Milk Bottle Rinses

Bottle Rinse Samples - 25	Satisfactory	-	22
	Unsatisfactory	-	3

BACTERIOLOGICAL EXAMINATION OF CREAM

One sample of fresh cream was examined and gave a satisfactory result.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

92 samples were taken, the results being:-

<i>Grade</i>						<i>No. of Samples</i>
1	...	...	...	...	...	86
2	...	...	...	...	...	2
3	...	...	...	...	...	1
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. 12 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, 151 samples of milk and cream, and 274 other samples were taken, of which number, 27 were found to be "Not Genuine".

Summary of Samples

During 1968 samples were obtained and submitted to the Public Analyst as follows:—

	<i>Total Samples</i>	<i>Genuine</i>	<i>Not Genuine</i>	<i>Prose- cutions</i>	<i>Convic- tions</i>
Acetic Acid, Concentrated Solution	1	-	1	-	-
Apples, Jonathan	1	1	-	-	-
Aspirin Tablets	1	1	-	-	-
Baked Beans	1	1	-	-	-
Bamboo Shoots	1	1	-	-	-
Beef Broth	1	1	-	-	-
Beef Roma	1	1	-	-	-
Beer	9	9	-	-	-
Beetroot, Sliced	1	1	-	-	-
Beetroots	1	-	1	-	-
Beetroots, Baby	1	-	1	-	-
Bicarbonate of Soda	1	1	-	-	-
Biscuits, Milk Chocolate Wheaten	1	1	-	-	-
Bismuth Tablets	2	2	-	-	-
Black Pudding	1	1	-	-	-
Blackberries	1	1	-	-	-
Blackcurrant Drink	1	1	-	-	-
Blut Wurst	1	1	-	-	-
Brandy	1	1	-	-	-
Bread Sauce Mix	2	2	-	-	-
Bronchial Mixture	2	2	-	-	-
Bun, Cream	1	-	1	-	-
Cake Decorations	1	1	-	-	-
Calcium & Vitamin Drink	1	1	-	-	-
Casserole, Lamb & Peas with Gravy	1	1	-	-	-
Casserole, Meat	1	1	-	-	-
Cherry Syrup	1	1	-	-	-
Celery Salt	1	1	-	-	-
Cheese, Cheddar	1	1	-	-	-
Cheese Gateau, Soft (Full Fat) ...	1	1	-	-	-
Cheese, Grated Parmesan	1	1	-	-	-
Cheese, medium fat soft	1	1	-	-	-
Cheese, Wensleydale	1	1	-	-	-
Chestnuts, Water	1	1	-	-	-
Chili Pickle	1	-	1	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Cho-Cho	1	1	-	-	-
Chocolate covered Cakes	1	1	-	-	-
Chocolate, Drinking	1	1	-	-	-
Chocolate Eclair	1	1	-	-	-
Chocolate, Milk Easter Eggs	1	1	-	-	-
Chocolate, Milk Nut Brittle	1	-	1	-	-
Chopped Chicken in Jelly	1	1	-	-	-
Chopped Pork and Ham	3	3	-	-	-
Christmas Pudding	1	1	-	-	-
Chutney	1	1	-	-	-
Chutney, Behl	1	-	1	-	-
Coconut, Dessicated	1	1	-	-	-
Coffee Concentrate	1	1	-	-	-
Coffee Sugar, Coloured	1	1	-	-	-
Coffee, White with Sugar	1	1	-	-	-
Compound Glycerine of Thymol	2	2	-	-	-
Corned Beef	1	1	-	-	-
Cornish Pasty	1	1	-	-	-
Cornmeal Palenta	1	1	-	-	-
Cough Mixture	1	1	-	-	-
Cream, Dairy	1	1	-	-	-
Cream, Fresh	1	1	-	-	-
Cream, Sterilised	1	1	-	-	-
Cream, Tinned	1	1	-	-	-
Curried Chicken and Mushrooms	1	1	-	-	-
Curry Paste	2	1	1	-	-
Curry Powder	1	1	-	-	-
Dandelion Coffee	1	1	-	-	-
Dessert Topping, Butterscotch ...	1	1	-	-	-
Diarrhoea Mixture	2	2	-	-	-
Faggots	1	1	-	-	-
Fish Cakes	1	1	-	-	-
Fish Gravy	1	-	1	-	-
Flavourings, Various	1	1	-	-	-
Florentines	1	1	-	-	-
Flu and Cold Powders	1	1	-	-	-
Flour, Self Raising	1	1	-	-	-
Frankfurters	1	1	-	-	-
Fresh Figs	1	1	-	-	-
Gin	2	2	-	-	-
Glycerin B.P.	1	1	-	-	-
Grapefruit (Canned)	1	1	-	-	-
Grape Juice	1	1	-	-	-
Guava Jelly	1	1	-	-	-
Guava Nectar	1	1	-	-	-
Gums, Milk	1	1	-	-	-
Gums, Wine	1	1	-	-	-
Ham & Beef Luncheon Meat ...	1	-	1	-	-
Hamburger Fried, with Onion & Gravy	1	1	-	-	-
Healing Oil	1	1	-	-	-
Health Drink	1	1	-	-	-
Ice Cream	1	1	-	-	-
Ice Lollies	1	1	-	-	-
Indigestion Tablets	2	2	-	-	-
Jam, Blackberry	1	1	-	-	-
Jam, Blackcurrent	1	1	-	-	-
Jelly with Fruit	1	1	-	-	-
Jelly, Table, Lemon Flavour ...	1	1	-	-	-
Kabli Chana	1	-	1	-	-
Kashmir Masala	1	-	1	-	-
Lard	1	1	-	-	-
Laxative Emulsion	1	1	-	-	-
Lemon Crystals	1	-	1	-	-
Lemon Juice	1	1	-	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Lemon Pickle in Oil	1	-	1	-	-
Lemonade Powder	1	1	-	-	-
Linctus, Cherry Cough	1	1	-	-	-
Linctus, Cherry flavoured	1	1	-	-	-
Linctus, Children's Cough... ..	1	1	-	-	-
Linctus of Codiene	1	1	-	-	-
Liver Sausage	3	3	-	-	-
Loaf, Milk	1	-	1	-	-
Lolly containing Glucose	1	1	-	-	-
Macaroons, Buttered Coconut	1	1	-	-	-
Macedoine of Vegetables	1	1	-	-	-
Malt Beverage	2	2	-	-	-
Malt Vinegar	3	3	-	-	-
Mango Drink	1	1	-	-	-
Mango Pickle	1	1	-	-	-
Margarine	2	2	-	-	-
Marzipan	3	3	-	-	-
Mayonnaise	1	1	-	-	-
Meat Pasty	2	1	1	-	-
Meat Pie	3	3	-	-	-
Meat Pudding	2	2	-	-	-
Meat Tenderiser	1	1	-	-	-
Milk Powder	2	2	-	-	-
Milk Shake Syrup	2	2	-	-	-
Milk, Channel Island	3	3	-	-	-
Milk, Pasteurised	77	77	-	-	-
Milk, Sterilised	45	45	-	-	-
Milk, U.H.T.	9	9	-	-	-
Milk, Untreated	13	13	-	-	-
Minced Beef	2	2	-	-	-
Minced Beef with Onion & Gravy	2	1	1	-	-
Minced Steak with Onion & Gravy	1	1	-	-	-
Mincemeat	1	1	-	-	-
Mincemeat, flavoured with Brandy	1	1	-	-	-
Mint Sauce	1	1	-	-	-
Mixed Vegetables, Diced	1	1	-	-	-
Mustard Oil	1	1	-	-	-
Olive Oil	2	2	-	-	-
Onions, Pickled	1	1	-	-	-
Orange Drink, Low Calorie	1	-	1	-	-
Orange Juice	1	-	1	-	-
Pastilles, Catarrh	1	1	-	-	-
Pastilles, Cough	1	1	-	-	-
Pears in Syrup	1	1	-	-	-
Pears, Bartlett in heavy syrup	1	1	-	-	-
Peas, Processed	1	1	-	-	-
Picallili, Sweet	1	1	-	-	-
Pineapple Cubes	1	1	-	-	-
Pigs Tails	1	1	-	-	-
Popcorn, Sweet	1	1	-	-	-
Pork Brawn	1	1	-	-	-
Pork Luncheon Meat	1	1	-	-	-
Potatoes, Creamed	1	1	-	-	-
Ravioli, Swiss	1	1	-	-	-
Ravioli in Tomato Sauce	1	1	-	-	-
Rhubarb and Custard	1	1	-	-	-
Rhubarb, in heavy Syrup	1	1	-	-	-
Rolls, Buttered	1	1	-	-	-
Rose Hip Syrup	1	1	-	-	-
Rum	8	8	-	-	-
Saccharin Tablets... ..	1	1	-	-	-
Sal Volatile	2	2	-	-	-
Sauce	1	1	-	-	-
Sauce, Sweet and Sour	1	-	1	-	-

	Total Samples	Genuine	Not Genuine	Prose- cutions	Convic- tions
Sausage Meat	1	1	-	-	-
Sausage Meat, Beef, preserved	1	1	-	-	-
Sausage Meat, Pork, preserved	2	2	-	-	-
Sausage Rolls	3	3	-	-	-
Sausages, Beef	3	2	1	-	-
Sausages, Beef, preserved ...	1	1	-	-	-
Sausages, Pork	4	1	3	-	-
Sausages, Pork, preserved ...	2	2	-	-	-
Sausages, Pork, smoked	1	1	-	-	-
Semolina	1	1	-	-	-
Shrimps	1	1	-	-	-
Slimming Aids	2	2	-	-	-
Soluble Aspirin Tablets B.P. ...	1	1	-	-	-
Soups, various	4	4	-	-	-
Spinach (canned)	1	-	1	-	-
Steak (canned)	1	1	-	-	-
Stewed Steak	3	3	-	-	-
Stewed Steak in gravy	1	1	-	-	-
Stem Ginger	1	1	-	-	-
Sting Lotion	1	-	1	-	-
Strawberries in Syrup	1	1	-	-	-
Strawberries in Heavy Syrup ...	1	1	-	-	-
Sweets	1	1	-	-	-
Sweet Corn, American	1	1	-	-	-
Syrup of Camphor	1	1	-	-	-
Tablets, Cascara	1	1	-	-	-
Tablets, Mouth Ulcer	1	1	-	-	-
Tablets, Vegetable Laxative ...	1	1	-	-	-
Tablets, Vitamin C	1	1	-	-	-
Tamarind	1	-	1	-	-
Tea	1	1	-	-	-
Tea, White with Sugar	1	1	-	-	-
Throat Pastilles	2	2	-	-	-
Tincture of Arnica Flowers ...	1	1	-	-	-
Toasted Biscuits	1	1	-	-	-
Tinned Grill (Sardine & Tomato)	1	1	-	-	-
Tomato Juice	1	1	-	-	-
Tomato Paste	1	1	-	-	-
Tomatoes, Peeled	3	3	-	-	-
Toothache Tincture	1	1	-	-	-
Vodka	2	2	-	-	-
Walnut Fritter Mix	1	1	-	-	-
Whisky	14	14	-	-	-
White Petroleum Jelly	1	1	-	-	-
Yeast	1	1	-	-	-
Yoghurt	1	1	-	-	-
Zinc and Castor Oil Cream ...	1	1	-	-	-
	427	400	27	-	-

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 achieved. 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	...	...	...	...	22
Taken at Dairies	...	...	...	...	99
Taken at Institutions	...	...	...	...	26
<i>Total</i>	...	...	...	...	<u>147</u>

Average composition of samples:—

Milk (excluding South Devon and Channel Islands Milks)

Solids not Fat 8.73
(Legal standard is 8.5%)

Milk Fat 3.78
(Legal standard is 3%)

South Devon and Channel Island Milk

Solids not Fat 9.02
(Legal standard is 8.5%)

Milk Fat 4.73
(Legal standard is 4%)

DETAILS OF NON-GENUINE SAMPLES TAKEN

<i>Article</i>	<i>Nature of Adulteration or Deficiency</i>	<i>Remarks</i>
Concentrated Solution of Acetic Acid.	This sample contained 13% of acetic in excess of the quantity declared on the label and the declaration was not printed in the prescribed manner.	Label has now been amended.
Cream Bun.	Sample contained insufficient filling to enable a satisfactory analysis to be made. Tests indicated that the filling was imitation cream.	Vendor warned.
Milk Loaf.	This sample had been made with skimmed milk powder and was not entitled to the description of "Milk Loaf".	Manufacturer has discontinued production of this article.
Meat Pasty.	The total meat content of this article was 11% whereas, in the opinion of the Public Analyst this article should contain not less than 12½% of meat.	A further sample proved satisfactory.
Sweet and Sour Sauce.	Bottle contained iron compounds derived from metal cap.	Stocks of this article replaced by bottles with plastic caps.
Beef Sausages.	This sample contained an added preservative.	A notice declaring the presence of a preservative was, in fact, exhibited at the time of sale.
Pork Sausages. (3 Samples)	These samples contained an added preservative.	Notices declaring the presence of a preservative in these articles have now been exhibited on the Vendor's premises.

<i>Article</i>	<i>Nature of Adulteration or Deficiency</i>	<i>Remarks</i>
Spinach (Canned)	Sample contained 114 parts per million of tin derived from the interior lacquer of the can. In the opinion of the Public Analyst any excess of 100 parts per million is liable to produce a metallic taint.	Packers warned.
Minced Beef with Onion and Gravy.	The total meat content of this article was less than 50% whereas, in the opinion of the Public Analyst, the meat content should exceed this amount.	The Manufacturers will increase the meat content of this article to conform with new Regulations which will come into operation in May, 1969.

The Public Analyst reported that eleven other samples were not labelled in accordance with the Labelling of Food Order, 1953. In each case the manufacturer or packer was informed of the offence and the labels concerned have since been amended or withdrawn.

ANALYSIS OF PROSECUTIONS UNDER:—

FOOD & DRUGS ACT, 1955

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

FOOD HYGIENE (MARKETS, STALLS & DELIVERY VEHICLES) REGULATIONS, 1966

THE MILK & DAIRIES (GENERAL) REGULATIONS, 1959

<i>OFFENCE</i>	<i>RESULT</i>
Rabbit unfit for human consumption	Fined £20.
Steak Pie (One case) Pork Pie (One case) unfit for human consumption.	Fines totalling £35 were imposed.
Packet of Egg Noodle product unfit for human consumption.	Fined £20.
Packet of Puff Pastry not of the substance or quality demanded.	Fined £25
Nut and Bolt in "Meringue"	Fined £20.
Milk bottles not in a state of thorough cleanliness (2 cases).	One case fined £20. One case the Company was given an absolute discharge and ordered to pay £15. 15s. 0d. costs.
Five cases of selling Apricots not of the substance demanded.	Fines totalling £15 were imposed.
Three cases of smoking whilst handling open food.	Fines totalling £20 were imposed.
Food handler not wearing washable overclothing.	Fined £5.
Punnett of strawberries unfit for human consumption.	Fined £10.
Meat contaminated with Mouse droppings (2 cases)	Fined £90.
Insanitary Food premises and Equipment.	Fined £60.
Food carrying vehicle unclean and also food exposed to risk of contamination.	Fines totalling £25 were imposed.

FOOD COMPLAINTS

During the year 204 food complaints of various types were received, fully investigated and appropriate action taken where necessary. Twelve 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		3,615
Houses inspected following applications for certificates of disrepair		16
Inspection of underground rooms		113
Special inspections in connection with the Housing Survey		515
Houses inspected for overcrowding conditions		32
Re-inspections of work outstanding on housing notices		10,777
Number of visits regarding infectious diseases		859
Number of visits regarding food poisoning		86
Inspections of drainage work during repair		2,532
Drainage systems inspected, surveyed or traced		3,005
Drains tested		365
Inspections of cesspools and earth closets		74
do schools and school sanitary conveniences		14
do public conveniences		154
do verminous premises		73
do ponds and ditches		16
do premises in course of demolition		720
do theatres, cinemas, halls, etc.		5
do tents, vans and similar structures		54
do premises in connection with improvement grants		305
Inspection and re-inspection of houses in multiple occupation		5,508
Inspection and re-inspections in connection with Smoke Control Orders		11,663
Smoke observations		404
Visits regarding exhumation		35
Visits to premises for food condemnation		778
Inspections of wells and gathering grounds of water supply		42
do scrap metal dealer's premises		54
do rivers and streams for pollutions		6
do hairdressers		199
Food and Drugs Acts; Food and drugs samples taken		274
Food and Drugs Acts; Milk samples taken (special designations)		151
Ice Cream samples taken (bacteriological)		92
Samples taken of Fertilizers and Feeding Stuffs		21
do swimming baths water		238
do drinking water, bacteriological and chemical		506
do subsoil water		18
do private wells		264
do rag flock and other filling material		4
do sundry specimens (food poisoning etc.)		58
Visits in connection with Food Complaints		405
do do miscellaneous public health nuisances		2,508
Inspections under Merchandise Marks Act		13
do of butchers' premises		472
do meat premises (wholesale)		144
do poultry and game dealers' premises		28
do fishmongers' premises		100
do fried fish premises		104
do grocers' premises		734
do fruiterers' and greengrocers' premises		341
do bakers' premises - including bakehouses		246
do dairies		41
do milk shops		53
do general shops and supermarkets		131

Visits in connection with Animal Boarding Establishments Act	16
do do Rag Flock Act	7
do do Mines and Quarries Act	3
do do Croydon Corporation Act	9
Visits to immigrants	82
Unsuccessful calls	5,723
Inspection of Employment Agencies	93
Examination of Imported Food	92
Inspections of premises where cooked meats etc. are prepared or sold	24
Inspections of confectioners premises	299
do confectionery manufacturers' premises	23
do cafes, snack bars, canteens, hotels and their kitchens	1,355
do school kitchens and serveries	78
do hospital kitchens	43
do ice cream vendors' premises	6
do ice cream barrows and carts	134
do market and barrows	997
do other food premises not enumerated above	114
Licenced premises	246
Inspections of factories with mechanical power	470
do factories without mechanical power	14
do works of building and engineering	80
do shops (under Shops Acts)	790
do outworkers' premises	100
Appointments kept with owners, builders, etc.	5,409
Investigations of complaints other than housing matters	977
Inspections under Fertilizers and Feeding Stuffs Act	10
do Diseases of Animals Act	18
do Pets Act	53
do Pharmacy and Poisons Act	40
do Noise Abatement Act	547
do Consumer Protection Act	59
do Offices, Shops and Railway Premises Act	3,620
Visits regarding rats and mice infestation by rodent operators	14,606
Visits regarding rats and mice infestation by district inspectors	1,148
Informal Notices outstanding 31.12.67	1,780
Informal Notices served	1,280
Informal Notices complied with	1,854
Informal Notices outstanding 31.12.68	1,206
Statutory Notices outstanding 31.12.67	921
Statutory Notices served	1,238
Statutory Notices complied with	1,051
Statutory Notices outstanding 31.12.68	1,108
Total number of callers and complaints received at the office	4,147
Total number of letters received at the office	12,217

Planning applications relating to new development or the alteration of existing buildings are subjected to detailed scrutiny by the appropriate technical staff to ensure that the extensive and varied legislation administered by the Department is applied to the proposed development. Applicants are advised of the legal requirements applicable to the development and, during the year, the staff concerned have spent a considerable time examining and reporting upon the 2,837 plans submitted for approval.

Nuisances, Infringements of Acts, Byelaws, Regulations or Orders ascertained by the Public Health Inspectors during the year 1968 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	...	...	...	...	...	...	...	...	148
Conditions causing dampness:									
Defective roofs	...	...	...	...	...	...	...	...	179
Defective window frames	...	...	...	...	...	...	...	...	53
Defective walls, etc.	...	...	...	...	...	...	...	...	69
Want of efficient damp-proof course	...	...	...	...	...	...	...	...	13
Defective gutters and downspouts	...	...	...	...	...	...	...	...	159
Other structural defects:									
Defective plaster	...	...	...	...	...	...	...	...	202
Cleansing and redecorating required	...	...	...	...	...	...	...	...	6
Defective floors, stairs and woodwork	...	...	...	...	...	...	...	...	153
Insufficient ventilation under floor	...	...	...	...	...	...	...	...	5
Defective brickwork, sills, lintels, chimneys	...	...	...	...	...	...	...	...	76
Defective stoves and fireplaces and flues	...	...	...	...	...	...	...	...	12
Defective drains, sanitary fittings, etc:									
Defective sinks and waste pipes	...	...	...	...	...	...	...	...	63
Defective W.C.'s	...	...	...	...	...	...	...	...	77
Defective drainage	...	...	...	...	...	...	...	...	154
Stoppage in drains	...	...	...	...	...	...	...	...	31
Defective water services and tanks	...	...	...	...	...	...	...	...	18
Cesspools filled in	...	...	...	...	...	...	...	...	2
Drains sealed off	...	...	...	...	...	...	...	...	120
Defective Cesspools	...	...	...	...	...	...	...	...	3
Domestic nuisances:									
Want of cleanliness	...	...	...	...	...	...	...	...	4
Verminous conditions	...	...	...	...	...	...	...	...	18
Other nuisances and infringements:									
Offensive accumulations	...	...	...	...	...	...	...	...	53
Overcrowding abated	...	...	...	...	...	...	...	...	2
Sundry nuisances or defects	...	...	...	...	...	...	...	...	18
Particulars inserted in Rent Book (Housing Act)	...	...	...	...	...	...	...	...	6
Smoke nuisances	...	...	...	...	...	...	...	...	4
Keeping of animals	...	...	...	...	...	...	...	...	1
Food cupboards provided	...	...	...	...	...	...	...	...	1
Defective yard paving	...	...	...	...	...	...	...	...	23
Dustbins provided	...	...	...	...	...	...	...	...	7
Unlicensed Caravans removed	...	...	...	...	...	...	...	...	3

LECTURES

During the year 22 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	221,500
Metropolitan Water Board (Spring Park Estate and New Addington)	2.8	36,600
East Surrey Water Company (Sanderstead, Selsdon, Kenley, Purley and Coulsdon East)	15.5	56,400
Sutton District Water Company (Woodcote and Coulsdon West)	1.9	13,800
	<u>37.2</u>	<u>328,300</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, 720 samples of raw water and 1,349 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 129.

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 Beddington has continued throughout the year and progress is in keeping with the planned programme. It is anticipated that the new works will be brought into operation over a period of 2-3 months from October 1969 onwards, after which time it will be possible to close down the old works.

MEDICAL EXAMINATION OF CHILDREN FOR THE CHILDREN'S DEPARTMENT

During the year 304 children were medically examined prior to admission to a children's home or private foster home.

NURSERY AND CHILD MINDERS REGULATION ACT, 1948

Full time Registered Child Minders are 28 in number.

Providing places for 151 children

Part time Child Minders (Playgroups) 32 in minders' own homes

Providing places for 328 children

Playgroups on premises other than

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, 1963 38

Children placed 35

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 statements received

from manual employees 1001

Considered not fit for inclusion in

sickness pay scheme 22

Deferred for review 73

Unfit for employment 5

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Providing places for 151 children

Part time Child Minders (Playgroups) 32 in minders' own homes

Providing places for 326 children

Playgroups on premises other than

private homes 54 premises

Providing places for 1,004 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, 1968 38

Children placed 35

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 statements received

from manual employees 1091

Considered not fit for inclusion in

sickness pay scheme 22

Deferred for review 73

Unfit for employment 5

STAFF MEDICAL EXAMINATION

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

Scrutiny of health statements made by successful applicants for officer grades and any follow-up or medical examination deemed necessary.

Medical examination of prospective student teachers.

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.

Vision tests on all Corporation drivers and again at specified intervals over the age of 50.

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.

Arrangements for radiological examination of staff who work in contact with children.

Special examination of any member of staff referred by the department concerned.

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

856 examinations were made during the year by the medical staff of the department including 116 vision tests for drivers. Of these 176 were in respect of manual workers, who were classified as follows:—

Fit for employment and sick pay scheme	...	...	120
Deferred for review	...	...	33
Unfit for sick pay scheme	...	...	21
Fit for light employment only			
(Not fit for sick pay scheme)	...	...	1
Unfit for employment	...	...	1
			<hr/>
			176

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 114 cases registered:—

17 were due to glaucoma and

45 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:—

7 patients had died

3 patients had removed from the Borough.

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 129 adult cases are registered with his department, 11 of whom are in special homes.

NATIONAL ASSISTANCE ACT, 1948, SECTION 47

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

During 1968 one order for compulsory removal was required:—

One elderly lady, over 80 years of age and unable to care for herself, was admitted to Queen's Hospital.

LONGSTAY IMMIGRANTS

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 1968, see Appendix page 121.

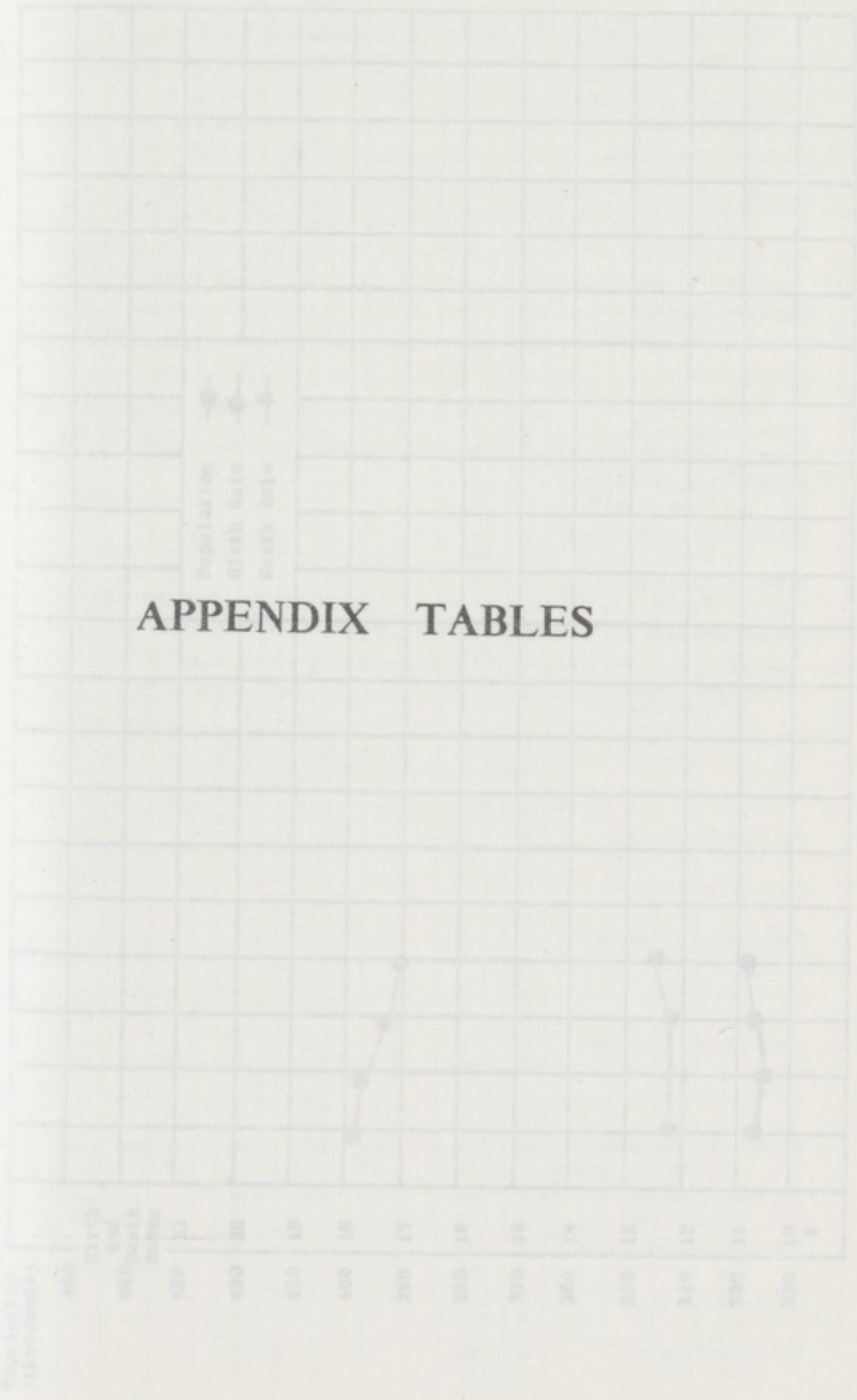
REHOUSING FOR MEDICAL REASONS

Dr. C.G. Nicol, Principal Medical Officer, inquired into 873 applications in 1968 for rehousing on medical grounds. He made 98 personal visits, sometimes jointly with a public health inspector, health visitor or welfare officer. A further 17 applicants were interviewed at this office.

An approximate sub-division of applications recommended to the Housing and Lettings Sub-Committee showed -

- 16. per cent cases of serious heart and allied disease
- 14.5 per cent cases of severe breathlessness from chronic bronchitis emphysema or asthma
- 3.8 per cent cases of serious disability following crippling strokes
- 22. per cent cases of other crippling conditions
- 4. per cent cases of obvious hazards to premature infants or chronically ill children
- 3.6 per cent cases of cancer
- 3.6 per cent cases of tuberculosis
- 21.2 per cent cases of severe mental disorder
- 11.3 per cent cases of other serious conditions

VITAL STATISTICS 1963



APPENDIX TABLES

LONGSTAY IMMIGRANTS

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For details of arrivals in 1963, see Appendix page 121.

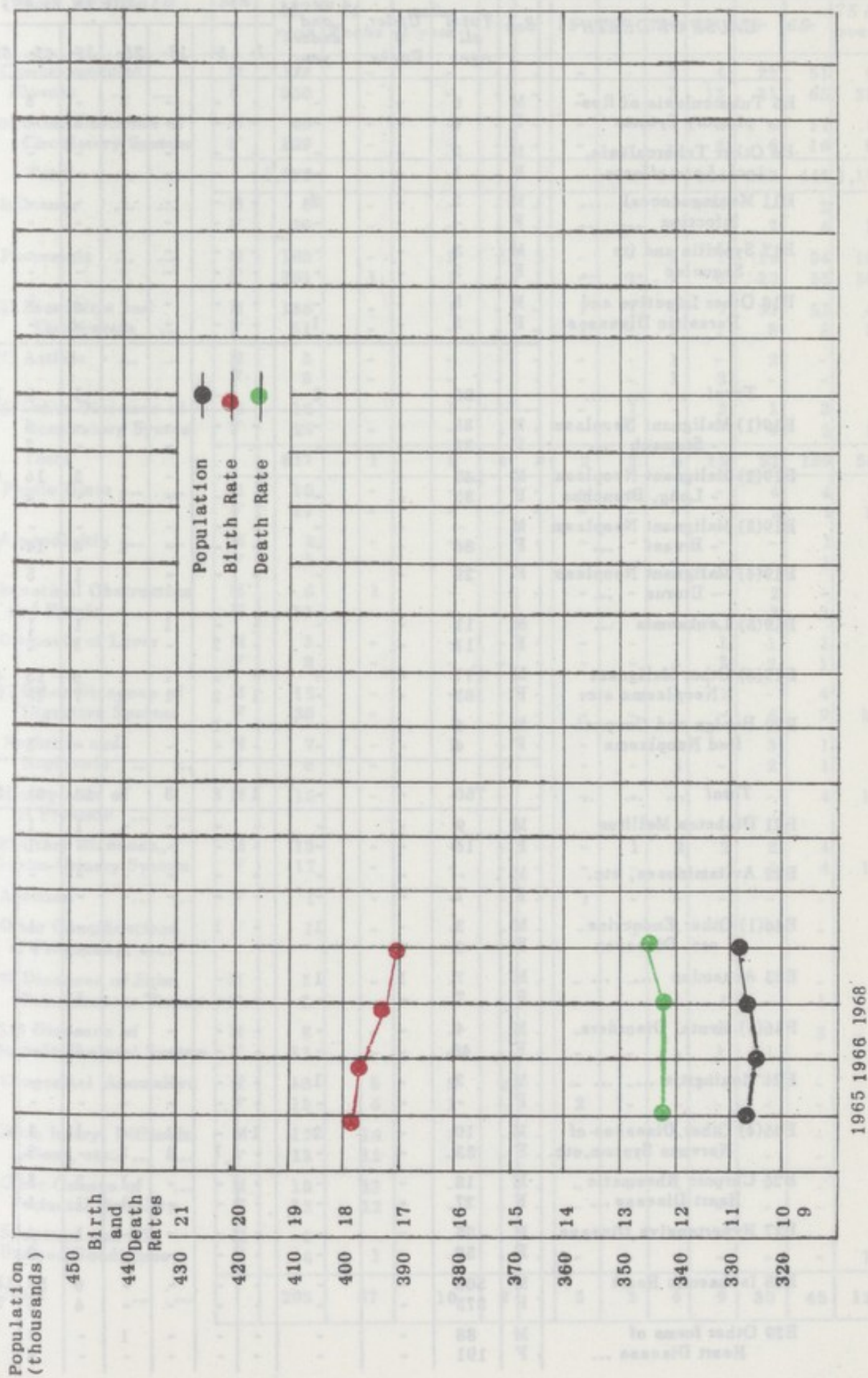
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Dr. C.G. Nicol, Principal Medical Officer, received into 573 applications in 1963 for rehousing on medical grounds. He made 98 personal visits, sometimes jointly with a public health inspector, health visitor or welfare officer. A further 17 applicants were interviewed at his office.

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- 16. per cent cases of serious heart and allied disease
- 14.5 per cent cases of severe breathing troubles from chronic bronchitis emphysema or asthma
- 8.8 per cent cases of serious disability following crippling strokes
- 22. per cent cases of other crippling conditions
- 4. per cent cases of obvious hazards to premature infants or chronically ill children
- 3.6 per cent cases of cancer
- 3.6 per cent cases of tuberculosis
- 21.2 per cent cases of severe mental disorder
- 11.3 per cent cases of other serious conditions

VITAL STATISTICS - 1968



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

CAUSE OF DEATH	Sex	Total all ages	Under 4 Weeks	4 weeks and under 1 year	AGE IN YEARS									
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over	
B5 Tuberculosis of Res- piratory System	M	6	-	-	-	-	-	-	-	3	1	1	1	
	F	6	-	-	-	-	-	-	1	-	3	2	-	
B6 Other Tuberculosis, incl. Late effects	M	2	-	-	-	-	-	-	-	-	-	2	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	
B11 Meningococcal ... Infection ...	M	2	-	2	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B17 Syphilis and its Sequelae ...	M	3	-	-	-	-	-	-	-	-	1	1	1	
	F	2	-	-	-	-	-	-	-	-	-	1	1	
B18 Other Infective and Parasitic Diseases	M	3	-	-	-	-	-	-	-	-	2	1	-	
	F	5	-	1	-	-	-	-	-	-	2	-	1	
Total ...		30	-	3	-	-	-	-	1	3	10	8	5	
B19(1) Malignant Neoplasm - Stomach ...	M	33	-	-	-	-	-	-	-	4	8	12	9	
	F	32	-	-	-	-	-	-	-	2	4	9	11	
B19(2) Malignant Neoplasm - Lung, Bronchus	M	143	-	-	-	-	-	-	3	16	47	50	27	
	F	35	-	-	-	-	-	1	-	4	9	11	11	
B19(3) Malignant Neoplasm - Breast ...	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	86	-	-	-	-	-	1	4	14	22	21	24	
B19(4) Malignant Neoplasm - Uterus ...	F	29	-	-	-	-	-	-	1	5	6	5	11	
B19(5) Leukaemia ...	M	11	-	-	-	-	1	-	1	1	4	2	3	
	F	11	-	-	-	2	-	-	1	1	4	-	3	
B19(6) Other Malignant Neoplasms etc.	M	177	-	-	-	3	1	1	6	13	45	53	55	
	F	183	-	-	1	2	1	2	7	18	33	48	71	
B20 Benign and Unspeci- fied Neoplasms	M	6	-	-	-	1	-	-	-	-	1	-	4	
	F	4	-	-	-	-	-	-	-	3	-	-	1	
Total ...		750	-	-	1	8	3	5	23	81	183	211	235	
B21 Diabetes Mellitus	M	9	-	-	-	-	-	-	1	1	1	2	4	
	F	16	-	-	-	-	-	-	-	1	1	5	9	
B22 Avitaminoses, etc.	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
B46(1) Other Endocrine etc. Diseases	M	3	-	1	-	1	-	-	-	1	-	-	-	
	F	6	-	-	-	-	-	-	-	-	1	3	2	
B23 Anaemias ...	M	7	1	1	-	-	-	-	-	-	-	1	4	
	F	7	-	-	-	-	-	-	1	-	1	2	3	
B46(3) Mental Disorders	M	4	-	-	-	-	-	-	-	-	3	1	-	
	F	40	-	-	-	-	-	-	-	-	2	9	29	
B24 Meningitis ...	M	2	-	1	-	-	-	-	-	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B46(4) Other Diseases of Nervous System, etc.	M	19	-	2	1	-	1	-	1	1	2	4	7	
	F	33	-	-	-	1	1	2	-	3	3	13	10	
B26 Chronic Rheumatic Heart Disease ...	M	18	-	-	-	-	-	1	3	5	5	2	2	
	F	27	-	-	-	-	-	1	1	4	7	7	7	
B27 Hypertensive Disease	M	25	-	-	-	-	-	-	1	4	7	7	6	
	F	59	-	-	-	-	-	-	-	2	1	7	49	
B28 Ischaemic Heart	M	505	-	-	-	-	-	-	6	53	112	143	191	
	F	373	-	-	-	-	-	-	4	6	28	88	247	
B29 Other forms of Heart Disease ...	M	88	-	-	-	-	-	1	-	3	7	13	64	
	F	191	-	-	-	-	-	-	-	4	7	29	151	

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	
B30 Cerebrovascular Disease	M	174	-	-	-	-	-	-	3	4	22	51	94	
	F	350	-	-	-	-	-	-	2	13	31	65	239	
B46(5) Other Diseases of Circulatory System	M	69	-	-	-	-	-	-	1	2	6	17	43	
	F	109	-	-	-	-	-	-	-	4	6	16	83	
Total		1,988	-	-	-	-	-	3	21	104	239	445	1,176	
B31 Influenza	M	8	-	-	-	-	-	-	-	-	-	2	6	
	F	20	-	-	-	-	-	-	1	-	2	4	13	
B32 Pneumonia	M	162	-	5	2	2	-	-	1	1	14	34	103	
	F	391	1	1	-	1	-	1	1	3	22	55	306	
B33(1) Bronchitis and Emphysema	M	138	-	1	-	-	1	1	-	7	32	51	45	
	F	51	-	-	-	-	1	-	1	1	8	8	32	
B33(2) Asthma	M	3	-	-	-	-	-	-	1	-	2	-	-	
	F	3	-	-	-	-	-	-	1	2	-	-	-	
B46(6) Other Diseases of Respiratory System	M	16	-	1	1	-	-	1	-	2	1	3	7	
	F	25	-	-	1	-	-	-	-	-	1	2	21	
Total		817	1	8	4	3	2	3	6	16	82	159	533	
B34 Peptic Ulcer	M	18	-	-	-	-	-	-	-	-	4	4	10	
	F	17	-	-	-	-	-	-	-	-	2	1	14	
B35 Appendicitis	M	3	-	-	-	-	-	-	-	-	-	1	2	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
B36 Intestinal Obstruction and Hernia	M	6	1	-	-	-	-	-	-	-	2	-	3	
	F	13	-	-	-	-	-	-	-	-	3	3	7	
B37 Cirrhosis of Liver	M	3	-	-	-	-	-	-	-	1	1	1	-	
	F	8	-	-	-	-	-	-	-	3	2	1	2	
B46(7) Other Diseases of Digestive System	M	12	-	-	-	-	-	-	-	1	-	4	7	
	F	30	-	1	-	-	-	-	-	-	4	9	16	
B38 Nephritis and Nephrosis	M	7	-	1	-	-	-	-	1	-	3	1	1	
	F	6	-	1	-	-	-	-	1	-	2	1	1	
B39 Hyperplasia of of Prostate	M	15	-	-	-	-	-	-	-	-	-	4	11	
B46(8) Other Diseases, Genito-Urinary System	M	13	-	-	-	-	-	1	2	2	2	4	2	
	F	17	-	-	-	-	-	-	-	-	1	4	12	
B40 Abortion	F	1	-	-	-	-	1	-	-	-	-	-	-	
B41 Other Complications of Pregnancy, etc.	F	1	-	-	-	-	-	1	-	-	-	-	-	
B46(9) Diseases of Skin, Subcutaneous Tissue	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	5	-	-	-	-	-	-	-	1	-	1	3	
B46(10) Diseases of Musculo-Skeletal System	M	8	-	-	-	-	-	-	-	-	-	5	3	
	F	11	-	-	-	-	-	-	-	1	1	-	9	
B42 Congenital Anomalies	M	13	5	5	2	-	-	-	-	-	-	-	1	
	F	13	6	1	-	-	2	-	-	-	-	-	4	
B43 Birth Injury, Difficult Labour, etc.	M	17	16	1	-	-	-	-	-	-	-	-	-	
	F	13	13	-	-	-	-	-	-	-	-	-	-	
B44 Other Causes of ... Perinatal Mortality	M	13	13	-	-	-	-	-	-	-	-	-	-	
	F	12	12	-	-	-	-	-	-	-	-	-	-	
B45 Symptoms and Ill- Defined Conditions	M	4	-	-	-	-	-	-	-	-	-	-	4	
	F	14	1	-	-	-	-	-	-	-	-	-	13	
Total		295	67	10	2	-	3	2	4	9	30	45	126	

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+	
BE47 Motor Vehicle Accidents	M	28	-	-	-	3	9	2	2	-	4	4		
	F	11	-	1	-	2	-	1	-	-	2	1		
BE48 All Other Accidents	M	23	1	-	1	1	1	2	1	3	3	2		
	F	33	-	-	2	-	-	1	2	2	2	6		
BE49 Suicide and Self- Inflicted Injuries	M	16	-	-	-	-	3	2	4	-	3	4		
	F	20	-	-	-	-	1	1	2	3	5	3		
BE50 All Other External Causes	M	1	-	-	-	-	1	-	-	-	-	-		
	F	1	-	-	1	-	-	-	-	-	-	-		
Total		133	1	1	4	6	15	9	11	8	19	20		
TOTAL ALL CAUSES	M	1,837	37	21	7	11	18	12	38	128	345	487		
	F	2,323	33	6	5	8	7	12	31	100	229	441		
		4,160	70	27	12	19	25	24	69	228	574	928		

CANCER

Deaths from Cancer occurred at the following Ages:—

<i>Age Period</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 25 years	6	6	12
25 and under 35 years	1	4	5
35 and under 45 years	10	13	23
45 and under 65 years	139	125	264
65 years and over	214	232	446
<i>Total</i>	370	380	750

<i>Site</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Percentage of Total</i>
Skin	6	7	13	1.73
Oesophagus	7	8	15	1.98
Stomach	33	32	65	8.66
Liver	3	5	8	1.07
Bowel and Rectum	42	50	92	12.26
Bladder	14	6	20	2.66
Prostate	26	-	26	7.03
Larynx and Pharynx	9	4	13	1.73
Uterus	-	19	19	5.00
Cervix	-	10	10	2.62
Breast	-	86	86	22.63
Ovary	-	16	16	4.21
Pancreas	12	16	28	3.74
Gall Bladder and Duct	3	3	6	0.80
Tongue and Mouth	3	2	5	0.67
Bones	3	7	10	1.36
Lungs and Bronchus	143	35	178	23.73
Kidney	7	7	14	1.87
Brain and Nervous System	10	6	16	2.13
Lymphatic Glands and Connective Tissue	3	4	7	0.93
Haematopoietic Tissues	-	-	-	-
Hodgkin's Disease	2	3	5	0.66
Leukaemia	11	11	22	2.93
Genital Organs	2	2	4	0.53
Trachea	-	-	-	-
Parathyroid	1	1	2	0.27
Thyroid	1	-	1	0.13
Other	1	4	5	0.66
Undefined	30	34	64	8.53
<i>Total</i>	370	380	750	-

VITAL STATISTICS - GREATER LONDON 1968

Dr. B. Benjamin, the Director of the Research and Intelligence Unit of the Greater London Council has supplied the following information.

	Inner London	Outer London	Greater London
Live births, crude rate per 1,000 population	16.9	16.1	16.4
Illegitimate live births, per cent of total	15.5	8.7	11.5
Stillbirths per 1,000 live and stillbirths	13.1/	13.7	13.5
All deaths, crude rate per 1,000 per 1,000 population	11.9	11.4	11.6
Infant mortality, per 1,000 live births			
Under 1 year	19.8	17.7	18.6
Neo-natal	14.0/	12.1/	12.8
Early neo-natal	12.4/	10.7/	11.4
Perinatal (per 1,000 live and stillbirths)	25.3	24.3	24.7
Maternal mortality, per 1,000 live and stillbirths (excluding deaths due to abortion)	.21/	.19/	.20/

/ figure based upon less than 1,000 occurrences

// figure based upon less than 100 occurrences

The area comparability factors for Greater London are: Births 0.93
Deaths 1.01

Form SD.25 was changed in 1968 and the Registrar General now lists deaths due to abortion and deaths due to other complications of childbirth and pregnancy separately. In these figures I have excluded the deaths due to abortion but for comparison with 1967 the maternal mortality rates including them are as follows:—

0.58// 0.27// 0.39//

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 1 year)	*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	15,540	321	20.6	162	10.4	3	16	-	-	34	2.3	3	0.19	-	-	70	4.5	50	3.2	+159
Bensham Manor	15,520	269	17.4	157	10.1	4	15	-	-	26	1.7	1	0.06	1	0.06	78	5.0	35	2.3	+112
Broad Green	14,020	243	17.3	134	9.6	2	8	-	-	27	1.9	1	0.07	-	-	58	4.1	43	3.1	+109
Central	15,060	275	18.3	230	15.3	4	15	-	-	44	2.9	-	-	-	-	100	6.6	31	2.1	+45
Coulsdon East	15,330	255	16.6	232	15.1	1	4	-	-	68	4.4	-	-	-	-	72	4.7	32	2.1	+23
East	16,470	168	10.2	161	9.8	4	24	-	-	28	1.7	1	0.06	-	-	58	3.5	38	2.3	+7
New Addington	26,750	671	25.1	81	3.1	15	22	-	-	11	0.4	-	-	-	-	32	1.2	31	1.2	+590
Norbury	16,060	197	12.3	138	8.6	2	10	-	-	26	1.6	-	-	-	-	66	4.1	29	1.8	+59
Purley	16,330	236	14.4	148	9.1	4	17	-	-	29	1.8	-	-	-	-	76	4.6	57	3.5	+88
Sanderstead North	16,990	233	13.7	131	7.7	2	9	1	0.06	22	1.3	1	0.06	-	-	72	4.2	38	2.2	+102
Sanderstead & Selodon	16,210	186	11.5	100	6.2	4	21	-	-	16	1.0	1	0.06	-	-	54	3.3	27	1.7	+86
Shirley	19,990	279	14.0	97	4.9	6	21	-	-	15	0.8	1	0.05	-	-	39	2.0	28	1.4	+182
South Norwood	16,810	387	23.0	161	9.6	9	24	-	-	36	2.1	2	0.12	1	0.06	73	4.3	34	2.0	+226
Thornton Heath	14,810	284	19.2	129	8.7	3	11	-	-	25	1.7	1	0.07	-	-	53	3.6	30	2.0	+153
Upper Norwood	16,270	254	15.6	130	8.0	3	12	-	-	18	1.1	-	-	-	-	63	3.9	36	2.2	+124
Waddon	16,700	231	13.9	257	15.4	5	22	-	-	26	1.6	-	-	-	-	122	7.3	35	2.1	-26
West Thornton	14,880	270	18.2	158	10.6	8	30	-	-	35	2.4	-	-	-	-	69	4.6	39	2.6	+112
Whitehorse Manor	14,750	323	21.9	146	9.9	5	15	-	-	25	1.7	-	-	-	-	73	4.9	31	2.1	+177
Woodcote & Coulsdon W.	15,460	196	12.7	322	20.8	4	20	-	-	120	7.8	-	-	-	-	151	9.8	35	2.3	-126
Woodside	15,260	305	20.0	123	8.1	7	23	-	-	22	1.4	-	-	-	-	58	3.8	32	2.1	+182
The Borough	329,210	5,583	17.0	4,160	12.6	97	17.4	1	0.003	742	2.3	12	0.04	3	0.009	1,464	4.4	750	2.3	+1,423

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

DETAILS OF INFANT MORTALITY

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

(1) Complications of Labour

Trauma at Birth 8

(2) Foetal States -

Congenital Malformations 11

Atelectasis 7

Haemorrhagic Diseases of Newborn ... 3

(3) Prematurity 36

(4) Post-Natal Causes 5

Total ... 70

	Percentage Deaths under 1 year per Total Infantile Deaths		Deaths under 1 year per 1,000 Births	
	1967	1968	1967	1968
Injury at Birth and Congenital ...	22.7	26.8	4.48	4.66
Premature Births	38.2	38.2	7.52	6.63
Respiratory Diseases	11.0	8.2	2.15	1.43
Atelectasis, Debility and Marasmus	7.2	7.2	1.43	1.25
Diseases of Digestion*	0.9	1.0	0.18	0.18
Other causes	20.0	18.6	3.94	3.22

* These from Gastro Enteritis

Perinatal Deaths

Stillbirths - 71

Deaths in first week - 64

Perinatal Rate - 24 per 1,000

Total (live and still) births

Causes of Death

in first week

Prematurity - 34

Congenital conditions - 8

Atelectasis - 7

Birth Trauma - 8

Pneumonia - 1

Haemorrhagic disease - 3

Other causes* - 3

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	49	9	2	2	1	1	1	1	-	4	70	4	9	5	4	1	1	-	1	-	1	1	97
Meningo-Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chickenpox	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria and Croup ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculous Meningitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal Tuberculosis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Tuberculous Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	2
Convulsions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Laryngitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Pneumonia (all forms) ...	1	-	-	-	-	-	-	-	-	-	1	1	2	2	-	1	-	-	-	-	-	-	7
Diarrhoea and enteritis ...	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Gastritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Malformations ...	5	1	2	-	-	-	1	1	-	1	11	-	4	1	1	-	-	-	-	-	-	-	17
Premature Births	30	3	-	-	-	1	-	-	-	2	36	1	-	-	-	-	-	-	-	-	-	-	37
Atrophy, Atelectasis, Debility and Marasmus ...	5	1	-	1	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-	-	7
Injury at Birth	3	4	-	1	-	-	-	-	-	-	8	1	-	-	-	-	-	-	-	-	-	-	9
Haemorrhagic disease of newborn	2	-	-	-	1	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	3
Other Causes	3	-	-	-	-	-	-	-	-	1	4	-	2	1	2	-	-	-	1	-	1	1	12
TOTALS	49	9	2	2	1	1	1	1	-	4	70	4	9	5	4	1	1	-	1	-	1	1	97

MIDWIFERY SERVICE

Municipal midwives attended:—

1. Deliveries	1,289
2. Midwifery Cases	8
Maternity Cases	1,281
3. Primagravida	165
Multigravida	1,124
4. Live Births (inc. 2 sets of twins)	1,287
5. Still Births (1 Atelectasis, 1 Other)	2
6. Neonatal Deaths at Home	Nil
7. Premature Infants (including 2 sets of twins)	35
(1) Term - 5lbs. 4ozs.	(19) 36 weeks - 5lbs. 6ozs. admitted
(2) 34 weeks - 5lbs. 2ozs.	(20) 37½ weeks - 5lbs. 4ozs.
(3) Term - 5lbs.	admitted later
(4) 36 weeks - 5lbs. 8ozs. - admitted 11th day	(21) 40 + 2 weeks
(5) Term - 5lbs.	(22) 36 weeks - 5 lbs. admitted
(6) Term - 5lbs.	(23) 38 weeks - 5lbs.
(7) Term - 5lbs. 2ozs.	(24) Term - 5lbs. 4ozs.
(8) 34 weeks - 4lbs. admitted	(25) Term - 5lbs.
(9) ?34 weeks - 4lbs.)undiag. twins	(26) 32 weeks - 4lbs. 6ozs. admitted
(10) ?36 weeks - 3lbs. 12ozs.) admitted	BBA.
(11) ?36 weeks - 4lbs. 14ozs. admitted (N.N.D.)	(27) 36 weeks - 5lbs. 14 ozs.
(12) 36 weeks - 5lbs. 8ozs.	(28) 37 weeks - 5lbs. 8ozs. admitted
(13) Gestation unknown - No A/N care 5lbs.14ozs.	(29) Term - 5lbs. 4ozs.
(14) 36 weeks - 5lbs. 4ozs.	(30) 39 weeks - 5lbs. 4ozs.
(15) ?36 weeks - 5lbs. 4ozs.	(31) Term - 5lbs. 6ozs.
(16) ?30 weeks - 4lbs. 4ozs. - admitted	(32) 35 weeks - 4lbs. 12ozs. admitted
(17) 36 weeks - 4lbs. 14ozs.	(33) 36 weeks undiagnosed twins
(18) Term - 5lbs. 4ozs.	4lbs. 12ozs. 4lbs. 10ozs.
	(34) 36 weeks - 4lbs. 8ozs. admitted
	(35) 39 weeks - 5lbs. 6ozs.
	(36) 36 weeks - 2½lbs. admitted
8. Trilene Analgesia given	168
9. Gas and Air Analgesia given	32
10. Entonox given	935
11. Post-Partum Haemorrhages	22
Treated at Home	16
Transferred to Hospital	6
12. Retained Placentae	11
Treated at Home	2
Transferred to Hospital	9
13. Manual Removal at Home	1
14. Flying Squad Calls	10
15. Blood Transfusions at Home	1
16. Anaemia of Pregnancy treated at Home	152
17. Toxaemia of Pregnancy treated at Home	18
18. Prolonged Labour (over 24 hours) delivered at Home	8
19. Forceps Deliveries	1
20. Ventouse Extractions	1
21. Breech Deliveries	6
22. Twins delivered	2 sets
23. Triplets delivered	Nil
24. Anaesthetics given	Nil

25. Puerperal Pyrexia	30
Extra Genital ... 28	Genital ... 2
26. Patients given Pethidine or Pethilorm	782
27. Congenital Abnormalities	24
Imperforate Anus	2
Extra Digits	2
Talipes	4
Birthmarks	4
Skin Tags Rt. Ear &	
Rt. Nipple	1
Lipoma, Rt. Buttock	1
Spina Bifida	1
28. Guthrie tests for Phenylketonuria sent to Laboratory	3,653
29. Infants admitted to Hospital	39
Grunt Respirations	1
Diarrhoea	1
Congenital Abnormalities	5
Asphyxia Pallida	3
Asphyxia Livida	1
Cold Syndrome	1
Prematurity (inc. twins)	14
Respiratory Infection	1
Jaundice	1
Vomiting	4
Cerebral	1
Breech	1
Feeding difficulty	4
Collapse 2nd day	
after Vacuum	
Extraction	1
30. Patients admitted to Hospital	688
Ante-natal	506
During Labour	139
After Delivery	43
31. Patients sent home for nursing	1,629
Booked for home conf.	328
Booked for hospital	1,301
32. Pupil Midwives trained	47
33. District visits of Obstetric course students	49
34. The following conditions required medical attention:--	

FOR THE MOTHER -

ANTE-NATAL

Post Maturity	Maternal distress
P.E.T.	Episiotomies
Transverse Lie	Third degree tear
Breech Presentation	Suturing of Perineal Laceration
Hydramnios	P.P.H.s.
Shoulder Presentation	Retained Placenta
Anaemia of Pregnancy	Raised Blood Pressure after delivery
Intra Uterine Death	Undiagnosed twins
Prolonged Labour	Emergency B.B.A's. No A/N care
Posterior position	Induction of Labour by A.R.M.
Premature Labour	and Buccal Pitocin
Delay 1st stage Labour	Induction of Labour by A.R.M.
Delay 2nd stage Labour	Induction of Labour by O.B.E.
Still Births	
Meconium Stained Liquor	
Foetal Distress	

POST-NATAL

Maternal Blood samples	Pain in Chest
Sub-involution	Bradycardia
Offensive Lochia	Phlebitis (including one Pemphigus contact)
Pyrexia	Mastitis
Secondary P.P.H.	Suppression of Lactation
Scalding on Micturition	Epistaxis
Retention of Urine	Fall at Home
Pain in L.I.F.	Depression
Abdominal pain and Vomiting	

FOR THE INFANT

Congenital Abnormalities	Vomiting
Asphyxia Livida	Jaundice
Asphyxia Pallida	Raised Bilirubin
Prematurity	Cyanotic attacks
Mongol Infant	Oral Thrush
Sore Buttocks	Head cold
Blood in stools	Cold Syndrome
Loose motions	Turners Disease
Sticky eyes	Pyrexia and Diarrhoea
Pemphigus, contacts spots on eyelids	Conjunctivitis
Cyanosis & poor muscle tone	Noisy Respirations
Fretful baby	Shocked and collapsed after vacuum extraction

**MATERNAL AND INFANT MORTALITY
FOR THE YEARS 1965 - 1968**

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
1968	5,654	2	0.35	17.0

Midwife	Miles	Deliveries	Midwifery		Maternity		Analgesia			Ante-Natal Visits		Post-Natal Visits		Bookings	Office Bookings	Home Visits	Clinic Sessions
			Normal	Abnormal	Normal	Abnormal	Gas & Air	Etonox	Trilene	Midwife	Pupil	Midwife	Pupil				
1.	4,213	67+13	-	-	66	1	-	60	1	827	614	586	676	109	111	12	
2.	5,591	71+14	-	-	70	1	-	66	-	678	-	790	-	75	76	11	
3.	Bicycle	51+4	-	-	50	1	-	-	49	1,266	-	838	-	72	73	6	
4.	3,218	57+4	-	-	56	1	-	45	8	689	-	989	-	47	46	6	
5.	2,884	34+6	1	-	33	-	-	27	-	376	-	720	-	22	48	12	
6.	3,343	48+1	-	-	46	2	9	-	34	605	-	940	-	48	38	24	
7.	3,136	70+9	-	-	65	5	4	53	2	2,126	1,202	1,181	789	96	128	4	
8.	5,609	64+16	-	-	60	4	-	55	5	1,111	274	837	223	90	107	-	
9. +	3,394	57+10	-	-	55	2	1	1	52	612	-	793	-	60	63	13	
10.	3,049	27+8	-	-	26	1	-	26	-	586	-	491	-	42	53	5	
11.	1,028	19+7	-	-	18	1	-	2	16	114	-	222	-	39	35	19	
12.	5,152	67+6	-	-	65	2	-	53	-	916	-	689	-	77	94	5	
13.	2,843	83+14	1	-	78	4	-	75	1	910	669	722	787	106	98	2	
14.																	
15. +	7,641	75+8	-	-	71	4	-	59	-	1,353	890	763	794	90	90	4	
16. +	4,130	94+9	3	-	84	7	-	82	-	1,009	539	777	683	105	120	3	
17	5,680	77+14	-	-	77	-	-	53	-	816	520	909	526	96	87	3	
18	3,781	69+11	2	-	65	2	-	63	-	648	602	531	706	128	129	1	

Midwife	Miles	Deliveries	Mid-wifery		Maternity		Analgesia			Ante-Natal Visits		Post-Natal Visits		Bookings	Office Bookings	Home Visits	Clinic Sessions
			Normal	Abnormal	Normal	Abnormal	Gas & Air	Etonox	Trilene	Midwife	Pupil	Midwife	Pupil				
19.	3,384	58+2	1	-	56	1	-	47	-	1,923	-	1,089	-	65	71	6	
20.	3,780	52+11	-	-	50	2	2	46	-	1,209	303 301	1,110	691 760	131	120	2	
21.	1,763	58+7	-	-	57	1	-	55	-	302	-	462	-	63	63	2	
22.	4,388	67+4	-	-	64	3	-	64	-	792	-	1,150	-	70	59	6	
<i>Part-time Staff</i>																	
1.	2,474									246		201				12	48
2.	5,202									160		1,123				20	115
3.	4,743									1,278		1,164				40	130
4.	3,746									1,087		917				40	81
5.	4,092									726		1,518				72	48
6.	3,005									151		711				4	-
7.⊕	2,980	9+1	-	-	9	-	4	-	-	358		631				27	75
8.⊕	4,598	8+0	-	-	8	-	8	-	-	396		601				10	62
9.⊕	3,356	7+0	-	-	7	-	4	3	-	559		690				21	84
Totals	112,303	1,289+179	8	-	1,236	45	32	935	168	23,124	5,914	24,145	6,635	1,631	1,709	392	643

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

Part-time midwives Nos. 7,8,9, undertake day-time deliveries if required
+ G.P. OBSTETRICIANS

Nos. 9, 15, 16. These Midwives are attached to a G.P. Obstetrician and also undertake a percentage of normal duties.

REMAINING MIDWIFERY STAFF Assisted 24 G.P. Obstetricians at their Ante-Natal Sessions during the year.

FULL-TIME STAFF CHANGES

No. 10 Left Service	August 1968	Not Replaced yet
No. 11 Left Service	June 1968	Not Replaced yet
No. 12 Commenced Service	4.3.68	
No. 21 Left Service	October 1968	Not Replaced yet

IN ADDITION

There remains One Vacancy from 1965
Four Vacancies from 1964

PART-TIME STAFF CHANGES

No. 4 Left Service	November 1968
No. 8 Left Service	October 1968
No. 6 Left Service	December 1968
No. 1 Commenced Duties	August 1968.

National Dried Milk	36,019
Cod Liver Oil	5,091
Vitamin A and D Tablets	5,857
Orange Juice	106,450

CARE OF PREMATURE INFANTS

(1) Number of live premature infants notified during 1968 who were born* -									
(i) at home or in a nursing home	...	...	...	...	...	...	...	...	44
(ii) in hospital*	...	...	...	...	...	...	...	...	343
(2) The number of those born at home or in a nursing home -									
who were nursed entirely there	...	...	...	...	...	...	...	...	36
who were transferred to hospital on or before the									
28th day	...	...	...	...	...	...	...	...	8
who died during the first 24 hours	...	...	...	...	...	...	...	...	1
who died in 1 and under 7 days	...	...	...	...	...	...	...	...	-
who died in 7 and under 28 days	...	...	...	...	...	...	...	...	-
who survived at the end of one month	...	...	...	...	...	...	...	...	43
(3) Number of those born in hospital -									
who died during the first 24 hours	...	...	...	...	...	...	...	...	20
who died in 1 and under 7 days...	...	...	...	...	...	...	...	...	25
who died in 7 and under 28 days	...	...	...	...	...	...	...	...	2
who survived at the end of one month	...	...	...	...	...	...	...	...	296
(4) Number of premature still births who were born									
(i) at home or in a nursing home	...	...	...	...	...	...	...	...	1
(ii) in hospital	...	...	...	...	...	...	...	...	40

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

AT RISK REGISTER

YEAR ENDING 31st DECEMBER, 1968

Number added to Register during 1968	...	...	...	...	...	1,088
Number on Register at 31.12.68.	...	...	...	...	...	2,258
No. of 8 month checks carried out during 1968	...	...	...	...	...	1,018
(No. of 1 year checks carried out January - April 1968)	...	...	...	...	...	163
No. of 2 year checks carried out during 1968	...	...	...	...	...	488

Referrals and Retests 1968

Born 1968.	No. to be seen again at Child Health Centre	4
	No. referred to Stycar Hearing Clinic, Dr. Morgan	4
Born 1967.	No. to be seen again at Child Health Centre	22
	No. referred to Stycar Hearing Clinic, Dr. Morgan	8
	No. referred to Hospital for Specialist opinion	5
Born 1966.	No. of children, where some defect found, and still to be kept under observation	75
	No. referred to Handicapped Register	7
Born 1964 and 1965.	No. referred to Handicapped Register	6
	No. still to be kept under observation	57

STYCAR HEARING TESTS

There were 2,258 children on the "AT RISK" Register at the end of 1968. From the 1st January 1968 names remained on the Register until the child's second birthday instead of being removed at eight months.

Number of Clinics held in 1968	11
Number of Appointments made during year	95
Non-attenders	25

SOURCE OF REFERRAL AND RESULT

SOURCE	HEARING SATISFACTORY				HEARING UNSATISFACTORY		UNCERTAIN RESPONSES	TOTAL
	<i>Referred E.N.T.</i>	<i>Referred Speech Clinic</i>	<i>For Observation</i>	<i>Discharged</i>	<i>Referred E.N.T.</i>	<i>Referred Speech Clinic</i>	<i>For Retest</i>	
Child Health Centres	5	2	2	30	-	-	2	41
L.A. Doctor	-	1	-	2	1	-	1	5
Health Visitor	1	1	-	2	-	-	-	4
General Practitioner	-	1	1	2	-	-	-	4
Speech Clinic	-	-	-	2	-	1	-	3
Hospital	-	-	-	1	-	-	-	1

REASON AND SOURCE OF REFERRAL

REASON FOR REFERRAL	SOURCE OF REFERRAL						TOTAL
	<i>Child Health Centres</i>	<i>L.A. Doctor</i>	<i>Health Visitor</i>	<i>General Practitioner</i>	<i>Hospital</i>	<i>Speech Clinic</i>	
1. Failed Stycar Test	25	-	1	-	-	-	26
2. Poor Speech	10	5	2	-	1	1	19
3. No Speech	1	-	-	-	-	-	1
4. Suspected Hearing Loss	6 (incl. of No. 3 & 5)	-	-	4	-	2	12 (incl. of No. 3 & 5)
5. Parent's Request	5	-	-	-	-	-	5
6. Other Reasons	-	-	1	-	-	-	1

RETESTS

REASON FOR RETEST	HEARING SATISFACTORY				TOTAL
	<i>Referred Speech Clinic</i>	<i>For Observation</i>	<i>Referred E.N.T. Clinic</i>	<i>Discharged</i>	
Referred from previous Stycar Session	2	1	3	1	7
Poor Speech	1	2	-	1	4
No Speech	-	-	-	1	1

HOME VISITS BY HEALTH VISITORS 1968

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	Comm. July				Part-time	Comm. July															Comm. Aug.				
	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 1968	137	586	307	123	132	283	346	546	275	540	337	355	280	568	395	601	515	502	477	111	227	459	688		
No. of Families re-visited during 1968	382	407	306	258	284	745	513	473	747	543	480	473	549	634	643	702	307	449	793	271	694	715	863		
Children born 1968	113	151	114	76	80	166	119	157	110	144	145	112	92	126	90	182	175	117	148	147	103	90	151		
Children born 1967	98	160	85	72	85	169	100	96	98	158	104	77	116	134	141	222	120	139	152	132	222	119	121		
Children born 1963/66	290	609	245	139	150	286	272	197	319	356	85	233	347	319	437	390	235	340	270	283	325	236	211		
Persons 65 or over	1	2	61	-	-	10	4	8	8	5	7	1	4	6	20	9	1	6	12	1	10	11	5		
Mentally disordered persons	5	2	5	3	1	2	-	1	3	7	8	6	10	-	10	2	4	12	2	7	5	4	-		
Persons discharged from Hospitals	-	-	9	-	-	-	-	1	1	-	-	-	3	-	5	-	1	4	-	4	7	6	1		
Households visited re. infectious diseases (including T.B.)	-	1	-	-	-	-	-	1	2	8	-	4	-	-	-	-	3	14	-	1	6	-	-		
Other Cases	-	6	22	6	-	7	43	8	-	-	28	73	23	18	4	54	64	214	46	19	26	11	-		
TOTALS	507	931	541	296	316	640	538	469	541	678	377	506	595	603	707	859	603	846	630	594	704	477	489		

(Continued next page)

HOME VISITS BY HEALTH VISITORS (Continued)

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

ATTENDANCES AT INFANT WELFARE CENTRES - 1968

	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.	Hazleglen 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.	New Addington Fri. A.M. Comm. July	Norbury Wed. A.M. & P.M.	Old Coulsdon Tues. A.M. & P.M.	Parish Church Mon. P.M.
Infants born 1968	83	98	171	88	83	122	31	84	129	165	64	43	89	297	83	29	62	67	311	182	35	190	144	111
No. of re-attendances	455	604	1010	568	402	799	182	454	844	933	285	310	713	1260	419	131	332	407	1437	889	128	1509	1246	611
Children 1 to 5 years	62	145	574	186	246	189	132	281	223	252	120	79	254	642	173	91	184	281	924	462	33	210	318	104
No. of re-attendances	684	722	1630	971	835	946	709	1384	1182	1152	384	460	1164	1513	513	311	1085	860	2985	1729	64	2287	1380	1139
Total attendances	1284	1569	3385	1813	1566	2056	1054	2203	2378	2502	853	892	2220	3712	1188	562	1663	1615	5657	3262	260	4196	3088	1965
Consultations with doctors	442	688	1373	684	656	708	-	686	797	905	335	225	700	1555	588	161	582	774	2222	980	107	1590	771	778
No. of sessions	51	50	100	49	51	51	48	100	51	50	26	51	50	97	50	22	51	50	102	51	21	102	105	50
Average per session 1968	25.2	31.4	33.9	37.0	30.7	40.3	22.0	22.0	46.6	50.0	32.8	17.5	44.4	38.3	23.8	25.5	32.6	32.3	55.5	64.0	12.4	41.1	29.4	39.3
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

Continued next page

ATTENDANCES AT INFANT WELFARE CENTRES - 1968

	Purley Tues. A.M.	Rectory Park Thurs. P.M.	Reedham Park Avenue (Alt.) Fri. P.M.	St. Alban's 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. A.M.	South Norwood Tues. P.M.	South Norwood Fri. P.M.	Upper Norwood Thurs. A.M. & P.M.	Waddon Wed. P.M.	Woodside Fri. A.M. & P.M.	TOTAL - 1968	TOTAL - 1967	Clinics held at General Practitioners' Surgeries in 1968
Infants born 1968	116	108	28	84	197	94	101	82	85	64	50	67	115	101	126	186	91	166	4622	4855	338
No. of re-attendances	627	509	106	408	1111	613	641	500	766	502	312	493	666	527	526	1181	635	549	26595	29702	1331
Children 1 to 5 years	248	331	75	227	367	159	215	226	311	219	196	218	161	121	114	472	201	546	10572	10262	500
No. of re-attendances	975	1142	211	906	1612	937	841	1020	2084	818	681	659	801	836	819	1615	620	1407	44073	44671	1502
Total attendances	1966	2090	420	1620	3287	1803	1798	1828	3246	1603	1239	1437	1743	1585	1585	3454	1547	2668	85862	89490	3671
Consultations with doctors	737	755	255	622	1214	882	635	608	642	445	665	866	729	720	811	1451	624	1437	32415	31369	2164
No. of sessions	53	52	25	47	104	51	45	48	100	46	50	50	51	52	50	102	51	98	2504	2522	150
Average per session 1968	37.1	40.2	16.8	34.5	31.6	35.4	40.0	38.1	32.5	34.8	24.8	28.7	34.2	30.5	31.7	33.9	30.3	27.2	34.3	-	24.5
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

HOME NURSING

Staff at 31.12.68.

Assistant Superintendent Nursing Officer (District Nursing)
Deputy Assistant Superintendent Nursing Officer (District Nursing)
2 Assistant Superintendents
54 Queen's Nurses (including 3 males)
2 S.E.N. Nurses
5 Queen's Students
1 Nursing Auxiliary

Summary of Work carried out during the year 1968.

Patients remaining on books at 31st December 1967	1,453
New Patients	4,866
<i>Total</i>	<u>6,319</u>

New Patients.

Medical	2,368
Surgical	2,435
Gynaecological	40
Obstetric	15
Maternity	8
<i>Total</i>	<u>4,866</u>

Specially Classified.

	<i>Cases</i>	<i>Visits</i>
Tuberculosis	55	2,018
Pneumonia	48	488
Maternal Complication	16	77
Infectious Diseases	3	8
Erysipelas	1	9
Children under five years	93	659
Children five to fifteen years	67	554
Over 65 years old	2,810	113,360

Termination of Cases.

Convalescent	2,977
Hospital	1,038
Died	426
Removed - other causes	348
Remaining on books - December 31st 1968	1,530
<i>Total</i>	<u>6,319</u>

Visits.

January	...	...	...	...	...	...	...	...	14,144
February	...	...	...	...	...	...	...	...	12,907
March	...	...	...	...	...	...	...	...	13,396
April	...	...	...	...	...	...	...	...	12,588
May	...	...	...	...	...	...	...	...	13,200
June	...	...	...	...	...	...	...	...	11,959
July	...	...	...	...	...	...	...	...	13,428
August	...	...	...	...	...	...	...	...	13,380
September	...	...	...	...	...	...	...	...	12,926
October	...	...	...	...	...	...	...	...	13,842
November	...	...	...	...	...	...	...	...	12,945
December	...	...	...	...	...	...	...	...	12,960
<i>Total</i>									<u>157,675</u>

REHABILITATION OF ELDERLY PERSONS*Patients Visited during 1968.*

Female	...	...	...	...	...	...	...	...	81
Male	...	...	...	...	...	...	...	...	55
<i>Total</i>									<u>136</u>
Admitted to Hospital	...	...	...	...	...	...	...	...	22
Rehabilitated	...	...	...	...	...	...	...	...	31
Limited or no success	...	...	...	...	...	...	...	...	46
Died	...	...	...	...	...	...	...	...	7
Remaining on Books	...	...	...	...	...	...	...	...	30
									<u>136</u>

Ages.

Under 30 years	...	...	...	...	...	...	...	...	3
30 - 39 years	...	...	...	...	...	...	...	...	1
40 - 49 years	...	...	...	...	...	...	...	...	5
50 - 59 years	...	...	...	...	...	...	...	...	19
60 - 69 years	...	...	...	...	...	...	...	...	31
70 - 79 years	...	...	...	...	...	...	...	...	43
80 - 89 years	...	...	...	...	...	...	...	...	32
90 - 95 years	...	...	...	...	...	...	...	...	2
									<u>136</u>

Health Visitor Liaison

7

Domestic Midwife Liaison

23

Home Nurse Liaison

16

These figures are those for the year ended 31.12.68.

Illnesses.

Cerebrovascular accident & Hemiplegic	70
Arthritis, Rheumatism & Fibrositis	19
Amputation of leg	4
Fractures	9
Parkinson's disease, Disseminated Sclerosis ... }	22
Carcinoma, Cardiac conditions }	
<i>Others not covered by above.</i>	
e.g. Mental Illness, Debility)	12
Diseases of unknown origin)	
	<u>136</u>

In the Age Group 30 - 59 years - 25 Cases

	Total	Considerable Progress	No Progress	Hospital	Died
Arthritis	3	1	1	1	-
Hemiplegia	7	6	1	-	-
Disseminated Sclerosis ...	10	4	3	2	1
Carcinoma	1	Helped until condition became terminal.			
Amputation of Toes ...	1	Rehabilitation difficulties owing to underlying diabetic condition.			
Coronary Thrombosis ...	1	Patient too ill to benefit.			
Cirrhosis of Liver	1	Slight progress			
Nervous Paralysis	1	Considerable progress.			
Pneumonia	4				
Maternal Complication	1				
Infectious Diseases	3				
Erysipelas	1				
Children under five years	2				
Children five to fifteen years	1				
Over 50 years old	2				
Termination of Cases	10				
Convalescent	8				
Hospital	3				
Died	2				
Removed - other causes	5				
Remaining on books - December 31st 1968	136				
Total	136				

DEATHS FROM ACCIDENTS IN THE HOME 1968

<i>Cause</i>	<i>No.</i>	<i>Details</i>
Falls	23	There were 15 women and 8 men between 62 and 92 years of age.
Suffocation	1	There was 1 boy - age 3 weeks - asphyxia due to suffocation in cot.
Scalds	1	1 woman - age 87 years - multiple scalds.
Burns	2	1 woman age 75 years - burns of both legs. 1 girl age 4 years - clothing took fire from a match.
Poisoning	6	1 girl - age 29 years - strychnine 1 woman - age 44 years - barbiturates 1 woman - age 45 years - barbiturates 1 woman - age 55 years - tuinal 1 woman - age 78 years - carbon monoxide 1 woman - age 89 years - carbon monoxide.
TOTAL	33	

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	4
Domiciliary Midwife Attachments	3
Home Nurse Attachments	10

(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	7
Domiciliary Midwife Liaison	23
Home Nurse Liaison	16

These figures are those for the year ended 31.12.68.

LOAN OF NURSING EQUIPMENT

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

1968

	Health Dept.	British Red Cross Society				
		Central (A)	Purley (A)	Coulsdon (B)	Selsdon (B)	Shirley (B)
Air Rings	86	23	11	9	5	1
Bed Blocks	8	2	-	-	-	-
Bed pans	118	50	13	9	7	7
Bed rests	113	40	10	12	4	8
Bedsteads	6	1	-	-	-	-
Bed tables	6	2	-	-	-	1
Commodes	207	73	28	-	4	8
Cradles	91	31	12	13	2	4
Crutches	10	16	4	5	-	-
Diapers	210	-	-	-	-	-
Douche cans	-	-	-	2	-	-
Dunlopillo Mattresses	2	-	-	-	-	-
Enuresis Machines	94	-	-	-	-	-
Feeding cups	8	3	2	-	3	-
Foam squares	6	-	-	-	-	-
Foot suction pumps	9	-	-	-	-	-
Fracture boards	6	1	-	-	-	-
Hydraulic Hoists	7	-	-	-	-	-
Incontinence pads	370,38	-	-	-	-	-
Inhalers	-	-	-	2	-	-
Kidney bowls	1	-	-	-	-	-
Mackintosh sheets	70	15	9	6	5	3
North pads	26	-	-	-	-	-
Paddi pads	238	-	-	-	-	-
Paddi rolls	1,882	-	-	-	-	-
Pick-up-stick	-	2	-	-	-	-
Plastic sheets	21	-	-	-	-	-
Protective Under-garments	160	-	-	-	-	-
Pulleys	6	-	-	-	-	-
Ripple beds	43	-	-	-	-	-
Toilet rail	-	1	-	-	-	-
Toilet seat	-	1	-	-	-	-
Urinals	57	15	12	4	6	1
Walking aids	96	21	-	-	-	-
Walking sticks	4	2	-	-	-	1
Wheelchairs	70	113	17	8	-	8

HOME HELP SERVICE

Staff at 31.12.1968.

- 1 Principal Home Help Organiser
- 1 Deputy Principal Home Help Organiser
- 1 Tutor Organiser,
- 5 District Organisers
- 1 Assessment Officer,
- 5 Clerical Assistants
- 14 Full Time Home Helps
- 201 Part Time Home Helps

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

Patients remaining on books from 1967	1,616
New Applicants	1,283
Patients carried forward to 1969	1,694

New Applicants

(a) Maternity	291
(b) Sickness	995
(c) Night Service	1

Classification of Cases attended

(a) Maternity	257
(b) Mental Health	14
(c) Chronic Sick including Old Age and T.B.	2,340
(d) Others including Acute Sick and Problem Families	243

Number of Hours Service Given 207,065

Average Duration of Service Given

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

Amount Recovered for Service £11,775.17.5d.

Rate of Remuneration of Home Helps at 31.12.1968.

- 5/9⁷/₈ per hour - Home Helps
- 5/9⁷/₈ " " - Washing Service
- 6/0⁷/₈ " " - Problem Family Helps
- 10/-d per week - Disinfestation.

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

Part A. Attendances and Treatment

Number of visits for treatment during year

	Children 0 - 4 (inc.)	Expectant and Nursing Mothers
First visit	636	126
Subsequent visits	902	171
<i>Total visits</i>	1,538	297
Number of additional courses of treatment other than the first course commenced during the year	61	5
Treatment provided during the year -		
Number of fillings	1,289	162
Teeth filled	1,100	158
Teeth extracted	279	104
General anaesthetics given	156	28
Emergency visits by patients	130	26
Patients X-rayed	7	10
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	19	34
Teeth otherwise conserved	240	-
Teeth root filled	-	1
Inlays	-	-
Crowns	-	-
Number of courses of treatment completed during the year	500	76

Part B. Prosthetics

Patients supplied with F.U. or F.L. (First time)	4
Patients supplied with other dentures	10
Number of dentures supplied	14

Part C. Anaesthetics

General anaesthetics administered by dental officers	Nil
---	-----

Part D. Inspections

	Children 0 - 4 (inc.)	Expectant and Nursing Mothers
Number of patients given first inspections during year	918	130
Number of patients in A and D above who required treatment	481	115
Number of patients in B and E who were offered treatment	481	115

Part E. Sessions

Number of dental officer sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients:

For treatment	367
For health education	5

AGE GROUP	10-14	15-19	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	1	1	1	1	1	1	1	1	1	1	1	1	1
Class II	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Class III	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Class IV	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Class V	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	5	5	5	5	5	5	5	5	5	5	5	5	5	5

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

Class II - "HYPERBOLIC" PATTERN - may be due to excessive, horizontal or vertical inclination, T-shaped incisors, etc. Malocclusion may be present. Class II is usually corrected.

Class III - DYSPLASTIC CELLS PRESENT - implies that model of alignment with the abnormal and may be a reflection of some abnormality of vertical alignment. Class III indicates severe form of this malocclusion. Condition may be reversible. Class III is up and specialized management required.

Class IV - ISOLATED CELLS SUGGEST MALOCCLUSION. Early orthodontological review advised.

Class V - MALOCCLUSION PROBABLE. Early orthodontological review advised.

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	9	3	42	11	79	32	-	-	-	2	-	-	121	45	166
February	9	17	80	18	69	22	1	3	-	-	-	-	150	43	193
March	8	10	54	24	70	29	3	-	-	-	-	-	127	53	180
April	8	5	62	35	48	31	-	1	-	-	-	-	110	67	177
May	9	15	83	38	81	41	1	-	1	-	-	-	166	79	245
June	7	4	69	47	59	44	1	-	-	-	-	-	129	91	220
July	9	6	69	81	69	47	-	-	-	-	-	-	138	128	266
August	9	8	92	60	55	44	-	-	-	-	-	-	147	104	251
September	8	2	71	77	23	44	-	-	-	1	-	-	94	122	216
October	9	-	79	90	42	47	2	-	-	-	-	-	123	137	260
November	8	-	71	85	27	56	2	-	-	-	-	-	100	141	241
December	8	-	70	52	49	40	-	-	-	-	-	-	119	92	211
TOTAL	101	70	842	618	671	477	10	4	1	3	-	-	1,524	1,102	2,626

Numbers referred to Family Doctors for Treatment

January	14	April	13	July	14	October	16
February	11	May	14	August	26	November	13
March	15	June	9	September	13	December	12
TOTAL REFERRALS = 170							

AGE GROUPS

	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	26	87	188	350	316	277	121	68	15	9	2	1,460
Class II	-	26	80	170	235	226	180	118	88	17	6	2	1,148
Class III	-	1	3	2	4	1	1	2	-	-	-	-	14
Class IV	-	-	1	-	-	-	2	1	-	-	-	-	4
Class V	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	53	171	360	589	543	460	242	156	32	15	4	2,626

- 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.

LONG STAY IMMIGRANTS

<i>Country Issuing Passport</i>	<i>Notifications Received</i>	<i>Successful Visits</i>	<i>Unsuccessful Visits</i>
Commonwealth Countries			
Caribbean	113	94	19
India	89	60	29
Pakistan	73	55	18
Other Asian	18	14	4
African	104	67	37
Others	41	26	15
Non-Commonwealth Countries			
European	32	31	1
Others	21	20	1
TOTAL	491	367	124

MALES 137

FEMALES 189

CHILDREN 165
(under 18 years)

Nursing Homes - Nursing Homes Act, 1964

	Number of Homes	Number of beds provided for		
		Maternity	Other	Total
Homes registered during the year	1	-	23	23
Homes on the Register at the end of the year ...	17	36	421	457

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 2,790 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 1968

Total number of Bodies received	1,063
Total number of Post Mortem Preparations	1,061
Total number of Post Mortem Examinations for Coroner	910

Class I	1	24	27	102	353	315	171	121	48	18	9	5	14
Class II	-	24	26	170	125	124	180	112	88	17	6	2	14
Class III	-	1	2	2	4	1	1	2	-	-	-	-	-
Class IV	-	-	1	-	-	-	2	1	-	-	-	-	-
Class V	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	54	171	300	559	545	435	242	156	35	15	7	14

Class I - NORMAL DEATH PATTERNS according to age and physiological state (including pregnancy)

Class II - "INFLAMMATORY" PATTERN - may be due to infection, bacterial or fungal infections, Trichomonas trichomonas, PLE, L.D. etc. Malignant cells NOT seen. Tissue is ultimately absorbable.

Class III - DYSPLASTIC CELLS PRESENT - implies that several of epithelial cells are abnormal and may be a reflection of early dysplasia 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.

CROSFIELD INDUSTRIAL UNIT

The number of severely disabled persons employed on 31.12.68 was 99. The comparable figures for 1967 are shown in brackets.

Type of disability	Male		Female		Total	
Mental illness*	29	(25)	18	(13)	47	(38)
Subnormality	12	(12)	7	(3)	19	(15)
Severe subnormality	9	(9)	7	(7)	16	(16)
Physical handicap	13	(10)	4	(3)	17	(13)
	63	(56)	36	(26)	99	(82)

* 12 Male (11) and 3 Female (2) attend daily from Warlingham Park Hospital.

Totals of employees admitted via:	Male		Female		Total	
Warlingham Park Hospital	3		3		6	
Day Hospitals	-		1		1	
Bensham Assessment and Rehabilitation Centre	5		3		8	
Waylands - Health Wing (mentally handicapped)	1		-		1	
Social Workers	2		1		3	
Disablement Resettlement Officer	2		1		3	
Spastics Society	1		-		1	
Other	-		1		1	
	14		10		24	

Number of employees leaving Unit:

Open Employment	1
Waylands	2
Died	2
Other	2
	<u>7</u>

Remuneration

	1968			1967		
	£	s.	d.	£	s.	d.
Total amount paid out as pocket money	482.	8.	0.	1,113.	5.	6.
Total amount paid out as gross wages	44,362.	13.	5.	30,589.	4.	3.
	<u>44,845.</u>	<u>1.</u>	<u>5.</u>	<u>31,702.</u>	<u>9.</u>	<u>9.</u>

Income

	1968			1967		
	£	s.	d.	£	s.	d.
(a) Industrial contracts:						
Packing, assembly,						
electrical sub-assembly	33,332.	10.	0.	22,077.	0.	0.
(b) Mobile work group (approx.)	1,250.	18.	3.	1,271.	0.	0.
(c) Furniture, repairs and						
renovations	256.	13.	0.			
(d) Manufactured breeze blocks sold	9,061.	0.	0.	9,423.	0.	0.
	43,901.	1.	3.	33,048.	0.	0.

Value of raw materials and breeze blocks in stock 31.12.68: £1,263

Average daily attendances excluding holidays
(paid and approved unpaid):

85

BENSHAM ASSESSMENT AND REHABILITATION CENTRE

Number of rehabilitees attending on 31st December:

Type of disability	Male	Female	Total
<i>Referral source:</i>			
Warlingham Park Hospital	17	4	21
Waylands - Health Wing	3	2	5
Waylands - Welfare Wing	1	-	1
Day Hospitals	14	2	16
Department of Employment and Productivity	5	1	6
Youth Employment Service	1	-	1
Social Workers	5	-	5
Others	6	1	7
	52	10	62

Totals of rehabilitees discharged during the year:

	Male	Female	Total
Open Employment	14	5	19
Sheltered Employment	5	3	8
Industrial Rehabilitation Unit	1	-	1
	20	8	28

	Male	Female	Total
Terminated as unsuitable and returned to referring agency or own home	19	4	23*
	39	12	51

*Includes 9 who left of their own accord.

Average daily attendance during the year: 28

Total income from industrial work (approx.): £5,088

3. Waylands Craftwork, Training & Social Centre

Numbers of severely disabled persons attending the Health Wing at 31.12.68 were as follows:—

Type of disability	Male	Female	Total
Mental illness	4 (5)	1 (1)	5 (6)
Subnormality	15 (11)	16 (11)	31 (22)
Severe subnormality	45 (36)	35 (33)	80 (69)
Physical handicap	2 (2)	2 (2)	4 (4)
	66 (54)	54 (47)	120 (101)

Totals of trainees admitted from:	Male	Female	Total
Junior Training Centre	6	3	9
St. Christopher's E.S.N. School	2	3	5
Youth Employment Officer	1	-	1
Social Workers	5	4	9
Bensham A. and R. Centre	2	-	2
Other Sources	2	3	5
	18	13	31

Totals of trainees discharged to:	Male	Female	Total
Bensham A. and R. Centre	3	2	5
Crosfield Industrial Unit	1	-	1
Spastics Centre	-	1	1
Hospital for Subnormals	-	1	1
Voluntary Termination	-	2	2
Open Employment	1	-	1
Camp Hill Village, Gloucester	1	-	1
	6	6	12

Remuneration	1968			1967		
	£.	s.	d.	£.	s.	d.
Total merit payments, fares, craftwork payments to whole centre.	8,737.	8.	8.	5,532.	11.	8.
Total earnings for whole centre	12,909.	17.	6.	6,107.	18.	3.
Average daily attendance (Health Wing only) during the year:						97

COMMUNICABLE DISEASES NOTIFIED DURING 1968

Notifiable Disease	At all ages	Cases Notified						Total cases notified in wards																									
		At ages - years						U. Norwood	Norbury	W. Thornton	Ben. Manor	Thornton Heath	S. Norwood	Woodside	East	Addiscombe	Whitehorse M.	Broad Green	Central	Waddon	Addington	Shirley	Sanderstead North	Sanderstead and Selsdon	Woodcote and Coulsdon West	Coulsdon East	Purley	M	F	TOTAL			
		Under 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64																								65 & over		
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scarlet Fever	169	-	56	101	7	4	-	1	6	6	8	7	21	15	11	3	4	1	5	5	13	11	16	10	7	4	3	13	81	88	169		
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Meningitis ...	4	-	1	2	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	2	4	
Typhoid & Para-typhoid	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1		
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dysentery	78	1	16	50	3	8	-	1	-	6	1	1	-	-	30	-	-	3	-	-	3	25	2	2	-	4	-	42	36	78	-	-	
Malaria	1	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
Food Poisoning ...	29	1	2	2	5	10	9	1	2	1	1	2	2	3	2	-	2	1	1	-	4	3	1	-	-	4	-	15	14	29	-	-	
Acute Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	424	18	272	123	7	4	-	13	27	6	28	22	13	17	26	7	17	14	34	69	25	46	10	12	9	17	12	194	230	424	-	-	
Whooping Cough ...	103	14	52	30	4	3	-	1	1	-	1	11	6	9	4	14	3	1	3	3	24	2	-	7	8	2	3	49	54	103	-	-	
Leptospirosis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	809	34	399	308	26	30	10	2	23	35	21	40	57	37	40	63	27	23	24	42	90	66	91	22	29	21	30	28	383	426	809	-	-

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

MONTHLY INCIDENCE OF COMMUNICABLE DISEASES 1968

<i>Notifiable Disease</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total</i>
Respiratory Tuberculosis	4	4	6	6	9	10	4	10	7	5	9	2	76
Non-Respiratory Tuberculosis	1	-	-	-	5	1	2	3	1	2	1	1	17
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	9	26	27	17	20	9	16	5	7	16	9	8	169
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Meningitis	-	-	1	-	1	-	-	-	1	-	-	1	4
Typhoid & Para-typhoid ...	-	-	-	-	-	-	-	1	-	-	-	-	1
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	1	2	6	16	18	26	3	-	-	-	6	78
Malaria	-	-	-	-	-	-	-	-	1	-	-	-	1
Food Poisoning	-	-	1	2	2	1	1	7	6	5	1	3	29
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	10	3	9	29	21	42	96	64	36	12	25	77	424
Whooping Cough	12	9	19	6	2	5	2	10	11	17	6	4	103
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
													902

FOOD POISONING

Corrected food poisoning notifications and cases ascertained for 1968 numbered:—

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
1	5	16	14	36

Outbreaks due to identified agents:—

<i>Total Outbreaks</i>	<i>Total Cases</i>
5	15

Outbreaks due to:—

(a) Chemical poisons Nil	(d) botulinum Nil
(b) Salmonella Organisms ... 4	(e) welchii Nil
(c) Staphylococci (including toxin) 1	(f) other bacteria Nil

Outbreaks of undiscovered cause:—

<i>Total Outbreaks</i>	<i>Total Cases</i>
3	6

Single Cases:—

<i>Agent identified</i>	<i>Unknown Cause</i>	<i>Total</i>
10	5	15

Cases due to:—

<i>Salm. typhimurium</i>	<i>Salm. enteritidis</i>	<i>Salm. newport</i>
3	2	1
<i>Salm. panama</i>	<i>Salm. vitchow</i>	<i>Salm. stanley</i>
2	1	1

Salmonella infectious not food-borne:— Nil

SAMPLES SUBMITTED TO THE PATHOLOGICAL LABORATORY FOR BACTERIOLOGICAL EXAMINATION - 1968

Faeces outfits	...	...	...	...	...	...	...	2,092
Drinking Water samples	...	...	...	...	...	...	...	506
Public Swimming Bath Water samples	...	...	...	...	...	...	...	92
Private Swimming Bath Water samples	...	...	...	...	...	...	...	144
Private Wells	...	...	...	...	...	...	...	264
Milk samples	...	...	...	...	...	...	...	134
Cream samples	...	...	...	...	...	...	...	1
Ice Cream Samples	...	...	...	...	...	...	...	92
Sundry Food Specimens	...	...	...	...	...	...	...	58
Blood	...	...	...	...	...	...	...	35
Urine	...	...	...	...	...	...	...	707
Nose and Throat Swabs	...	...	...	...	...	...	...	33
<i>Total</i>								4,158

Samples of Drinking Water

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

Bacteriological	...	...	...	492
Chemical	...	...	...	14

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 5,116 children were immunised against whooping cough, comprising 4,936 under school age and 180 school children.

In addition 1,963 children were given reinforcing injections.

IMMUNISATION AGAINST TETANUS

A total of 6,264 children were immunised against Tetanus, comprising 5,080 under school age and 1,184 school children.

In addition 7,406 children were given reinforcing injections.

VACCINATION AGAINST SMALLPOX

A total of 6,671 persons were vaccinated against Smallpox.

	<i>Under 1 year of age</i>	<i>1</i>	<i>2 - 4</i>	<i>5 - 16</i>	<i>16 or over</i>	<i>Total</i>
Successful Vaccinations	122	2,585	1,264	358	366	4,695
Successful Re-vaccinations	-	8	34	434	1,500	908
Insusceptible to Vaccination	-	-	-	-	-	-
						6,671

DIPHTHERIA

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1968 who completed a course of immunisation during the year.

<i>Age at 31.12.68 i.e. Born in year</i>	<i>Under 1 1968</i>	<i>1965-1967</i>	<i>1964-1961</i>	<i>1960-1952</i>	<i>Total</i>
Completed course of injections	817	4,260	352	422	5,851
Reinforcing injections	-	1,101	4,215	1,745	7,061
TOTAL	817	5,361	4,567	2,167	12,912

	<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	5,390	23,110	28,500	49,000	77,500

VACCINATED AGAINST POLIOMYELITIS

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

<i>VACCINATED</i>	<i>Children born 1968</i>	<i>Children born 1967</i>	<i>Children born 1966</i>	<i>Children born 1965</i>	<i>Young Persons born 1964-61</i>	<i>Persons over 1960-52</i>	<i>Persons over 16 years of age</i>
With Salk Vaccine	-	19	18	4	-	-	-
With Oral Vaccine	1,245	3,465	389	266	380	330	81
With Quadruple Vaccine	-	-	-	-	-	-	-

Number of persons who received a reinforcing vaccination as at 31st December, 1968.

<i>VACCINATED</i>	<i>Persons given a first reinforcing Vaccination during 1968</i>
With Salk Vaccine	5
With Oral Vaccine	5,157
With Quadruple Vaccine	-
Annual Total	5,162
<i>TOTAL since Vaccination began</i>	130,579

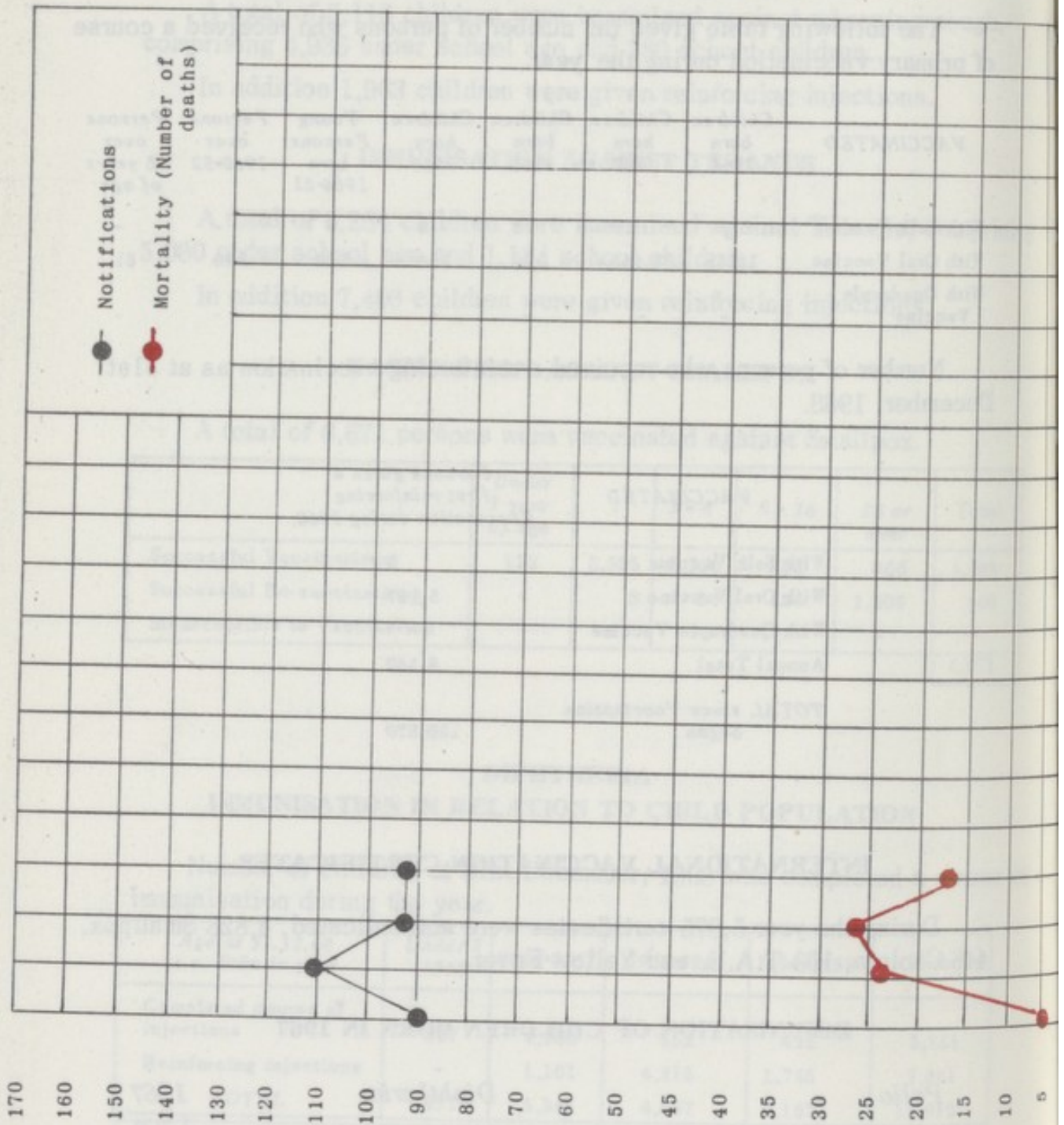
INTERNATIONAL VACCINATION CERTIFICATES

During the year 5,375 certificates were authenticated, 4,826 Smallpox, 446 Cholera, 103 T.A.B. and Yellow Fever.

IMMUNISATION OF CHILDREN BORN IN 1967

<i>Polio</i>	<i>Diphtheria</i>	<i>1967 Live Births</i>
1,071 - (Immunised 1967) -	929	
3,484 - (Immunised 1968) -	3,346	
4,555	4,275	5,582
(82%)	(77%)	

TUBERCULOSIS (All Forms)
PRIMARY NOTIFICATIONS AND MORTALITY - 1968



Summary of notifications during the period from 1st January, 1968 to 31st December, 1968.

Age Periods	Number of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total (all ages)
Respiratory, Males	-	-	2	1	-	2	5	9	7	7	17	8	3	61
Respiratory, Females	-	-	-	2	2	1	3	2	1	1	-	3	-	15
Non-Respiratory, Males	-	-	-	-	-	-	-	5	-	-	1	2	-	8
Non-Respiratory, Females	-	-	-	-	-	-	-	5	1	-	-	1	2	9

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

Respiratory Tuberculosis

$$\frac{-}{61} \quad \frac{-}{100.0\sigma\%}$$

Bones and Joints	1
Abdominal	1
Other Organs	3
Peripheral Glands	6
									11

Ages at Death from Respiratory Tuberculosis

Year	0-5	5-15	15-25	25-45	45-65	over 65	TOTAL
1968	-	-	-	1	7	4	12

Chest Clinic Register of Tuberculosis Cases

Number on Chest Clinic Register on 1st January, 1968	1,312
Transfers in from other areas	29
New cases confirmed during the year	74
	1,415
Number of cases written off the Chest Clinic Register during the year as:-	
Recovered	75
Died	29
Removed to other areas	33
"Lost sight of" and other reasons	14
	<u>151</u>
Remaining on Register as at 31st December	1,264

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	2,062
Number of visits paid by Clinic doctors to homes of patients	226
Number of visits paid to homes of patients by Tuberculosis Health Visitors	3,418
Attendances of patients at the Clinic -	
At ordinary sessions	*16,397
Number of X-Ray films taken	*18,363

*Includes 4,237 miniature film attendances

VENEREAL DISEASES 1968

135

New cases residing in Croydon and treated at:—

Croydon General Hospital

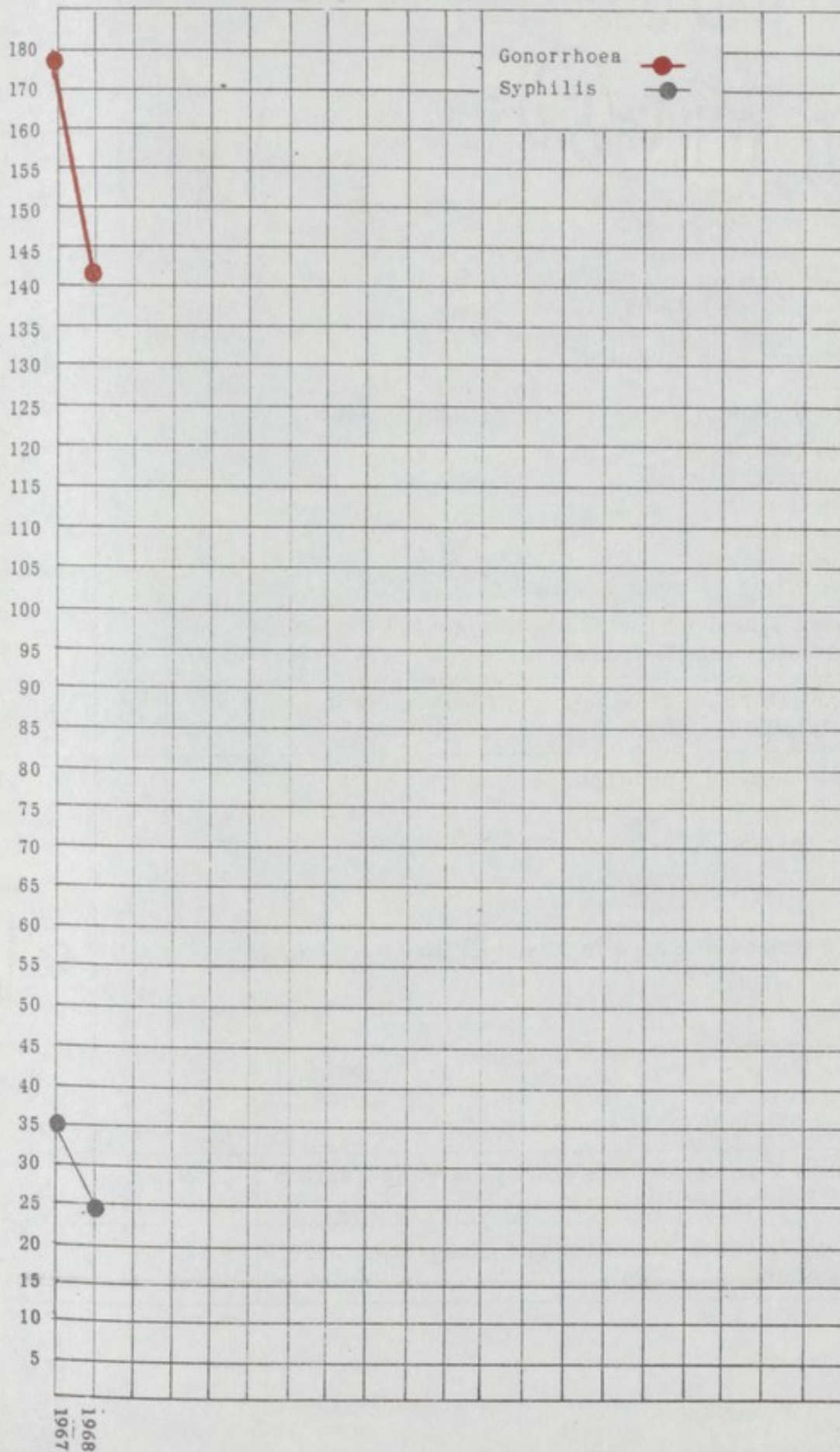
St. Bartholomew's Hospital

St. Helier County 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		3	2	1
(ii) Secondary		4	4	-
(iii) TOTAL OF LINES 1 (i) and 1 (ii)		7	6	1
(iv) Latent in the first year of infection		1	1	-
(v) Cardio-vascular		2	1	1
(vi) Of the nervous system		2	-	2
(vii) All other late and latent stages		17	9	8
(viii) Congenital, aged under 1 year		-	-	-
(ix) Congenital, aged 1 but under 5 years		-	-	-
(x) Congenital, aged 5 but under 15 years		-	-	-
(xi) Congenital, aged 15 and over		1	-	1
(xii) TOTAL OF LINES 1 (iii) to 1 (xi)		30	17	13
2. Age Groups of Cases in Item 1 (i) & (ii) Above				
(i) Under 16		-	-	-
(ii) 16 and 17		-	-	-
(iii) 18 and 19		1	1	-
(iv) 20 - 24		2	2	-
(v) 25 and over		4	3	1
(vi) TOTAL OF LINES 2 (i) to 2 (v)		7	6	1
3. Cases Transferred from other Centres in England and Wales after Diagnosis		2	2	-
4. Cases in Which Treatment and Observation were Completed		4	4	-
5. New Cases of Gonorrhoea				
(i) Post-pubertal infections		194	142	52
(ii) Vulvo-vaginitis		-	-	-
(iii) Ophthalmia Neonatorum		-	-	-
TOTAL OF LINES 5 (i) to 5 (iii)		194	142	52
6. Age Groups of Cases in Item 5 (i) Above				
(i) Under 16		3	-	3
(ii) 16 and 17		6	3	3
(iii) 18 and 19		20	13	7
(iv) 20 - 24		73	52	21
(v) 25 and over		92	74	18
(vi) TOTAL OF LINES 6 (i) to 6 (v)		194	142	52
7. Cases Transferred from Other Centres in England and Wales after Diagnosis		3	2	1
8. Cases in which Treatment and Observation were Completed		38	24	14

GONORRHOEA

9. New Cases of Other Conditions	Totals	Males	Females
(i) Chancroid	-	-	-
(ii) Lymphogranuloma	-	-	-
(iii) Granuloma Inguinale	-	-	-
(iv) Non Gonococcal Urethritis	303	303	-
(v) Non Gonococcal Urethritis with Arthritis	2	2	-
(vi) Late or Latent Treponematoses presumed to be non-Syphilitic	15	2	13
(vii) Other conditions requiring treatment within the centre	423	207	216
(viii) Conditions requiring no treatment within the centre ...	336	202	134
(ix) Undiagnosed conditions	46	1	45
(x) TOTAL OF LINES 9 (i) to 9 (ix)	1125	717	408
10. Cases Transferred from Other Centres in England and Wales after Diagnosis	8	8	-
11. Cases in which Treatment and Observation were Completed	507	246	261
12. Number of Individual Patients Attending in Year with New Infections of			
(1) PRIMARY OR SECONDARY SYPHILIS			
Age Groups			
(i) Under 16	-	-	-
(ii) 16 and 17	-	-	-
(iii) 18 and 19	1	1	-
(iv) 20 - 24	2	2	-
(v) 25 and over	4	3	1
(vi) TOTAL OF LINES 12 (1) (i) to 12 (1) (v)	7	6	1
(2) GONORRHOEA (Post-pubertal)			
Age Groups			
(i) Under 16	3	-	3
(ii) 16 and 17	6	3	3
(iii) 18 and 19	18	11	7
(iv) 20 - 24	71	50	21
(v) 25 and over	84	66	18
(vi) TOTAL OF LINES 12 (2) (i) to 12 (2) (v)	182	130	52
13. Localities in which Infections Took Place			
(1) PRIMARY OR SECONDARY SYPHILIS			
(i) In locality of Centre	3	2	1
(ii) Elsewhere in Great Britain and Northern Ireland ...	4	4	-
(iii) Outside Great Britain and Northern Ireland	-	-	-
(iv) Not known	-	-	-
(v) TOTAL OF LINES 13 (1) (i) to 13 (1) (iv) to agree with line 1 (iii)	7	6	1
(2) GONORRHOEA			
(i) In locality of Centre	132	95	37
(ii) Elsewhere in Great Britain and Northern Ireland ...	55	41	14
(iii) Outside Great Britain and Northern Ireland	7	6	1
(iv) Not known	-	-	-
(v) TOTAL OF LINES 13 (2) (i) to 13 (2) (iv) to agree with line 5 (i)	194	142	52

14. Attendances and Diagnoses of Contacts						Totals	Males	Females
(1) Contacts slips issued to patients with								
(i) Syphilis, primary and secondary						9	9	-
(ii) Gonorrhoea						141	129	12
(2) Contacts attending with								
(i) Syphilis, primary and secondary						1	-	1
(ii) Gonorrhoea						34	6	28
(iii) Other conditions						126	25	101
15. Total Attendances of All Patients								
(i) Syphilis						444	339	105
(ii) Gonorrhoea						673	425	248
(iii) Other conditions						3565	2241	1324
(iv) ALL CONDITIONS (TOTAL OF 15 (i) (ii) and (iii)) ...						4682	3005	1677
16. Cultures for the Gonococcus						695	24	671

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 Venereal Conditions (9) (x)	Totals all Venereal Conditions
	Primary and Secondary	Other			
	(1) (iii)	(1) (iv) to (1) (xi)	(5) (iv)		
Croydon	4	18	130	721	873
Bromley	-	-	12	75	87
Kent	-	-	-	5	5
Lambeth	1	1	15	29	46
Lewisham	-	1	1	21	23
Merton	1	-	5	34	40
Surrey	1	2	10	80	93
Sussex	-	-	1	6	7
Sutton	-	-	10	40	50
Wandsworth	-	-	-	6	6
Westminster	-	-	5	1	6
Others	-	1	5	65	71
TOTALS	7	23	194	1083 + 42 undiagnosed	1307

LONDON BOROUGH OF CROYDON

ANNUAL REPORT

OF THE PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1968

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

In presenting this fourth Annual Report of the work of the School Health Service for the London Borough of Croydon, I would mention certain items.

Routine School Medical Inspections

These increased in number to cope with a larger school population. The percentage of children found with defects requiring attention was lower than in 1967. It is satisfactory to know that the health of children is improving, but the diminished positive findings emphasized the need to reconsider any equally effective alternative procedure less costly in medical time. Unfortunately none has so far been described which seems to make a major change unquestionably worthwhile.

Cleanliness and Skin Defects

Last year I commented on the reappearance of scabies and ringworm of the scalp. Fewer cases were found in 1968 than in the previous year. Details are given of a commencing enquiry into the prevalence, cause and treatment of Athlete's Foot, begun with the help of the bacteriology department of a

skin diseases hospital. Plantar warts continued to be a great nuisance to many children. Advantages of bare feet activities were again questioned. However if barred for drill and games, the problem of swimming would remain, for which no disinfection techniques give certain protection.

Defects of Vision

Comments are made about a survey of 13 year old children, for whom glasses had been prescribed. Nearly one quarter were not wearing their spectacles for a variety of somewhat doubtful reasons.

Mental Health

In-service group discussion sessions for school medical officers, with the Psychiatrist from the Child Guidance Clinic continued. Fewer children were referred to the Clinic, and more were undoubtedly helped directly by the school doctors, as a result of the knowledge and support gained through these discussion sessions.

Nutrition

Despite evidence of children being sent to school without breakfast, obesity was still the greater danger to future health and longevity. As explained it indicates not merely an excessive food intake, but also a faulty dietary. Remedial efforts were continued.

Dental Services

Mr. W.G. Everett, the Chief Dental Officer, left to join the Department of Education and Science. He had a particular interest in preventive dentistry, an aspect also deemed of great importance by his successor, Mr. J.D. Palmer.

Deafness

The report on services to meet this defect notes the addition of a fourth unit at Riddlesdown School. The Committee's comprehensive scheme covering all day facilities has been built up, despite great staffing shortages, over the last five years. The outbreak of rubella in 1962 resulted, despite efforts by obstetricians, in a sudden increase of children with congenital hearing defects. They are now assured of an adequate remedial service.

Building Programme

Work began on the second school for E.S.N. children and plans were prepared for the new school for maladjusted pupils. The nursery unit at St. Giles' School for the Physically Handicapped was deferred by the Department of Education and Science. The survival, through surgery of the newly born, of gravely handicapped children makes this a growing need. It was contained by placing such children in Corporation day nurseries, or reimbursing charges to private nursery groups. The latter cannot accept the most serious cases, and there are long waiting lists of priority group mothers for day nursery vacancies.

Health Education

Efforts continued to include this subject as part of general education as outlined by "Health Education - Patterns for Teaching" (Elliott & May) of which copies were distributed to all Croydon schools in 1967. That such knowledge should be made available is clearly even more essential in the current permissive society than at any previous time. Children should at least know the alternatives and the risks, and the response of the majority is encouraging. It is not easy to balance the youthful urge to test old ideas and try new ways, with safeguards for health, and a long and perhaps unexciting life. The pattern suggested does achieve this approach, and was thus commended.

Co-operation with other health services.

There have been established in Croydon, as in many comparable areas, close links with the hospital and general practitioner services. This policy of working within the ambit of local hospital schemes, thus avoiding unnecessary duplication and perhaps conflicting advice to parents, has always been supported by the Committee. One would hope that these and other advantages gained by leaving personal services to local control would not be lost in any new administrative structure. The original proposals in the 1968 "Green Paper" were therefore viewed with some concern.

Infectious Diseases

The two yearly cycles of measles outbreaks have for many years proved a great nuisance in primary schools. The issue of an effective vaccine resulted first in an approach to Head Teachers for assistance in offering this protection, and I regretted asking for another interruption of school routines. However, as usual help was readily forthcoming, many thousands of children were given the vaccine, and the anticipated outbreak at the end of 1968 began with about one-sixth of the number of cases usually notified. There seemed good hopes that a method of preventing measles had been found.

Children taken ill at School

This problem has apparently grown in recent years, perhaps connected with, and certainly aggravated by the increasing number of households having no one available to receive a sick child during school hours. It seems to be reaching a stage when support may be needed from the School Health Service.

As always I must thank members of the Education Department and Head Teachers and school staff for unfailing cordial co-operation. The problems of the Committee in meeting ever mounting demands are understood, and their support in the maintenance and prudent development of essential services are fully appreciated.

Finally, on Dr. Horner, responsible for day to day administration and the compiling of this report, and on all members of the department coping with routine duties, rests the real success of our efforts.

Yours faithfully,

S.L. WRIGHT,

Principal School Medical Officer.

PARTICULARS OF SCHOOL CLINICS as at 31.12.1968

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). Parkway Clinic, New Addington. (Daily a.m. Monday to Friday). 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.) Sanderstead Clinic, Rectory Park, Sanderstead. (Friday a.m.)
Dental	Lodge Road, Broad Green, Croydon. 206, Selhurst Road, South Norwood. Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley. Shirley Road, Shirley, Croydon. Sanderstead Clinic, Rectory Park, Sanderstead. Waddon Clinic, Coldharbour Road, Croydon.
Inspection	Lodge Road, Broad Green, Croydon. (afternoons 4 weeks in 6). Purley Clinic, Whytecliffe Road, Purley. (afternoons approximately 1 week in 6). Parkway Clinic, New Addington. (afternoons 1 week in 4). 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. (Monday to Friday). 47, St. James's Road, Broad Green, Croydon. (Monday to Wednesday and Friday). Parkway Clinic, New Addington. (Thursday a.m.) Sanderstead Clinic, Rectory Park, (Monday p.m. and Thursday a.m.) Purley Clinic, Whytecliffe Road, Purley. (Thursdays p.m.)
Speech	47, St. James's Road, Broad Green, Croydon. Parkway Clinic, New Addington. Purley, Council Offices, 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. (approx. fortnightly. Wednesday p.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. (Approximately twice Monthly, Monday p.m.) Purley Clinic, Whytecliffe Road, Purley. (Approximately twice Monthly. Friday p.m.)
Eye	Purley Clinic, Whytecliffe Road, Purley. (alternate Fridays and alternate Mondays a.m.) Sanderstead Clinic, Rectory Park, Sanderstead. (alternate Fridays p.m.) Parkway Clinic, New Addington. (Alternate Mondays a.m.)
Overweight	Public Health Department (Girls) and various schools and clinics (Boys) both on Friday a.m.

STAFF OF THE SCHOOL HEALTH SERVICE

*Medical Officers	12 (full-time)	(36.7%)
*Medical Officers	6 (part-time)	
Consultants and Specialists	5 (part-time)	
*Dental Officers	10 (including 4 part-time)	(80%)
*Physiotherapists	8 (including 6 part-time)	
Speech Therapists	8	
*School Nurses and Nurse/Assistants	65 (including S.H.V. and Deputy)	(52%)
*Dental Surgery Assistants	13 (including 4 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 £141,331

Cost of Special Schools

Schools maintained by the Council	£135,934
Other Schools (not maintained by local Education Authorities	£57,652
Adjustments with other authorities in respect of Special Schools	£32,929
	<u>£226,515</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.

No change in the existing programme of routine medical inspection was considered during the year in view of the findings of research projects described in earlier reports. Nevertheless, the whole subject was again critically reviewed in the light of current financial difficulties and the need for economy. During the last three years there has been a small but significant decline in the number of defects found in proportion to the number of medical inspections. This is welcome evidence that the health of Croydon school children is improving but, as fewer children with defects are found, so the assertion that every child should have a comprehensive medical examination becomes more difficult to justify. The examination of large numbers of defect free children raises problems for staff since, paradoxically, it increases the risk that when a defect is present, it will be overlooked. Experiments elsewhere with selective medical examinations, have concentrated upon selecting particular children for inspection to the exclusion of others. Significant objections to such schemes have emerged, but a more selective examination based on the individual needs of every child seems more likely to concentrate effort where it is most needed without denying to large numbers of children the undoubted advantages of a routine medical inspection.

Total Number of Children Examined		8,957	8,412	8,570
Total Attendance of Pupils		53,478	53,823	53,823

Table I. Numbers seen at Medical Inspections 1968

Routine Inspections -	17,798
Special Inspections -	
at school medical sessions	698
at inspection clinics	62
	760
Reinspections -	
at school medical sessions	2,975
at inspection clinics	382
	3,357

The number of children who were medically examined in 1968 shows a significant increase compared with the previous year, but the figures should be interpreted cautiously and in conjunction with those in Appendix C, page 63. A change in the status of one school has resulted in an apparent reduction in the number of inspections in non-maintained schools, with a corresponding increase in the number for maintained schools. In addition, however, there has still been an increase in the absolute number of medical examinations probably due to similar increases in the total school population (page 54).

The number of special inspections also shows an increase mainly in those undertaken at schools, suggesting that teachers are finding it increasingly helpful to present children for a medical opinion at times when a routine examination is not yet due. The fact that school medical officers now visit infant departments at least once every term enables the teacher to obtain medical advice about a particular child very easily. The number of reinspections, however, suggests a significant reduction especially in those conducted at inspection clinics as the trend towards follow-up in school noted in last year's report (page 7) continues.

During the last three years the proportion of parents who attended the inspections has shown minor fluctuations around a stationary level of 53%. The high proportion of parents who attend the first medical inspection continues to be most welcome.

Table 2. Attendance of Parents at School Medical Inspections

	1968		1967	
	Boys	Girls	Boys	Girls
Entrants	84.0%	84.2%	83.4%	87.0%
Leavers	4.5%	6.6%	3.3%	7.8%
Others	54.4%	56.0%	59.0%	59.8%
Total Number of Children examined	8,957	8,841	8,492	8,570
Total Attendance of Parents	53.4%		53.6%	

Table 3
**RETURN OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS
 1968**

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	2	8	0.1	4	-	0.1
Teeth	498	59	8.4	630	77	12.2
Skin	993	125	16.8	359	113	8.2
Eyes -						
Defective Vision	803	659	21.9	914	716	28.2
Squint	111	28	2.1	114	24	2.4
External Eye Trouble ...	18	27	0.7	19	34	0.9
Ears -						
Deafness	81	148	3.4	72	132	3.5
Otitis Media	38	89	1.9	39	114	2.6
Other Defects	20	23	0.6	12	26	0.7
Nose and Throat	184	443	9.4	181	382	9.7
Enlarged Cervical Glands	3	76	1.2	14	41	1.0
Speech	76	90	2.5	47	39	1.5
Heart and Circulation ...	55	95	2.2	50	124	3.0
Lungs	111	113	3.4	60	94	2.6
Developmental -						
Hernia	30	40	1.0	14	20	0.6
Other Defects	179	329	7.6	74	221	5.1
Deformities -						
Posture	19	41	0.9	33	68	1.7
Flat Feet	74	182	3.8	48	111	2.8
Other	70	124	2.9	79	140	3.8
Nervous System -						
Epilepsy	20	15	0.5	20	18	0.7
Other	50	62	1.7	25	33	1.0
Psychological -						
Development	13	60	1.1	13	39	0.9
Stability	56	164	3.3	33	161	3.3
Abdomen	23	49	1.1	22	43	1.1
Other Defects	31	72	1.5	43	94	2.4
TOTALS	3,558	3,121		2,919	2,864	

Total Children Examined - 8,957 Boys

8,841 Girls

Table 4

SUMMARY OF FINDINGS AT ROUTINE MEDICAL INSPECTIONS 1968
(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	7.1	6.5	6.1	6.2	7.3	10.4	4.3	9.1	6.4	8.0
Skin	3.6	3.7	6.3	5.6	16.5	5.3	28.3	8.1	12.6	5.5
Eyes -										
Vision ...	14.3	13.9	14.8	17.4	19.1	22.2	18.4	21.0	16.5	18.5
Squint ...	2.7	2.3	2.1	1.9	0.7	1.1	0.3	0.9	1.6	1.6
Other ...	0.7	0.9	0.7	0.7	1.5	0.5	2.5	0.3	1.3	0.6
Ears -										
Hearing ...	4.7	4.2	2.5	2.6	1.9	1.4	0.5	0.9	2.6	2.4
Otitis Media	2.6	3.6	1.6	1.7	1.0	0.7	0.2	0.6	1.5	1.8
Other ...	0.5	0.7	0.5	0.3	0.9	0.4	0.3	0.5	0.6	0.5
Nose and Throat ...	11.3	10.9	6.1	7.3	6.7	4.5	3.3	2.2	7.3	6.4
Speech	4.0	2.0	1.9	0.9	0.5	0.5	0.4	0.3	1.9	1.0
Cervical Glands ...	1.6	1.6	0.4	0.5	1.4	0.3	0.2	0.1	1.0	0.7
Heart and Circulation	2.2	2.6	1.2	1.9	1.3	2.1	2.2	1.5	1.7	2.1
Lungs	3.0	2.4	2.6	1.7	2.7	1.5	1.7	1.3	2.6	1.8
Developmental -										
Hernia ...	1.0	0.7	0.5	0.4	1.1	0.3	0.6	0.1	0.8	0.4
Other ...	4.4	1.1	7.3	3.1	8.2	5.8	3.2	4.9	5.8	3.6
Orthopaedic -										
Posture ...	0.6	0.4	1.3	0.9	0.6	2.0	0.4	1.7	0.7	1.2
Flat Feet ...	2.4	1.7	1.5	1.9	7.0	2.7	3.2	1.0	3.6	1.9
Other ...	3.0	3.1	2.0	2.4	2.6	2.7	2.5	2.3	2.6	2.7
Nervous System -										
Epilepsy ...	0.4	0.6	0.6	0.3	0.4	0.4	0.2	0.4	0.4	0.4
Other ...	1.6	0.7	1.4	1.3	1.4	0.3	0.6	0.5	1.3	0.7
Psychological -										
Development	1.3	0.8	1.1	0.6	0.5	0.7	0.1	0.3	0.8	0.6
Stability ...	3.7	3.5	3.3	2.3	2.0	1.8	0.5	1.1	2.5	2.2
Abdomen	1.4	0.9	0.6	1.2	0.9	0.5	0.1	0.5	0.9	0.8
Other Defects ...	1.6	1.4	0.8	1.5	1.5	1.4	0.7	2.4	1.2	1.6

Entrants	84.0%	84.1%	82.4%	87.0%
Leavers	64.5%	64.5%	62.7%	69.5%
Others	54.4%	55.0%	59.0%	53.5%
Total Number of Children examined	8,957	8,541	8,402	8,570
Total Attendance of Parents	53.4%		53.0%	

As a result of medical inspections in all schools a total of 6,477 defects were receiving or were thought to require medical treatment. The decline compared with the previous year is mainly due to reductions in the number of dental and orthopaedic defects which were recorded. A further 5,985 defects were referred for 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

A general improvement in this small but persistent problem was noted during the year. The number of children who were found unclean for the first time showed a reduction of 22%, and the number of cases of uncleanliness at follow up visits declined by 86 (Table 5). Once again it is pleasing to place on record the continued vigilance of the school nurses in their attempts to eradicate this problem.

A cleansing station is provided for the treatment of scabies and persistent verminous conditions. Twenty-one school children attended the cleansing station for treatment of scabies, and fifteen school children were treated for head vermin. Both of these figures are smaller than those in 1967.

TABLE 5. CLEANLINESS INSPECTIONS

Number of children inspected for cleanliness	48,712
Number of children inspected at follow-up visits	1,258
Number found unclean for the first time in 1968	277
Number of occasions in which children were found unclean at follow-up visits	55

Skin Defects

The number of skin defects reported at medical inspections showed a slight reduction during the year.

The proportion of skin defects in boys and girls shows an interesting variation with age. In the primary schools the experience of the two groups is similar with a slight increase in incidence with age. In secondary schools the girls continue this trend whereas the boys show a sudden and dramatic increase in incidence (Table 4). An important factor in this pattern is the condition known as Athlete's Foot. This condition is accompanied by scaling of the skin and maceration between the toes. In most cases it results from infection by a fungus (*tinea pedis*) and several surveys have demonstrated its spread through communal showering facilities. In other cases the symptoms are precipitated by excessive sweating and poor foot hygiene without any specific infective organism. It is not usually a serious condition but it does cause discomfort and the risk of secondary infection. Hitherto the service has provided advice on good foot hygiene especially the need to wash the feet regularly even after a visit to the swimming baths, and to dry the skin carefully between the toes without vigorous rubbing. Such actions certainly help to prevent the condition but there has been increasing pressure upon the Service to provide treatment facilities.

After discussion with the British Medical Association, it has been agreed that the Service should identify and diagnose those cases which are due to a fungal infection. This will necessitate a minor laboratory investigation. Thereafter the Service will ask the family doctor whether he wishes to provide appropriate treatment. Sometimes cases cannot easily be supervised in a busy surgery and the School Health Service will then provide medicaments and a regular review through the existing school clinics which already provide treatment for many skin conditions.

The incidence of plantar warts (*verrucae*) was again troublesome. The discomfort and long period of exclusion from sporting activities which are associated with the condition naturally prompts parents to consider possible preventive measures. The Service regularly receives letters of complaint asking that barefoot activity in school should be prohibited on medical grounds. It is indeed unfortunate that barefoot physical education is so actively encouraged by those who advise on educational matters since, as Dr. Thelma Wield points out, "it seems that the risk of infection from this

practice outweighs any advantages it may have." The Service can only repeat the advice which it has frequently given, and which is mentioned on pages 12 and 13 of the 1965 Report, and page 11 of the 1966 Report, that the prohibition of barefoot physical education is desirable at all times and essential when cases are occurring in the school.

Sporadic cases of ringworm continued to occur during the year, but prompt treatment ensured that no spread occurred amongst school contacts. The 1966 Report (page 11) and the 1967 Report (page 11) have also made reference to the reappearance of this troublesome condition which was thought to have been eradicated.

Vision Defects

Defects of vision constitute the largest single group of abnormalities discovered by the School Health Service (Table 3). The incidence of vision defects in Croydon exceeds the average incidence both in London as a whole and in England and Wales. Nevertheless, it is by no means the highest figure and the very diversity of authorities showing rates sometimes twice that in Croydon quickly eliminates any aetiological theories. It is interesting to note that the incidence of such defects in Croydon is greater amongst girls than boys. This difference between the sexes has been present in each of the four Reports presented by the London Borough of Croydon but, again, the temptation to speculate concerning its origin must be resisted.

The observation does, however, highlight the problems faced by the Service in ensuring that the educational impact of vision defects is minimal. Some children are unwilling to wear their glasses even for school work and in girls at least, appearance is a reason often put forward. It is remarkable how frequently spectacles seem to be mislaid or broken when a routine vision test in school is due. Even more surprising is the number of children who insist that they have been advised that spectacles are only necessary "for watching television". If a child requires glasses for this purpose is it unreasonable to assume that he might also require them for the close work required at school? Moreover, is society really providing spectacles free of charge or at reduced cost solely for the purpose of improved television viewing?

During 1968, 23.3% of school children aged 13 years in Croydon were not wearing the glasses which had been prescribed for them.

It is pleasing to report that the facilities for diagnosis and correction of vision defects have been much improved by the Committee's decision to open a third school eye clinic in 1967 at New Addington. All three clinics are being fully utilised and waiting lists have been reduced to reasonable proportions. The Mayday Eye Clinic, administered by the Hospital Service, has also benefited from this increase in facilities, so that the time before an appointment can be offered has shown a welcome reduction. Thus the

opportunity has been created for every child to have a consultation with an Ophthalmologist when a vision defect is first suspected, whilst retaining the right to select an optician of his choice if the provision of spectacles is ultimately recommended.

Table 6. Summary of Findings at Routine Inspections of Vision

	Boys			Girls		
	Number Examined	Number of defects	%	Number Examined	Number of defects	%
Entrants	2,815	376	13.4	2,638	367	13.9
8 year old group	2,451	368	15.0	2,403	417	17.4
Entrants to Secondary Schools	1,889	382	20.2	1,915	454	23.7
13 year old group	2,198	509	23.2	2,085	469	22.5
Final leavers	1,802	331	18.4	1,885	397	21.1
Totals (All age groups)	11,155	1,966	17.6	10,926	2,104	19.3

Defects of Ears, Nose and Throat

The number of children found to be suffering or to have suffered from middle ear disease (otitis media) continues to show no sign of reduction. Previous Reports (1966 page 13 1967 page 13) have drawn attention to the slow but steady increase in this serious condition, which may have long term sequelae. Although antibiotics have largely eliminated the dangers of acute infection, they have left other problems whose long term resolution is not yet clear.

The audiometric standard used for the sweep test of hearing was changed in 1967 so that comparisons with earlier years are no longer valid. Despite staff changes during the year a further increase occurred in the number of sweep tests of hearing. During the last two years there has been a 42% increase in the number of tests conducted and a corresponding but less marked increase (27%) in the number of audiometric tests. This remarkable increase in productivity should not obscure the increasing work load in the Audiology Service.

Defects of Heart and Circulation

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

Defects of the Lungs

Although the number of lung defects remained stationary in 1968, it must be remembered that the levels previously reported in 1966 and 1967 were themselves relatively high. This failure to detect any improvement despite the continued progress of smoke control schemes in the area during the last three years must be a matter for real disappointment. A national study reported in 1966 (*British Journal preventive and social medicine* 20 p. 1) showed that whilst upper respiratory tract infection was unrelated to the degree of air pollution, chest infections most certainly were, so that some improvement in Croydon may be confidently expected.

Pulmonary tuberculosis did show an improvement upon previous figures and the number of cases of notified tuberculosis in children of school age was -

Pulmonary - 5

Non-Pulmonary - 0

The school population was 50,000 (approx.) so that the incidence rate of pulmonary tuberculosis per 100,000 was 10. In 1967 the rate was 16/100,000. Once again there were no deaths from tuberculosis in school children.

Abdominal Defects

At school medical inspections the child is only examined in the upright position which does not facilitate the examination of the abdomen. This category which was introduced relatively recently thus contains a variety of defects which themselves vary in severity. Forty-five defects were reported during the year and twice this number were referred for observation by the school medical officer (Table 3).

One of the defects usually recorded in this category is pain at the time of the monthly period (dysmenorrhoea). An inquiry into the incidence of the condition carried out by the Service some two years ago showed wide fluctuations in different schools, for which no reasonable explanation was found. Unfortunately treatment of the condition is of limited value and the Superintendent Physiotherapist has conducted a critical review of the value of certain new methods which have been advocated (e.g. psychoprophylaxis). There is as yet insufficient evidence of improvement by these methods to justify the extensive provision of a treatment service for the condition but the search will continue especially in view of the recent report of the disadvantages suffered by school girls in academic examinations (*The Lancet* (1968) 2 p. 1386). It has long been known that industrial output can be shown to be affected by the condition, and this latest report of a similar effect upon school work presents a challenge which the School Health Service cannot ignore. Certainly there can be no justification for the fatalism with which the condition has hitherto been accepted.

Developmental Defects

The number of these defects has fluctuated in recent years. There was a sharp rise in 1966 followed by a reduction last year. The number of defects reported in 1968 shows a return to the higher figure of two years ago.

Orthopaedic Defects

All categories of orthopaedic defects showed a marked decline in 1968, particularly the one described as "flat foot". This latter change may represent an alteration in recording policy rather than an improvement in foot health as a result of health education efforts in recent years. It is now realised that symptomless flat foot may not require the energetic treatment advocated in the past and this may have resulted in fewer cases being reported. Less than half the number reported in 1967 were referred for treatment last year in spite of the improved physiotherapy services, and this lends support to these tentative conclusions.

Dr. Thelma Wield, school medical officer with special responsibilities for orthopaedic conditions, has drawn attention to the relative increase in physically handicapped children as fewer of them die at birth or in infancy. Clearly St. Giles' School cannot accept all of these children and, indeed, there is good evidence that many parents of handicapped children would prefer them to attend ordinary schools when this can be achieved without detriment to their educational progress. Schools in Croydon have for many years accepted children with minor physical handicaps but increasingly they may be called upon to receive the child with rather more severe orthopaedic problems. Ingenuity will sometimes be needed to ensure that an otherwise perfectly satisfactory placement is not jeopardised by an inconvenient flight of steps or an unnecessarily long journey to school. Increasingly the special schools will be needed to accommodate the child who presents severe medical, physical, or educational problems.

Defects of the Nervous System

The number of these defects was similar to that reported in previous years, but a further slight increase (10%) was reported in the number of children known to be suffering from epilepsy.

Psychological Defects

Although psychological defects are an increasing proportion of the total defects found, it is likely that the true incidence is much higher than the 4.5% reported in Table 3. Possible reasons for assuming a higher real incidence were mentioned in last year's report (page 15). The most striking feature in 1968 was the quite dramatic increase (20%) in the number of defects which were referred for supervision by the school medical officers themselves. This allowed a greater total number of defects to be supervised even though the number referred for specialist treatment actually declined.

Thus school medical officers are now themselves supervising four times the number of psychological defects which they refer for specialist treatment. These changes are a striking testimony to the value of the in-service training which the school medical officers have been receiving in this field. Every second Monday morning throughout 1968, Dr. Crosse has met the school medical officers to discuss the problems presented by emotionally disturbed children; and these sessions have obviously given encouragement to medical officers in the Department to undertake more ambitious treatment in individual cases.

The problems of drug dependence and drug experimentation have continued to capture the attention of the mass media during the year. Discussions on these problems have taken place within the Department, and facilities were again reviewed. In spite of sensational newspaper statements, there is no satisfactory evidence that either drug dependency or experimentation is yet a problem amongst Croydon school children.

Nutrition

In previous reports this section has been headed "height and weight" but the more general title seems preferable. The figures of average heights and weights are recorded in Table 7. Annual fluctuations in each age group make comparisons difficult, but the impression continues that, whilst the average height of older pupils remains stationary, the average weight is showing a gradual increase. This trend is rather more noticeable in girls. It is essential that both parents and children should recognise that over-nutrition and inappropriate nutrition are potentially dangerous, leading to disease in middle life and, in some cases, premature death. The excessive consumption of starchy foods, sweets and sugars is particularly to be deplored.

Examination of soldiers killed in the Korean War showed that young American servicemen already had the changes in the arteries of the heart which are known to be associated with disease in late middle age, whereas the young South Korean soldiers fighting alongside them showed no such changes. The conclusion that dietary factors were responsible seems inescapable. It is not easy to persuade young people to forego pleasure now in the interests of their later good health, as the health education campaign concerning smoking has shown. To persuade them that only certain amounts and certain types of an essential commodity like food should be consumed is especially difficult but a vigorous attempt must be made.

Unfortunately the Weight Control Clinic supervised by Dr. Phyllis Mortimer experienced some difficulties during the year and expected weight reductions did not appear as regularly as those in the past. The whole future of the Clinic was critically reviewed but, since it obviously satisfies a real need, it was decided to continue the Clinic in a reorganised form.

It was a great pleasure to accept Dr. Mortimer's kind offer to undertake the weekly clinic sessions again, and the renewed success of this clinic whose methods were pioneered in Croydon, is confidently anticipated.

Dr. W. Simmonds' clinics for overweight boys use rather different methods but appear to be similarly successful. These facilities were extended to further schools during the year. Dr. Simmonds concentrates upon the individual approach to dietary control and emphasises the need for active co-operation and support over a long period on the part of the child.

Another aspect of inappropriate nutrition concerns not the excessive consumption of food but its ingestion at irregular times. In a highly sophisticated society this may occasionally be necessary but it is difficult to justify the inadequate meal offered to some children before they go to school in the morning. A report from the Queen Elizabeth College showed that a significant number of school children go out in the morning without breakfast or a very inadequate one of cereals or biscuits. In some cases it can be shown that the child has been without food for 18 hours by the time that the school dinner is consumed. Dr. Anne Letts comments that this practice occurs in Croydon with its consequent effect on school work. The child is frequently over-tired and goes to bed too late. The following morning the child either wakes with too little time for breakfast or with no appetite. The busy mother, perhaps herself working to a strict time schedule to meet her own commitments outside the home, has no time for the lengthy meal time that most children occasionally require and so the child leaves for school tired and hungry, and hardly well equipped to participate to the full in the learning process. A meagre meal of biscuits or crisps (which were the subject of criticism in last year's report, see p. 16) must suffice until the school meal offers the first substantial nourishment of the day. This all too familiar story is readily preventable and its dangers deserve wider publicity.

Table 7

Average Heights and Weights in 1968 and Previous Years

Ages	Number Exam- ined in 1968	Average Height in Inches					Average Weight in lbs.				
		1968	1967	1966	1965	1939	1968	1967	1966	1965	1939
BOYS											
5 years	1,559	43.2	43.3	43.2	43.1	41.8	43.1	44.0	43.3	43.1	41.5
6 years	592	44.2	44.2	44.2	44.5	43.8	44.6	45.0	44.7	45.3	43.4
14 years	647	65.7	64.0	63.5	64.2	59.0	114.2	115.5	113.3	117.8	90.8
15 years	607	65.8	65.6	65.6	64.9	-	123.3	122.6	121.4	119.6	-
16 years	198	67.1	67.5	66.9	66.4	-	129.5	131.4	130.0	130.1	-
17 years	28	67.5	68.1	68.6	68.3	-	134.9	135.3	137.6	137.6	-
GIRLS											
5 years	1,555	43.2	43.0	42.8	42.6	41.2	42.8	42.2	42.0	41.9	39.7
6 years	586	44.2	43.6	43.9	43.2	42.7	44.0	43.3	44.0	42.8	41.4
14 years	731	62.6	62.4	62.1	61.9	60.3	115.0	113.8	113.6	115.8	97.9
15 years	650	63.5	63.1	63.2	62.6	62.0	118.5	117.7	120.1	117.9	105.5
16 years	115	64.0	63.8	63.5	63.3	-	122.2	121.5	121.1	122.4	-
17 years	8	64.8	64.1	63.9	64.2	-	127.8	126.0	126.0	128.4	-

PART II SPECIALIST SERVICES

AUDIOLOGY SERVICE

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

1968 was a very busy year for the Audiology Clinic, 1,140 children were tested by pure tone audiometer, this included routine follow-up cases, cases referred by School Medical Officers and 525 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 in some cases, extra speech training was given by the Speech Therapists. In addition, Speech Training Machines were loaned to parents, for use at home.

101 children were seen either by Mr. Parsons or Mr. Stewart, the Corporation's Consultant Otologists, who held regular sessions at Lodge Road and Kingsley Infant and Junior Partially Hearing Units. 14 hearing aids were recommended during the year, 4 of these were National Health Service 'Medresco' aids and the other 10, 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 is often normal for the lower frequencies and a general amplification of sound causes a considerable amount of distortion and may become painful. The National Health Service is hoping to provide aids of this kind in the near future.

60 babies were seen at the special clinic held in conjunction with Dr. Morgan, for the early assessment of deafness in young babies, 9 of these were referred to Mr. Parsons for further assessment. 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, particularly the more severely deaf. There was a sharp increase in the number of severely deaf pre-school children, 8 new cases were discovered during the year and we have been warned by Mr. Parsons to expect a considerable number of new cases in the near future due to the recent severe rubella epidemic.

During the year, all Infant schools were visited at least once, and apart from absentees and unco-operative children (479), all children newly admitted to school during the year were tested. Of the 7,118 children tested, 525 (approx. 7.4%) failed the test and were referred to the Audiology Clinic for further assessment. We were sorry to lose Mrs. Longstaff at the end of

the Summer term, her place has been taken by a qualified audiometrician, Mrs. Marshall.

For additional Statistical details, see Appendix B, Page 59.

CHILD GUIDANCE CLINIC

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

It is refreshing to report that our efforts over the past few years to improve team work and co-ordination at the clinic are now producing dividends. Nearly all cases referred are subjected to a multidisciplinary scrutiny before decisions of diagnosis and treatment are made. In the final analysis one often has available data from the educational psychologist, school head, social worker and day unit staff. All aspects of the child's problems are thus comprehensively covered whether the exercise is one of diagnosis or treatment. One of the most common ploys in the management of emotional disturbance in children is the manipulation of environment and one should emphasise here that the stronger the levers the more effective the manipulation. Having acquired through the skills of the psychologist and social worker a deep investment in the family and school environment, we are in a position to discharge effectively the clinical recommendation made at the time of referral. The clinic may be seen as just one part of a total service matrix in which other social agencies, hospital departments, family doctors and schools, have some common involvement with the family in attendance. The real fruits of this pattern of service is the awareness of the clinic staff of the considerable resources at hand, thus negating that nagging sense of impotency so often felt in clinics detached from the local professional community.

Our day hospital unit continues to prosper and it is being more and more used for observation and treatment. Disturbed children are, by the very nature of their disability, severely crippled in their social relationships, and the warm therapeutic groups so ably supported by the day unit staff go a long way to restore the social confidence of these children. These remarks have particular application to children who are either excluded from school or are too sick to attend. Since the staff are fully aware of the dangers of institutionalisation there is a constant drive to return their charges to their rightful environment and long term attendance is discouraged. Although school attendance of the so called school refusal child is soon reinstated we do not lose sight of the fact that a child is not just a name on a school register and that factors underlying his school refusal should be fully understood before demands for his return are made. Experience of the day unit over the past two years has shown that it is an indispensable part of a busy child

guidance clinic and that it should be fully supported in terms of staff and equipment. Mere periodic outpatient consultations are just not enough for the hard core of emotionally disturbed children seen at the day unit.

A novel project initiated this year has been the development of peripheral clinics at infant welfare centres of the local health authority. With the kind permission of Dr. S.L. Wright new cases are seen at the Lodge Road clinic, New Addington and at Purley. Under ideal circumstances the children and parents are seen by a psychiatrist, and a psychiatric social worker, while the cultivation of play groups at the centre is left to the staff nurse from the main day unit. These clinics are selective in that only children in the pre-infant and infant school range are seen on the well founded assumption that the earlier emotional problems are tackled the higher the therapeutic rewards. Parents offered help early do not show that despair and resignation which results from years of stress incurred by chronic neurotic interaction with their children. These new clinics also help to divert the younger age group away from a slowly expanding waiting list. Mrs. E.M. Gee, psychiatric social worker, who succeeded Miss R.M. Heller, is responsible for Lodge Road and Purley, while Miss M.S. Gradwell is responsible for the New Addington clinic.

The impending appointment of an additional staff nurse to the main day unit may be seen as a welcome step towards increasing the number of admissions to the unit, thus releasing pressures on the main waiting list of the clinic.

The appointment of a clerk/receptionist to the clinic has greatly improved the setting of the main business of the clinic, namely, the steady flow of outpatient consultations. A parent can now be interviewed in peace while the receptionist contains the patient and siblings in the waiting room.

In conclusion it should be recorded that the clinic staff are deeply appreciative of the help and support so readily given during the year by the Croydon Health and Education Departments and the Croydon and Warlingham Park Group Hospital Management Committee.

<i>Source of Referral</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
School Health Service	39	28	67
Family Doctor	40	32	72
School Psychological Service	11	7	18
Juvenile Court/Probation Service	17	-	17
Other Agencies	25	10	35
Milton House Remand Home	-	106	106
	<u>132</u>	<u>183</u>	<u>315</u>

Action	Boys	Girls	Total
Diagnostic	25	116	141
Current Treatment	85	48	133
Cases Transferred	3	3	6
Cases Moved out of area	1	-	1
Cases closed - Improved	13	10	23
No Change	2	2	4
Unco-operative	3	4	7
	132	183	315

DENTAL SERVICE

On 31st October, 1968, Mr. W.G. Everett resigned to take up a post at the Department of Education and Science. Mr. J.D. Palmer took up the post of Principal School Dental Officer in January 1969.

I am grateful to Mr. Everett for the following report on the work of the Service during 1968.

School Inspections

During 1968 81.5 per cent of the school population received dental inspection. This welcome improvement which is an increase of 18.5% over the figure for 1967 was made possible by the increased efforts of the Dental Officers. The value of such inspections is that they draw attention to dental defects and responsible parents who are thus made aware of the need for treatment obtain it for their children either within the School Dental Service or from General Dental Service practitioners.

<i>Results of School Inspections</i>	1967	1968
School Population	49,020	49,712
Number inspected	31,088	40,431
percentage inspected	63.4%	81.5%
Number needing treatment	12,942	17,884
percentage needing treatment	42%	44.2%
Number requesting S.D.S. treatment	3,805	5,355
percentage requesting S.D.S. treatment	28.5%	30%
Number attending General Dental Practitioners	5,725	7,884
percentage attending General Dental Practitioners	44%	44%
Number of refusals of treatment	3,412	4,645
percentage of refusals of treatment	28%	26%

The above percentage figures are not an entirely true picture of the acceptance and referral rate because not all schools were inspected during the year. However, it is encouraging to note that the number of consents has apparently increased and that the number of refusals has decreased.

Treatment

When the School Dental Service was inaugurated in 1908, the condition of school children's teeth was giving rise to considerable concern. Until the creation of the National Health Service in 1948, the Local Authority Dental Officers provided a large part of the treatment that the schoolchildren received. The greater part of each course of treatment consisted of extractions for children who might lose as many as 8 deciduous molar teeth shortly after their entry into school life. Parents generally were disinclined to agree to their children receiving treatment and were particularly opposed to the filling of teeth. Attitudes have been changing particularly in recent years and it is interesting to compare the treatment pattern for the year 1963 with that of 1968.

Treatment Pattern

For every hundred courses of treatment	1963	1968
Number of permanent teeth filled	50	120
" " deciduous teeth filled	18	68
" " permanent teeth extracted	15	19
" " deciduous teeth extracted	36	35
" " attendances for General Anaesthetic	21	19
" " attendances for treatment	170	270
Percentage of courses completed	49%	83%
" of visits for emergency treatment	6.5%	4.7%
" of orthodontic cases discontinued	25%	10%
Number of deciduous teeth filled for every 100 extracted	50	194
" " permanent teeth filled for every 100 extracted	330	630

Without doubt, this demonstrates a greater willingness on the part of parents to allow their children to receive treatment and on the part of children to accept that which is designed to conserve their dentition. Dental Officers now undertake more time-consuming techniques but which are of considerably greater value to the patients. From the figures below it can be seen that, while treatment is given to fewer patients, the amount of restorative dentistry carried out is much greater. It is also encouraging to note that, whereas in 1963 one visit in 14 was for emergency treatment necessitated by pain or infection, in 1968 one visit in 20 was for this reason.

<i>Sessional treatment analysis</i>	1963	1968
Courses commenced		
per session	4.0	3.0
Permanent teeth filled	2.1	3.4
Deciduous teeth filled	0.8	2.0
Permanent teeth extracted	0.6	0.6
Deciduous teeth extracted	1.5	1.0
General anaesthetics	0.9	0.6
Attendances	7.2	8.0
Courses completed	2.0	2.4
Emergencies	0.5	0.4

	1963	1968
Appointments not kept per session	2.0	2.3
Teeth restored by crowning during the year	5	63

Staff

During the year the number of Dental Officers remained unaltered, although there was a small delay between the resignation of two part-time dental officers and the appointment of a full-time dental officer to take their place.

The principal school dental officer had commenced his duties as an honorary demonstrator in the children's department of the Royal Dental Hospital in October, 1967, and his successor is continuing this valuable liaison. It is also pleasant to report that another dental officer was offered, and was able to accept, the appointment of Clinical Assistant in the children's department of King's College Hospital Dental School. Connections with teaching hospitals such as these serve to keep the dental officers concerned fully aware of the latest trends in dental treatment for children, and they are able to transmit such information to their colleagues. Also, the students are made aware of the possibility of a career in children's dentistry and in this way recruitment to the School Dental Service benefits.

Dental Health Education

With the invaluable assistance of the Health Education Section, the programme of Dental Health Education in primary schools has been continued and extended. As before, students of the Royal Dental Hospital School of Oral Hygiene have visited infant and junior departments and have spoken to individual classes. More than 7,000 children in 18 schools have received talks this year, 2,000 more than in 1967. The girls try to involve the children in the subject by asking questions about correct diet, and individual pupils are invited to demonstrate different methods of tooth cleaning. They particularly appreciate the opportunity to make drawings about dental matters, and these are often related to their own experiences in the dental surgery.

Handicapped Children

It is becoming increasingly recognised that this section of the school population has as great a need of dental care as any other, and indeed greater than some because of the nature of their disabilities. Some of these children are completely unable to co-operate when dental treatment is being performed and in these circumstances all necessary fillings and extractions are performed under general anaesthesia. The School Dental Service in Croydon is fortunate to have available to it the skill of a consultant anaesthetist of the Regional Hospital Board who has wide dental experience.

The children's department of the Royal Dental Hospital School of Dental Surgery is initiating a service for these children and it may be that co-operation with them will bring considerable advantages to the patients. Dental statistics will be found on page 60.

ENURESIS CLINIC

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

During 1968, 279 children attended the three Enuresis Clinics in Croydon at Lodge Road, New Addington and Purley. Owing to an increase in the number of the buzzers available, this electrical conditioning machine has been used by more children, and the waiting list for the apparatus has been cut from 6 months to about 6 weeks. The length of the waiting list still depends on the co-operation of the parents in returning the apparatus at the end of treatment. An ever greater preponderance of boys over girls is shown in these figures. Three children were referred at under 4 years, and no treatment was attempted as at this age anything more than advice to the mother is more likely to hinder than help. Five children were referred to the urogenital surgeon in cases where it seemed possible that there might be an organic cause for the enuresis. In none of the five children has any abnormality been found. Three children were referred to the Child Guidance Clinic because it was felt that their enuresis was only one symptom of a much greater emotional disturbance.

Total attendance	279	Boys - 182 Girls - 97										
Still attending	105											
Discharged Dry	120											
Discharged for non-attendance	44											
Left District	6											
Lodge Road Clinic	173											
New Addington Clinic	63											
Purley Clinic	43											
Referred to Urologist	5											
Referred to Child Guidance Clinic	3											
Used Buzzer	90											
Age (Years)	4	5	6	7	8	9	10	11	12	13	14	15
Number in Group	4	30	48	58	37	32	25	13	12	11	5	6

SCHOOL EYE CLINICS

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

Children up to school leaving age are seen at the School Eye Clinics, which are held at Purley, Sanderstead and Parkway, for various eye defects referred by local authority staff and general practitioners

Children requiring surgical treatment are referred from these clinics to the hospital eye service. Close liaison with the orthoptic service at the Croydon Eye Unit is maintained when the treatment can be appropriately shared.

We were sorry to lose Mrs. Sandiford, who has given thirteen years' devoted service to the school eye clinics.

Statistics will be found on page 61.

HEALTH EDUCATION IN SCHOOLS

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

Judging by the number of school children and students visiting the Health Education Section and writing in to the Health Department for information and literature about health subjects and health services, curiosity-arousing methods of teaching are stimulating an active interest in health subjects. The department's work in schools is broadening slowly and the health education staff and health visitors encourage and involve teachers in it as much as possible; their help, as always, determines the success of the work attempted.

Much of the extra work done was due to the excellent help given by six health visitors who have integrated well into the school teams. The interest and co-operation of the Assistant Superintendent Nursing Officer in making this possible has been greatly appreciated.

Secondary Schools

One-term Community Health Courses covering all streams of children were given in the following schools:—

- | | |
|---|-------------------------|
| 1. Ashburton Boys | 9. Overbury Mixed |
| 2. Ashburton Girls | 10. Riddlesdown Mixed |
| 3. Coloma (Lower Sixth Form) | 11. Roke Mixed |
| 4. Fairchildes Boys (Fifth Year) | 12. Shirley Mixed |
| 5. John Newnham Mixed (Third Year) | 13. South Croydon Mixed |
| 6. Lady Edridge (Fourth Year) | 14. Tavistock Boys |
| 7. Lady Edridge (Group discussion in Lower
Sixth Form) | 15. Taunton Manor Girls |
| | 16. Woodcote Mixed |
| 8. Lanfranc Girls | |

Other talks were also given by members of the Health Department at Portland, Chipstead Valley, Selhurst Girls Grammar and the High Schools.

Fairchildes Boys' School planned a "group teaching" approach to the Community Health Course throughout the Autumn term. Thirteen health topics were presented to about 150 fifth year boys and their masters; a further period being allowed each week for follow-up discussion in class.

The staff felt the project was successful and have requested a similar programme in 1969. The master of the lower stream boys worked on the subjects before the sessions, familiarising them with the technical words involved and relating the content to their experience. Before a talk concerning one of the health hazards of today i.e. food poisoning, he arranged for the boys to look round the school kitchen and meet the staff.

This was one way of making the maximum use of a guest speaker's time although discussion during the lessons was necessarily limited. One practical difficulty disturbed the continuity of the lessons. They were given in a hall with no black-out. To see films or slides the 150 boys had to take their chairs and pack themselves on to the stage; the curtains were then closed for the show to commence.

Both boys and girls in many schools undertook visits of observation in connection with these courses and small groups of girls were learning while they helped to look after toddlers in some of the Corporation clinics.

To widen and deepen pupils' interest in mankind the General Studies' Course for the lower sixth form at Lady Edridge Grammar School was broken down into cycles of studies each lasting about six weeks. The girls were split into small groups and completed each course in turn. The subjects included architecture, Photography, the beginnings of Greek philosophy and the social patterns and problems of present day life. As an experiment the social studies group led by a Health Education Officer approached their previously selected and prepared subjects on an informal group discussion basis and the girls were encouraged to think independently and to verify and substantiate opinions. Each week they elected a new leader and secretary and by about the third week the health education officer's role became one of observer and unobtrusive guide as the group developed the art of discussion. During the first session subjects were chosen for the following weeks so that research and preparation could be undertaken. Topics included:— "The changing role of women", "The illegitimate child", and "Dependence and Interdependence".

B.B.C. Schools Radio and Television Programmes

There is a series of four radio programmes on "Reproduction and Growth" for children in the first and second years of secondary schools. Children from Overbury, Portland and Shirley Secondary Schools visited Broadcasting House and recorded a most successful discussion with Professor Bullough for a fifth programme.

The Principal Health Education Officer was invited again to act as a consultant on five programmes for the series "Science Session: Health Unit" and appreciated the help and enthusiasm given by boys and girls from Ashburton Secondary School in a filmed discussion for the programme on "Smoking" and also the generous sharing of experience of social studies by the staff of Westwood Secondary School.

Primary Schools "Growing Up" Talks

For ten years a pattern of two evening talks, the first for parents of boys and girls and the second for mothers and fourth year daughters in primary schools has been followed. This sharing of responsibility with parents is still considered to be the most important part of the exercise. The demand for the talks is steady although only 34 out of a possible 60 schools make use of the service. There is a growing demand for either a third session for boys and fathers or the inclusion of boys in the second session. Limited staff willing and able to deal with the subject at this level, make the first suggestion impossible and the very large group that would be formed if the second suggestion were followed is not desirable especially where no teaching has been given in earlier years. Two or three schools do manage this and others could overcome the difficulty if teaching were included at eight and nine years old as suggested in the Croydon Health and Education Departments' scheme "Health Education - Patterns for Teaching". At these ages neither boys nor girls are physically or emotionally involved. They are curious and interested and can accept simple information about growth, development and families quite naturally.

Visual aids for these age groups are still limited and not entirely suitable. New material is urgently needed and a request for this will be made to the newly formed Health Education Council.

It was a pleasure to be able to invite teaching staff to the new Health Education Section in Taberner House (Room 3 : 16); visits from teachers are always welcomed and the Health Education staff look forward to the 1969 programmes.

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.

191 children were examined during 1968. 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	59
(b) Recommended for Residential School for E.S.N. pupils	2

(2) Found to be unsuitable for education in School 34

(3) Other Recommendations:—

(a) Referred back to an Ordinary School	32
(b) Referred for further investigation by School Psychological Service	6
(c) Recommended for Day Special Schools for other handicaps	6
(d) Referred for Speech Therapy	8
(e) Referred for Medical Treatment	12
(f) Referred for further assessment	20
(g) Other Investigations	12

191

Awaiting assessment on 31.12.68.

32

In addition, 60 intelligence tests were given to children attending St. Christopher's Special School.

A further 11 intelligence tests were given to children who were about to attend St. Giles' Special School, and a further 5 children already attending St. Giles'.

PHYSIOTHERAPY SERVICE

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

The reorganised Physiotherapy Service has now been functioning for a year and during that time Clinics have been successfully maintained at Lodge Road, St. James's Road, Waddon, Purley, Sanderstead, New Addington and Old Coulsdon. Since we have sufficient staff it is now possible to ask a child to attend the Clinic nearest to its home; there are therapists working for the Maternity Service at Chipstead Valley, Addiscombe Grove, East Croydon and Stanley Halls in South Norwood, who are only too willing to treat any school children in those areas also. On two occasions it has not been practical for a severely burnt child to attend for treatment; this has therefore been provided on a domiciliary basis.

The greater proportion of our work occurs at St. Giles' School where there are now two Senior Therapists later to be joined by an assistant. A part-timer is actively engaged in the hydrotherapy pool once a week, and

shortly I hope the number of hydrotherapy treatments will be increased. This is an ideal medium for mobilising the grossly disabled of which there are an increasing number. It is hoped to establish a system of regular case conferences with Dr. Wiold and the appropriate physiotherapist, speech therapist, teacher and nursing sister. This will enable mutual problems to be ironed out and a more comprehensive and amalgamated treatment programme planned. We all realise the need to unite our varying disciplines.

On a trial basis it has been decided that every Spina Bifida child attending St. Giles' (of which there are now thirteen of varying ages) should be visited at home by a physiotherapist. This will enable the child and the family to be educated about the condition in its own surroundings. By doing this it is hoped to eliminate such problems as the severe burns that we find from time to time on anaesthetic limbs. This is a strangely new condition to the layman; it is not neglect that produces these disasters but misunderstanding. A domiciliary survey may help to prevent further misfortunes in the future.

SPEECH THERAPY SERVICE

Mr. J.R. Brook, Principal Speech Therapist

The past year has been a year of change in the Speech Therapy Service. Since the arrival of the new Senior Therapist in September 1967, there has been a complete turnover of the staff in the Service. Most of this has taken place during 1968. This has inevitably caused some disruption of the service, but on the whole has been very welcome in that a completely new team is developing. Advantage has been taken of the change to encourage a slightly different approach both to the Service as a whole and to the individual child. Emphasis has been laid on avoiding bringing the young child into the clinic before speech has had a chance to right itself; similarly, therapists are encouraged to put children on to a review basis when regular weekly attendance at the clinic appears no longer necessary. In both cases the underlying reason being that children may have adverse and negative attitudes to communication confirmed and reinforced by regular attendance at the Speech Clinic. Where gradual development towards normal speech is likely to occur, reduction of parental anxiety and careful reviewing at regular intervals can show quicker results than weekly therapy.

In appointing new staff, experienced therapists are rarely seen. The policy has been to accept lively speech therapists who will, it is hoped, eventually take a progressive interest in their work as a worthwhile profession and, so far as one can see, this policy may well be paying dividends.

The year has been busy at the West Thornton Unit in that there has been a greater turnover of children attending the Unit. The number of children attending full or part-time at normal classes in the main part of the school has

also been increased. The very real advantage of the Unit in being so integrated into the normal school environment can hardly be stressed too much. In practice this integration often requires a great deal of sympathy and understanding from the teaching staff. The children involved may have little or no understanding of speech and an equal difficulty in expressing their needs and fears. The help of the teaching staff in this increased integration is gratefully acknowledged.

The usefulness of the Speech Therapy Service to the Borough has been reduced by staff shortage. The effective level of staff during the year has been roughly six out of a required eight speech therapists. This trend is a continuation of past experience, and so far as can be seen will continue, though the situation compares well with most other London Boroughs.

It is hoped that 1969 will be a more settled year, although further gradual changes are planned to increase the effectiveness of the Service.

WEIGHT CONTROL CLINIC

Dr. Phyllis M. Mortimer, School Medical Officer

During the past year two new groups of the Weight Control Clinic have been formed and it is anticipated that a further one will be started before the year ends. As on previous occasions it has been necessary to amalgamate residual patients in different groups and, in consequence, the girls still attending the clinic have been under treatment for varied lengths of time.

The original format for the meetings has been maintained. The girls are weighed and, as a group, discuss individual weight losses or gains and any problems. This is followed by some nutritional health education activity. Flannelgraphs, film strips, films and visiting speakers have all been used, and in addition, a new project has been the investigation of "taste". A series of experiments has been devised in which the girls explore the factors which influence taste and individual variations in this. The aim of these experiments has been to help them overcome problems created by the lack of sugar in their diets.

As with previous groups the results have been varied, a small percentage of girls achieve a completely satisfactory weight loss, the majority manage to lose some weight, while there are a minority who fail completely. One real problem still to be overcome is that created by school holidays. Almost invariably the girls put on weight during these times, probably due to frequent "nibbling" because of boredom, combined with lack of exercise.

The Weight Control Clinic does not lack applicants but there are still very many girls in need of treatment who are not referred to the Clinic in the usual way. These are youngsters whose obesity has developed since their routine eleven year old medical, and who do not seek help themselves. A method of offering help to them has still to be established.

My grateful thanks are due to Mrs. Hoskin who ran the Clinic so ably until I was able to return in November, and to all members of the medical, health education and administrative staffs, who have helped so much throughout the year.

Weight Control Clinic

Dr. W. Simmonds, School Medical Officer

The clinic has continued during the past year, in its rather more streamlined form and has produced a number of rather more streamlined boys.

The theory which was suggested last year that it is not only a waste of time to see boys if neither themselves nor their parents are interested has been borne out by results, and it was found that the removal from a group of those boys who merely became progressively fatter (and were quite unworried) stimulated the remainder to try harder.

It is now the policy to see, at a special session, all new referrals with their parents and explain to them why weight control is important. They are then seen once a term only and more individual attention can be given to each boy.

No boy is discharged from a group merely because he is unsuccessful in reducing or controlling his weight. The only cancellations are those whose parents fail to attend for a whole year and who themselves admit that they do not intend to try to control their weight.

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 23 such children during the year.

Convalescent Treatment

Five 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>
Epilepsy	2	1 week
Bronchitis	1	2 weeks
Emotional Disturbance	1	2 weeks
Pyelitis	1	2 weeks
<i>Total:</i>	<u>5</u>	

Juvenile Employment Return

The following numbers of children were examined by the medical officers during 1968 as to their fitness to undertake the part-time employment indicated.

	1968	1967	1966
Delivery of Goods for Shopkeepers	10	28	30
Delivery of Newspapers	176	213	193
Delivery of Milk	6	6	4
Shop Assistants	106	65	76
<i>Total</i>	<u>298</u>	<u>312</u>	<u>303</u>

Provision of Milk and Meals

During 1968 milk was supplied free of charge to all maintained primary schools and approximately 26,988 primary children in these schools received one third of a pint each per day. This was equal to 91% of children attending junior schools and 96% in infant schools.

Free milk was discontinued to secondary school pupils (maintained and non-maintained) from September 1968.

Milk was also supplied by the Education Committee to primary children in the non-maintained schools. Approximately 2,800 one third pint bottles per day are supplied to these 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 to children daily during 1968 was approximately 32,600.

Cost of Milk and Meals

Milk and Meals cost £978,422. Income from payment for meals was £291,687, making a net cost of £686,735.

Causes of Death in School Children 1968 (uncorrected)

Accidental	6
Cancer	5
Infective polyneuritis	1
Mucoviscidosis	1
Pneumonia	1
Total	14

Category	Number	Percentage
Accidental	6	42.9
Cancer	5	35.7
Infective polyneuritis	1	7.1
Mucoviscidosis	1	7.1
Pneumonia	1	7.1
Total	14	100.0

PART III HANDICAPPED PUPILS

There are some 690 children in Croydon who are sufficiently handicapped to warrant the provision of special educational treatment facilities. This is very similar to the number reported in 1967 (691) and suggests that the number of children requiring special facilities may be reaching a stable proportion (1.5%) of the school population. When handicapped children are ranked according to the year of birth it is interesting to note that between the ages of 6 years and 14 years the number of handicapped children in each year group is surprisingly constant (63). Of these approximately one half are educationally subnormal, and one-fifth are physically handicapped. Earlier in this Report (page 16) reference was made to the increasing number of handicapped school children, and it should be remembered that the majority of children with a handicap are educated in ordinary schools. No record is maintained of the number of these children, and it is a great tribute to the teachers in Croydon that such children seldom require the active intervention of the School Health Service. Nevertheless, there are many difficulties associated with the education of handicapped children in ordinary schools, and it must be recognised that in some cases admission to a special school is essential if a satisfactory educational programme for the child is to be achieved.

TABLE 10
Children requiring Special Education, 1968

CATEGORY	New Cases Ascertained by Committee	* New Admissions	Number of Children receiving Special Educational Treatment 23.1.1969							No. of children awaiting placement on 23.1.69	
			Special Schools		Independent Schools	Hospitals	Day Units	Home Tuition	Total	Day	Residential
			Day	Residential							
BLIND	2	3	0	6	1				7	-	1
PARTIALLY SIGHTED	4	3	18	5					23	-	1
DEAF	0	4	6	13					19	-	1
PARTIALLY HEARING	7	7	3	2			31		36	1	-
EDUCATIONALLY SUB-NORMAL	54	44	263	16	7				286	53	3
EPILEPTIC	2	1	6	5					11	-	-
MALADJUSTED	15	14	3	10	34		34		81	-	4
PHYSICALLY HANDICAPPED	13	25	122	8	2		20	1	153	-	1
SPEECH	2	2	0	0			12		12	-	-
DELICATE	10	5	40	7					47	4	1
TOTAL	109	108	461	72	44	0	97	1	675	58	12

* Including cases ascertained in previous years.

The year has been one of patient expectancy as proposals made in previous years for new special schools were converted into detailed building plans and models, and early building operations commenced. Fortunately interim arrangements ensured that waiting lists were not increased.

In 1968, a total of 109 pupils were newly ascertained by the Education Committee as requiring special educational facilities either in special schools or special units (Table 10). In all cases the medical recommendations were straightforward and the Consultant Panel did not meet during the year.

The importance of early detection of handicaps so that adequate educational arrangements may be made in good time cannot be too strongly stressed, and reference has been made in the two preceding Reports to the improvements which have been made in the assessment of pre-school handicapped children. A total of 177 pre-school handicapped children are now known to the Service, and their likely disabilities are shown in Table 11. This represents a further increase of 21% compared with the previous year, and almost twice the number first reported in this table two years ago. Table 11 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. Nevertheless, the figures do show possible trends and provide a reasonable basis for further planning. In particular, the striking and continuing increase in the number of physically handicapped children needs close attention. The decision of the Department of Education and Science not to include the Committee's proposal for a nursery unit at St. Giles' in the 1970/71 building programme was a serious setback, and these figures clearly show the need for these facilities. The Education Committee has now submitted this project for inclusion in the 1971/72 building programme, and it is hoped that the Department of Education and Science will be able to give approval. Even so, the youngest child in this table will be at least 4½ years old before any real hope of assistance can be forthcoming. It is anticipated that the early provision of intensive medical care in the educational situation of a nursery school will allow young physically handicapped children to make the kind of all round progress which would make admission to an ordinary junior school a practical possibility for the majority. At five years of age the increasing number of spina bifida children present a combination of problems which precludes their easy integration into an ordinary school. These problems can be supervised more easily and indeed resolved in a special school, so permitting the child to return to his local school at a later date with his educational progress maintained and with fewer medical problems. This ready acceptance of children who might not have been considered for admission to a special school in the past, combined with the overall absolute increase in the number of physically handicapped children does emphasise the question whether there are sufficient places at St. Giles' School for the known and likely demand.

Providing Croydon adopts an increasingly restrictive policy towards the admission of children from outside the Borough, existing provision would seem to be sufficient to meet these needs.

TABLE 11
PRE-SCHOOL HANDICAPPED CHILDREN

Category	Age on the 31st December, 1968				
	5 years	4 years	3 years	2 years	1 year or less
Vision Defect	-	2	1	2	-
Hearing Defect	-	-	4	6	4
Mental Disorder	4	21	12	22	10
Epileptic	-	4	-	1	-
Physically Handicapped or Delicate	1	18	20	23	22
<i>Total</i>	5	45	37	54	36

BLIND AND PARTIALLY SIGHTED PUPILS

	<i>Blind</i>	<i>Partially Sighted</i>
In Residential Schools	6	5
In Day Schools	-	18

Blind

Two blind children were ascertained during the year, and admitted to appropriate residential special schools.

Partially Sighted

During the year four children were found to require special educational treatment in this category, and three of them were admitted to St. Luke's School. It is pleasing to report that one family moved into the area after seeing the facilities at St. Luke's School expressly so that their child could attend there. The fourth child ascertained in this category during 1968 presented many problems and his out of school care caused such difficulties that it was not possible to secure the assessment period at St. Luke's School which had been hoped. He has been admitted to a residential institution for further investigation.

I am grateful to Miss J. Rundle for the following report of the work of the School during 1968.

St. Luke's Special School for Partially Sighted Children

Throughout 1968 steady progress continued in all branches of school work. Three children have been admitted, two of infant age and the other of junior age.

Following the Education Committee's re-organisation of the school for primary age children only, two children of secondary age have been transferred to other special schools.

There have been many visitors to the school including teachers interested in special education, students from Colleges of Education and a group of senior pupils from a Secondary School.

Good progress has been made with swimming under the patient guidance of the swimming instructor at the Central Baths. Two children have gained certificates and badges. Ball games present many problems to partially-sighted children but swimming is a sport that they are able to enjoy together without having to be part of a team.

The junior children have made several educational visits which included visiting the London Museum, the London Zoo, the Royal Mews, Westminster Abbey and a trip on the River Thames to Kew.

Two boys are now attending Winterbourne Junior Boys' School on a part-time basis. Both these boys should be able to take their place in the ordinary school at secondary age. The help and interest of the Headmaster of Winterbourne Junior Boys' School is much appreciated.

Mr. T.E. Davies, the ophthalmologist, visited the school twice during the year. The autumn examination was Mr. Davies last visit owing to his impending retirement. We regret this very much and wish to thank him for his helpful advice and interest in the children.

Dr. J.S. Horner carried out a routine medical examination in the Autumn Term.

There have been opportunities each term for the parents to visit the school. These occasions help to establish a link between home and school. The day to day contact as with parents of children in the normal school is not so easily made when children come from a wide area and often travel considerable distances.

Children on Roll 31.12.68	14
Transferred to St. Christopher's Special School	1
Transferred to an I.L.E.A. Special School	1
Transferred to Residential Special Schools	3
Admitted during the year	3

DEAF AND PARTIALLY HEARING PUPILS

	<i>Deaf</i>	<i>Partially Hearing</i>
In Residential Schools	12	4
In Day Schools and Units	3	33

No child was newly ascertained as deaf during the year. Six children were found to require admission to suitable units for the partially hearing, and four of these children were admitted in 1968, leaving two children still on the waiting list.

It is pleasing to record the opening in September of a fourth unit for partially hearing pupils in Croydon. This unit, at Riddlesdown Secondary School, ensures the complete provision of special facilities for partially hearing pupils throughout the whole age range. The first unit for partially hearing pupils in Croydon was opened in January 1964 and in less than five years the Committee has been able to extend its facilities to provide a comprehensive service throughout school life. All this provision has been achieved against a background of sudden and unexpected demand coupled with a chronic shortage of experienced, trained teaching staff. The appreciation of all those in the School Health Service concerned with this work, to the members of the Education Department who have made such rapid progress possible is very warmly recorded.

52 deaf or partially hearing pupils are at present placed in the following special schools or units, and this represents an increase of 13% compared with the previous year, and the highest figure yet recorded in Croydon. Twenty of these children are now of secondary age, and a further four children living outside Croydon attend day units provided by the Corporation.

<i>Day Pupils</i>		<i>Residential Pupils</i>	
Kingsley Partially Hearing Units		Royal School for the Deaf, Margate	5
(a) Nursery Unit	8	Nutfield Priory School, Surrey	
(b) Infant Unit	9	(Deaf)	4
(c) Junior Unit	4	Mary Hare Grammar School (Deaf)	2
Riddlesdown Partially Hearing		Edith Edwards House, Banstead	1
Unit	6	Larchmore School for the Deaf	1
Sedghill Partially Hearing Unit		Ovingdean Hall, Brighton	1
(I.L.E.A.)	3	Portley House, Surrey (Deaf)	1
Riverview Partially Hearing			
Unit (Surrey)	1		
Schools for the Deaf -			
Portley House (Surrey)	4		
Oak Lodge (I.L.E.A.)	2		

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

"The Units for partially hearing pupils at Kingsley Infants' and Junior Schools have continued to provide education and training for deaf and partially hearing children from 3 - 11 years of age."

Regular visits have been made by myself to these Units throughout the year to observe the progress and supervise the general health of the children.

Mr. Parsons (Consultant Otologist) has also visited each of the Units once a year. These visits provide a most useful opportunity for each child to be discussed individually by Mr. Parsons with the teacher concerned; Mr. Oakley; the parent (if present); and myself.

Three of the older children (11 + years) left the Junior Unit in July last, and are now continuing their education at the Unit which opened in September 1968 at the Riddlesdown County Secondary School.

In all these Units, every effort is made by the teaching staff to integrate these children with the normal hearing children, both in the classroom and playground".

I am grateful to the Chief Education Officer who has provided the following reports on the work of the partially hearing Units.

Partially Hearing Unit for Nursery Children, Kingsley Infants' School

There are seven children in the Unit ranging in age between three and five years. Three children moved up into the Infant Unit in September and there was an entrant of one girl. One girl was admitted towards the end of November.

The children integrate with the hearing Nursery children for their dinner and this has provided them with valuable experience of appreciation of the school environment and of the children contained within it.

The children are taught along Nursery methods of education whereby free play is interspersed with group activities affording opportunities for language and social experiences. They are given number experience and most of them have a good recognition of number up to eight. They are also given the rudiments of writing.

Two of the children are giving spontaneous speech in the form of intelligible words and short phrases. The other children are beginning to vocalize and are definitely watching for speech. The children are given experience of amplified sound by the usage of the loop induction system and speech trainer.

Most of the parents of the children are obviously very interested in all that the children do and co-operate readily.

Partially-Hearing Unit for Infant Children, Kingsley Infants' School

Three children entered the Infants' Class from the Nursery in September and two children left, one being transferred to Portley House, Caterham, and the other moving up to the Junior Unit. A 5½ year old boy entered the class towards the end of September from a normal school. This brings the roll of the Infants' Unit to ten (three girls and seven boys ranging in age from 5 to 7 years).

The boy who entered the class towards the end of September has a partial hearing loss and benefits greatly from almost complete integration into a hearing class. Four of the other more severely deaf children integrate for daily periods of 30-45 minutes into hearing classes containing children of their own age and ability range. This is mostly for the purposes of social integration and has proved to be of considerable value in the establishment of independence and communication with hearing children.

The class varies in its ability. One group, consisting of five children is at the stage of spontaneous vocalisation which is not always intelligible. The children in this group are, however, watching for speech and attempting to copy the sounds given to them. The other group, of four children, are giving spontaneous speech in the form of two or three word phrases and making attempts at simple conversational patterns of speech. They are beginning to utilise reading to help sort out their problems. Individual speech work is done with all the children on the speech trainer and small groups of children are taken for work on the loop system and group aid. The children are encouraged to utilise anything that interests them for speech and language purposes. In this way much of their environment is explored.

The children are progressing quite favourably with their academic working, attempting number and writing experiences pertaining to their individual levels of development.

Co-operation is received from about six of the children's parents who help to provide "talking" material by writing about the children's experiences in home note-books.

Partially Hearing Unit, Kingsley Junior School

Until September there were eight full-time pupils in this Unit and one girl attending two mornings a week. Three were then transferred to Riddlesdown School when the new secondary unit was opened and one moved out of the area. The admission of two new pupils, one of whom was transferred from the Infant Unit, brought the number on roll to six. Two are in the 7 - 8 year group, one is 9 and three are 10 - 11 years.

In addition to mixing with hearing children at playtime and dinner-time all join other classes in the school for practical activities. The average integration at the present time is 20% of their school day but the amount and

type is kept under constant review. The partially-hearing children are accepted quite happily in other classes and this integration has helped considerably in their social development.

Progress in reading and number has been maintained and in some cases greatly increased. It has been necessary to use much time on individual auditory training, speech and language work. This has partially offset difficulties caused by insufficient use of body-worn aids outside the Unit when in an environment of meaningful sound. Tribute must be paid to those parents who do undertake such activities as programmes of interesting visits and generally give special attention to speech and language. Potential speech production tests show a very satisfactory level of proficiency (2 children 100%).

The Junior Unit, like the other Partially-Hearing Units at Kingsley School has been helped considerably by the National Deaf Children Society. Opportunity has been taken to extend the use of visual aids and recorded sound and to add to the wide range of books and apparatus so necessary to help the children progress according to their individual needs and abilities.

Partially Hearing Unit, Riddlesdown Secondary School

Three boys from Kingsley Junior School and one girl from Holman Hunt Junior School, all of first year secondary age, came to the Unit on September 16th.

With perhaps one exception, these children have settled down quickly and are obviously happy and stimulated in their new surroundings. They integrate with the hearing pupils for dinners, playtime, P.E. and all practical subjects. The girl is now also integrating for Maths. This amounts to 35% for boys and 47% for the girls. This integration is spread between three different classes, thus allowing much individual tuition on language, speech and reading in the Unit. This is essential owing to the range of hearing loss, reading ability, etc. within the group.

Science, History, Geography, Religious Instruction and Maths are being tackled, but progress is unavoidably hindered due to language difficulties. It is hoped that the children will be integrated in these subjects by their second year, if not before.

There are three other children attached to the Unit. A 13 year old boy placed in Form 1D, a 14 year old girl placed in 3B and a 12 year old girl in 2C. These three were already in the school, and come to the Unit for individual speech training each week. A check is also kept on their general progress and well-being. They, like the others, seem very happy.

The Unit is acoustically fitted, and makes use of projector, tape recorder and a small language laboratory. The latter is used mostly for speech training at present. This will later be expanded to other lessons as and when the pupils are ready.

A visit was made to New Cross Hospital for renewal of ear moulds on the 18th October. The Unit enjoys a very good relationship with the staff and children in the school and it is hoped this will continue.

EDUCATIONALLY SUBNORMAL PUPILS

In Day Special Schools	256
In Residential Special Schools	20
Awaiting Placement	56

During the year 54 children were ascertained as educationally subnormal in Croydon, and, although this number accounts for over half of all the handicapped pupils who were found to be in need of special education in 1968, it is still much less than in previous years. Evidence was produced in last year's Report (page 39) which suggests that head teachers may not be putting forward children in this category because of current waiting lists. During the last three years the waiting list for available places has remained at approximately 50 and, although many useful interim arrangements have been devised to ensure that the number does not increase much above this figure, it is inevitable that Head Teachers should regard such a list as a major deterrent in putting forward children for possible admission to special schools.

It has been pleasing to note the commencement of building operations at the site of the new St. Nicholas School, but the date of its actual opening is awaited with increasing anxiety. Nothing is more distressing to a child than repeated failure, and from the comments of some head teachers it is evident that despite their constant and sustained efforts, this sense of failure becomes all too apparent in the children who need this special type of provision so urgently. In contrast the progress of children who have been admitted to St. Christopher's School has been most pleasing, resulting in dramatic improvements in their approach to school subjects and in their general behaviour.

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

St. Christopher's Special School for Educationally Subnormal Children

(1) Statistics	Boys	Girls	Total
Number on Roll 31st December, 1967	135	89	224
Admitted during 1968	41	26	67
Left to work at 16 years	15	13	28
Transferred to other areas	6	6	12
Transferred to P.H. School	-	1	1
Transferred to Secondary Modern Schools	1	3	4
Transferred as unsuitable for education in School	4	1	5
Roll 31st December, 1968	150	91	241

(2) A mobile classroom was erected during the Christmas Holiday and brought into use at the beginning of this year. This has enabled us to take in another 18 younger children. The classroom is an excellent structure and is very comfortable to work in.

(3) *Flooding of the Lower Hall Gymnasium*

As a result of Storms during the week ended 14-15th September, the Lower Hall was badly flooded. The pressure of flood water has badly damaged the floor and as a result the Hall will not be usable for several months. This means that no indoor P.E. is possible in the School itself, but by kind co-operation of the Head Mistress of St. Luke's School for Partially Sighted Children the Junior children are able to use the gymnasium there on two afternoons per week, while the Principal of Croydon Technical College has kindly accommodated the Senior children on 3 afternoons weekly at The Annexe. We are very thankful to them.

During wet dinner hours, however, the children have to be accommodated in their classrooms and this has placed an added strain on the teaching staff, who are having to undertake extra duties because of this.

(4) *Thank You -*

(a) *To the Members of the Staff of Telephone House, Croydon*, who again visited the school during the Christmas period and brought Decorations and a Present for each child. We are very grateful to them for their kindness. They in turn were delighted with the letters of thanks which they displayed on the Notice Boards in the Staff Canteen.

(b) *To the Local Branch of the National Association for Mentally Handicapped Children*, who provided us with a complete new set of Stage Curtains. These will be a great asset and will help in our drama productions.

(c) *To the Junior Chamber of Commerce for London*, who took sixty of our children to Worthing for the day on Saturday, June 29th.

(5) *Sporting Activities*

(a) *Swimming*. The following Certificates have been obtained during the past year -

<i>Distance</i>	<i>No. Obtained</i>	<i>Boys</i>	<i>Girls</i>
20 yards	24	13	11
50 yards	36	18	18
100 yards	32	18	14
$\frac{1}{4}$ mile	8	5	3
$\frac{1}{2}$ mile	7	4	3

- (b) The past year has seen at our instigation closer relationships in Sporting and Social Activities between the Special Schools in the area, viz. - this School, St. Christopher's Mitcham, St. Nicholas Redhill, Halstead Place, Carew Manor, and St. Nicholas West Wickham. Regular fixtures have been held in Soccer, Netball, Swimming and Cross Country Running, Cricket and Rounders, and a continued full programme is planned for the future. Social Evenings have been held too, including a Barbecue. In connection with these functions we are finding transport a problem and will have to consider approaching some philanthropic organisation to help in providing the school with a mini bus, as we feel that these functions are so important to the development of these children.

The Old Scholars Club has continued to flourish. A pleasing feature during the year has been the willingness of parents to volunteer in helping to run the Club, and this has been greatly appreciated by all concerned.

(6) *Events*

- (a) The School Sports were held at the Barclays Bank Sports Ground, London Road, Norbury, on Tuesday, July 2nd.
- (b) The School was open for Parents and Friends on Wednesday, July 17th.
- (c) *The School Harvest Festival* was held on Thursday, October 3rd. Owing to the fact that the large Hall was unusable this year, the Service had to be held in the Dining Room and also in two sessions due to lack of space. For the same reason, we could not invite parents to join us as we usually do. The Festival, however, was very successful and as a result seventy-two parcels of food-stuffs were delivered by children to old and needy people in the area.

(7) *Visit to Canterbury*

During the week ended, September 19th-20th, fourteen pupils and two members of the Staff travelled to Canterbury for the weekend as guests of the Canterbury Corps of the Salvation Army. The invitation was extended as a result of a tape recording of our last Carol Service being played at a Music Course for Teachers of Handicapped Children. On the Saturday, the children visited the Cathedral, the Westgate, the Royal Museum, and Roman Pavement before attending the Canterbury Young People's Harvest Supper.

On the Sunday, the School band accompanied the Hymns, while others sang or played solos, and/or quartets or read the lessons.

The children were billeted in private homes and spent a most memorable weekend. It proved to be a social experiment of great value.

- (8) *The Parents Association* has continued to meet and function successfully during the year and a full programme of talks by and discussions with experts on a variety of subjects has been carried out.
- (9) On November 29th, Mrs. G.F. Hawker, the School Clerical Assistant, retired from a post which she had held for twenty-two years. Apart from her efficiency and extreme loyalty she was extremely popular and much loved by both pupils and staff. On November 27th, at a function held in the school, she was presented with a rocking chair in appreciation of our esteem and thanks, and we all wish her a long and very happy retirement.

EPILEPTIC PUPILS

In Day Special Schools	6
In Residential Special Schools	5

During the year one epileptic child was recommended for placement in a special school. Wherever possible, Head Teachers are encouraged to allow an epileptic child to remain in an ordinary school, but the disturbance occasioned to other pupils by an epileptic attack, and the educational problems presented by prolonged medication sometimes make it impossible to achieve this ideal. It has been usual for some years to recommend that, when special difficulties arise, the epileptic pupil should be admitted to St. Giles' School.

MALADJUSTED PUPILS

In Day Unit	34
In Day Special Schools	3
In Residential Special Schools	44
Awaiting placement	4

The incidence of maladjustment is notoriously difficult to estimate; the report of the Committee on Maladjusted Children which was published in 1956 gave figures varying between 5.4% and 11.8% based on its own research investigations. Even the term "maladjusted" is difficult to define and in many cases is merely a reflection of the clinical judgement of the psychiatrist concerned. The number of children who receive treatment at child guidance clinics is rather less than 1%. During 1964 in England and Wales approximately 7/1000 school children received such treatment, but there were wide variations in different parts of the country, probably related to the availability of consultant psychiatrists in different regions. Thus in South Eastern England twice

the proportion of school children received appropriate treatment compared with the proportion in the West Midlands or in the Lancashire/Cheshire conurbation.

The number of children who are recommended for special educational treatment is a very small proportion of those who attend child guidance clinics. Again, the number ascertained varies in different regions of the country, the highest proportion being in the Metropolitan area with rates between two and five times greater than in areas north and west of the river Trent. Thus approximately 1.2/1000 school children are thought to be in need of special educational treatment in England and Wales.

The position in Croydon does not entirely reflect these national trends. Dr. Crosse's report (page 21) shows that only 6.2/1000 school children received treatment at the child guidance clinic last year, and after allowing for the different years under review, this is lower than the national figure. Undoubtedly the relatively long waiting lists at the clinic are a factor but by no means the only one. A national review of child guidance clinic waiting lists by the Chief Medical Officer of the Department of Education and Science showed that the average waiting time is approximately six months, but in some areas is as long as 18 months. Moreover, the Croydon clinic does operate a priority system so that children with really acute problems can be seen within a few days. There remain some children who receive child guidance treatment from hospitals and clinics outside the area, usually without our being informed unless the need for special educational treatment has arisen.

In 1968 fifteen children were newly ascertained as maladjusted and recommendations were made for their admission to residential schools. The number of children now requiring special educational treatment in this category in Croydon shows an increase of 25% in the last two years, but is still less than 1/1000 school children. Not only is this less than the national average, but it is less than half the number in the South Eastern Region and little more than a third of that in the Metropolitan Region. It is reasonable to enquire whether this represents some deficiency in the detection of maladjusted children. This seems unlikely and the figures appear to reflect the ascertainment policies in Croydon. Children are usually "ascertained" only when the need for admission to a residential school becomes essential, and it has been emphasised in previous reports that this decision is more usually made as the result of the child's behaviour upon the school than upon the need to use residential facilities as a means of treatment of the child's basic difficulties.

Croydon is fortunate in the steadily increasing range of day facilities which have been developed within the Borough, and this work will receive added impetus when the Committee's new Sir Cyril Burt School for maladjusted children is opened. Already children can be accommodated at the Tutorial Class when educational difficulties predominate, and admission to

the Day Hospital Unit at the Child Guidance Clinic allows quite severely disturbed children to receive appropriate treatment on a day basis. In the absence of these facilities, many more children would find their way into residential schools. Moreover, the day facilities themselves are largely made possible by the availability of hospital beds at Queen Mary's Hospital under the direction of Dr. Crosse. The opportunity for inpatient hospital treatment allows relatively sick children to be treated on a day basis in the certain knowledge that, should it become necessary, skilled inpatient care can be provided.

Provision for the older, adolescent school child remains a problem. Dr. Crosse represented the Department at meetings organised by the London Boroughs Committee to consider ways in which the needs of these children could be emphasised. Adolescents have many problems and those who become mentally disturbed may be unsuitable for admission either to a hospital for children or to the wards of a mental hospital for adults. Special units would seem to be the logical solution, but require much careful thought to avoid the difficulties which they can themselves create.

PHYSICALLY HANDICAPPED PUPILS

In Day Special Schools	122
In Residential Special Schools	8

During the year 13 physically handicapped children were recommended for admission to suitable special schools, and all of them were admitted. Reference has already been made in this Report to the increasing number of physically handicapped children (page 36) and to the need to provide special educational facilities for the younger child (page 37).

It is now clear that the admission of increasing numbers of more severely handicapped children to St. Giles' is not without its problems. The school was not originally designed to accommodate children in wheelchairs, so that numerous practical difficulties arise. The uneven surfaces of the corridors, the width of passage ways, and the presence of heavy doors all create hazards for the young child manipulating a wheelchair over longer distances for the first time in his life. Toilet arrangements need especial thought, since many of the more handicapped children are also incontinent. It must be admitted that only a major reconstruction of the school can provide a realistic solution to these problems, and the Committee's decision to provide an entirely new Primary Unit at the time that the Nursery Unit is constructed is most welcome. It is hoped that the Department of Education and Science will endorse these far sighted proposals.

In addition to improved buildings, revised staff attitudes are also necessary if these children are to learn to overcome their handicaps. The increased attention to these problems by the physiotherapy staff is welcome, and the

Superintendent Physiotherapist has written about some of the unsolved treatment problems in an Appendix to this Report (page 68). The need for teamwork by all concerned with handicapped children is also stressed.

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

**St. Giles' Special School for Physically Handicapped and
Delicate Children**

This year has been a particularly active one for the school and has seen the fruition of many plans on the educational side.

The C.S.E. Examination is now firmly established and this year eleven candidates were entered offering a total of 44 subject entries. The results were very pleasing, the candidates gaining 8 Grade 1 and 10 Grade 2 marks between them and the average grade being 3.1.

Thanks to the generosity of the St. Augustine's Group, who provided funds for the purchase of a language teaching system, the school has started lessons in French. A splendid effort by the ladies of the South Norwood and Addiscombe Inner Wheel provided funds for the purchase of an 8mm Loop Projector and a Stereo Record Player. Both these items will bring added interest and realism to lessons.

A combined effort by the Parents' Association and the Variety Club of Great Britain resulted in the School being presented with a 20 seater Mini-coach fitted with ramp for wheelchairs together with a garage to house the coach. This has given the opportunity for all children attending school to get out and about on educational visits to museums, works, theatres, etc.

The school has been re-wired and the provision of electric power outlets in all classrooms has enabled the audio-visual aids to be used throughout the school. A further improvement has been the additional tarmac play space. This was much needed and it is now possible for the various groups to play without interference.

Alterations have been carried out to the toilets resulting in improvement in facilities for wheelchair cases.

There are 166 children on roll. During the year 24 leavers and 15 admissions. 5 of the new children were Spina Bifida cases.

At routine medical inspections carried out by Dr. Wield, 350 children were seen and 121 parents were present. Special medical inspections were held by Dr. Robson, Dr. Fanthorpe and Mr. MacQueen and 63 children were seen, 41 parents present. The School Nursing Sister and her staff were responsible for the preparation and follow-up of these examinations, the maintaining of records and the treatment of minor ailments in addition to dealing with 40 major epileptic fits and toilet training of 28 children.

The Physiotherapy Department was subject to some disturbance during this year.

Speech therapy has continued to be given in the school and 1,131 treatments were given, 23 cases reviewed and 21 initial assessments made.

<i>Numbers on Roll</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Physically Handicapped	71	55	126
Delicate	26	14	40

Principal Disabilities

Cerebral Palsy	24	13	37
Asthma	21	12	33
Spina Bifida	6	7	13
Epilepsy	4	9	13
Congenital Heart Disease	6	5	11
Muscular Dystrophy	6	-	6
Fibrocystic Disease	3	1	4

PUPILS SUFFERING FROM A SPEECH DEFECT

In Day Special Schools or Units - 10

The Day Special Unit for Speech Disordered Children at West Thornton School continued to make progress during the year. It is pleasing to record that on the third anniversary of its opening no Croydon child was attending a residential school by reason of a speech defect. This is surely sufficient testimony to the Education Committee's decision to provide day facilities for these children.

Dr. Gwen Fisher, Specialist medical officer responsible for speech disorders, comments -

"This Unit was started in January 1966 to provide education for children with speech and communication difficulties. The time-table is arranged so that children can have daily speech therapy, and the teacher and speech therapists work together in close co-operation.

The Unit is visited each term by the Consultant Neurologist, Dr. Worster-Drought, and occasionally by Mrs. Davies-Eysenck, Educational Psychologist, who specialises in children with speech and communication disorders.

Eighteen different children have been in the Unit for some time since it started three years ago. Of these, two came from John Horniman School, and three were on the waiting list for the John Horniman or Moor House Schools.

Of the six children who have left the Unit, four have been able to go on to ordinary Infant or Junior schools. One child was transferred to St. Christopher's and one left the district after attending for a few weeks only.

The majority of children who attend the Speech Unit should leave to go on to ordinary school before or by the time they reach secondary school age. Before they leave they are gradually integrated into one of the classes at West Thornton School so that they are accustomed to normal school life. There will, however, be the occasional child who will need further special education."

I am grateful to the Chief Education Officer for the following report:-

Unit for Speech Disordered Children at West Thornton Primary School

For most of the year the Unit has had its full complement of twelve children, two new boys being admitted in the Autumn term. At the present time the remaining twelve children may be grouped as follows:-

Three have no intelligible speech at all; three have a certain amount but it is difficult to interpret - even by those who know the children well; three have a fair amount of intelligible speech and three speak almost normally. In addition three children have little or no comprehension of spoken language and one has great difficulty in understanding speech.

This indicates that there has been an increase in the number of very severely handicapped children in the Unit. The need to develop, on an experimental basis, a special language programme for use with these children is seen by the teacher and senior speech therapist as the main priority during the present school year.

Three of the less handicapped children are working for a limited period each day in the Junior School and two children now spend the whole day with normal classes of their own age group, returning to the Unit for speech therapy. This is made possible by the continued co-operation of the staff and children of West Thornton School whose kindness not only creates confidence in those children who are able to work in normal classes but also provides a very real incentive for those who are not yet ready to do so.

Miss Evans, the teacher in charge of the Unit, has obtained secondment to a Course and her place has been taken very ably by Miss Fenn who brings considerable knowledge and experience to the task.

DELICATE PUPILS

In Day Special Schools	38
In Residential Special Schools	4
Awaiting Placement	5

During the year nine children were found to be delicate and recommended for admission to a suitable special school. This is the smallest number ever recorded in Croydon, and the number receiving special educational treatment in this category is similarly the lowest yet reported. Comments in previous Reports suggesting that this category could be discontinued seem fully to be confirmed.

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 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 eleven children were recommended for home tuition, and a further two children were already receiving such tuition.

UNSUITABLE FOR EDUCATION IN SCHOOL

Thirty 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 23 had never previously attended a maintained school, and four 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.

Five 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 four cases it was found that the child was still unsuitable for education in school but the fifth child had made some improvement and was recommended for a trial at St. Christopher's School. The Committee therefore concluded that the child was now suitable for education in school and varied the previous decision accordingly.

1964 and later	(2)	(3)	(4)	(5)	(6)	(7)
1965	1,407	1,408	2	1	1	1
1966	1,407	1,408	2	1	1	1
1967	1,407	1,408	2	1	1	1
1968	1,407	1,408	2	1	1	1
1969	1,407	1,408	2	1	1	1
1970	1,407	1,408	2	1	1	1
1971	1,407	1,408	2	1	1	1
1972	1,407	1,408	2	1	1	1
1973	1,407	1,408	2	1	1	1
1974	1,407	1,408	2	1	1	1
1975	1,407	1,408	2	1	1	1
1976	1,407	1,408	2	1	1	1
1977	1,407	1,408	2	1	1	1
1978	1,407	1,408	2	1	1	1
1979	1,407	1,408	2	1	1	1
1980	1,407	1,408	2	1	1	1
1981	1,407	1,408	2	1	1	1
1982	1,407	1,408	2	1	1	1
1983	1,407	1,408	2	1	1	1
1984	1,407	1,408	2	1	1	1
1985 and earlier	1,407	1,408	2	1	1	1
TOTAL	14,788	14,788	10	10	10	10

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 1969, as in Forms 7, 7M, and 11 Schools

50,945

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. (3)	No. (4)	(5)	(6)	(7)
1964 and later	265	264	1	6	30	35
1963	3,558	3,554	4	117	486	565
1962	1,407	1,405	2	77	235	284
1961	223	223	-	13	34	41
1960	1,742	1,742	-	146	264	374
1959	2,163	2,163	-	185	393	529
1958	949	948	1	89	159	228
1957	311	311	-	43	54	91
1956	2,368	2,368	-	331	501	750
1955	1,125	1,125	-	155	227	352
1954	1,739	1,739	-	197	426	580
1953 and earlier	1,948	1,946	2	358	414	682
TOTAL	17,798	17,788	10	1,717	3,223	4,511

Col. (3) total as a percentage of Col. (2)
total..... 99.94%

Col. (4) total as a percentage of Col. (2)
total..... 0.06%

TABLE B - OTHER MEDICAL INSPECTIONS

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

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

Number of Special Inspections	...	...	...	...	...	760
Number of Re-inspections	...	...	...	...	...	3,357
<i>Total</i>	...	...	...	...	...	<u>4,117</u>

TABLE C - INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 49,970
- (b) Total number of individual pupils found to be infested 285
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 11
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil

PART 2

**DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL
INSPECTIONS DURING THE YEAR 1968**

T = requiring Treatment

O = requiring Observation

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
SKIN	T	117	579	656	1352	10
	O	70	84	84	238	1
EYES - (a) Vision ...	T	200	535	962	1717	50
	O	533	164	678	1375	23
(b) Squint ...	T	98	20	107	225	3
	O	32	3	17	52	-
(c) Other ...	T	13	3	21	37	3
	O	28	8	25	61	1
EARS - (a) Hearing ...	T	57	13	83	153	8
	O	176	10	94	280	5
(b) Otitis Media	T	36	5	36	77	1
	O	122	11	70	203	4
(c) Other ...	T	13	5	14	32	-
	O	16	10	23	49	1
NOSE AND THROAT	T	154	38	173	365	9
	O	417	60	348	825	11
SPEECH	T	71	7	45	123	9
	O	87	5	37	129	4
LYMPHATIC GLANDS	T	10	1	6	17	1
	O	69	4	44	117	2
HEART	T	33	29	43	105	6
	O	93	37	89	219	7
LUNGS	T	43	32	96	171	3
	O	97	23	87	207	3
DEVELOPMENTAL (a) Hernia	T	15	9	20	44	-
	O	28	4	28	60	2
(b) Other	T	22	61	170	253	6
	O	119	86	345	550	6
ORTHOPAEDIC - (a) Posture	T	9	11	32	52	1
	O	17	27	65	109	2
(b) Feet	T	27	14	81	122	3
	O	76	58	159	293	2
(c) Other	T	41	34	74	149	9
	O	111	48	105	264	3
NERVOUS) - (a) Epilepsy SYSTEM)	T	10	6	24	40	2
	O	16	4	13	33	-
(b) Other	T	19	13	43	75	4
	O	40	7	48	95	1
PSYCHO-) - (a) Development LOGICAL)	T	8	1	17	26	9
	O	47	6	46	99	8
(b) Stability	T	28	5	56	89	16
	O	159	24	142	325	12
ABDOMEN	T	20	2	23	45	3
	O	41	9	42	92	3
OTHER	T	25	24	25	74	4
	O	50	32	84	166	15

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	6
Errors of refraction (including squint)	1101
<i>Total</i> ...	1107
Number of pupils for whom spectacles were prescribed	479

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	46
(b) for adenoids and chronic tonsillitis	365
(c) for other nose and throat conditions	7
Received other forms of treatment	64
<i>Total</i> ...	482
Total number of pupils still on the register of schools at 31st December 1968, known to have been provided with hearing aids:-	
(a) during the calendar year 1968	6
(b) in previous years	88

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients depts.	389
(b) Pupils treated at school for postural defects	41
<i>Total</i> ...	430

TABLE D - DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm - (a) Scalp	-
(b) Body	2
Scabies	21
Impetigo	5
Other skin diseases	47
<i>Total</i> ...	75

TABLE E - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics ...	209

TABLE F - SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	1240

TABLE G - OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	1371
(b) Pupils who received convalescent treatment under School Health Service arrangements	5
(c) Pupils who received B.C.G. vaccination	3067
(d) Other than (a), (b) and (c) above, Please specify	
(1) Audiology	44
(2) Enuresis	279
(3) Overweight Clinics	219
(4) Consultant for Speech Disorders	41
Total (a) - (d)	5026

APPENDIX B - TREATMENT CLINICS

Summary of Attendances

	1968	1967	Increase or Decrease
Audiology Clinic	221	105	+ 116
Dental Clinics	24,679	21,892	+ 2,787
Enuresis Clinics	1,060	1,151	- 91
Eye Clinics	1,096	743	+ 353
Inspection Clinics	728	652	+ 76
Minor Ailments and Verruca Clinics	9,808	9,475	+ 333
Physiotherapy Clinics	3,162	4,258	- 1,096
Weight Control Clinics	788	395	+ 393
	41,542	38,671	+ 2,871

AUDIOLOGY CLINIC

Numbers attending Croydon Day Schools and Pre-School Children

(a) With hearing sufficiently impaired to require regular supervision:

Primary School Pupils	...	...	...	...	...	...	...	26
Secondary School Pupils	...	...	...	...	...	...	...	2
Pre-School Pupils	...	...	...	...	...	...	...	13
<i>Total</i>	...	...	...	...	...	...	...	<u>41</u>

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

(a) Tested for the first time	...	...	...	...	...	...	...	302
(b) Tested as a review case	...	...	...	...	...	...	...	368
<i>Total</i>	...	...	...	...	...	...	...	<u>670</u>

Auditory Training

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

(a) At the Audiology Clinic	...	...	...	...	...	...	...	221
(b) At home or school	...	...	...	...	...	...	...	152
<i>Total</i>	...	...	...	...	...	...	...	<u>373</u>

Sweep Testing of Five Year Old School Entrants

Number of schools visited	...	...	...	...	...	...	...	64
Number of children tested	...	...	...	...	...	...	...	7,118
Number of children passed	...	...	...	...	...	...	...	5,296
Number of children failed	...	...	...	...	...	...	...	525
Number of children to be re-tested	...	...	...	...	...	...	...	818
Number of children not tested... (absent or unco-operative).	...	...	...	...	...	...	...	479

The failures were re-assessed as follows:—

No hearing loss	...	...	...	...	...	...	...	150
Slight hearing loss	...	...	...	...	...	...	...	184
Moderate hearing loss	...	...	...	...	...	...	...	105
Moderately severe hearing loss	...	...	...	...	...	...	...	26
Severe hearing loss	...	...	...	...	...	...	...	5
Failed to keep appointments	...	...	...	...	...	...	...	28
Left district	...	...	...	...	...	...	...	17
Waiting to be tested	...	...	...	...	...	...	...	10
<i>Total</i>	...	...	...	...	...	...	...	<u>525</u>

Issue of Hearing Aids

(a) National Health Service 'Medresco' aids	...	...	...	...	...	...	...	4
(b) Commercial aids bought by Croydon L.E.A.	...	...	...	...	...	...	...	10
<i>Total</i>	...	...	...	...	...	...	...	<u>14</u>

10 children under school age are using hearing aids.

DENTAL SERVICE

Items of Treatment

	1968	1967
(1) Number of children first inspected at school	36,561	28,976
(2) Number of children first inspected at clinic	4,897	4,512
(3) Number of (1) and (2) found to require treatment	21,149	16,126
(4) Number of (1) and (2) offered treatment	21,149	16,126
(5) Number re-inspected at school or clinic	5,314	4,461
(6) Number of (5) requiring treatment	2,738	2,150
(7) Visits - First	7,936	6,433
Subsequent	<u>16,743</u>	<u>15,459</u>
	24,679	21,892
(8) Additional courses commenced	1,195	1,367
(9) Fillings - Permanent	11,719	10,497
Deciduous	<u>6,706</u>	<u>5,649</u>
	18,425	16,146
(10) Teeth Filled - Permanent	10,515	9,372
Deciduous	<u>6,105</u>	<u>5,162</u>
	16,620	14,534
(11) Extractions - Permanent	1,776	1,544
Deciduous	<u>3,203</u>	<u>2,834</u>
	4,979	4,378
(12) General anaesthetics	1,772	1,817
(13) Emergencies	1,167	1,104
(14) X-Rays (Number of patients)	1,101	736
(15) Prophylaxis	1,075	937
(16) Teeth otherwise conserved	1,265	1,441
(17) Teeth root filled	82	100
(18) Inlays	42	12
(19) Crowns	63	31
(20) Other operations	3,698	3,555
(21) Advice	1,489	1,298
(22) Appointments not kept	7,187	6,530
(23) Courses of treatment completed	7,551	6,289

	1968	1967
(24) Orthodontics -		
Cases remaining from previous year	514	325
New cases commenced during year	214	217
Cases completed during year	208	137
Appliances - Removable	488	457
Fixed	63	51
(25) Number of dentures supplied	31	14
(26) Number of sessions - Treatment	3,195	3,068
Inspection	339	265
Dental Health Education	6	6

EYE CLINICS

PURLEY, SANDERSTEAD AND ADDINGTON

No. of New cases examined	835
No. of Re-examinations	261
Total number of examinations	1,096
No. of children for whom spectacles were prescribed	399

On 31st December 1968 the number of:-

(1) New Cases referred but not yet examined was	22
(2) Children due for review in 1968 and still awaiting re-examination was	78

MINOR AILMENTS CLINICS

Clinic	Defects	Attendances
Ashburton School	184	1,543
Lodge Road	333	2,916
New Addington	341	1,664
Purley	87	594
Rectory Park	144	1,133
Rockmount School	60	676
Waddon	222	1,282

MINOR AILMENTS CLINICS (continued)

Defects	1968			1967		
	Cases	Attendances	Average No. of Attendances per case	Cases	Attendances	Average No. of Attendances per case
Ringworm	2	4	2.0	-	-	-
Scabies	1	1	1.0	-	-	-
Impetigo	5	10	2.0	6	15	2.5
Other Skin Diseases	47	136	2.9	64	190	3.0
Otorrhoea and other Ear defects	6	12	2.0	3	6	2.0
External Eye Defects	6	23	3.8	10	15	1.5
Verrucae	883	6,962	7.9	964	6,720	7.0
Miscellaneous	421	2,661	6.3	508	2,529	5.0
TOTALS	1,371	9,809	7.2	1,555	9,475	6.1

PHYSIOTHERAPY CLINICS

Total number of Pupils treated	527
Total number of new cases	187
Total number of Orthopaedic conditions	321
Total number of Respiratory conditions	206
Individual Treatments	289
Number of classes	91

SPEECH CLINICS

Total number of cases treated during 1968	1,240
Number of new cases	153
Number of cases discharged	246
Other specifications	
Advice	
Appointments not kept	
Courses of treatment completed	

APPENDIX C

RETURN OF MEDICAL INSPECTIONS - NON-MAINTAINED SCHOOLS

A. Routine Medical Inspections								Year 1968	Year 1967
Aged 11 and under	...	...	...	...	...	...	...	Nil	158
12	...	...	...	...	...	...	...	60	102
13	...	...	...	...	...	...	...	37	71
14	...	...	...	...	...	...	...	54	55
15 and over	...	...	...	...	...	...	...	181	242
<i>Total Children</i>								<u>332</u>	<u>628</u>
Visits to non-maintained schools								23	40
B. The following defects were found								Requiring Treatment Observation	
Skin	...	...	...	...	...	...	...	33	4
Vision	...	...	...	...	...	...	...	71	18
Squint	...	...	...	...	...	...	...	4	1
Hearing	...	...	...	...	...	...	...	3	1
Otitis Media	...	...	...	...	...	...	...	2	-
Nose and Throat	...	...	...	...	...	...	...	3	4
Cervical Glands	...	...	...	...	...	...	...	-	1
Heart and Circulation	...	...	...	...	...	...	...	1	3
Abdomen	...	...	...	...	...	...	...	-	2
Lungs	...	...	...	...	...	...	...	5	1
Development	...	...	...	...	...	...	...	2	9
Orthopaedic	...	...	...	...	...	...	...	24	12
Nervous System	...	...	...	...	...	...	...	-	2
Psychological	...	...	...	...	...	...	...	5	2
Other defects	...	...	...	...	...	...	...	4	3

C. Other Inspections

There were 17 Special Medical Inspections and 59 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 1968

Primary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
All Saints (C. of E.) J.M.	213	33	38	71
All Saints County I	219	42	44	86
Applegarth J.M.	436	69	54	123
Applegarth I	291	35	33	68
Ashburton J.M.	504	65	87	152
Ashburton I	324	54	47	101
Atwood J.M. & I	341	38	45	83
Beaumont J.M. & I.	162	17	14	31
Benson J.M. & I.	578	68	83	151
Beulah J.M.	463	110	118	228
Beulah I.	364	81	98	179
Byron J.M. & I.	227	23	38	61
Castle Hill J.M.	573	63	50	113
Castle Hill I.	426	87	77	164
Chipstead Valley J.M. & I.	504	88	61	149
Christ Church (C. of E.) J.M. & I.	258	38	46	84
Coulsdon (C. of E.) J.M. & I.	136	16	19	35
Cypress J.M.	270	32	39	71
Cypress I.	214	61	42	103
David Livingstone J.M. & I.	235	34	43	77
Davidson I.	140	17	22	39
Duppas J.M.	328	73	87	160
Ecclesbourne I.	197	52	52	104
Elmwood J. Boys	292	71	-	71
Elmwood J. Girls	347	-	117	117
Elmwood I.	385	85	106	191
Fairchildes J.M.	470	55	76	131
Fairchildes I.	320	50	74	124
Gilbert Scott J.M.	647	92	66	158
Gilbert Scott I.	466	99	95	194
Gonville J.M. & I.	510	93	84	177
Good Shepherd (R.C.) J.M. & I.	417	62	99	161
Gresham J.M. & I.	339	63	53	116
Hayes J.M. & I.	393	41	36	77
Howard J.M. & I.	264	53	59	112
Kenley J.M. & I.	324	50	43	93
Kensington Avenue J.M.	481	43	43	86
Kensington Avenue I.	289	89	54	143
Keston J.M.	365	57	47	104
Keston I.	261	77	43	120
Kingsley J.M.	517	61	68	129
Kingsley I.	364	79	70	149
Margaret Roper (R.C.) J.M. & I.	282	32	35	67
Monks Orchard J.M. & I.	469	80	75	155
Norbury Manor J.M.	404	54	73	127
Norbury Manor I.	266	69	57	126
Oval J.M.	329	40	42	82
Oval I.	177	32	29	61
Parish Church (C. of E.) J.M.	290	32	35	67
Parish Church (C. of E.) I	225	43	38	81
Park Hill J.M.	215	48	45	93
Portland I.	134	24	15	39
Purley Oaks J.M.	339	59	60	119
Purley Oaks I.	212	57	53	110

Primary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
Regina Coeli (R.C.) J.M. & I. ...	380	89	64	153
Ridgeway J.M. ...	327	48	36	84
Ridgeway I. ...	214	43	47	90
Rockmount J.M. ...	299	42	31	73
Rockmount I. ...	240	49	46	95
Roke J.M. ...	208	23	35	58
Roke I. ...	116	22	19	41
Rowdown J.M. ...	413	94	92	186
Rowdown I. ...	375	87	85	172
St. John's (C. of E.) J.M. & I. ...	289	45	47	92
St. Joseph's (R.C.) J.M. & I. ...	512	84	76	160
St. Mark's (C. of E.) J.M. & I. ...	254	26	34	60
St. Mary's (R.C.) J.M. ...	286	) 66	72	138
St. Mary's (R.C.) I. ...	222			
St. Michael's (C. of E.) I. ...	113	34	31	65
St. Peter's J.M. & I. ...	243	51	43	94
Selsdon J.M. & I. ...	565	76	82	158
Smitham J.M. & I. ...	422	48	66	114
South Norwood J.M. ...	447	82	58	140
South Norwood I. ...	345	37	41	78
Spring Park J.M. ...	475	64	48	112
Spring Park I. ...	296	72	66	138
Sydenham J.M. ...	283	39	42	81
Sydenham I. ...	217	37	47	84
Thomas Becket (R.C.) J.M. & I. ...	278	21	40	61
Toldene J.M. & I. ...	250	30	42	72
Waddon I. ...	218	39	26	65
Wattenden J.M. & I. ...	126	24	21	45
West Thornton J.M. & I. ...	385	102	66	168
Whitehorse Manor J.M. ...	456	87	23	110
Whitehorse Manor I. ...	309	95	115	210
Winterbourne J. Boys ...	450	117	-	117
Winterbourne J. Girls ...	416	-	128	128
Winterbourne I. ...	438	85	92	177
Wolsey J.M. ...	559	80	40	120
Wolsey I. ...	403	94	118	212
Woodcote J.M. ...	333	49	28	77
Woodcote I. ...	251	38	53	91
Woodside J.M. ...	517	75	84	159
Woodside I. ...	286	34	27	61
TOTAL	31,412	5,214	5,138	10,352
SPECIAL SCHOOLS				
St. Christopher's (E.S.N.) Mixed ...	240	47	22	69
St. Giles' (Del. & P/H) Mixed ...	168	99	69	168
St. Luke's (Partially Sighted) Mixed	14	9	5	14
TOTAL	422	155	96	251
NURSERY SCHOOLS				
Coulsdon ...	48	14	5	19
Crosfield ...	59	33	26	59
Purley ...	42	13	10	23
TOTAL	149	60	41	101

Secondary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
SECONDARY SCHOOLS				
Archbishop Tenison (C. of E.) Mixed	362	59	59	118
Ashburton Boys	649	255	-	255
Ashburton Girls	615	-	245	245
Chipstead Valley Mixed	109	33	26	59
Coloma (R.C.) Girls	621	-	177	177
Croydon Sec. Technical Boys ...	336	115	-	115
Davidson Mixed	411	91	105	196
Ecclesbourne Girls	387	-	178	178
Fairchildes Boys	612	296	-	296
Fairchildes Girls	545	-	273	273
Heath Clark Mixed	758	128	114	242
Ingram Boys	577	239	-	239
John Newnham Mixed	487	93	75	168
John Ruskin Boys	618	190	-	190
Lady Edridge Girls	514	-	158	158
Lanfranc Boys	524	211	-	211
Lanfranc Girls	471	-	208	208
Norbury Manor Boys	372	156	-	156
Norbury Manor Girls	477	-	183	183
Our Lady's (R.C.) Girls	159	-	66	66
Overbury Mixed	741	210	193	403
Portland Mixed	395	113	78	191
Purley Boys	589	138	-	138
Purley Girls	589	-	152	152
Riddlesdown Mixed	691	130	125	255
Roke Mixed	97	19	24	43
St.Andrew's (C. of E.) Mixed ...	279	49	51	100
St. Mary's (R.C.) Mixed	424	74	101	175
Selhurst Boys	600	172	-	172
Selhurst Girls	525	-	164	164
Shirley Mixed	677	122	149	271
South Croydon Mixed	547	113	96	209
Stanley Technical Boys	340	108	-	108
Tavistock Boys	334	151	-	151
Tavistock Girls	258	-	117	117
Taunton Manor Mixed	494	112	98	210
Thomas More (R.C.) Mixed	552	114	105	219
Westwood Girls	420	-	172	172
Woodcote Mixed	604	118	110	228
TOTAL	18,760	3,609	3,602	7,211

CASES OF INFECTIOUS DISEASES AS NOTIFIED BY HEAD TEACHERS

<i>Disease</i>	<i>1968</i>	<i>1967</i>	<i>1966</i>
Chicken Pox	841	1,320	1,000
Conjunctivitis	3	16	16
Diphtheria	-	-	-
Gastro-Enteritis	12	4	13
German Measles	477	863	246
Impetigo	10	12	14
Jaundice	37	2	4
Measles	75	1,201	464
Mumps	135	806	953
Non-Specific Diarrhoea including Dysentery	615	573	773
Non-Specific Vomiting	98	115	95
Other Diseases	246	47	320
Poliomyelitis	-	-	-
Ringworm or Vermin	3	-	2
Scabies	2	1	3
Scarlet Fever	96	167	92
Sore Throat including Tonsillitis	72	11	51
Whooping Cough	21	175	25
TOTALS	2,749	5,314	4,071

WORK OF THE SCHOOL HEALTH VISITORS AND NURSES

Home Visits re pupils	1,497 visits
Social/Welfare Visits to Schools	369 "
Minor Ailments	1,279 sessions
Hygiene	467 "
Pre-Medical	1,163 "
Routine Medical Inspections	1,243 "
Follow-up	43 "
Contagious and Infectious Diseases	18 "
Immunisation	107 "
Health Survey	71 "
Health Education	157 "
Enuresis Clinics	76 "
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APPENDIX E

Current Trends in Physiotherapy Applicable to the School Health Service, with particular reference to the Motor Behaviour of Handicapped Children.

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1. Introduction

The tenor of physiotherapy over the past twenty years since the inauguration of the National Health Service has considerably altered both in terms of the types of patients and the conditions which are treated. The case load is larger, the referrals are earlier and the periods of hospitalisation are shorter; the continuing shortage of staff emphasises that skilled man-power must not be wasted. New ideas have been developed and recognised in their practical application, with the result that the approach of present day therapists has become much more flexible. The main emphasis of our work still lies in the rehabilitation field uniting our discipline with those of the Speech and Occupational Therapists. There is an urgent need for us all to think in terms of neurophysiological principles, to provide ourselves with a rationale for every procedure that we undertake, to adapt to each others' and patients' needs, and perhaps most important of all continually to assess our efforts. There must be a common end obtained by the co-operation of a heterogeneous collection of skill each working through its own discipline. It is only by so doing that it will be possible to ensure that the therapists' time is being used most effectively.

2. What is Physiotherapy today?

In the past patients expected to receive passive treatment such as massage, heat, diathermy, wax and then perhaps to be encouraged to perform specific exercises relative to their condition. Today, we do not demand voluntary motor response from our patients; we do not encourage them to use their heads to run their muscles, because in treatment we can make use of the inborn reflex control of muscles for movement and posture. In the past the major emphasis of our treatment was placed upon the motor side of the nervous system. This was a natural error because it is readily seen and recorded. However, it is now known that the motor side does not learn, it is only the sensory side that can be conditioned. These fundamental changes in emphasis indicate a need for re-education of both professional staff such as Doctors and Nurses, as well as patients and their relatives.

3. Reasons for the Changing Pattern of Physiotherapy

The physiotherapy profession sorely lacks teaching on the normal patterns of human growth and on the development of the child, the adolescent, the adult and the ageing; likewise physical and vocational considerations appropriate at each level. In general our knowledge is based on the

abnormal occurrences of these ages. One of the side effects of the decline in infant mortality is that an increased proportion of multi-handicapped children has been thrown into the lap of Society for attention. These lives will demand more therapists' time, more Schools in which to educate them, and more highly skilled personnel to care for them. It is a bleak prospect for the parent of such a child who is looking for expert treatment for we physiotherapists have not considered our limited knowledge against these enlarging horizons. We must train ourselves to think scientifically and to encourage learning whilst we work. It is only by so doing that the therapists of tomorrow will be prepared for greater responsibilities.

4. Basic Principles of Different Techniques now in Use.

During the last twenty-five years several new therapeutic approaches have been devised and satisfactorily put into practice. Dr. Kabat and Miss Knott working in California discovered that by applying maximum resistance to weak muscles they became stronger when moved in a mass pattern. For example, it is a familiar sight to see a man walking along a street with a dropped foot. The muscles that help to support the foot horizontally are weakened perhaps through paralysis or disease and therefore he wears a brace to prevent tripping at every step. Treatment is given to the whole of his legs, that is, the virtually normal hip and knee as well as the weakened foot muscles. It is by this method that the strong normal muscles can assist the weaker ones to develop. This technique known as proprioceptive neuromuscular facilitation may be likened to running across a field as fast as humanly possible, then suddenly running faster than is normally possible because of a bull in full pursuit. It is that extra impetus that makes for the improvement during treatment.

Professor Rood (a trained physiotherapist, speech and occupational therapist) also working in the United States, realised that the majority of all our treatment was concentrated on to the muscles and nerve pathways and not on the skin that surrounded them. The skin in fact is a valuable medium for re-educating parts that are not functioning normally. Stroking with an ice cube on the skin over the lower back does influence the working of a bladder; massaging with a vibrating brush does alleviate the pain of shingles; slow manual stroking given very slowly down the spine does assist the process of sleep. The realisation that the skin all over the body has different areas for reception purposes has considerably opened up our fields of treatment.

Doctor and Mrs. Bobath, a neuro-physiologist and his physiotherapist wife working in England mainly with the cerebral palsied, have placed the main emphasis of their treatment on to specific positioning of the body and limbs. Muscles which are extra tight are placed in such a posture that the tightness relaxes. Parents are shown the value of doing this at home, explanations are given of the treatment and little by little the treatment programme progresses.

All of these different principles of treatment have a tendency to converge; it is hoped that they are not ignored, violated or even dismissed. All too often we do not consider what is happening to our patients as we physically handle them.

5. General Considerations involved in the Application of these Principles to the Case Load of the School Health Service.

The majority of cases in the School Health Service for which rehabilitative procedures are devised come within the bounds of Spina Bifida, Cerebral Palsy, the brain damaged child with varying degrees of neuromuscular dysfunction, and long term Orthopaedic cases. A brain that is injured after maturity is very different from a brain that is injured during its development. Physiotherapists are so involved with the functional aspect of their patients' treatment, that the developmental process which after all is the foundation, is completely forgotten. Sometimes the best treatment for severely handicapped Spina Bifida and Cerebral palsied children is limited to the provision of tailor-made appliances and specific training in feeding and dressing; particular skilled motor function is not the most desirable objective. In such cases we frequently ask our patients to perform the impossible. Many of the reflexes and built-in motor patterns which form the basis of willed movement follow a definite pattern of development. This realisation is important because either by stimulating or suppressing these reflexes we are given a means of influencing abnormal conditions of the body. Relative to cerebral palsy and spina bifida, abnormal reflex activity prevents the retraining of normal movement. We all recognise the wild, uncontrollable gestures of spastic children and feel inadequate that neither they nor we can control them in order to make their appearance socially presentable.

Finally, when considering what type of treatment a patient should receive, the value of repeated assessment deserves greater emphasis. Physiotherapists must become critical evaluators and routinely acquire the correct information from the examination of a patient. What amount of tightness is present in a muscle? What awareness is there of feeling? What developmental level has been physically reached? What involuntary movements are present? What types are they? Is the demand for stimulus or suppression and in what order? Those are the questions we should ask ourselves in order to plan a treatment programme.

6. Integrated Approaches with Speech and Occupational Therapy

The nervous system, the muscular system and the feeling side of the body functions as a whole; therefore a particular therapist must be aware of the problems outside her specialised field. It is known that incapacity of limb movements hinders normal speech development. When special postures are adopted in treatment to release tightness of the limbs,

assistance is immediately given to the power of speech for one process influences the other. Speech Therapists must know our aims and we must know theirs in turn. It is always sensations that are being learnt by the patient, not movements as we all tend to imagine.

The aim must be to achieve an integrated approach to treatment and to provide a supplement to the work of our colleagues. Emphasis must be laid on two factors involved with motor learning. Firstly, that motor learning follows inherent developmental sequences and secondly, that it is influenced by the control of sensory stimulation. All of the work of physiotherapists, speech and occupational therapists is involved in this knowledge.

7. Summary

All ancillary professions are aware of the paradox of medical progress in which established medical problems are eradicated only to be replaced by new ones. Likewise in physiotherapy, some established patterns of treatment (like artificial stimulation of muscles by means of electricity) disappear, and others are by force of necessity, developed. There is a natural reluctance to admit this change and there is marked hesitancy by us to move forwards. Vast strides have been made in therapeutics and surgery with the result that physiotherapy has been made dispensable; we fail to enjoy these advances however, and there is almost apprehension amongst us that this state of affairs does exist. Neurophysiologists have made a great laboratory of knowledge available to us and with this synthesis of procedures we are advantageously placed for further professional development.

Physiotherapists must discover the rationale for everything they do, then they will not be technicians but skilled and resourceful therapists.

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